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7

COMMITTEE REPORT

SENATE

FURTHER: Judiciary

3/4/81

Date: \_\_\_\_\_

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 237

professional licensing and regulation of the practice of medicine

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 \_\_\_\_\_  same title  
 new title
- and recommends \_\_\_\_\_
- AND attaches a "Letter of Intent"  New Fiscal Note
- reports it back without recommendation
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

[Signature]

[Signature]

Bolletta

[Signature]

\_\_\_\_\_

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\_\_\_\_\_

[Signature]

CHAIRMAN



Official Business

# Alaska State Legislature

Senate

Terry Stimson, Vice-Chairman  
Vic Fischer  
Tim Kelly  
Mike Colletta

Committee on  
Health, Education & Social Services

465-4907  
465-4908

March 27, 1981

Fran Harrison  
International Childbirth Education Association  
Rt. 5, Box 234  
Decatur, Alabama 35603

Dear Fran:

As the aide for the Senate HESS Committee, I have several questions regarding childbirth. These questions have come up because our Committee is considering legislation that would regulate lay-midwives in Alaska. Specifically, my questions are:

- 1) What percentage of the number of hospital births in the United States are caesarean sections?
- 2) What is the national average cost for a "normal" hospital birth, including the doctor's fee and total hospital costs?
- 3) How does each state regulate lay-midwives?
- 4) Do you have information on the use of midwives in countries other than the United States?

Any information that you could provide would be appreciated. The Committee is meeting on this subject on Friday, April 3 and Monday, April 6, so please expedite your reply.

Sincerely,

Rocky Plotnick Weller

Mr Parr  
Senate Health, Education and Social Services

Dear Mr. Parr:

I am a resident of Anchorage and a registered voter here in Alaska. I strongly object to the revision of the medical

I had both of my children at home attended by my husband. I am attending births now in Anchorage. Dr. Ender of UAA has found in his research that 10% of births in the greater Anchorage area take place at home. No Physician or certified nurse midwife will help at home,

I am a highly qualified birth attendant, but if this bill goes through I will not be able to continue helping people and less skilled people will be attending these births. Home births will continue to happen. Most of my clients would have their babies at home with or without me.

This bill infringes on my right of free choice and makes birth a medical procedure. I am furious that this bill may pass due to alot of medical pressure and bucks behind it.

I wish to be put on the mailing list to be informed of a public hearing and I request a teleconference to be held in Anchorage.

Sincerely,

Christine Rushing  
1403 E 27th Ave.  
Anchorage, Alaska 99504

# Home birth

By Jessica J. Hollowell

At the beginning of this century, home birth, with a doctor or mid-wife in attendance, was the single choice for most women. Giving birth in a hospital was an alternative only for well-to-do urban dwellers, usually those with a private physician on the payroll.

The trend has changed over the past 80 years. Scientific advances in medicine and improvements in hospital care have all but eliminated childbirth-related deaths for both mother and child. Group insurance programs have made it economically feasible for average Americans to receive hospital care.

During the 1940's more and more women began checking into hospitals to have their babies.

nanar:: . . . . . by choice, out of the well-advertised safety of hospital delivery rooms.

## Home sweet home

Hospital birthing, while admittedly safe and convenient in most cases, is not the only alternative for prospective parents in the 80's. While the pendulum has not swung all the way back, many couples now look at home birthing as an inexpensive, relatively safe and emotionally fulfilling experience.

Recently, a Valley woman chose home birth for both her fourth and fifth child. "It was great. With my husband up on the slope, I would have had a hard time arranging for a babysitter at midnight. As it happened, the kids were all asleep and I just had the baby on the couch."

Home birth may sound like a lonely process, but in fact it involves many people. Most important in most home birthing situations is the immediate family. Husbands and siblings prepare, along with the mother, for the momentous event. They become familiar with the birth process and learn breathing and relaxation techniques.

Mothers normally visit a physician, in the months prior to delivery, who may also serve as medical back-up in home birth cases. A birth attendant or a mid-wife usually helps with the delivery itself.

## Contraindications

Not all women are suitable home birth candidates, according to Valley resident Yvonne Watkins, author of *Better Home Birth*. High risk factors often eliminate home delivery as a viable choice. For instance, anyone over 40 or under 16 years of age should not try home birth. A mother with heart or kidney disease is precluded from home birth. Likewise, anyone experiencing heavy bleeding before birth or who has exhibited an abnormal presentation should enter the hospital for delivery.

A mother who has undergone pre-natal examination and been pronounced fit for home delivery still needs to prepare to go to the hospital, in case of emergency. Watkins, who attended more than 400 home births before moving to Alaska, listed several preparations for a possible hospital visit in her book:

- ✓ Make arrangements for using the same room for labor, birth and recovery, if possible.
- ✓ Try to arrange to keep the baby for an hour or so directly after birth, to get acquainted, before the baby is subjected to hospital routine. Father and children should be present at that time, as well.
- ✓ Have the husband and/or coach there at all times.
- ✓ Choose a hospital with immediate rooming-in, if possible.
- ✓ Hold the baby close and cuddle immediately after birth. Nurse the baby as soon as possible after delivery.

## **...some dads deliver their own babies...**

### **Getting into the act**

The attitude toward involving family members, especially the proud papa, in the special moment of childbirth has changed drastically over the past 40 years. Many hospitals offer child-birth classes for expectant couples. They often include "natural" child-birth instruction to prepare couples for teamwork in the delivery room.

For the first time, perhaps in history, men have moved into the delivery room, whether at home or in the hospital, as an integral part of the childbirth process. In the Valley Hospital, said Carolyn Brown, obstetrician, "We let the dad become as involved as he wants. Most cut the cord and some actually deliver their own babies."

### **Back to nature**

Brown encourages natural procedures, she said. She uses no drugs, unless previously discussed with the patient. Most low-risk mothers are encouraged to labor and deliver in the same room, thereby saving about \$150. No standard preps are used and most women do not undergo episiotomy, the cutting and subsequent stitching of the perineum to enlarge the vaginal area.

"We like the mothers to stabilize at least six hours following birth. Any problems are likely to occur within that time," she said. If everything checks out favorably, the dad is invited to stay in the room.

# ing -times have changed

## Legislation enters picture

Governor Jay Hammond recently introduced a bill into the Alaska State Senate to provide for regulation of midwives, or the delivery of children by persons other than doctors.

The intent of the bill is protection of the public when unforeseen medical emergencies arise. Many midwives in the state are fearful of seeking medical assistance when complications develop during delivery. The legislation would clear up legal uncertainties, said an administration news release.

"We don't want them to be afraid to turn to physicians or hospitals when it is necessary," the governor said.

The bill requires any unlicensed person who assists at child delivery for compensation to be authorized to do so by the State Medical Board or the Board of Nursing. It further requires the setting up of regulations to carry out that process.

### Gambling on home delivery

Brown does not attend or back up home births, although some Anchorage area doctors will do so. "I try to discourage women from home deliveries, but I do not deny pre-natal care to anyone." She points out the potential difficulties, as she sees them. However, about 20 percent of the women she sees opt for home birth, she said.

Brown's major complaint against home delivery is the five percent of birth difficulties likely to present themselves only at the last moment. If the expectant mother is ready to give birth in her Talkeetna home when a problem arises, it may be too late to get her to the hospital, she said.

### ...husbands and kids share in the joy...

Brown is also concerned with the credentials of so-called birth attendants or mid-wives in Alaska. "There are no certified mid-wives doing home deliveries in Alaska." Those who are certified, by a national mid-wifery organization, deliver babies in hospitals here.

Governor Jay Hammond recently introduced a bill into the Senate to provide for the licensing of midwives in Alaska.

Eventually Brown hopes to have a birth attendant, sometimes called physician assistant, working in her practice. An assistant could take care of normal deliveries, histories and physical exams of patients. "I would not have a male assistant," she said, "because I believe women have a better feeling toward the childbirth process."

### At home in the hospital

Brown tries to give women a home birth atmosphere within the confines of a hospital setting, she said. If she wants to deliver on a bed, and there are no contraindications, it is arranged. Some women deliver on their sides, others squatting. One woman, gave birth on a bean bag chair.

Two family members or friends are permitted in the delivery room with the mother. "One mother had her 16-year-old daughter deliver the baby. We eventually we hope to have young children in on the birth too."

At the Valley hospital, Carolyn Brown strives for safe babies and safe mothers in a family atmosphere

### BRUISERS

Healthy home born babies, (shown above, left) seven-month old Paul and three-year-old Sean Sandvik smile brightly for the camera. Both weighed over 10 lbs. at birth. (Photo by Jessica J. Hollowell)



2401 Captain Cook Drive  
Anchorage, Alaska 99503  
March 23, 1981

Charles Parr, Chairman  
Committee on Health, Education  
and Social Services  
Alaska State Senate  
Pouch V  
Juneau, Alaska 99811

Dear Senator Parr:

Please delete the section of SB #237 legislating  
physician control of mothers in childbirth.

Childbirth is a natural, healthy and normal experience  
NOT a disease that necessitates physician supervision  
and intervention.

The history of medical practice has been one of numerous  
attempts to control every aspect of one's life from  
birth to death. (Ivan Illich in his recent book Medical  
Nemesis describes this in great detail.)

Physician attempts to control childbirth has been a  
recurring theme since the Middle Ages when lay midwives  
and healers were persecuted as witches.

While medical care can perform valuable services for  
people, it is a matter of personal freedom and choice  
whether to engage a physician for assistance in life.

As a health care provider, nurse, educator and consumer,  
I urge you to delete the aspect of this bill which  
mandates physician control in the care of pregnant mothers  
and childbirth.

I would like to be notified when the hearing of this bill  
is scheduled so that I may testify.

Very truly yours,



Mona Claire Ravin, R.N., M.S.N.

*Murray*

MSG 81-00009607 PRTY 1 03/24/81 19:18:56 ORIG: LA00 IN= 0020 OUT= 0074  
FROM: ANCHORAGE TO: JUNEAU  
TARGET: LJH2 SUBJ: POM  
-----  
PAGE 0001

TO: SENATOR CHARLES PARR  
SENATE HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE  
FR: CANDICE MILLER  
279-6077  
3217 PETERKIN, ANCHORAGE, 99504

OPPOSED TO SB 237. I'D LIKE TO REQUEST A TELECONFERENCE ON THIS BILL.  
SO THAT WE CAN GET MORE PEOPLE INVOLVED.

*memory* 41

MSG 81-00009590 PRTY 1 03/24/81 16:57:14 ORIG: LA00 IN= 0016 OUT= 0068  
FROM: LOU TO: JNU INFO  
TARGET: LJH2 SUBJ: POM PAGE 0003

TO: ALL LEGISLATORS

FROM: JANET BALICE, 2156 ALDER ST.EET, ANC.99504 279-5803

I'M OPPOSED TO SB-327 BECAUSE IT RESTRICTS A WOMAN FROM GIVING BIRTH WITH ANY QUALIFIED BIRTH ATTENDENT OF HER CHOICE. I FEEL LICENSING OF BIRTH ATTENDENTS WHO ARE NOT PHYSICIANS, SUCH AS MIDWIFES IS NEEDED. BUT THIS BILL WOULD ONLY OUTLAW THEM AND RESTRICT HUMAN RIGHTS.

~~MSG 81-00009590 PRTY 1 03/24/81 16:57:14 ORIG: LA00 IN= 0016 OUT= 0068  
FROM: LOU TO: JNU INFO  
TARGET: LJH2 SUBJ: POM PAGE 0004~~

~~TO: ALL LEGISLATORS~~

~~FROM: DENNIS M. REHDER, 1736 AMHERST COURT, ANC.99504 272-8716~~

~~THE CAPITAL MOVE IS IMPERATIVE. VOTE TO ASSURE THAT IT IS MOVED. CO-OPERATE WITH EACH OTHER TO SEE THAT THIS IS DONE.~~

ALASKA  
state  
hospital  
association

319 Seward St., Juneau, Alaska 99801 (907) 586-1790  
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES



SB 237

President  
Sister Barbara Haase  
Ketchikan General Hospital  
Ketchikan

President Elect  
Tom Mingen  
Fairbanks Memorial Hospital  
Fairbanks

March 25, 1981

Secretary/Treasurer  
Ron Pavellas  
Alaska Hospital & Medical  
Center  
Anchorage

TO: Senator Charlie Parr  
FROM: Dennis L. DeWitt, Executive Director  
SUBJECT: Average Maternity Charge at Alaska Hospitals

Immediate Past President  
Al Camosso  
Providence Hospital  
Anchorage

Executive Director  
Dennis L. DeWitt  
Juneau

The attached reflects a telephone survey of Alaska State Hospital Association members asking the cost of a routine maternity stay. Average daily service charge in Alaska is approximately \$200.00 so the figures would be adjusted by at least that should the stay be more or less than 3 days.

I hope that this is helpful to you in your deliberations.

FACILITY	AVERAGE MATERNITY COST
Alaska Hospital	1,500.00 - 3 Days
Bartlett (Juneau)	800.00
Central Peninsula (Soldotna)	550.00
Cordova	1,500.00 - 3 Days
Fairbanks	1,000.00 - 3 Days
Faith (Glennallen)	850.00 - 3 Days
Ketchikan	1,300.00 - 24 Hours
Kodiak	600.00
Norton Sound (Nome)	3,200.00 - 3 Days Includes Doctor
Petersburg	550.00 - 24 Hours
Providence (Anchorage)	1,200.00 - 2 or 3 Days
Seward	800.00 - 2 Days
Sitka	1,100.00 - 2 Days
South Peninsula (Homer)	550.00 - 24 Hours
Valdez	1,000.00 - 2 Days
Palmer	700.00 - 24 Hours
Wrangell	1,100.00 - 3 Days

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST  
 Bill/Resolution No. Senate Bill No. 237  
 Title "An Act relating to professional licensing and to the regulation of the practice of medicine."  
 Requested by Commissioner's Office Date 4/2/81

II. FISCAL DETAIL  
 Agency Affected Department of Health and Social Services  
 Program Category Affected 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

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 4/2/81 PREPARED BY David Spence, M.J.  
 AGENCY Dept. of Health & Social Services  
 PHONE 465-3100  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named) \_\_\_\_\_ M&B Approval [Signature] Date 4/2/81

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST  
 Bill/Resolution No. CSSB 237 "An Act relating to professional licensing and  
 Title to the regulation of the practice of medicine.  
 Requested by Senate HESS Committee Date 4-9-81

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; administration  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each  
 component in the analysis section.) investigations  
EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		102.8	110.0	117.7	125.9	134.7
200 TRAVEL		5.1	5.7	6.4	7.2	8.0
300 CONTRACTUAL		10.2	10.9	11.7	12.5	13.4
400 COMMODITIES		.0	.0	.0	.0	.0
500 EQUIPMENT		2.4	.0	.0	.0	.0
600 LAND & STRUCTURES		8.1	8.1	8.1	8.1	8.1
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>		<b>128.6</b>	<b>134.7</b>	<b>143.9</b>	<b>153.7</b>	<b>164.2</b>

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND		128.6	134.7	143.9	153.7	164.2
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME		3	3	3	3	3
PART TIME						
TEMPORARY						

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

PERSONAL SERVICES - FY'82 salary schedule, 7% inflation factor projected.

1 Investigator, Range 18, gen. govt., 12 mos.	\$ 40,348.00
1 Executive Officer, Range 18, partially exempt, 12 mos.	40,348.00
1 Clerk typist III, Range 8, gen. govt., 12 mos.	22,140.00
	<u>\$ 102,836.00</u>

TRAVEL - 12 % inflation factor projected

Investigator: 5 days per diem per month @ \$67/day	4,000.00
One out-of-town trip per month @ \$250.00 per trip	3,000.00
Executive Officer, 5 board meetings	1,500.00
One out-of-state trip	700.00
	<u>\$ 9,200.00</u>

CONTRACTUAL - 7% inflation factor projected.

1 Mag Card typewriter lease	3,000.00
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IV. DATE 4-9-81

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)

(continued next page)

CCSB 237 continued. . .

Computer terminal use, prorated share at \$350/mo.	4,200.00
Postage, phones, printing, publication and operating costs	3,000.00
	<u>\$ 10,200.00</u>

EQUIPMENT - one time cost FY'82 only.

2 desks, double pedestal, 60x30	704.64
1 desk, single pedestal with typing extension	432.83
2 chairs, exec. swivel with arms	353.66
1 chair, posture without arms	134.77
2 bookcases, 3 shelves	205.28
1 lanier recorder	355.00
1 file cabinet, 4 drawer legal with lock	215.99
	<u>\$ 2,402.17</u>

LAND & STRUCTURES

(for 3 positions) 150 sq.ft. X 1.50 X 12 X 3 = \$8,100



Official Business

# Alaska State Legislature

Senate

Committee on

*Health, Education & Social Services*

Charlie Parr, Chairman  
Terry Stimson, Vice-Chairman  
Vic Fischer  
Tim Kelly  
Mike Colletta

Pouch V  
State Capitol  
Juneau, Alaska 99811

465-4907  
465-4908

## MEMORANDUM

TO: Senate HESS Committee Members  
FROM: Rocky Plotnick Weller  
DATE: April 3, 1981  
RE: SB 237 - the Medical Practice Act

Dr. Kathleen Todd, M.D., would like to go on record opposing section 10 of SB 237. Section 10 is on page 4, lines 8 thru 19 and raises fees. Dr. Todd says that fees should not be raised because they will be indirectly passed on to patients. She questions the state's need for the additional money. Also, she feels the fee for inactive renewals (line 18) will hurt small towns in Alaska. This is because it will be difficult for doctors to find substitutes when they want to go on vacation. Persons with inactive licenses may not want to pay \$200. to replace someone for a month.

This is what my doctor gave me for his fees. Rocky

SB 237

• JUNEAU, ALASKA 99801

-OB FLAT FEE-

TOTAL FEE 520.00

Flat fee covers:  
Initial OB visit  
ALL prenatal visits  
Doctors charge for delivery  
Office visit for 6 week mother's check

ALL LAB WORK IS EXTRA

In hospital care of the baby 75.00  
Circumcision (if desired) 56.00  
10 day baby check (if desired) 24.00

- OB BY VISIT-

Initial OB visit 62.00  
Each OB visit 20.00  
Delivery 280.00  
6 week mother check 20.00  
10 day baby check 24.00  
In hospital baby care 75.00  
Circumcision (if desired) 56.00

ALL LAB WORK IS EXTRA

Partial payments each month are required so that the total balance be paid by the time of delivery. If OB By Visit we require the office visits, delivery and in hospital care paid before delivery.

We are in family practice and enjoy seeing the children we deliver. However the choice of where to have well baby care is up to you.

If you are insured we need a completed insurance form from you before the delivery. Insurance companies will not accept any charges until after the delivery, so we will submit the total amount of charges after delivery if we have a form.

and into alleged violations of regulations and orders of the State Medical Board;

(3) at the request of the State Medical Board, conduct investigations based on complaints filed with the department or with the State Medical Board; and

(4) be directly responsible and accountable to the State Medical Board, except that only the department has authority to terminate his employment.

*Fbx file -  
MDs willing to  
advise on  
medical-related  
legislation*

Chris F. Dennis, MD  
Chairman, Legislative Action Committee  
home - 3.6 Mile Gilmore Trail  
mail - SR 40512  
Fairbanks, Alaska 99701  
phone: 546-3841

Donald E. Thieman, MD  
President, Fairbanks Medical Association  
home - .2 Mile Steele Creek Road  
mail - 1001 Noble  
Fairbanks, Alaska 99701  
phone: 456-6288

William F. Kinn, MD  
home - McGrath Road  
mail - 1919 Lathrop  
Fairbanks, Alaska 99701  
phone: 456-7767

William H. Doclittle, MD  
home - 317 Bently Road  
mail - 1919 Lathrop  
Fairbanks, Alaska 99701  
phone: 456-4490

Roger F. Harding, MD  
home - 102 10th Ave.  
mail - same  
Fairbanks, Alaska 99701  
phone 456-4659

Robert W. Taylor, MD  
mail - 1867 Airport Way  
Fairbanks, Alaska 99701  
phone: 452-4690

April 6, 1981

Senator Jalmar Kerttula  
Pouch V  
Juneau, AK 99811

Dear Senator Kerttula,

I would like to register my concerns with portions of two bills presently under consideration by the Senate.

Regarding SB 237 "relating to professional licensing and to the regulation of the practice of medicine"; Sec. 08.64.170 provides that birth assistants - certified nurse and/or lay midwives must be licensed by the Medical Board. Sec. 08.64.250 contains no reference nor provisions for the practice of Certified Nurse Midwives. Sec. 08.64.369 inappropriately allows the Medical Board to be sole determinant of the scope and practice of midwifery.

While the common goal of health providers in childbirth is an outcome of healthy mother and infant(s), the licensing of birth assistants in this bill is inappropriate. I submit that the vehicle for control of said "assistants" can be more expeditious and clearly defined in the following manner.

1. All birth assistants be Certified Nurse Midwives with completion of an accredited post-RN program of midwifery.
2. That the licensure of Certified Nurse Midwives be the responsibility of the Board of Nursing in an amended Nurse Practice Act NOT the Medical Practice Act.
3. That the relationship of the Certified Nurse Midwife and the supervising physician be a collaboration between the Medical Board and the Nursing Board.

In consideration of the bill above, SB 237 "relating to the practice of nursing..." does not address its effect on the practice or certification of Nurse Midwives - an onerous omission.

It is my conviction that the practice of birth assistants (excluding precipitous births) be limited to that of Certified Nurse Midwives. I urge you to support amendments to both Acts that will speak to this specialized area of nursing practice in a manner that recognizes the separate and concomitant practice of nursing and practice of medicine.

Sincerely,



Jennie Lee Schrage, RN  
SPA Box 6647  
Palmer, AK 99645

cc Gov. Hammond  
Sen. Parr  
Sen. Stinson  
Sen. Colleta

Sen. Fischer  
Sen. Kelly  
Helen Peirne

Julia C. & Greg B. Arehart  
SRA 372 N  
Anchorage, AK 99507  
(907) 345-2218

April 4, 1981

Senator Charles Parr  
Chairman of the Senate Health, Education,  
and Social Services Committee  
Pouch V  
Juneau, AK 99801

Dear Senator Parr;

My husband and I are concerned about Senate Bill 237, in particular the clause that states the State Medical Board shall authorize who can assist at childbirths. It seems to imply that only a physician or medically licensed nurse can, and must, assist a birth. We are appalled at the ignorance shown by the mere consideration of such a clause in our Senate.

There are those of us who do not believe in medical science, either because of religious or other convictions, or because of personal choice. I have had the misfortune of having been injured by doctors, rather than cured by them, during several years of treatments. I have turned to other methods of health care, with better results. There is simply no possibility I will allow a medical doctor to attend my delivery when I give birth. If your bill passes, with that specific clause, I will therefore either willingly break the law by having my husband or a midwife assist my delivery at home, or I will be forced to deliver completely alone, without even my husband assisting, just to avoid breaking the law.

I am appalled that you think parents should not be allowed to make their own decision concerning the birth of their children. You are implying that we, the men and women of this state, are too stupid to take care of ourselves in the case of something as natural and healthy as childbirth. May I remind you, we, the human race, have been giving birth without the 'help' of doctors for all of history until the last century. You are now forcing the doctors and nurses, with their particular beliefs and ways, upon us, thinking you know better than we do who should help us during delivery. I find this presumptuous of you, and I'm quite frankly tired of being told what to do, when to do it, with whom, and being forced to pay through the nose too - because the government thinks it knows what's best for me. Because of your position of power, Senator Parr, you must be careful not to abuse us; we are the victims if you abuse your power. I find it not only abusive, but absurd, that you presume to tell me how to live my life.

You must be completely unaware of the research that has been done concerning homebirth, midwifery, and natural childbirth as opposed to

hospital or physician-attended births. The facts clearly show that it is more dangerous to give birth in a hospital than at home. My biggest concern is for the health of the baby, taking precedent over my concern for breaking the law in this case, and so I would logically choose home-birth, with my husband and/or a midwife assisting, over your prescribed physician-attended delivery, for safety reasons alone. You think your bill will protect us and our children, but it will do the opposite by posing a health hazard! I can refer you to one specific book to read on the subject of safety in homebirths versus hospital births: Immaculate Deception by Suzanne Arms. If you have not read it, then you have no right to be making decisions concerning homebirths versus hospital births.

It seems another fact has not occurred to you, concerning the situation specific to Alaska. Many women in the bush will be unable to get to a hospital, or have an authorized attendant at their delivery, due to the isolation and immense distances in the bush. Suppose the only person available to help a woman in labor is a lay midwife? Suppose the only person is the woman's husband? Do you actually plan to fine either of them \$50-\$100, or punish them 10-90 days in jail, for helping a friend or wife? If so, you lose my respect completely. Not only has common sense, but also the Christian spirit and tolerance, been totally lost in our unfeeling, unthinking government.

We ask you to please drop this clause from Senate Bill #237.  
Thank you.

Sincerely,

*Julia C. Archart*

*Greg B. Archart*

Julia C. Archart  
Greg B. Archart

April 4, 1981

Senator Charles Parr  
Chairman, Senate Health, Education, and Social  
Services Committee  
Pouch V  
Juneau, AK 99801

Senator Charles Parr,

Again, more restrictions, regulations, and control over the people of Alaska! When will it stop! I'm referring to Bill #237.

I can not see any reasons that warrant this Bill; there has been no problems, no abuse of the existing laws. To the contrary many Alaskans have thankfully felt and exercised their freedom to give birth to their children where and with whom they personally have chosen. And I emphasize that we are thankful for this freedom. A freedom that is by rights ours; something that is being conveniently forgotten by many people in decision making positions.

Giving birth to a baby is a very personal, emotional, important, and exciting happening in our lives, and very, very natural. It is not a medical crises. It does not warrant medical intervention except in very few instances, and those are normally predicted far before the time of birth.

It is not with bravery, but with fact, that I say there is far more physical as well as emotional trauma that occurs when a woman is placed in a sterile, restricted, medical intervention oriented environment. Please, read the most recent studies. These statements are FACT.

Second to the emotional importance, but definitely another very important aspect to this Bill, is the added cost that people will be required to pay because of the stipulations of the Bill. Could it end up that women in the bush be required to travel away from their family and home just because there is no one authorized to assist in their birth in their local area? Again, the emotional, but also the cost of the travel, as well as the additional cost of the "authorized" person... Is the state willing to pay for these added cost that they are requiring of the people? I would think so being that it is because of the state that the people are having to spend more.

Senator Parr, stop and think. Really, there is no reason or need or want of this Bill #237 by the people of Alaska. Do NOT let it go any further.

Sincerely,

*Marjorie M. Williams*  
*a busy Alaskan*

April 2nd, 1981  
Talkeetna, Alaska

Senator Charles Parr, Chairman  
Senate Health, Education and Social Services Committee  
Pouch V  
Juneau, Alaska 99801

Dear Senator Farr,

It has come to our attention that on March 4th, 1981 Senate Bill #237 was submitted to the Senate Health, Education and Social Services Committee.

In a rural state (which most of Alaska qualifies as being) it seems absurd as not every bush village can possibly have a physician and it is insensitive to require pregnant women in such areas to leave their homes at a time when they need the support of their husbands and families. Also the bill goes against our basic human rights, telling us who we have to have present. It has been proven that home births are actually safer than those in hospitals and also the price of a doctor and hospital are almost beyond the reach of many of the bush people.

Would you consider having a local teleconference on the bill; so those interested in giving input could do so? And could you notify us of such a teleconference in advance? Our phone number is 733-2418 and my voter registration number is 00021022.

Thank you for your time and consideration.

Sincerely,

*George H. McCullough*  
George H. McCullough

*Dolores W. McCullough*  
Dolores W. McCullough

Talkeetna, Alaska 99676

April 2, 1981  
372 Shaw Circle  
Anchorage, Alaska 99504

Mr. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, Alaska 99811

Dear Mr. Parr:

I am very disappointed in the Senate Bill No. 237 which was introduced on March 4, 1981. The part I most disagree with is the reference to assisting at childbirth and labeling childbirth as a medical procedure.

I believe that childbirth is a "well" process and not a pathological condition. Pregnancy/childbirth is not a human ailment and should not be labelled as such in any law.

I feel homebirth attendants have a necessary and responsible place as an option available to Alaskans to help satisfy their health care needs. Parents have the constitutional right to choose where and with whom they choose to give birth to their child. We deserve to have freedom of choice concerning birth place and attendant. Parents can be and are responsible for getting good prenatal care and screening and have the right to the option of a homebirth attended by other than a physician.

I request a teleconference here in Anchorage prior to the committee hearing in Juneau. There are enough people here who would want to be involved in this to share their feelings on this subject.

Sincerely,

*Charlene Collett-Paule*

Charlene Collett-Paule

April 4, 1981

Senator Charles Parr  
Chairman, Senate Health, Education, and Social  
Services Committee  
Pouch V  
Juneau, AK 99801

Senator Charles Parr,

Again, more restrictions, regulations, and control over the people of Alaska! When will it stop! I'm referring to Bill #237.

I can not see any reasons that warrant this Bill; there has been no problems, no abuse of the existing laws. To the contrary many Alaskans have thankfully felt and exercised their freedom to give birth to their children where and with whom they personally have chosen. And I emphasize that we are thankful for this freedom. A freedom that is by rights ours; something that is being conveniently forgotten by many people in decision making positions.

Giving birth to a baby is a very personal, emotional, important, and exciting happening in our lives, and very, very natural. It is not a medical crises. It does not warrant medical intervention except in very few instances, and those are normally predicted far before the time of birth.

It is not with bravery, but with fact, that I say there is far more physical as well as emotional trauma that occurs when a woman is placed in a sterile, restricted, medical intervention oriented environment. Please, read the most recent studies. These statements are FACT.

Second to the emotional importance, but definitely another very important aspect to this Bill, is the added cost that people will be required to pay because of the stipulations of the Bill. Could it end up that women in the bush be required to travel away from their family and home just because there is no one authorized to assist in their birth in their local area? Again, the emotional, but also the cost of the travel, as well as the additional cost of the "authorized" person... Is the state willing to pay for these added cost that they are requiring of the people? I would think so being that it is because of the state that the people are having to spend more.

Senator Parr, stop and think. Really, there is no reason or need or want of this Bill #237 by the people of Alaska. Do NOT let it go any further.

Sincerely,

Key A. Williams

March 31st  
Sunday

Mr Parr

Senate Health, Education & Social Services  
Pouch 3

Juneau, Alaska 99811

Dear Mr Parr

I am against senate bill #237  
It is clearly contrary to the  
Constitutional right to privacy. An  
unwarranted presumption birth to be  
a medical problem requiring  
medical procedures rather than  
the natural process it is.

How parents wish their  
children is surely a private  
concern. Parents bearing home  
birth with the assistance  
of birth attendants should not  
be denied this option. I strongly

Mr Parr  
Senate Health, Education and Social Services

Dear Mr. Parr:

I am a resident of Anchorage and a registered voter here  
strongly object to the revision of  
practice act in Bill 237 concerning "assisting at childbirth."

I had both of my children at home attended by my husband.  
I am attending births now in Anchorage. Dr. Ender of UAA has  
found in his research that 10% of births in the greater Anchorage  
area take place at home. No Physician or certified nurse  
midwife will help at home,

I am a highly qualified birth attendant, but if this bill  
goes through I will not be able to continue helping people  
and less skilled people will be attending these births. Home  
births will continue to happen. Most of my clients would have  
their babies at home with or without me.

This bill infringes on my right of free choice and makes  
birth a medical procedure. I am furious that this bill  
may pass due to alot of medical pressure and bucks behind it.

I wish to be put on the mailing list to be informed of  
a public hearing and I request a teleconference to be held  
in Anchorage.

Sincerely,

Christine Rushing  
1403 E 27th Ave.  
Anchorage, Alaska 99504

SB 237

To the Alaska State Legislature:

I urge you to defeat this bill, it is another power grab by the American Medical Association. Each professional group wants to use legislation to create its own monopoly. The American Medical Association has tried for years to control the entire gauntlet of the healing arts. A new medical board is set up. A new bureaucracy is created. A new lever is held over the people. The medicrats already have taken away from the people the right to determine their choice of treatment in many diseases, including cancer.

Everything is done in the name of good. But not everything is good. Depriving people of their freedom of choice is not good. What people need is education so they will make wise choices, not a continuous stream of oppressive legislation.

Why should midwifery be licensed by the state. It is a practice that is as old as civilization itself. In the 18th century if it had not been for home deliveries we might none of us be here. The doctors were killing mothers by the thousands with child bed fever. When one doctor told them how to prevent it, they drove him out of town.

Teach the people correct principles and let them govern themselves.

*Robert V. Pontius D.V.M.*  
Robert V. Pontius D.V.M.

March 19, 1981

Mr. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, Alaska 99811

Gina Katkin  
1402 Primrose St.  
Anchorage, Alaska 99504

Dear Chairperson:

It has come to my attention that bill #237 has been submitted to the legislature pertaining to home births. I feel it important that this be a personal and responsible decision within a family, and is no place for a legislative decision.

Both of my children were born at home under responsible, competent care. This decision was our own and a determined one. If you make it illegal for educated people to attend home births, families will be forced to take the burden upon themselves without any birth attendant.

I have the right as a woman not to be hospitalized to give birth if I so choose. I am not sick when in labor, in fact both births were highlights of my life. Laws or the medical profession cannot take away my right to birth my children where I feel most comfortable and safe whether it be in the home or hospital.

If we can't have birth attendants legally help us, then change the laws so that "nurse-midwives" can attend home births or make licensing for lay midwives available.

Please give everyone the right to be heard through a teleconference in Anchorage and all other communities throughout the state if possible.

Deepest Sincerity,



6)

MSG 61-000 19059 PRTY 1 03/19/81 17:01:26 ORIG: LA00 IN= 0027 OUT= 0025  
FROM: ROBERTA TO: JUND INFO  
TARGET: LJH2 SUBJ: POMS PAGE 0002

KANDULPH

FROM: JOSEPH L. GROVE, 1911 SUNRISE DRIVE, ANC. 99504; 209-4178

RE: SB 237; PAGE 2, LINE 16-17

OBJECTION TO INCLUSION OF CHILDBIRTH. REPRESENTS BLATANT PROTECTIONALISM FOR MEDICAL COMMUNITY AGAINST A TREND FOR PEOPLE TO TAKE RESPONSIBILITY FOR THEMSELVES AND GIVE BIRTH AT HOME. THE CONSTANT LICENSING OF EVERY ASPECT OF HEALTH CARE IS AN INVASION OF INDIVIDUAL RIGHTS FOR THE BENEFIT OF THE MEDICAL PROFESSION.

March 23, 1981

Senator Arliss Sturgulewski  
Pouch V  
Juneau, Alaska 99811

Dear Senator Sturgulewski,

I am writing to express my objection to bill SB 237 which would virtually outlaw home births in Alaska. I strongly believe women and men should have the choice of where their children are born. Freedom of choice should exist.

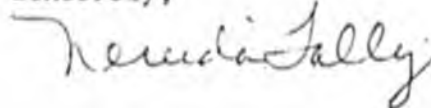
I resent the implication a woman cannot weigh the pros and cons of such a personal, important moment in her life and make a choice. I see no need for the Medical Board to usurp her right and make the choice for her.

Please let me know how you plan to vote on this bill as well as the one regarding cost of living allowances for retired school teachers.

For your information, I am a woman of child bearing age and an educator.

Thank you for your time and service.

Sincerely,



Nereida Talley  
8121 Resurrection Drive  
Anchorage, Alaska 99504  
907 333-8829 / 907 344-2561 x213

cc: Mr. Charles Anderson, State House  
Ms. Ramona Barnes, State House  
Governor Jay Hammond

✓ Mr. Charlie Fair, Chairperson

THE FOLLOWING DOCUMENT(S) MAY NOT FILM  
LEGIBLY BECAUSE OF POOR QUALITY OF THE  
ORIGINAL.

17 March 81

9900, Hialeah 99005

Dear Sir

Senate Health Ed & Soc Service

Room V

Jameson Highway 99811

Dear Mr. Carr:

The Senate bill #237 contains no regulation. The matter of including child birth should not be included in this. Child birth is a natural process and families should have a right to choose where & how this takes place without any government interference.

It is never met in person or in a meeting without a teleconference. The people from all over Hawaii can participate.

Yours truly,

Barbara Harrison

March 25, 1951

My Father

I have in front of me a letter pertaining to the Senate bill #237 which was submitted on March 4, 1951. This bill is in regards to those persons who assist at home child births.

It is my opinion that we are still a "free people" and that we have the right to make decisions based on that fact.

In the matter of home births I feel this is a decision to be made by those directly involved and not those in authority. Who else but the mother and father (in most cases) could be more concerned for their child? (Does the government share the womb? Or cut the umbilical cord?)

Because of my own preference that this matter be decided on a personal level I request a concurrence before any final decision is made.

Thank you for your interest and consideration in this matter.

Walter H. Anderson  
1901 W 43rd  
Minn. St. 55503

Dear Sir

My name is David Hansen.  
I live at 530E 46<sup>th</sup> PL. Apt B Anch. AK.  
99503. phone number is 279-5166.

My voter registration number is  
03547809. I am writing regard  
to bill 237. Which would make  
it mandatory to have a certifi-  
ed midwife or a doctor present  
at the birth of a baby. I do  
not agree with this bill. I  
think a person should have the  
freedom to choose whom they  
want at there at the birth and  
have it where they want it.

When this bill (#237) comes  
up please have a public-tel-  
conference and notify me in  
time so I can come for it.

Thank you

Sincerely  
David Hansen

THE PRECEDING DOCUMENT(S) MAY NOT FILM  
LEGIBLY BECAUSE OF POOR QUALITY OF THE  
ORIGINAL.

(2)

MSG 81-00009055 PRTY 1 03/19/81 16:34:07 ORIG: LA00 IN= 0025 OUT= 0092  
FROM: ROBERTA TO: JUNO INFO  
TARGET: LJH2 SUBJ: POMS

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PAGE 0002

TO: REPRESENTATIVE CHAS. PARR, CH. HESS COMMITTEE  
FROM: BINNIE SMITH, 834 E 73RD, APT. 4, ANC. 99507; 344-3651

ALLOWING THE MEDICAL COMMUNITY IN ANCHORAGE TO DICTATE PERSONAL AFFAIRS  
LIKE WHERE A FAMILY UNIT CAN LEGALLY BEAR THEIR CHILDREN IS ALLOWING A  
FRIGHTENING FORM OF DICTATORSHIP OVER ALASKAN RESIDENTS TO BE PERFORMED.  
PLEASE STOP THIS BILL. (SB 237)

FAIRBANKS INTERNAL MEDICINE

and

DIAGNOSTIC CENTER, INC.

1919 LATHROP STREET  
FAIRBANKS, ALASKA 99701

(907) 452-4769

INTERNAL MEDICINE

WILLIAM H. DOOLITTLE, M.D. F.A.C.P.  
JEFFREY A. PARTNOW, M.D.

INTERNAL MEDICINE, HEMATOLOGY & ONCOLOGY

J. MICHAEL CARROLL, M.D.

INTERNAL MEDICINE & AVIATION MEDICINE

DAVID S. GRAUMAN, M.D.

February 11, 1981

Senator Charles Parr  
Pouch V  
Juneau, AK 9981

Dear Senator Parr:

I am sorry that I was unable to see you last weekend in Juneau, but Medical Board disciplinary actions ended up consuming my entire stay.

I am writing to express my personal approval, as well as the unanimous approval of the State Medical Board, for proposed revisions to the Medical Practice Act. These are to be submitted by the Governor and do not yet possess a Senate or House Bill Number. However, the Department of Law file number for the Bill is J-77-066-081. It is the feeling of the Board that these statutory reforms allow for much improved flexibility in the supervision of medical quality control in the State of Alaska and will yield better protection for the medical consumers of the state.

I assume that due to the nature of the Bill, it will pass through the Senate Health, Education, and Social Services Committee.

The legislation, as currently written, is favored heavily by the Board. However, a few deletions have been made from last session's incarnation. As you recall, the Bill last year was passed by both House and Senate, though in slightly different forms. As a result, it ended up getting lost in the shuffle of the close of the Session, and was never passed into law. In both versions, the Board was granted an executive officer position as well as the services of a designated investigator. Since the Board has a relatively large backlog of investigations (33 cases as of last weekend), the need for an investigator who is "detailed" to the Medical Board is obvious. Some of these cases would appear to be relatively serious, and ought to be handled expeditiously.

As regards the executive officer position, the Medical Board feels that it is in need of executive support. A number of other Boards already have such a position (Real Estate Board, Nursing Board, etc.) and due to the life and death nature of much of the Board's work, this seems to me to be a reasonable request. Currently, our executive support comes from a licensing examiner within the Division of Occupational Licensing, and she is charged with the oversight of three or four other Boards as well. Historically, we have had a problem with the fact that licensing examiners frequently change from one Board to another, or leave the Division entirely, thus resulting in a loss of continuity and relatively long "startup time" for a new examiner. During this period of time, Board actions are delayed, priorities shuffled, and all manner of things seem to "fall between the cracks".

As I mentioned to you previously, the fiscal note approving the establishment of the executive director position was approved during the last Session, though the Bill itself did not quite make it into statute. The funds were approved, but were returned to the General Fund. Hopefully, this would make the positions "old positions" and thus less susceptible to redlining. It has been the position of the Governor's Office, and therefore of Occupational Licensing, that no new positions were to be requested this year, hence, their deletion from the current legislation. I have spoken with the Governor's Office and have been informed that it is "probably unlikely" that the proposed legislation would be vetoed simply because it established these positions.

Therefore, I would respectfully request that your Committee consider the addition of an amendment to the proposed legislation authorizing:

- A. An Executive Officer for the Medical Board. This person would serve at the pleasure of the Board, though he would be employed by Occupational Licensing.
- B. A designated investigator for Medical Board functions, along with appropriate support services.

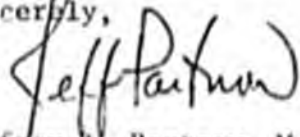
I am uncertain as to the actual cost that would have to be amended in a Fiscal Note for this, but I suspect that the Division of Occupational Licensing ought to be able to prepare it relatively quickly.

In any event, I suspect that it would probably prove less than \$100,000 annually and I feel this would be a good value for the State.

I have one other matter which I would like to bring to your attention. The State Nursing Board is currently seeking a revision of the Nurse Practice Act. In general, the Medical Board has no problems with the legislation which they are proposing, however, it should be noted that the Nursing Board is attempting by statute to remove the Medical Board from all authority regarding advanced nurse practitioners. These are nurses with advanced training who perform acts of medical diagnosis and treatment independently, under a collaborative relationship with a physician. It is the position of the Medical Board that since their practice constitutes areas within the "practice of medicine" that the Medical Board should continue to be involved in their licensing and approval. Our current role is to examine <sup>and approve</sup> the proposed collaborative relationship and the Board feels that this is an appropriate level at which to be involved.

Thank you for any consideration which you can afford in these matters. If there is anyone else with whom I should be corresponding, please let me know. Hopefully, I will make it back to Juneau one of these days and will be able to talk with you in person.

Sincerely,



Jeffrey A. Partnow, M.D.

JAP/co  
cc Evelyn Boone

**BAZELEY AND HARRINGTON**  
ATTORNEYS AT LAW  
AN ASSOCIATION OF PROFESSIONAL CORPORATIONS

JUDITH J. BAZELEY  
KATHLEEN HARRINGTON

March 26, 1981

340 G STREET, SUITE 201  
ANCHORAGE, ALASKA 99501  
TELEPHONE (907) 272-8591

The Honorable Charles Parr  
Alaska State Senator  
Health, Education and Social Services  
Pouch V  
Juneau, Alaska 99811

RE: Senate Bill #237-Home Birth

Dear Senator Parr:

I have recently learned that, with the assistance of Governor Hammond, Senate Bill #237 has been submitted and routed to your committee for public hearings and comment.

I am completely opposed to this attempt to regulate home childbirth by categorizing those who might assist at a home birth as somehow engaging in the practice of medicine.

I feel very strongly that home birth is an area to which the right of privacy attaches and certainly, in this context, mothers and fathers should have a fundamental right to choose to birth their babies at home without the unnecessary intrusion of the State of Alaska and certain members of the medical community.

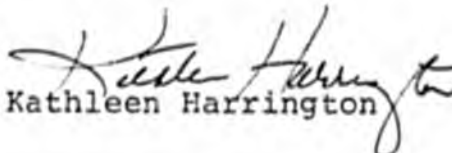
I believe it to be completely unnecessary for the State of Alaska to prevent those who are experienced with the home birth process from assisting those of us who choose to have our children at home. I also believe that it is unnecessary to require these home birth attendants to submit to some long and costly certification process before they can legally assist in a home birth, especially when those home birth attendants whom I know have had practical experience in this process for years.

The Honorable Charles Parr  
March 26, 1981  
Page Two

-----  
I believe this issue is important enough to  
require a conference here in Anchorage with you and other  
members of your committee.

Thank you for your time and attention to this  
matter.

Sincerely,

  
Kathleen Harrington

KH:kpc

ALASKA CHIROPRACTIC CLINIC  
A PROFESSIONAL CORPORATION  
MILE 7½ OLD SEWARD HIGHWAY  
P.O. BOX 10033  
ANCHORAGE, ALASKA 99511

Dr. Keith L. Hediger, D.C.

TELEPHONE (907) 844-1501

March 27, 1981

WHAT'S THIS  
ABOUT?  
RE: CHILDBIRTH?

Senator Charles Parr  
Chairman  
Senate Health, Education & Social Services Committee  
Pouch V  
Juneau, AK. 99801

Dear Senator:

Bill #237, introduced on 3/4/81, is a very serious offense against basic human rights. It is truly a sad state of affairs to see this issue become political. The injustice will be inflicted upon your voting population.

I would like to see you do all that you can do within your realm of power to prevent the enactment of the breach of privileges in our fine state.

Thank you.

Yours for better health, naturally,

*Keith L. Hediger, D.C.*  
Keith L. Hediger, D.C.

KLH/pm

March 23, 1981

Senator Charles Parr, Chairman  
Senate Health, Education & Social  
Services Committee  
Pouch V  
Juneau, AK 99801

Senator:

As a citizen and voter in the State of Alaska I am writing to voice my disapproval of Senate Bill #237.

I am currently teaching prepared childbirth classes for Christian Childbirth Education in Anchorage and have taught childbirth preparation for five years. The classes I have instructed are geared for hospital deliveries but I also have students who are anticipating a home birth.

The birth experience of each person I have met is so individual and I believe each should have choices in planning the birth of their child. Although I do not promote home birth, I do believe that this type of legislation would deny the personal experience childbirth should be. People who choose home birth need support. Legislation of this type is not going to decrease home births - only decrease any type of medical assistance at these births.

Sincerely,

*Paula M. Frey*

Paula M. Frey  
3430 Kvichak Circle  
Anchorage, AK 99502  
907-344-0415  
Voter Reg. #01646579

March 22, 1981

1240 E. 11th Avenue  
Anchorage, Alaska 99501

Mr. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, Alaska 99811

Dear Mr. Parr:

It is my understanding that on March 4, 1981 a senate bill # 237 was submitted by the Rules Committee to the legislature pertaining to regulation of the practice of medicine. This bill would not allow anyone to "assist at childbirth" in the state of Alaska unless authorized and licensed by the state or under the direct supervision of a physician.

I feel this would be an injustice to the residents of Alaska who deserve the freedom of choice in the matter of childbirth. Also, considering all the people in this state who live in the bush, this ruling seems very impractical. Surely, childbirth should not be treated as a medical procedure. It is a natural process.

I am one of many concerned people in the Anchorage area who would like

Strongly suggest a teleconference to enable supporters of prohibition to participate in the public hearing to be held in Juneau.

Thank you for your time and consideration of this important matter.

Sincerely,  
Valerie Talbot

LIZETTE E. BURNS  
Developmental Disabilities  
Consu..ant

Telephone  
688-3227

S.R. Box 1031  
Chugiak, Alaska 99567

Mr. Parr  
Health, Education and Social Services  
Pouch V  
Juneau, AK, 99811

Dear Mr. Parr:

I want to register my objections to Bill 237, concerning childbirth assistance. I feel strongly, that if enacted it would be an infringement of my rights. Childbirth need not be a medical procedure. The state would become embroiled in mandating a more expensive and restrictive birth process than is necessary in many cases.

I also request that any hearing be made available in Anchorage.

Thank you,  
Lizette Burns

Dear Council of Parents

Sincerely,

Thank you.

When this bill (S37) comes up please have these things:

if choice is taken away. I feel S37  
our child in doing so even right to freedom  
all in who we should have held delin  
react as in such, we have the right to  
have confidence in those whom we choose to  
competent health-attendants. If we as parents  
do not learn at home with certainty  
I had the best with both of mine, the  
giving birth to her child into the life of care.  
I can understand concern that a woman

number is 01927946.  
number is 279-516 and my voter registration  
530 E 4th Place in Annapolis. My phone  
my name is Raven Starn. I live at

24 Nov 81

CAROL E. EDWARDS  
SRA Box 1765-H  
Anchorage, Alaska 99507

March 25, 1981

Mr. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, Alaska 99811

Dear Mr. Parr:

I am writing in regard to Senate Bill #237, specifically the section limiting childbirth attendants to those who are licensed by the State of Alaska. This phrase obviously effectively eliminates most home births in Alaska. Personally, I feel the State has no right to interfere in a woman's choice of where or under what circumstances she wishes to give birth to her baby. This infringes on personal freedom of both mother and baby.

I am nearly eight months pregnant myself and am choosing home birth. I am against all drugs that are ROUTINELY and unnecessarily administered in the hospital. They certainly don't help the baby any in starting out his/her difficult life. Hospital births, in addition, disrupt the bonding process so important in early life, disrupt families [Are we really trying to preserve the family unit anymore?], and cause unnecessary stress and pain on both the mother and the baby. I wouldn't even consider having my baby come into the world in such a sterile, traumatic atmosphere unless absolutely necessary, such as in an emergency. Childbirth is a natural process, not an illness.

The problem is that those of us who choose home birth do not have real back-up from the hospitals and doctors there. From my experiences with friends, it seems that often a broken leg or other emergency is treated more efficiently than a laboring mother with complications who had originally planned a home birth. Instead of that portion of Senate Bill #237 being even considered, the medical profession needs to upgrade its skills and coordinating efforts with home birth attendants to ensure immediate and efficient emergency care in the event of complications. It's not that the women don't get to the hospital; it's that they are often not given immediate help when they arrive and that the care given is less than professional. Perhaps the doctors are seeing dollar bills slip through their fingers instead of seeing a patient in need.

For Alaska to take a step backwards when many other states are opening more doors to home birth and natural healing practices is absurd and embarrassing. Two studies recently completed in the Eastern U.S. show home birth to be as safe as, and in some instances, safer than hospital births. I suggest the legislature look into these studies, as they were both rather large scale. I don't want to suggest that anyone can deliver a baby, but it certainly does not normally require an M.D. A trained, qualified midwife or naturopath is well-equipped with knowledge and skill to handle home births.

Incidentally, I am a professional in the field of psychology and understand the need for professional regulation and certification, but let's not overstep the bounds of personal freedom and common sense. I request a teleconference on this issue as I believe it is an important one.

Sincerely,  
Carol E. Edwards

March 24, 1981  
3323 Robin Street  
Anchorage, Alaska 99504

Hon Charles Parr, Chairman  
Senate HESS Committee  
Pouch V  
Juneau, Alaska 99801

Dear Senator Parr:

This letter is in reference to SB 237 an amendment to the medical practice act which refers to assistance at childbirth.

The effect of such legislation would be a flagrant intrusion into the rights of individuals to have the type of birth experience they desire. I am neither pro home birth nor pro hospital birth, but I am pro individual rights.

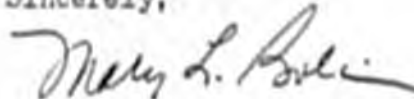
Across the nation in the past decade there has been a movement away from physician directed hospital births. This is evidenced by the growing number of alternative birthing centers (we have two in Anchorage) and home births. What do you suppose prompted this movement? The answer is: pregnancy, labor and birth are normal, healthy, well processes, not disease or illness. Physicians are taught throughout their years of medical training to diagnose and treat disease, so they quite naturally seek diagnosis and treatment for whatever walks into their offices. They do not shine when it comes to caring for people who are well.

Pregnant women want to be cared for with dignity, as individuals whose experience is unique to themselves, and have a say in the direction their care takes during pregnancy, labor and birth. By passing this bill, the state of Alaska is saying, "Sorry Lady, we know what is best for you and who is best equipped to care for you." Under           , a husband could be charged for practicing medicine without a license if he assisted (without a physicians supervision) at the birth of his child. To take it further, a woman assisting herself could be charged.

Pregnancy, labor and childbirth do not belong under the sole auspices of physicians. Physicians are not responsible for our state of wellness, we as individuals are the ones who are responsible. I resent the audacity of the medical system to usurp my responsibilities for my own welfare.

Please consider this input as you are discussing this bill. I believe a teleconference hearing on this matter is in order.

Sincerely,



Mary L. Bolin

Dear Sirs -

I recently received word of bill #237, and was quite surprised. I was surprised because Alaska has always been a state freer from rules and regulations than most, and this bill would surely affect the personal lives of many who live here, and not at all for the better. As far as I know, there is only one doctor in Anchorage who will deliver babies at home. Keeping this in mind, it is obvious why we need our midwives, now more than ever because of the increasing incidence of home births.

Please also consider the damnable cost of a hospital birth, in juxtaposition with the low finances of most new families. Home is where birth should take place - with the exception of those with difficulties - and the family should be the decision-makers about who they want at their birthing. A midwife offers competent assistance at about \$2,000.00 less than a doctor at a hospital birth, and gives so much more than any doctor ever would. Hospitals and doctors are for un-well

people. Pregnant and birthing women are not un-well. Right? Right! Everyone of us is descended from an unbroken line of women who were able to deliver their babies, 95% of the time with no difficulties. There are no statistics which show home births as less safe than hospital births, when no counter-indications are found during pregnancy. So why the big fuss? :

My husband and I are planning to have a home birth in May. We have a wonderful midwife who has already shown us more loving understanding and genuine concern for our well-being than we could ever have expected from a doctor. She has also helped to further our education on the subject of nutrition and the physical aspects of birth. All this good care at a fraction of the "usual" cost. :

You have the means and the opportunity to further the progress we are making in this area by choosing not to hinder our freedom of choice.

Thank you, Nancy Lusk

3/18/81

Mr. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, Ak. 99811

Dear Sir:

Concerning senate bill #237 pertaining to regulation of the practice of medicine.

I want to voice my strong opposition to any bill that would limit our right to have children at home and to use a birth attendant of our own choosing without requiring Licensed attendants.

Child birth is a natural process and not a illness or disease that requires a doctor with the exception of those few cases where complications arise.

I am not opposed to doctors but I feel we must be free to be able to choose a doctor or naturopath or whatever form of treatment we wish.

Freedom/Responsibility go together. Lawmakers are trying to limit our freedom of action under the pretext of protecting us, saying the state knows what is best for me and I don't. This idea is wrong. If I am to have freedom of action then I must have the freedom to bear the responsibility for what I do; not have the state take it away from me under the guise of protecting me.

I would like to have the hearing on this bill teleconferenced so more people can speak out on this issue.

Thank You

Sincerely,

*Eugene R. Venie*

Eugene R. Venie  
Box 5513

Anchorage, Ak. 99502

I'm writing to you about bill # 237; specifically the section regarding who can assist at childbirth. According to the bill, only people under the direct supervision of a physician will be allowed to assist at childbirth.

I'm a nursing student at the University of Alaska at Anchorage. Last year I carried out a research project regarding the use of an Alternate Birth Center. What was interesting was that 16% of the women surveyed said they would not utilize an Alternate Birth Center because they would choose to deliver at home. They said they'd even go ~~at~~ unattended if no physician or birth attendant were available. They also said that they felt once they entered a medical institution, their independence and choices were taken away. (The women I surveyed were attending Lamaze classes with the Childbirth Education Association in Anchorage).

I also surveyed the OB-GYN physicians and not one physician would be willing to attend a home birth. Physicians are not willing to support home deliveries in Anchorage. Because of this they are not willing to supervise midwives in home deliveries

either. What is scary about this situation is that a large group of our community will have to go unattended if Bill # 237 passes. According to the latest figures 10% of the deliveries in Anchorage are home deliveries.

Birth is not a disease. But in our society it is often seen as a medical problem that needs medical intervention. It is true that some births do need help by a physician and need medical technology. But, not all births need this intervention. Birth is a natural process and I object strongly that all women should be subjected to hospital/medical intervention because a few women are at risk. With proper screening, good pre-natal care, and hospital backup if needed, I feel that home births are safe and should not be removed as an option to women.

"A Client Advocate"

Sincerely,  
Ann Rushing

907-276-8926

1540 Medfra  
Anchorage, Alaska 99501  
March 18, 1981

Mr. Parr  
Senate Health, Education & Social Services  
Pouch V  
Juneau, Alaska 99811

Dear Mr. Parr

It has been brought to my attention senate bill #237 has been introduced to the legislature. It is my understanding that if the bill passes authorization and licensing by the State will be required of all birth attendants. It is my hope that you will not support this bill.

We have three children who were born at home. And I strongly believe it is a woman's right to choose where she wishes to give birth as well as choosing who should be with her.

Most births are normal, healthy experiences and do not need medical regulations. I've enjoyed greatly the freedom of giving birth in our home with the assistance of people I felt comfortable with. I hope the State will in no way infringe upon my freedom in home birth.

Of course, I am aware of complications which can occur in birth and have always located our home for birthing near a hospital. And if necessary I would be willing to conform to the medical regulations of the hospital. However, I don't wish for this regulations to interfere with my giving a normal healthy birth.

Thank you for your time & consideration.

Dear Mr. Parr,

I am writing this letter in regards to senate bill # 237. As being interested in home births and as having had two home births myself I feel this bill to be wrong in wanting to regulate home births this way. It infringes upon our freedom of choice and delegates birth to a medical procedure rather than a normal "well" process. If this bill were to pass more people would continue giving birth at home with no one to help or assist them that is qualified to. As the medical establishment here does not lack home birth attendants, they would not supervise any birth attendant and the state of Alaska has no rules and regulations for authorizing or licensing of birth attendants or a system of training them; the bill would make it worse for couples opting for a home birth.

I would like to request a teleconference so that people concerned with this legislation would be able to participate in the hearing, giving a fair side of the issue.

I would like to end saying that I feel home birth attendants have a necessary and responsible place as an option available to Alaskans in fulfilling their health needs. Thank-you very much for reading and considering this letter.

Sincerely yours

Cristina Horance  
 316 Eklutna  
 Anchorage, AK 99504

Urge you + your committee members  
to vote against this bill.

Sincerely,  
Eileen Harrington R.N.  
303 Eureka #25  
Anastorage AK 99503

# KINLEIN OFFICES

KEYSTONE BUILDING, SUITE 101, 801 WEST FIREWEED LANE  
ANCHORAGE, ALASKA 99503 • (907) 272-4743

March 20, 1981

Senator Charles Parr, Chairman  
Senate Health, Education and Social Services Committee  
Pouch V  
Juneau, Alaska 99801

Dear Senator Parr,

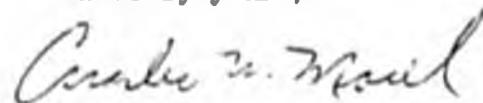
I am writing this letter to express my deep concern about Bill #237, Revision of the Medical Practice Act. I refer to the section that deals with who can assist at childbirth.

There is ample documentation to support the view that the medical care system exercises too much power over birth, life, and death. Everywhere consumers are rallying to reclaim what has been insidiously taken from them: the right to make choices about personal matters such as giving birth.

When the medical care system limits choice about illness care is an unfortunate reality. That the medical care system seeks to limit choice about a matter other than illness and disease is unconscionable. Pregnancy and childbirth are not disease states and should not be controlled at all, particularly by those who are trained to diagnose and treat disease.

Let us not regress in the 1980s by giving the medical establishment more control over that which they should have no control. Let us maintain and foster the elements of freedom and choice that characterize the spirit of Alaska.

Sincerely yours,



Charles W. Morel  
Practice of Kinlein  
Voter Registration #03692852

P.S. Please notify me when a teleconference will be held on this bill as I intend to testify. Thank you. *CM*

March 19, 1981

Mr. Parr,

I am writing to you as a concerned Alaska citizen about Senate bill #237. It is very important to us as mothers that you allow a teleconference to express our views on this matter.

As a mother of four, I can say that birth is a very natural part of life and that it is not a process that requires a hospital. My fourth child was delivered by midwives here in Alaska and when they return for the delivery of my fifth.

Midwives do not take their positions lightly and do not assist during a 'high-risk' delivery. They insist upon the mother to be to go to a hospital for their delivery where all medical equipment is available.

The basic issue involved here is a matter of choice for the potential parents.

views and opinions.

Thank you for reading this letter and  
for allowing us the opportunity to speak to your  
committee as a group.

Sincerely,  
Mrs. Phil Luse  
710 Dogwood  
Anchorage, Alaska 99501

7 Inch. Ink.

March 23, 1981

Dear Sir:

I am writing to voice my objection to Senate bill # 237 (child-leaving-at-home). If this bill were enacted it would set a dangerous precedent with regard to my right for freedom to choose.

Please, let's have a public tele-conference on the subject. Those doctors don't have the right to force us into their mold!

Sincerely,  
Beth Davis

FAIRBANKS INTERNAL MEDICINE

and

DIAGNOSTIC CENTER, INC.

1519 LATHROP STREET  
FAIRBANKS, ALASKA 99701

(907) 452-4769

INTERNAL MEDICINE

WILLIAM H. DOOLITTLE, M.D. F.A.C.P.  
JEFFREY A. PARTNOW, M.D.

March 23, 1981

INTERNAL MEDICINE, HEMATOLOGY & ONCOLOGY  
J. MICHAEL CARRCLL, M.D.

INTERNAL MEDICINE & AVIATION MEDICINE  
DAVID S. GRAUMAN, M.D. F.A.C.P.

Honorable Charles Parr  
Alaska State Senate  
Pouch V  
Juneau, AK 99811

Dear Senator Parr:

As I indicated to your staff today by telephone, I will be in Juneau on April 6 and 7 for purposes of testifying concerning Senate Bill 237. I appreciate the opportunity to do so.

I am somewhat amazed to find that the bill has become a matter of controversy. Apparently, those people advocating Home Birth of babies feel that it violates their right. Hopefully this letter will serve to allay some of the controversy and prevent the creation of yet another emotional issue.

As you are no doubt aware from our previous conversations, the Alaska State Medical Board is charged by statute with the regulation and supervision of the practice of medicine. It is almost a truism that such supervision and regulation is to be carried out in the public interest. When looked at in this way, one of the Board's functions is clearly that of Consumer Protection. The Medical Board is not a Doctor's Protective Organization; that function is performed, among others, by the Alaska State Medical Association, the local affiliate of the AMA.

In reviewing the difficulties which we have had in carrying out our functions effectively (I call your attention to the Legislative budget and audit "Sunset Review" of the Medical Board), it became quite clear to the Board members individually and collectively, that the current definition of the practice of medicine was vague and difficult to interpret. Therefore, one of the major goals which the Medical Board has had is to sponsor legislation to improve the definition of practice of medicine. It is from this effort that SB237 arose. The intent of the legislation, quite simply, is to allow the Board to have more clear-cut guidelines from which to work.

The issue of obstetrical care is secondary. SB237 does not purport to be "the Child Birth Bill" which a reporter from the Alaska Radio Network called it.

The Board has received several complaints, and a number of inquiries including the practice of "lay midwifery". Basically, this consists of the rendering of childbirth services, usually in the home, by lay midwives - frequently people without any formalized training. In an effort to see whether or not the Board had any jurisdiction, we sought an attorney general's opinion as to whether or not the delivery of childbirth services constituted in any fashion "the practice

of medicine". For reasons unclear, we got two separate responses. The first said, essentially, that "since obstetrics does not deal with an illness or condition, it is not legally the practice of medicine". The second said essentially "everyone knows that obstetrics is a medical activity, and therefore it falls under the purview of the Medical Board". A third, formal opinion was sought and this time the response was that the Department of Law was not sure, and the statute probably ought to be changed in order to clarify the issue. Therefore, this was also included in the draft of SB 237.

The current medico-political climate concerning home birth and the use of lay midwives has taken on many of the trappings of a religious war. The "medical establishment", generally speaking, desires to have nothing to do with those people who elect home delivery with a lay midwife, a feeling which is more than reciprocated by the people who "opt out of the medical system" to have their children. As a result, a potentially dangerous situation has arisen in which there is little or no communication between the two camps. The ultimate losers in this situation are potentially the mothers and their newborn children, since, should complications arise, they are virtually excluded from access to the medical system.

To illustrate this point, recently a physician in the state, one who did home deliveries, was found to have waited an inexplicably and inordinately long time at the site of a home delivery prior to taking a critically ill child to the hospital at which he had staff privileges. His only explanation of his action was that he feared he would "get a lot of noise" from the hospital staff about participating in home deliveries in general, and about this case in particular. That the child subsequently died is irrelevant; what is clear is that the physician involved, a man who had full hospital privileges at the time, was reluctant to bring the child to the hospital because of the circumstances of its birth. It is easy to imagine this situation being made even worse if the birth attendant has no access whatever to the potentially life-saving services which might be needed. As I stated, the polarized and poisoned atmosphere may well result in denial of appropriate and necessary medical services to the detriment of both mother and child.

The Board has taken no formal position concerning home birth nor has it ever taken any position concerning the activities of lay midwives. Our only interest in this matter is to establish an atmosphere in which some communication is possible.

The legislation as proposed does not abolish home deliveries, nor does it really speak to the activities of lay midwives. What it does is give the Board the regulatory powers in this area. In general, it has been the feeling of the Board that it would be neither feasible or desirable to regulate the practice out of existence, inasmuch as there will always be some percentage of the population which is disenchanted with medical care in general and will elect not to enter what they conceive to be the relatively normal, impersonal, mass-production medical system to have their children. The "legalization" of this service would serve only to further widen an already huge communications gap with consequences as outlined above.

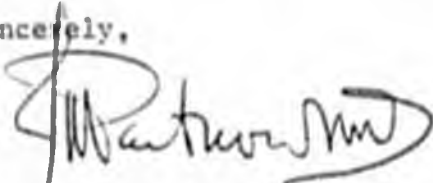
Basically, the Legislature has three choices in this matter. First, to continue the status quo, a situation which may not be working very well. This won't ruffle any feathers and a controversy may be avoided. Second, to establish yet another bureaucracy, a "Board of Lay-Midwives". Since there are no formalized educational criteria for lay-midwives, I would ultimately envision a pissing contest of the highest order and major "turf protection" issues arising as such a Board attempted to establish regulations. Third, basically is that contained in SB 237, which is to give the Medical Board regulatory authority by considering childbirth services to be a part of the practice of medicine. The Medical Board has had a fair amount of experience in dealing with non-physician medical care providers (paramedics, physician assistants, advanced nurse practitioners, and nurse anesthetists) and would, I feel, be able to come up with satisfactory guidelines which would insist on some plan of collaboration or referral which would insure the availability of medical services if needed and not hold a collaborating physician financially responsible for problems which arose beyond his control. As I said, the choice is the Legislature's. I do not personally feel (nor does the Board) that the obstetrical issue is worth sacrificing the rest of the bill over.

I would like to respond to two other issues which have been raised. The first is that of "turf protection". It is not the desire of the Medical Board to enrich physician's financially by insisting that all births be handled within the hospital setting. The second is that organized medicine has sunk millions of dollars into this "battle". The Board has received not one penny of support by the AMA or Alaska State Medical Association in the establishment of the language or intent of SB 237. In fact, I am informed by Dr. Johnson, the president of the Alaska State Medical Association, that they do not like the obstetrical provisions in SB 237 feeling that it somehow cheapens the Medical Board to deal with non-medical people, and stating in general that it is an issue in which they do not wish to become involved. I might add that the Board of Nursing is also unwilling to tackle the problem.

Finally, and much more important from the Medical Board standpoint, I wish to reiterate our request for the reinsertion into SB 237 of the executive officer position (reference my earlier letters) and the designated investigator for the Medical Board. The need for this sort of administrative support is really what SB 237 is all about, and we seek your assistance in helping to make Alaska "a safer place to get sick". As I have stated, the obstetrical issue is secondary to the intent of SB 237, and it seems to me a shame that such a relatively narrow issue has commanded so much attention, particularly in view of the clearcut lack of understanding which has been shown by those who have most vociferously attacked the "Childbirth Bill".

I look forward to meeting with you on April 6 and hope that I will be able to provide useful information to you and the Committee in your deliberations. I appreciate having the opportunity to appear before you.

Sincerely,



Jeffrey A. Partnow, M.D.  
Chairman  
State Medical Board

March 18, 1981

Dear Mr. Parr,

I am deeply concerned about senate bill #237, which has recently been submitted to the legislature regarding the regulation of the practice of medicine.

If this bill passes, no one will be allowed to assist at childbirth in the state of Alaska unless authorized and licensed by the State or under the direct supervision of a physician.

Thus birth is categorized as a medical procedure, rather than the normal process of life that it is. In addition, the rights of parents to choose the place they desire for their birth experiences and the people they wish to have assist at the births is infringed upon.

I am strongly in favor of home birth attendants as an option for Alaskans in health care.

I request that a teleconference be held, in order that myself and other concerned citizens in the Anchorage area may take part in this hearing.

I appreciate your attention on this matter.

Sincerely,

*Rhoda Anderson*

Rhoda Anderson  
3525 W. 73rd Ave.  
Anchorage, AK 99502

*Memory*

MSG 81-00009325 PRTY 1 03/23/81 13:34:04 ORIG: LM00 IN= 0003 OUIT= 0025  
FROM: MARY/MATSU TO: JUNEAU INFORMATION  
TARGET: LJH2 SUBJ: P.O.M. PAGE 0001

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TO: SENATOR KERTTULA  
REP. CARNEY  
SENATOR PARR, CHAIRMAN. S HESS  
FR: LISA SANDVIK, SR B BOX 7480, PALMER 97645  
I WOULD LIKE TO REQUEST A STATEWIDE TELECONFERENCE ON SB237. MY OBJECTION  
TO THIS BILL IS THAT IT GOES AGAINST BASIC HUMAN RIGHTS TELLING INDIVIDUALS  
WHO THEY HAVE TO HAVE AT THEIR BIRTH. THE A.M.A. IS SUPPOSE TO LICENSE  
ACCORDING TO THE BILL AND THEY HAVE FOUGHT MIDWIVES TOOTH AND NAIL. IT  
IS RIDICULOUS TO MAKE A LAW FINING AN ATTENDANT AT A BIRTH IN THE RUSH  
AREAS WHERE THERE ARE NO PHYSICIANS AVAILABLE.

Dear Mr. Pass:

I'm writing in reference to Bill #237. I'd like to request a teleconference so that supporters of home birth can participate in this hearing.

Sincerely,  
Kelli Wilson

3-19-81

Mr. Law:

Sir I am deeply concerned in regard to Senate bill # 237 which would prohibit visiting attendants from assisting at births taking place outside of hospital. I am 7 months pregnant and am under wonderful care of a Naturopath here in Anchorage. I do plan on having my baby in my home where my husband, baby and I would be most comfortable. I am in perfect health and we can foresee no complications to this birth. With the current hospital conditions in Anch, overcrowding, understaffed due to financial problems, why must women be stuffed into maternity wards like cattle to perform a natural act of childbirth. Must take remedial time after time that God created women to have children and that this process has been taking place for millions of years, in fields, in huts, in homes with the assistance of a dear friend, a mother, or an educated person in attendance? Please, let this miracle of birth take place wherever & with whomever the mother chooses. Pregnancy & birth is not a disease. Do not let this bill pass. Thank you for your time & consideration.

Ellen Wickell Anch AK

March 18, 1981

Senator Charles Parr, Chairman  
Senate Health, Education and Social Services Committee  
Pouch V  
Juneau, Alaska 99801

Dear Senator Parr:

I have just, tonight, learned of Alaska Senate Bill 237, submitted to the Senate Health, Education and Social Services Committee on March 4. Tomorrow I will contact Wally Richardson of our Legislative Affairs Office and request a copy of the bill in its entirety. I am requesting, in this letter, that a local teleconference be held on this bill that I might testify rather than a public hearing in Juneau which would be impossible for me to attend. I will follow-up on this request by contacting Wally Richardson and ask that I be notified well in advance of the teleconference date. If there is something further I can do to stress my position, I ask you to advise me. I realize an individual has little hope of an effective stand when the opposition is the powerful Alaska State Medical Association, but I am hoping that members of the Senate Health, Education and Social Services Committee will not make a decision without accurate statistics and information, nationally and internationally, on the many safe alternatives in childbirth and that each of you is fully acquainted with the many controversies in modern obstetrics. I hope the committee will not simply bow to the authority of the Alaska State Medical Association without considering that it is a union as much as a professional organization and financial gain is as much a factor in their position on this bill as the interest of maternal and child health.

I am opposed to SB237. I understand this bill will allow the State Medical Board to authorize who shall assist at childbirths. I would not be averse to this if the State Medical Board were moving in the direction of expanding safe alternatives in childbirth through the certification of lay midwives, with criterion to be met determined by skilled midwives rather than obstetrical surgeons, but I have no doubt the intent of this bill is to restrict rather than expand safe birthing options for the people of Alaska.

I am 32 years old, an education administrator and the mother of an eleven-month-old daughter. My master's degree is in education of the severely and profoundly retarded, with particular interest in the multiply handicapped. I am quite familiar with the many events which may occur during pregnancy, childbirth and the neonatal period which can damage the body and mind of an infant.

I approached pregnancy as I would any new experience in my life, by educating myself as completely as possible to be sure I made the best decision for my baby, my husband and myself. In the three years prior to my pregnancy and the subsequent nine months, I read countless texts and articles on pregnancy and childbirth. I talked with several doctors, nurses, midwives and parents and went through the standard hospital prepared childbirth course. I feel I am as competent as anyone on your committee to know what constitutes a safe alternative in childbirth.

I spent the first several months of my pregnancy trying to find a doctor who was not patronizing, but truly believed a normal, healthy birth is the rule and not the exception; one who believed it the woman's responsibility to prepare her body and

mind for the experience and believed in her ability to do so; one whose ego would allow him or her to "attend" a birth, yet maintain control over the desire to medicate, monitor and otherwise intervene unless it was medically necessary. I know such physicians exist, but I did not find one. In the seventh month of my pregnancy, following-up on a number of names I had encountered, I found a lay midwife with whom, after one afternoon's meeting, I knew I had found the person to attend the birth of my child.

After thoroughly educating myself, working hard to maintain a healthy, complication-free pregnancy, selecting a skilled birth attendant and preparing for emergency back-up, I chose a homebirth with a lay midwife. I do not, in any way, feel my choice was irresponsible; on the contrary, I did more research and gave more thought to this decision than most women give to a hospital birth. From all I have learned, I also believe my healthy ~~and normal delivery would have been a good idea had~~ I subjected myself and my child to a "normal hospital birth". Most medical personnel would say my choice was foolish. One doctor told me it was "stupid to even consider a homebirth", yet statistics prove the opposite: a well-planned, well-screened homebirth, attended by a skilled midwife with arrangements for good emergency back-up is as safe as any hospital birth with the added benefits to homebirth of shorter labor, less complications and the opportunity for immediate family bonding with its long-term psychological advantages. From a very personal standpoint, it provides a feeling of such great joy and accomplishment, I cannot possibly describe it well enough and can only feel terrible sadness and a sense of loss for those who recall only an unpleasant birth experience.

What SB237 is really about is not safer births because statistics do not support physician-supervised births as being necessarily safer; rather, this bill is really about money.

The birth of my daughter cost \$350. Had I elected a routine hospital birth in Anchorage, the bill would have been \$2,000 to \$3,000 and would likely have included IV's, amniotomy, fetal monitors, episiotomy, labor room charges, delivery room charges, newborn nursery charges, an unnecessarily long hospital stay and perhaps, if I really went first class, a C-section -- they seem to be excessively popular these days. It is certainly to the doctor's economic benefit to have all births required, by law, to fall under his or her supervision. This is, I believe, the basis of the Alaska State Medical Association's request to the State Medical Board and to the Governor for the passing of SB237, and does, by virtue of the obvious financial gain to be had, present a question regarding the objectivity and sincerity of the request. I, on the other hand, experienced no financial gain through my deliberate and well-planned choice of a lay midwife, and my desire to have safe alternatives expand is based entirely on what I have learned about current obstetrical trends and what I believe to be good physiological and psychological health care and basic common sense. Had I delivered under a physician's supervision, regardless of the cost, my insurance company would have covered the birth. Because I elected an alternative other than the AMA approved method of giving birth, the insurance company denied my claim stating it did not coincide with their list of "reasonable, necessary and customary" maternity services. I am well aware of how the medical community manipulates private medical coverage -- will it now manipulate and dictate to the State of Alaska how and under what circumstances a woman may give birth?

The intent of my letter is not to encourage homebirth, lay midwifery, or any particular birthing alternative. I refer to these approaches because it was what I chose, as it was my right to choose, and that, Senator Farr, is the point of this correspondence, to stress the right of the individual to choose from a wide spectrum of safe

alternatives. Highly sophisticated modern obstetrical care must continue to be available for it sometimes becomes very necessary, but necessary, too, is the availability of the family doctor, the certified nurse midwife and the certified lay midwife, for somewhere in this range is the skill and philosophy which meets the needs of each family.

I am enclosing several recent, brief and informally written articles from a variety of sources which support points on which I have generalized. I would also like to recommend the following books as essential. They provide an in-depth statistical look at childbirth in this country and how we compare with other countries, as well as a good review of obstetrical history in the United States and a discussion on current controversies. Perhaps the committee is already familiar with this literature. If not, and if these titles are unavailable to you, I will send my own copies of those I presently have at hand, if you request.

Benefits and Hazards of the New Obstetrics, Tim Chard and Martin Richards

Lying-In: A History of Childbirth in America, Richard and Dorothy Wertz

The Cultural Warping of Childbirth, Doris B. Hairo

Immaculate Deception: A New Look at Women and Childbirth in America,  
Suzanne Arms

To attend a birth is a privilege, not a right to be determined by Alaska State Law; rather, an honor which should only be granted by the birthing parents, the ones who, let us not forget, must also pay for the service. Please acknowledge the individual intelligence and right of Alaskan families to plan their own birth experience; defeat Senate Bill 237. Help us expand safe alternatives in childbirth, not restrict them.

This has been a lengthy letter. Thank you for your time and patience. I can provide much more information if you feel it would be useful. You need only ask.

Sincerely,



Julie Gorhan  
Box 1037  
Bethel, Alaska 99559

Enclosures: Five articles

cc: Representative Tony Vaska  
Senator George Hohman

*Julie has just reviewed SB 237  
and SB 4. I'm pleased to  
see one of my concerns  
addressed in SB 4.*

3-18-81

Dear Mr. Parr,

I protest Bill 237.

What right does the State have  
deciding where or how we should  
birth our babies?

I believe it infringes upon my  
Civil Rights.

Why is abortion moral and  
homebirth immoral? Perhaps  
homebirth doesn't pay enough?  
Whatever the reason, you cannot  
stop homebirth and are only forcing  
people to be more secretive and  
perhaps not prepare properly for  
their birth. This Bill is not well  
prepared or thought out for mans  
benefit.

Jean A Simich  
2831 Concord  
Anch. AK 99502

Mrs. Bryan Clarke  
4840 Kuntle Lane  
Anch., AK 99507

Dear Mr. Law,

I'm writing this letter with regard to the bill that is being considered against home birth and those who would assist with them.

I feel, from personal experience, that having the choice of having your baby at home is a fine and safe alternative to having your baby in a hospital. We had our first child at home with the help of a capable & competent midwife. We all enjoyed the experience and felt very safe and pleased at the way every thing was handled. We are now looking forward to the birth of our second child in April and hope to have this one at home also. We realize that home births are not appealing or feasible for all people but we also feel that it is a safe alternative to giving birth in hospitals and that we should have the freedom to choose for ourselves.

I hope the State of Alaska will  
take the time to make an unbiased look  
into the statistics of the satisfactory  
results of home births and make a  
fair decision before passing any bills  
which prohibit home births and condemn  
those who would assist with them.

Thank you very much for your  
time and help.

Sincerely,

Mrs. Clarke

3/19/81

Dear Mr. Farn,

In regard to a bill now being considered about ruling home child birth to be illegal, I entreat you to consider my sentiments.

My wife and I were fortunate to have had our daughter at home. We enjoyed the comforts of a competent mid-wife as well as personal friends who helped with this birth.

We had made all the necessary arrangements for being admitted to the hospital should that prove necessary. All went well and it was natural and right.

It disturbs me to think that such a privilege should be possibly ruled illegal. It contradicts my constitutional rights. It is pursued, not to

look after mankind's welfare, not  
for the people's benefit, but, because  
of selfish monetary greed.

Please consider what such a  
law is really going to do. The  
same persons who rule that to  
about millions of children are  
now to consider the legality,  
the safety of home child birth.

I appreciate your considering  
my concerns. I make request  
that both sides of such a law  
to be ruled on be considered publicly.

Sincerely,

Bryan Clark

Mr Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, Alaska 99811

Dear Sir,

I am writing to you with great concern, in reference to a senate bill #237 submitted by the Rules Committee to the legislature pertaining to regulation of the practice of medicine.

I understand that if this bill were passed, no one will be allowed to assist at childbirth in the home unless authorized and licensed by the State, or under the direct supervision of a physician, who will not come to your home. This move will infringe upon the rights of responsible parents who choose to give birth at home rather than going to the hospital. It will also deprive these people of the services of caring and knowledgeable people able to assist in this natural process. How does childbirth come under the category of the practice of medicine? I thought the days were gone when a woman was considered "sick" to be pregnant and give birth to a child. Childbirth is not a "medical procedure" but a normal body function which can be safely monitored in the home, more so today than in the past, with the increase in knowledge and the preparation process parents can undergo. Candidates for home birth are very carefully screened and if any possible complications arise they are referred to a physician to deliver in a hospital, where, if it is an emergency situation, the parents are subjected to much scolding and harassment from the medical profession. Statistics prove that in fact, newborns and mothers do better in the home environment than in the stressful surroundings of the hospital. I can personally testify to this fact having undergone both experiences, and I found, having warm, caring attendants present who watched and stayed with me throughout my labor was much more satisfactory to me. The same applies to the pre-natal and post-natal care I have received. I felt my home birth attendants were much more professional and thorough in their procedures than the "professionals" who were not even there to deliver my other children in the hospital.

If it is the welfare of the new-born and the laboring mother the State is worried about, why then is it legal for women to murder their unborn babies, by having an abortion payed for by the Federal Government? And why is the possession and use of marijuana in the home legal, yet the state is taking away the rights of those wishing to give birth at home with people attending them whom the parents feel comfortable with? Should we not be able to choose whomever we please to deliver our babies, even the babies father, without possible legal entanglements from the State and/or scolding from the medical profession and hospital staff?

Why don't the State recognize the credentials of Naturopath Physicians, Midwives (certified or lay) and Home Birth Attendants? Many States in the lower 48 do. Why isn't the State make it possible for these people to act within the law. If this bill were passed Alaska would be placing itself behind other States who are supplying alternate childbirth possibilities. Surely the very fact that bill #237 is being presented to the legislature is proof that the demand for safe alternatives other than hospitals, is on the increase. More and more parents

are choosing to have their babies at home, or to use a Birthing Center. Birthing Centers are a single step in the right direction, but patients are still tied to many routine and in many cases unnessesary procedures. Also, the demand is so great for these alternatives, that only a very small percentage of parents applying for a Birthing Center actually get to use it - they end up in the regular hospital.

Alaska, being the "last frontier" with so many people living great distances from a hospital or medical help surely, has a great need for more Midwives, Naturapath Physicians and Birth Attendants who will take the time and come to your home and who are capable of assisting in this way.

Sincerely,  
Mrs Anne Venie.

Eugene & Anne Venie  
P. O. Box 6513  
Anchorage, AK 99502  
Tel. 376-5045

6

MSG 81-00010723 PRTY 1 04/02/81 09:56:24 ORIG: LM00 IN= 0002 OUT= 0016  
FROM: MARY/MATSU TO: JUNEAU INFORMATION PAGE 0004  
TARGET: LJH2 SUBJ: P.O.M.

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TO: SENATE H.E.S.S. COMMITTEE  
SENATOR PARR, SENATOR STIMSON, SENATOR COLLETTA, SENATOR FISCHER, S  
SENATOR KELLY

FR: DIANA GARDINER, BOX 1074, WASTILIA 99607  
I AM PREGNANT AND DUE IN JULY. I WANT TO HAVE A HOMEBIRTH WITH MEDICAL  
ATTENDANCE AND I BELIEVE WHOLEHEARTEDLY IN MIDWIFERY. PLEASE PASS THIS UP  
AS SOON AS POSSIBLE TO LICENSE MIDWIVES.



Dear Senator Parr,

I'm writing to let you know just one of the noting public's opinion about bill # 237. I'm the mother of a ten year old daughter and a ten month old son. My first child was born in a hospital at public expense. I was forced flat upon a table, strapped down by the arms, I.V.'s were inserted without my permission, my baby had a fetal monitor screwed into the top of her head, and no one was allowed into the room with me...needless to say for a first birthing experience, I was terrified. For 3 days in the hospital the government paid upwards of \$1500. I only had a 3 hour labor.

My second child was born right here at home not 4 blocks from Providence Hospital, I had my husband, girlfriend, sister, Dr. Pettijohn and his nurse. I thank God there was someone I could ask to help us with our home delivery, because there was no way in hell I was going into another hospital to be put through another experience like that. If it hadn't been for an excellent attendant like Dr. Pettijohn and his kind to resort to I would have been forced to have my baby at home alone without a knowledgeable person in attendance in the case of an emergency. The cost was \$300. The pain was negligible. I was relaxed in my own home with friends and confident that all was well. Not once did anyone try to force anything on me. Alternative birthing centers inside hospital facilities are fine to have when there is the chance that a woman might develop some kind of complications. But for a healthy woman with a well monitored pregnancy it is a waste of money, time, and the chance of added infection for the new baby from hospital germs. I'd rather have my baby at home and do it with the law and my midwife. But I hope that the governor doesn't try to take my right to decide how to birth my children from me or any of the other women that feel the way I do. It's a totally personal choice and as long as we are all adult, responsible parents I believe you should do your part to see that the law should be left as it is so that we may make our own choices.

*Thank you for your time*  
*Sincerely, Linda Lewis*

March 30, 1981

1103 C St.  
Anchorage, AK 99501

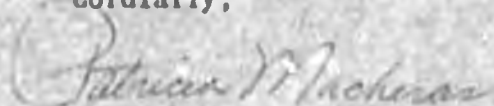
Mr. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, AK 99811

Dear Mr. Parr:

I don't like your senate bill No. 237 at all. As an expectant mother, I feel it is my right to decide where I will have my baby and who should be with me. Being determined a low-risk, healthy person, I feel giving birth is not an illness and should not be treated as such.

I do not appreciate having another of my rights, being an American Citizen, taken away from me and dictated by government.

Cordially,

  
Patricia Macheras

March 13, 1981

The Honorable Charles H. Parr  
Chairman  
Senate H.E.S.S. Committee  
Pouch V  
Juneau, Alaska 99811

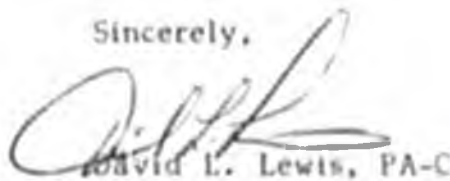
Dear Senator Parr:

The Senate Health, Education, and Social Services Committee is presently considering SB-237, which relates to licensing and regulations of the Practice of Medicine.

As the representative of the 120 Physician Assistants who compromise approximately 19% of the practitioners in the State of Alaska, I would like to address the Health, Education, and Social Services Committee and present pertinent testimony regarding this bill when it comes up for consideration.

Thank you in advance for your consideration of my request.

Sincerely,



David L. Lewis, PA-C  
Chairman  
Legislative Affairs Committee

D.L.:mb

AIKSETMA, HH  
99676

Pouch V  
Jureau, AK  
99811

Dear Mr. Park,

This letter is in regards to S.B. #237,  
which makes it illegal to assist in a  
childbirth unless authorized or licensed.

I am a mother who had my <sup>HEALTHY</sup> first  
(and only) child at a homebirth as-  
sisted by a person who was not  
a licensed midwife or doctor. I  
would have had my child at home  
regardless of whether I had found  
someone who would have helped me.

As it was, I had the baby in  
Anchorage with a back up OB-GYN,  
who would have taken care of me  
if complications had ~~arisen~~ arisen.

There are many, many families  
like ours who prefer the private and  
natural, independent setting for our  
birthings.

I empathize with the current  
distress of the medical association

in regards to this situation.

However, I would like to point out that there are several states who have solved this problem by providing a means to licence lay-midwives.

This means persons without the traditional medical background. Those persons are functional only in the field of home deliveries; as in the situation of an E.M.T., they are knowledgeable in this field and are capable of recognizing a problem when it arises, and dealing with it in the proper manner.

It is the parents choice where to have birth. If they choose to take a bit more of a chance, it is their right! The percentage of sudden, unpredictable complications is quite small. Driving a car is also

taking a chance!

Do you know how many deaths are attributed to mistakes made by unlicensed birth attendants in Alaska? I don't know if any.

Of course, these persons could all improve their skills greatly if the medical association would open its arms a bit to let them learn too. But most of the doctors at this time are afraid of the disapproval of their peers, or loss of money and prestige.

The birth attendants in Alaska are sincere people who are only working for the things they believe are every families right. They are a generous bunch of people and shouldn't be treated as criminals.

Thankyou for your consideration.

Sincerely, Patricia J. Smith

March 24, 1981

Senator Charles Parr,  
Pouch V  
Juneau, Alaska: 99801

Dear Mr. Parr,

As a member of the B.A.B.E. organization I have been urged to write to you concerning Senate Bill #237. But, I would be writing to you anyway after reading about the bill in the newspaper, whether or not it is wronged in B.A.B.E. I have had two children, one born in the hospital with a regular doctor and the second born at home with a midwife. The home birth experience was so much better, that I want any more children that I might

England, for instance, seems quite happy with their midwife program. There is no real reason for us to change what little we have got going for us.

If there is going to be a hearing I would like to have a teleconference so that I could tell about my experience. If you plan a hearing & teleconference please notify me.

Sincerely  
Kathy P Benson #4  
41277 Wright  
Anchorage Ak  
99504  
274-6202

March 25, 1981

Dear Senator Parr

I am writing this letter to protest Alaska State Senate Bill #237. I believe it is my right as a woman and mother to choose myself who will assist me in childbirth.

On Feb 5, 1981 my third child was born successfully in my own home. This was the most beautiful most spiritual birth of I have experienced. My 2 other children were born in the hospital under the supervision of a medical doctor. The care I received having a home birth was in every way better than the 2 medically supervised births. I believe I was divinely guided in seeking a birth attendant and choosing home birth. I believe Senate Bill #237 goes against my basic divine right to choose where I will give birth and who will deliver my baby.

Childbirth is a very personal very spiritual experience. It is also a very natural occurrence and not a medical problem.

My body belongs to me and if I choose an alternative to medical care that is my

right as a human being.

Also I firmly believe that those who have chosen midwifery as a career should be able to pursue it without having to leave their homes and move to another state. This practice is as old as man itself. It is a very dedicated business and those who choose to become midwives have a right to practice in their home states.

In conclusion I believe Senate Bill # 237 should not be passed. I do not believe the state of Alaska has any right to involve themselves in childbirth, which is a very personal and private affair. I request a local teleconference on the bill in Anchorage and also to be notified of any such teleconference <sup>so</sup> I can testify.

Thankyou,

Jacqueline Wood

SRA Box 1313

Anchorage Alaska

99502

telephone 349-4138

Dear Mr Parr-

A letter from B.A.B.E. - Better Alaskan Birth Experiences - spurs me to write to you. Firstly I would hope that as our elected representative you would be willing to yourself weigh the issues in your own conscience without pressure from lobbies - a pretty tall order, but that's why the best man gets elected.

My experiences as a birth attendant have been positive & enriching for all concerned. I have dealt with healthy well prepared parents - both emotionally & physically, who had been in contact with M.D.'s during pregnancy, who the deliveries both took place in the bush. These parents were all low-risks, which is part of the attendant's business to know. This knowledge is gained thru education & practice ~~but~~ both equally important for positive birth experiences. Giving birth is not a sickness that ~~but~~ should ~~be~~ be treated as a normal natural part of life, not as a pre-scheduled still inconvenience that is to be over & done with & cleaned up after right away. Birth ends of the birth experience

have many "middles" - parents with special birth risks. But these people too should be allowed the right to be educated about their bodies. The information being made more readily available, we would see fewer "mistake" pregnancies, better prenatal care, fewer abortions & miscarriages, and infant/mother mortalities. If we make this a positive healthy-time, we will have more positive healthy children to grow in this world.

And besides the reality of the birthing experience there is the question of our rights as individuals to make the choice - whatever choice it is - to birth, smoke, drink, run, swim, fly; if we can use ourselves as resources to help educate each other we can come closer to a human, caring society instead of numbing, digitized masses; to in our own lives created as we were given the choice to by our birth

Thank you Sir,

Sincerely,  
Cheri Edwards

March 23, 1981

Mr. Charles Parr  
Dept. of Health and Social Services  
Juneau, Alaska 99811

Dear Mr. Parr,

I am writing as one of the many who will be directly affected by senate bill #237.

I understand that this bill will effectively eliminate trained and qualified lay people from helping in any way in natural childbirth in the home.

Alaska in particular has a heritage resting on childbirth at home, and of lay midwives assisting at this time.

Is it true that the medical association now feels it has the authority to legislate where a child will be born, as though the hospital with its pool of dangerous pathogens is the only safe place to give birth to a child? This belief was exposed as erroneous by the National Center for Disease Control at Denver. That study also pointed out that the well screened woman and her child did better giving birth at home because of having built up immunity to those germs in her own environment.

Is it necessarily true that a doctor who often arrives on the scene at the moment of birth is giving better care than a lay midwife, there thru all the labor and delivery, coaching the mother so that she can give birth to her child without drugs?

This bill won't stop couples from having their child at home, it will only serve to increase the risk of home birth by preventing qualified lay midwives from assisting them.

I have found from experience that couples prepare for home birth almost from the moment of conception. These mothers are in training for the upcoming birth; nutritionally, physically and emotionally. They enroll in childbirth classes, they read everything they can get their hands on, and they bond as a family unit. Wouldn't it be better to applaud these couples, not censure them by passing a restrictive bill?

I appreciate the time you have taken in reading this, and I hope this matter can receive your thoughtful consideration.

Sincerely,

Charlotte M. Davis

6941 E. 7th Ave.  
Anchorage, AK 99504  
March 29, 1981

Dear Mr. Parr,

I'm writing to protest a senate bill, #237 pertaining to the regulation of the practice of medicine.

I find this bill very unconstitutional.

It seems to me I have a right as mother, and wife and Christian to decide if I want my baby at home or not. Most women who have their children at home are not considered "high-risk" patients. Why do I have to be ~~made~~ made to go to the hospital because of a few publicized cases, who, unfortunately, were "high-risk"?

My first child was born at Providence Hospital. My second at home, with a birth attendant helping. My doctor okayed my home birth because she knew I was a Christian, and ~~that~~ that I had

a peace given from a God that the delivery would be normal. She felt that ~~if~~ since I lived only ten minutes from the hospital there would be sufficient time to get both me and/or baby to the hospital if so needed.

Neither was needed. My birth attendant did a splendid job. She knew what she was doing.

My home birth was very satisfying. There was no separation from my husband like I experienced with my first baby. My first child was with us during those first few days of adjusting, and I attribute this as one of the main reasons there is little jealousy between the two. My friends were with me during my labor, and I was much more relaxed and comfortable to be in my own bed, rather than a starchy, straw bed surrounded by strangers.

Please don't allow this bill to be passed.  
Thank you,  
Giselle Berenson

March 27, 1981

Karen McMaster-Skogstad  
Box 6  
Hope, Alaska 99605  
Voter Registration #02191864

Senator Charles Parr  
Chairman Senate Health, Education and Social Services Committee

Dear Senator Parr,

I am writing to you regarding Bill #237, which is the revision of the Medical Practice Act. It is my understanding that the passing of this bill would give the State Medical Board the ability to authorize who can assist in childbirth, making it a misdemeanor for anyone without a license to assist in birthing.

I feel this bill is totally uncalled for and I am strongly opposed to it's passing. Not only does it break the spirit of the independent Alaskan but it is too restricting to tell a person how they must handle such a personal, sensitive experience.

Taking the layout of the Alaskan communities this seems like the wrong approach for the most beneficial health and welfare of a woman. I feel the energy that it would take to pass this bill should be directed in setting up programs that could advise and teach persons on natural homebirths. Of course I am not ruling out the medical approach all together. I believe it's guidance and care is necessary through pregnancy. If there is a foreseeable problem then yes, technology is to the benefit of the woman. But I still feel the choice should be left up to the person's own discretion.

It seems highly disrupting to make it mandatory that a woman must remove herself from her home to find accommodations in a foreign location to wait for the time when she must go to the hospital. Speaking for myself and others who I know feel similar, living in a remote community would make extremely inconvenient and difficult to have a spontaneous natural childbirth in a town's hospital. I feel with good prenatal care, awareness of one's health and as much knowledge as possible, whether it be by training programs, books or previous assist in childbirth the percentages of a successful homebirth would be great.

I realize one cannot generalize that this is the system for everyone, what I am trying to emphasize is that a person should be able to make that choice. What I would also like to encourage is more natural birthing clinics. This would give a woman who is opposed to the regiment of the hospital routine but desiring the assurance that technology is available.

I also would like to see midwifery more legally recognized. I realize the medical profession is a strong force and has the power to control what they feel threatening. Unfortunately they are the ones that have turned these women to other sources. Women need to have the feeling that the person delivering their baby sincerely cares and wants to spend the time with them.

In concluding this I would like to ask you not to turn your back on the percentage of men and women who feel so strongly towards this issue. Instead help us to gain the knowledge about a practice we are eager to experience as safely as possible.

I would appreciate a response on the outcome of this bill. Thankyou for your time and recognition.

Sincerely,

*Karen McMaster-Skogstad*  
Karen McMaster-Skogstad

March 26, 1981

To: Senator Charles Parr  
Chairman, Senate Health,  
Education and Social  
Services Committee

Dear Senator:

Did your Mother miss your birth? Was she drugged, out of control during her labor? Was she given an unnecessary episiotomy? How about a Cæsarian section? These practices are quite common in American hospitals as you well know I'm sure. Are they necessary even HALF the time they're done?! Why are they done? Who's profiting from them? Very often it's not the laboring mother, nor her newborn child!! Are these painful efforts to scare women and their families into believing they are not in control of their lives, from birth till death?

We won't put up with sterile, cold people attending at our most important life events. We won't pay those outrageous hospital fees. We won't miss the births of our children!

What a sad situation our medical profession is in. Women and men are finally taking the time to learn about and care for their births, their bodies and their children's well being. What does the medical profession learn and care about- ways to avoid losing money! It's worse than sad. It's a disgrace!

Ninety percent of all births are normal. That figure could be true in this country too, if the medical profession kept their hands tied unless needed. Ninety-eight percent of the world's population was born outside of a hospital. Therefore, we don't statistically need hospital births to maintain ourselves. But who would be the powerful if the doctor's ego got thrown out of the picture? How about the strong women who've done all the work for the last nine months! Most women can successfully deliver the baby they've carried. Very few really need medical help which often doesn't show up till dilation is to 10cm.!

Until the medical profession steps down in order to listen and re-learn the entire pregnancy, birth and postnatal care cycle, I choose to steer clear of their hands. Education will only intensify our profound determination to keep our alternatives open. I have chosen to educate as many persons as possible.

Legislation such as Bill #237 reinforces what I've read and listened to for years. Money and power are more important to American doctors than are healthy Moms and babies! History won't let go of that one!

I am making a request for a teleconference on the bill so that I may testify if need be. Please send me a notice well in advance (two weeks prior to ) the teleconference.

Sincerely concerned,

*Kathleen McGlone*  
Kathleen McGlone  
P.O. 388  
Girdwood, Alaska 99587

SRA Box 1745

Anchorage, Alaska 99507

March 24<sup>th</sup> 1981

Dear Mr. Farr,

Our rights as Alaskans to choose how we bring our children into the world are being threatened.

Senate Bill # 237 proposes to limit assistance at childbirth to medical doctors, persons under their direct supervision, and professionals licensed by the State. No doubt these restrictions are meant to protect citizens from the possible harmful effects of ignorance. There is the fear that laypersons may be practicing medicine. The growing interest in alternate ways of birth is making the public more aware that prospective parents as consumers have many options available to them. This unfortunately has given rise to competitive attitudes between the medical community and those practicing outside of it, rather than a spirit of cooperation. The concern is that in such an atmosphere medical care may be difficult to obtain when it is needed. Regulation of childbirth practices without respect for differences in philosophy and methods is likely to contribute to this state of affairs rather than alleviate it.

Pregnancy and childbirth are healthy, normal, life-affirming experiences — by no means a disease nor any form of damage to the body. That most American mothers now choose to have their babies delivered in hospital by a physician whose profession it is to help sick and injured people to get well — should not blind us to this.

Only in a small percentage of cases does anything go wrong with mother or baby, and then it is a great blessing to have modern medicine available.

Nothing in life is without its dangers. Hoping to minimize the risks, parents will usually let the doctor take charge. Doctors, oriented to the possibility of sudden emergencies, prefer to have mothers give birth in an environment where their equipment is at hand and they can direct affairs, and also to detect such a likelihood early if possible, with prenatal care. Yet medical care has its own hazards. It is good to question what kind of risk you'd rather take.

Many procedures developed to handle abnormalities have become routine where they may not be necessary, their risks may outweigh their benefits, and other ways more in cooperation with the natural process may be preferable.

This focus on crisis intervention and technological management of childbirth has been at the expense of other values.

Fortunately for freedom of choice, changes are being made to accommodate the need for emotional support, for mothers desiring to be more aware and in control, and to be in a more relaxing environment—both in and out of hospital.

Because there are always values other than medical opinion to be weighed, parents may wish to have their babies in ways that are at variance with the way the medical profession would handle the situation. Should Senate Bill #23

pass, as law abiding Alaskans we would no longer have any choice but to give birth in a medical context.

Alternatives, such as homebirth, would become for all practical purposes illegal. One reason is that when parents consider having a baby at home, they will find very few doctors willing to assist. Even physicians who share their views are under too much pressure from work schedule, colleagues not in sympathy, insurance company policy and fear of malpractice suits to agree. So either the parents must handle the situation themselves or seek help from outside the medical establishment.

Homebirth is a safe and worthwhile experience given certain precautions. Medical backup is desirable, to take over in the event of major complications, out with properly screened candidates the methods used to help healthy mothers give birth at home are unlikely to involve practicing medicine. Neither does the kind of prenatal care necessary to maintain the health of mother and baby require medical training or supervision. Hopefully, all concerned can work with an attitude of mutual respect and recognize who is best able to handle what.

In Alaska at present, non-medical birth attendants are not recognized by the State, nor do they<sup>all</sup> have a system of licensing and formal education with standards known to the public — so that consumers might be in a better position to judge their capabilities. If we were to regulate their practices we must be careful to maintain their independence from the medical profession, to guarantee that points of view and methods not in the repertoire of medical doctors or contrary to medical philosophy will still be available.

The very fact that the medical community has felt sufficient concern to initiate legislation, indicates that the interest in these alternatives is considerable. But the public needs information on this matter, not restrictive legislation. We don't need competitive attitudes over childbirth services. We need communication, mutual recognition and respect. We need cooperation.

When a mother is in harmony with her birth attendants, she will not waste precious energy in conflict. Therefore we must ultimately leave it up to her to consider all the variables, weigh the evidence and decide who will help her do her job of bringing her child into the world. This is in keeping with American values.

Please help us make sure we all have the freedom to choose

Sincerely,

Beryl T. Wardlaw

Memory  
JB 2/37

MSG 81-00010289 PRTY 1 03/30/81 15:32:12 ORIG: LMOO IN= 0008 OUT= 0044  
FROM: MARY/MATSU 7 TO: JUNEAU INFORMATION PAGE 0001  
TARGET: LJH2 SURJ: P.O.M.

---

TO: SENATOR KERTTULA  
S. H.E.S.S. COMMITTEE:  
SENATOR FARR, SENATOR STIMSON, SENATOR COLLETTA, SENATOR FISCHER,  
SENATOR KELLY  
FR: KRISTI SMITH, BOX 1385, WASILLA 99687  
PLEASE OPPOSE THE PASSAGE OF SB 237. I AM IN FAVOR OF MIDWIVES BEING  
PRESENT AT HOME BIRTHS. THANK YOU.

March 30, 1981

1103 C St.  
Anchorage, AK 99501

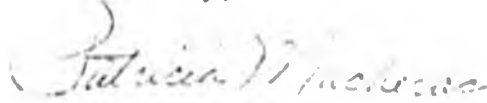
Mr. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, AK 99811

Dear Mr. Parr:

I don't like your senate bill No. 237 at all. As an expectant mother, I feel it is my right to decide where I will have my baby and who should be with me. Being determined a low-risk, healthy person, I feel giving birth is not an illness and should not be treated as such.

I do not appreciate having another of my rights, being an American Citizen, taken away from me and dictated by government.

Cordially,

  
Patricia Macheras

SENATE BILL NO. 578 by the Health, Education and Social Services Committee, entitled:

SP.  
578

"An Act relating to the practice of chiropractic; and providing for an effective date."

was read the first time and referred to the Commerce Committee.

SENATE BILL NO. 580 by the Health, Education and Social Services Committee, entitled:

SB  
580

"An Act relating to professional licensing and to the regulation of the practice of medicine; and providing for an effective date."

was read the first time and referred to the Commerce Committee.

REPORTS OF STANDING COMMITTEES

The Judiciary Committee has had COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 287 (Judiciary) amended (relating to civil liability for shoplifting; effective date) under consideration and a majority of the committee recommends it do pass. Concurring: Parr (Chairman), Phillips, Martin, Barnes, Buchholdt and Anderson.

CSSB  
287  
(Jud)  
am

CSSB 287(Jud)am was referred to the Rules Committee for placement on the calendar.

The Judiciary Committee has had HOUSE BILL NO. 792 (access to adoption records; effective date) under consideration and a majority of the committee recommends it be replaced with COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 792:

HB  
792

"An Act relating to adoption assistance; and providing for an effective date."

that it do pass and attaches a fiscal note. Concurring: Parr (Chairman), Phillips, Martin, Barnes, Buchholdt and Anderson.

The Speaker added a further referral on HB 792 to the Finance Committee.

Amendment No. 1 by the Commerce Committee:

SB  
578

Page 3, lines 24 and 25

Delete subparagraph (B) and reletter remaining subparagraphs accordingly

Munson (Vice Chairman), Bettisworth and Osterback recommend do pass. Randolph recommends do not pass.

SB 578 was referred to the Rules Committee for placement on the calendar.

The Commerce Committee has had SENATE BILL NO. 580 (relating to professional licensing and to the regulation of the practice of medicine, effective date) under consideration and a majority of the committee recommends it be replaced with HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 580 (same title) that it do pass and a fiscal note is forthcoming. Concurring: Munson (Vice Chairman), Malone, Osterback, Bettisworth and Halford. Not concurring: Randolph recommends do not pass.

SB  
580

SB 580 was given an additional referral to the Finance Committee.

The Resources Committee has had HOUSE RESOLUTION NO. 22 requesting the governor to direct the commissioner of fish and game to amend his designation under AS 16.10.175 of the region within which the Northern Southeast Regional Aquaculture Association operates by removing from it the Upper Lynn Canal area) under consideration and a majority of the committee reports it back with individual recommendations. Zharoff (Vice Chairman), Fuller and Osterback recommend do pass. Eliason, Chatterton and Carney have no recommendation.

HR  
22

HR 22 was referred to the Rules Committee for placement on the calendar.

The Resources Committee has had HOUSE CONCURRENT RESOLUTION NO. 72 (requesting the governor to take steps to prevent and mitigate the effects of the anticipated financial emergency in the fish harvesting industry in the state) under consideration and a majority of the committee recommends it do pass. Concurring: Osterback (Co-chairman), Eliason, Chatterton, Fuller and Zharoff.

HCR  
72

HCR 72 was referred to the Rules Committee for placement on the calendar.

SB 223 and reports it back with individual recommendations. Freeman (Vice Chairman), Moss and Rogers recommend do pass. McKinnon recommends do not pass unless amended. Smith, Guy and Schaeffer have no recommendation.

SB 223am was referred to the Rules Committee for placement on the calendar.

CSSB 277 The Judiciary Committee has had COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 277 (corrective amendments in the Alaska Statutes as recommended by the revisor of statutes) under consideration and a majority of the committee recommends it be replaced with HOUSE COMMITTEE SUBSTITUTE FOR COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 277 (same title) and that it do pass. Concurring: Parr (Chairman), Brown, Phillips, Buchholdt, Anderson and Malone.

CSSB 277 was referred to the Rules Committee for placement on the calendar.

SB 522 The Health, Education and Social Services Committee has had SENATE BILL NO. 522 (enacting and entering into the Compact for Education and designating the members of the Education Commission; effective date) under consideration and a majority of the committee recommends it be replaced with HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 522:

"An Act enacting and entering into the Compact for Education and designating the members of the Education Commission; adopting the Interstate Correction Compact; and providing for an effective date."

and reports it back without recommendation. Concurring: Munson, Barnes, Miles and Chatterton. Not concurring: Buchholdt (Chairman) and Hurlbert recommend do pass.

SB 522 was referred to the Rules Committee for placement on the calendar.

SB 580 The fiscal note on HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 580 (professional licensing and to the regulation of the practice of medicine; effective date) was received and appears in House Journal Supplement No. 78.

HB 1007 The Health, Education and Social Services Committee has had HOUSE BILL NO. 1007 (comprehensive health planning) under consideration and a majority of the committee reports it back without recommendation and attaches a fiscal note. Concurring: Munson, Chatterton, Miles and Barnes. Not concurring: Buchholdt (Chairman), Beirne and Hurlbert recommend do pass.

OTHER  
FUNDS

150,000

17,900]

53,000]

53,000]

25,900]

The Finance Committee has had SENATE BILL NO. 112 amended (e.d. am) (corporate dissolution and reinstatement, and fees paid by businesses and corporations; effective date) under consideration and a majority of the committee recommends it be replaced with the Commerce HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 112:

SB  
112  
am  
(e.d.  
am)

"An Act relating to the regulation of corporations and businesses under AS 10; and providing for an effective date."

that it do pass and attaches two new fiscal notes. Concurring: Freeman (Vice Chairman), Duncan, Moss, McKinnon, Rogers and Guy. Not concurring: Haugen and Montgomery have no recommendation.

SB 112am(e.d.am) was referred to the Rules Committee for placement on the calendar.

The fiscal notes appear in House Journal Supplement No. 80.

The Resources Committee has had SENATE BILL NO. 536 (restricting the authority of the Department of Natural Resources to regulate certain activities in state recreation areas, effective date) under consideration and a majority of the committee recommends it do pass. Concurring: Miles (Co-chairman), Carney, Osterback (Co-chairman), Fuller and Chatterton.

SB  
536

SB 536 was referred to the Rules Committee for placement on the calendar.

The Resources Committee has had SENATE BILL NO. 537 (relating to the authority of the commissioner of natural resources to regulate the use of the Chena River Recreation Area by vehicles which are propelled by machinery; effective date) under consideration and a majority of the committee recommends it do pass. Concurring: Miles (Co-chairman), Carney, Osterback (Co-chairman), Fuller and Chatterton.

SB  
537

SB 537 was referred to the Rules Committee for placement on the calendar.

The Finance Committee has had SENATE BILL NO. 580 (professional licensing and to the regulation of the practice of medicine; effective date) under consideration and a majority of the committee recommends it be replaced with the Commerce HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 580 (same title), that it do pass and attaches a new fiscal note. Concurring: Freeman (Vice Chairman), Duncan, Moss, McKinnon, Rogers and Montgomery. Not concurring: Haugen and Guy have no recommendation.

SB  
580

SB 580 was referred to the Rules Committee for placement on the calendar.

The fiscal note appears in House Journal Supplement No. 80.

#### INTRODUCTION OF CITATIONS

The following citations were received:

Honoring - Sol Urie  
by Representative Buchholdt

Honoring - Valdez High School band  
and Choir  
by Representative Branson and Senator  
Kerttula

Honoring - Oma B. Day  
by Representative Branson and Senator  
Kerttula

Honoring - Avrum M. Gross  
by Representative Miles

Honoring - Robert & Miriam Morrison  
by Representative Miles

The above citations were referred to the Rules Committee for placement on the calendar.

#### ENGROSSMENT AND ENROLLMENT

The following were engrossed, signed by the Speaker and Chief Clerk and transmitted to the Senate for consideration:

HCS  
CSSB  
80  
192228  
384  
mll

HCS CSSB 80

HCS SB 584amH

Reconsideration of the following was not taken up on this legislative day. It was engrossed, signed by the Speaker and Chief Clerk and transmitted to the Senate for consideration:

HCSB  
369

HCS SB 569  
(State Commission for Human Rights)

effective date) was read the second time with the  
 SB Commerce Committee report (page 1439 of the journal)  
 580 and the Finance Committee report (page 1819 of the  
 journal).

Mr. Anderson moved and asked unanimous consent that  
 HCSSB 580 (same title) be adopted in lieu of the orig-  
 HCS inal bill. There being no objection, it was so or-  
 SB dered.  
 580

Amendment No. 1 by McKinnon:

Page 8, line 6

Add text of HOUSE BILL NO. 877

Representative McKinnon moved and asked unanimous con-  
 sent that Amendment No. 1 be adopted.

Representative Barnes objected.

The question being: "Shall Amendment No. 1 be adopted?"  
 The roll was taken with the following result:

HCSSB 580 AM1

Yeas:	17	Anderson, Beirne, Brown, Buchholdt, Cazney, Duncan, Gardiner, Hurlbert, McKinnon, Malone, Miller, Osterback, Parker, Parr, Randolph, Schaeffer, Zharoff
Nays:	17	Barnes, Bettisworth, Branson, Chatterton, Ellason, Freeman, Fuller, Halford, Haugen, Martin, Metcalfe, Montgomery, Moss, Munson, O'Connell, Phillips, Smith
Not Voting:	6	Cotten, Guy, Hayes, Hawkins, Miles, Rogers

And so, Amendment No. 1 was not adopted.

Mr. Anderson moved and asked unanimous consent that HCSSB 580 be considered engrossed, advanced to third reading and placed on final passage.

HCS  
SB  
580

Representative Malone objected.

Mr. Anderson withdrew his motion.

Representative McKinnon moved and asked unanimous consent that the House rescind its action in failing to adopt Amendment No. 1.

Representative Smith objected.

The question being: "Shall the House rescind its action in failing to adopt Amendment No. 1?" The roll was taken with the following result:

HCSSB 580 RESCIND AMI

Yeas:	21	Anderson, Beirne, Brown, Buchholdt, Carney, Cotten, Duncan, Gardiner, Halford, Hurlbert, McKinnon, Malone, Miller, Munson, Osterback, Parker, Parr, Randolph, Rogers, Schaeffer, Zharoff
Nays:	17	Barras, Bettisworth, Branson, Chatterton, Eliason, Freeman, Fuller, Guy, Haugen, Martin, Metcalfe, Miles, Montgomery, Moss, O'Connell, Phillips, Smith
Not Voting:	2	Hayes, Meekins

Representative Buchholdt changed her vote from "nay" to "yea."

And so, the motion passed.

HCS Representative McKinnon moved and asked unanimous consent that Amendment No. 1 be adopted.  
SB  
580

Representative Barnes objected.

The question being: "Shall Amendment No. 1 be adopted?"  
The roll was taken with the following result:

HCSSB 580 AMI ADPT

Yeas: 25 Anderson, Beirne, Bettisworth,  
Brown, Buchholdt, Carney, Cotten,  
Duncan, Fuller, Gardiner, Guy,  
Halford, Hurlbert, McKinnon, Malone,  
Metcalf, Miller, Munson, Osterback,  
Parker, Parr, Randolph, Rogers,  
Schaeffer, Zharoff

Nays: 13 Barnes, Branson, Chatterton,  
Eliason, Freeman, Haugen, Martin,  
Miles, Montgomery, Moss, O'Connell,  
Phillips, Smith

Not  
Voting: 2 Hayes, Meekins

HCS And so, Amendment No. 1 was adopted.

SB  
580  
amH

Mr. Anderson moved and asked unanimous consent that HCSSB 580amH be considered engrossed, advanced to third reading and placed on final passage. There being no objection, it was so ordered.

HCSSB 580amH was read the third time.

The question being: "Shall HCSSB 580amH pass the House?" The roll was taken with the following result:

HCSSB580AMH

Yeas: 33 Anderson, Barnes, Beirne,  
Bettisworth, Brown, Buchholdt,  
Carney, Chatterton, Cotten, Duncan,  
Eliason, Freeman, Fuller, Gardiner,  
Halford, Haugen, Hurlbert, McKinnon,  
Malone, Metcalf, Miles, Miller,  
Montgomery, Moss, Munson, O'Connell,  
Osterback, Parker, Parr, Phillips,  
Rogers, Schaeffer, Zharoff

is con-

Yays: 5 Branann, Guy, Martin, Randolph,  
Smith

Not  
Voting: 2 Haycs, Meekins

HCS  
3B  
580  
amH

pted?"

And so, HCSSB 580amH passed the House.

Mr. Anderson moved and asked unanimous consent that the roll call on the passage of HCSSB 580amH be considered the roll call on the effective date clauses. There being no objection, it was so ordered.

HCSSB 580amH was referred to the Chief Clerk for engrossment.

COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 509 (Rules) amended (establishing telecommunications divisions in the Department of Commerce and Economic Development; transferring telecommunications functions to those divisions; and changing the name of the department to the Department of Commerce, Economic Development, and Telecommunications; effective date) was read the second time with the Commerce Committee report (page 1426 of the journal), the corrected Commerce Committee report (page 1457 of the journal), and the Finance Committee report (page 1931 of the journal).

CSSB  
509  
(Rls)  
am

Mr. Anderson moved and asked unanimous consent that HOUSE COMMITTEE SUBSTITUTE FOR COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 509 (Finance) (establishing telecommunications divisions in the Department of Administration; amending the statutes relating to telecommunications; transferring certain telecommunications functions to those divisions; effective date) be taken in lieu of the original bill. There being no objection, it was so ordered.

HCS  
CSSB  
509  
(Fin)

Mr. Anderson moved and asked unanimous consent that HCSSB 509(Fin) be considered engrossed, advanced to third reading and placed on final passage. There being no objection, it was so ordered.

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ing result.

North,  
Duncan,  
Halford,  
E. Meekins,  
Parker,  
Smith,

E.  
Haugen,  
Montgomery,  
M.

adopting:

clauses  
following

H.  
Arney,  
Eliaison,  
M.  
McKinnon,  
M.  
Munson,  
Parr,  
Smith,

Yays: 3 Barnes, Metcalfe, Phillips  
Not  
Voting: 1 Hayes

FCS  
SB  
315

And so, the effective date clauses were adopted.

The Chief Clerk was instructed to so notify the Senate.

Mr. McKinnon gave notice of reconsideration of his vote on HCS SB 580amH.

HCS  
SB  
580  
amH

Mr. McKinnon moved and asked unanimous consent that the reconsideration of the vote on HCS SB 580amH be taken up at this time.

Mr. Freeman objected.

The question being: "Shall the reconsideration of the vote on HCS SB 580amH be taken up at this time?" The roll was taken with the following result:

HCS SB 580AMH REC

Yays: 28 Anderson, Branson, Brown,  
Buchholdt, Carny, Cotten, Duncan,  
Eliaison, Freeman, Fuller, Gardiner,  
Guy, Halford, Haribert, McKinnon,  
Malone, Meekins, Miller, Moss,  
Munson, Osterback, Parker, Parr,  
Randolph, Rogers, Schaeffer, Smith,  
Zharoff

Nays: 10 Barnes, Beirne, Betisworth,  
Chatterton, Haugen, Martin, Metcalfe,  
Montgomery, O'Connell, Phillips

Not  
Voting: 2 Hayes, Miles

Representative Munson changed her vote from "nay" to "yea."

Representative Moss changed his vote from "nay" to "yea."

Representative Eliaison changed his vote from "nay" to "yea."

HCS And so, the motion passed.  
SB  
580  
amH

HCSSE

THIRD READING OF SENATE BILLS

HCS SB 580amH was automatically before the House in third reading and read the third time.

Mr. McKinnon moved and asked unanimous consent that HCS SB 580amH be returned to second reading for the purpose of specific amendment.

Representative Barnes objected and withdrew her objection. There being no further objection, HCS SB 580amH was returned to second reading.

And  
of t

Amendment No. 2 by McKinnon:

Delete sections 2, 10, and 11

Mr.  
the  
bein

Mr. McKinnon moved and asked unanimous consent that Amendment No. 2 be adopted. There being no objection, Amendment No. 2 was adopted.

JCS  
gro

Mr. Anderson moved and asked unanimous consent that HCS SB 580amH be considered engrossed, advanced to third reading and placed on final passage. There being no objection, it was so ordered.

Repr  
tion  
next

HCS SB 580amH was read the third time.

Rep  
the

The question to be reconsidered: "Shall HCS SB 580amH pass the House?" The roll was taken with the following result:

Rep

The  
on  
was

## HCSB 580AMH

HCS  
SB  
580  
amH

Yeas: 33 Anderson, Barnes, Beirne, Branson, Brown, Buchholdt, Carney, Chatterton, Cotten, Duncan, Eliason, Freeman, Fuller, Gardiner, Guy, Halford, Hurlbert, McKinnon, Malone, Meekins, Metcalfe, Miller, Moss, Munson, O'Connell, Osterback, Parker, Parr, Phillips, Rogers, Schaeffer, Smith, Zharoff

Nays: 5 Bettisworth, Haugen, Martin, Montgomery, Randolph

Not Voting: 2 Hayes, Miles

And so, HCS SB 580amH passed the House on reconsideration of the vote.

Mr. Anderson moved and asked unanimous consent that the roll call on the passage of the bill be considered the roll call on the effective date clause. There being no objection, it was so ordered.

HCS SB 58 amH was referred to the Chief Clerk for engrossment.

Representative Beirne served notice of reconsideration on CSHB 688(Rls) (page 1939 of the Journal) on the next legislative day.

CSHB  
688  
(Rls)

Representative Miller moved that the reconsideration of the vote on CSHB 688(Rls) be taken up at this time.

Representative Beirne objected.

The question being: "Shall reconsideration of the vote on CSHB 688(Rls) be taken up at this time?" The roll was taken with the following result:

HB 1034  
amS HB 1034AMS .

Yeas: 38 Anderson, Barnes, Beirne,  
Bettisworth, Branson, Brown,  
Buchholdt, Carney, Chatterton,  
Cotten, Duncan, Elisson, Freeman,  
Fuller, Gardiner, Guy, Haugen,  
Hurlbert, McKinnon, Malone, Martin,  
Meekins, Metcalfe, Miles, Miller,  
Montgomery, Moss, Munson, O'Connell,  
Osterback, Parker, Parr, Phillips,  
Randolph, Rogers, Schaeffer, Smith,  
Zharoff

Nays: 0

Not Voting: 2 Nalford, Hayes

And so, the House concurred in the Senate amendment to HB 1034, thus adopting HB 1034amS.

Mr. Anderson moved and asked unanimous consent that the roll call on the adoption of HB 1034amS be considered the roll call on the effective date clause. There being no objection, it was so ordered.

HB 1034amS was referred to the Chief Clerk for enrollment.

The Chief Clerk was instructed to so notify the Senate.

HCS SB 580 amH The Senate message dated June 4, 1980 on SB 580 (professional licensing and to the regulation of the practice of medicine, effective date), and HCSSB 580amH (same title) was before the House.

Representative McKinnon moved that the House recede from its floor amendments to SB 580, thus adopting HCSSB 580.

ne,  
Brown,  
terton,  
n, Freeman,  
Haugen,  
lone, Martin,  
es, Miller,  
on, O'Connell,  
c, Phillips,  
ffer, Smith.

The question being: "Shall the House recede from floor Amendment No. 1 (page 1966 of the journal), and Amendment No. 2 (page 2002 of the journal), thus adopting HCSSB 580?" The roll was taken with the following result:

HCS  
SB  
580  
amH

HCSSB 580 RECEDE 1 2

Yeas:	35	Anderson, Barnes, Beirne, Bettisworth, Branson, Brown, Fichholdt, Carney, Chatte ton, Cotten, Duncan, Freeman, Fuller, Gardiner, Guy, Halford, Haugen, Hurlbert, McKinnon, Malone, Martin, Meekins, Metcalfe, Miles, Miller, Montgomery, Moss, Osterback, Parker, Parr, Phillips, Rogers, Schaeffer, Smith, Zharoff
Nays:	3	Munson, O'Connell, Randolph
Not Voting:	2	Eliason, Hayes

amendment to

onsent that  
as be con-  
ate clause.

And so, the House receded from its floor amendments to SB 580, thus adopting HCSSB 580.

HCS  
SB  
580

for enroll-

Mr. Anderson moved and asked unanimous consent that the roll call on the adoption of HCSSB 580 be considered the roll call on the effective date clause. There being no objection, it was so ordered.

the Senate.

The Chief Clerk was instructed to notify the Senate and respectfully request that they concur in the House amendment, namely HCSSB 580.

580 (pro-  
the prac-  
580amH

The 2d FREE CONFERENCE COMMITTEE report on C555SB 60am (Alaska Transportation Commission and its regulation of air commerce) and HCS C555SB 60(Com) (continuing the existence of the Alaska Transportation Commission; relating to responsibilities of the Alaska Transportation Commission; effective date) was before the House.

HCS  
C555  
SB  
60  
(om)

recede  
adopting

SENATE CONCURRENT RESOLUTION NO. 66 by the Community and Regional Affairs Committee, SCR 66

Directing the Alaska Legislative Council to revise AS 29 (Municipal Government).

was read the first time and referred to the Community and Regional Affairs Committee.

Fiscal note accompanying SENATE CONCURRENT RESOLUTION NO. 66 appears in Senate Supplement No. 29 to today's Journal.

INTRODUCTION AND REFERENCE OF SENATE BILLS

SENATE BILL NO. 578 by the Health, Education and Social Services Committee, entitled: SB 578

"An Act relating to the practice of chiropractic; and providing for an effective date."

was read the first time and referred to the Health, Education and Social Services Committee and the Finance Committee.

SENATE BILL NO. 579 by the Commerce Committee, entitled: SB 579

"An Act providing for free resident hunting and sport fishing licenses for disabled veterans."

was read the first time and referred to the Resources Committee and the Finance Committee.

SENATE BILL NO. 580 by the Health, Education and Social Services Committee, entitled: SB 580

"An Act relating to professional licensing and to the regulation of the practice of medicine; and providing for an effective date."

was read the first time and referred to the Health, Education and Social Services Committee.

The report was signed by Senator Hackney, Chairman and concurred in by Senators Colletta, Ferguson and Fahrenkamp. Senator Sturgulewski signed "do pass if amended". SB 506

SENATE BILL NO. 506 was referred to the Finance Committee.

The Resources Committee considered SENATE BILL NO. 547 (reservation of greenbelts and open space along public roads and highways) and a majority of the committee recommends it do pass. The report was signed by Senator Bennett, Vice-Chairman and concurred in by Senators McElahy and Fahrenkamp. Senators Meland and Sumner signed "no recommendation". SB 547

SENATE BILL NO. 547 was referred to the Rules Committee.

The Health, Education and Social Services Committee considered SENATE BILL NO. 578 (relating to the practice of chiropractic) and a majority of the committee recommends it do pass. The report was signed by Senator Hackney, Chairman and concurred in by Senators Fahrenkamp and Sturgulewski. Senator Colletta signed "no recommendation". SB 578

Senator Sackett, Chairman of the Finance Committee waived referral on SENATE BILL NO. 578 it was referred to the Rules Committee.

The Health, Education and Social Services Committee considered SENATE BILL NO. 580 (relating to professional licensing and to the regulation of the practice of medicine) and a majority of the committee recommends it do pass. The report was signed by Senator Hackney, Chairman and concurred in by Senators Fahrenkamp and Sturgulewski. Senator Colletta signed "no recommendation". SB 580

SENATE BILL NO. 580 was referred to the Rules Committee.

SB SENATE BILL NO. 541 appears on today's calendar.  
541

The Rules Committee considered the following bills and recommends they be placed on the Monday, May 12 calendar:

SB SENATE BILL NO. 395 (flood control  
395 project damages)

SB SENATE BILL NO. 439 (workmen's compen-  
439 sation for high school students enrolled  
in work-study courses)

SB SENATE BILL NO. 547 (reservation of  
547 greenbelts and open space along public  
roads and highways)

SB SENATE BILL NO. 578 (relating to the  
578 practice of chiropractic)

SB SENATE BILL NO. 580 (relating to  
580 professional licensing and the practice  
of medicine) with a new fiscal note which  
appears in Senate Supplement No. 36 to  
today's journal

CS COMMITTEE SUBSTITUTE FOR SPONSOR SUB-  
SS STITUTE FOR HOUSE BILL NO. 346 (fishing  
HB area markers)  
346

The reports were signed by Senator Colletta, Chairman and concurred in by Senators Tillion, Hohman, Ziegler and Sumner.

The above bills will appear on the May 12 calendar.

The following letters were received from Senator Mulcahy, Chairman of the State Affairs Committee concerning confirmation of Governor's appointees to boards and commissions:

May 9, 1980

President Clow Tillion  
Alaska State Senate  
Pouch V  
Juneau, Alaska 99811

Dear Mr. President:

Pursuant to your instructions, and in accordance with AS 39.05.080, the Senate State Affairs Committee discussed the following named individuals who was appointed by the Governor to the Alaska Public Offices Commission:

ALASKA PUBLIC OFFICES COMMISSION

Mr. George White, Kotzebue, term expiring 02/01/83

The question being: "Shall SENATE BILL NO. 578 (practice of chiropractic) pass the Senate?" The roll was taken with the following result:

SB  
578

SB 578 3RD

Yeas:	18	Bennett, Bradley, Colletta, Fahrenkamp, Ferguson, Hackney, Kelly, Kerttula, Meland, Mulcahy, Ray, RosturgSackett, Stimson, StZieglewski, Sumner, Tillion, Ziegler
Nays:	0	
Excused:	1	Dankworth
Absent:	1	Hohman

and so, SENATE BILL NO. 578 passed the Senate.

Senator Colletta moved and asked unanimous consent that the roll call on the passage of the above bill be considered the roll call on the effective date clause. Without objection, it was so ordered.

SENATE BILL NO. 578 was referred to the Secretary for engrossment.

SENATE BILL NO. 580 (professional licensing and regulation of practice of medicine) was read the second time.

SB  
580

Senator Colletta moved and asked unanimous consent that the Rules be suspended and SENATE BILL NO. 580 be considered engrossed, advanced to third reading and placed on final passage. Without objection, it was so ordered.

SENATE BILL NO. 580 was read the third time.

The question being: "Shall SENATE BILL NO. 580 (professional licensing and regulation of practice of medicine) pass the Senate?" The roll was taken with the following result:

SB SB 580 3RD  
580

Yeas: 18 Bennett, Bradley, Colletta,  
Fahrenkamp, Ferguson, Hackney, Kelly,  
Korttula, Meland, Mulcahy, Ray,  
Rodey, Sackett, Selman,  
Sturgulevski, Sumner, Tillion,  
Ziegler

Nays: 0

Excused: 1 Dankworth

Absent: 1 Hohman

and so, SENATE BILL NO. 580 passed the Senate.

Senator Colletta moved and asked unanimous consent that the roll call on the passage of the above bill be considered the roll call on the effective date clause. Without objection, it was so ordered.

SENATE BILL NO. 580 was referred to the Secretary for engrossment.

#### SENATE BILLS IN SECOND READING

SB SENATE BILL NO. 323 amended (making a special appropriation to the Department of Health and Social Services for hummer-home health aide services) which had been held on from May 9 was before the Senate at this time.

The Finance Committee offered the following amendment No. 3:

Page 1, line 10: delete "\$2,500,000"  
insert "\$1,046,500"

Senator Ray moved and asked unanimous consent for the adoption of amendment No. 3. Without objection, amendment No. 3 was adopted.

Message of June 3 was read, stating the House has passed SENATE BILL NO. 580 with the following amendments:

HCS  
SB  
580  
am  
H

HOUSE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 580 amended House (professional licensing and to the regulation of the practice of medicine)

and returning for consideration.

Senator Colletta moved that the Senate concur in the House amendments and requested the body to vote no.

The question being: "Shall the Senate concur in the House amendments to SENATE BILL NO. 580?" The roll was called with the following result:

Yeas:	0	
Nays:	16	Bennett, Colletta, Dankworth, Fahrenkamp, Ferguson, Hackney, Hohman, Kelly, Meland, Mulcahy, Rodey, Stimson, Sturgulewski, Sumner, Ziegler, Tillon.
Absent:	4	Bradley, Korttula, Ray, Sackett

and so, the Senate failed to concur in the House amendments.

The Secretary was requested to notify the House of the Senate's action and ask the House to recede from its amendments.

#### CONSIDERATION OF THE CALENDAR

#### SECOND READING OF SENATE BILLS

SENATE BILL NO. 587 (professional geologists) was read the second time.

SB  
587

SB 237.  
file

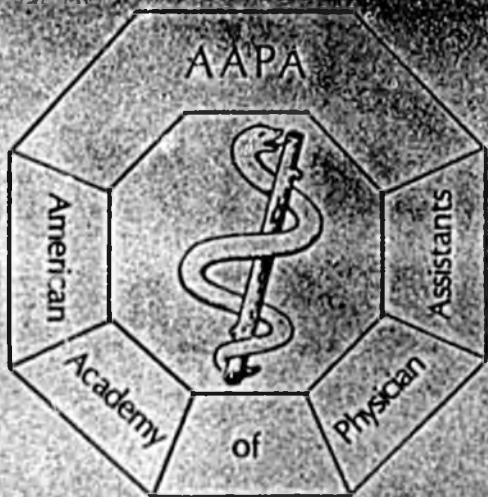
7

MSG 81-00011516 PRTY 1 04/07/81 15:45:11 ORIG 1400 INH 0001 OUTL 000  
FROM: LCU TO: INH THEO PAGE 001  
TARGET: LHM2 SUBJ: DOM

TO: SENATORS FARR, STIMSON, COLLETTA, FISCHER, KELLY

FROM: MONA RAVIN, 2401 CAPTAIN COOK DRIVE, AND, OROCH, 940 7000

PLEASE CONFINE THE DEFINITION OF MEDICAL PRACTICE IN SB-237 TO THE DIAGNOSIS  
AND TREATMENT OF DISEASE, WHICH IS THE BASIS OF MEDICAL EDUCATION. A BROAD  
DEFINITION ENLARGES THE TERRITORY OF MEDICINE AND DENIES CONSUMER CHOICE AND  
ACCESS TO OTHER PROFESSIONALS WHO SUSTAIN OR IMPROVE HEALTH AND WELL BEING



American Academy of Physician Assistants  
2341 Jefferson Davis Highway, Suite 700  
Arlington, Virginia 22202  
703-920-5730

National Commission on  
Certification of Physician Assistants  
3384 Peachtree Road, N.E.  
Atlanta, Georgia 30326  
404-261-1261

# PHYSICIAN ASSISTANT



Physician assistants, under civil and criminal statutes affecting all other health care providers, have a responsibility to do their best for the consumer. Numerous studies indicate that PAs can provide a range of medical services at a level comparable in quality to that of a physician performing the same services.

With more than 12,000 MD/PA team practices in this country, the data strongly suggests that increased patient rapport, greater patient education, more comprehensive care and improved compliance actually reduce a physician's risk of malpractice. The legal counsel to the American Medical Association when considering the issue of liability stated that "Physician assistants probably hold the potential for being one of the best malpractice prevention tools available at the present time."

In short, the current evidence suggests that the use of a PA presents no greater potential malpractice threat to the physician or institution than any other health professional, given that the employing physician understands the PA's role and delegates appropriately.

## The Image

The physician assistant is a member of the health care team who, working dependently under the supervision of a licensed physician, provides a broad range of health services.

The physicians' utilization of physician assistants creates a unique health care team dedicated equally to:

- Increasing accessibility to high quality health care;
- Providing comprehensive health care services;
- Maintaining an atmosphere of caring and trust among the patient, the family, and the health care team; and,
- Improving the continuity of patient care within the health care system.

## Impact on Health Care Delivery

The utility of the physician assistant is based on the premise that non-physicians trained in the behavioral and biomedical sciences and pathophysiology of disease can provide primary and preventive health care.

When functioning dependently under the supervision of a licensed physician, the physician assistant:

- Promotes better distribution of health care services of a primary care nature
- Improves accessibility to care in rural areas and underserved communities
- Increases the efficiency within ambulatory care practices
- Reduces patient waiting time
- Allows the physician more time for difficult cases
- Allows for less hurried exams; more time to answer patient questions
- Reduces the frequency and duration of hospitalizations by stressing preventive health care
- Encourages better patient rapport and compliance through increased patient counseling and education
- Prevents increased cost of health care to individual patients through increased practice productivity

## Education

Physician assistant education is directed at providing primary health care services under the responsible supervision of a licensed physician.

Programs attended by physician assistants are accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association, and most belong to the Association of Physician Assistant Programs.

Over 50 programs are offered at medical schools and universities affiliated with teaching hospitals which educate physician assistants in biomedical, behavioral, and clinical skills. These skills are maintained by continuing medical education. Approximately 1,500 physician assistants graduate each year.

Programs consist of a basic medical sciences section which includes such topics as anatomy and physiology, pharmacology, physical diagnosis, biochemistry, and medical sciences. The clinical section consists of experiences in areas such as internal medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry and family practice.

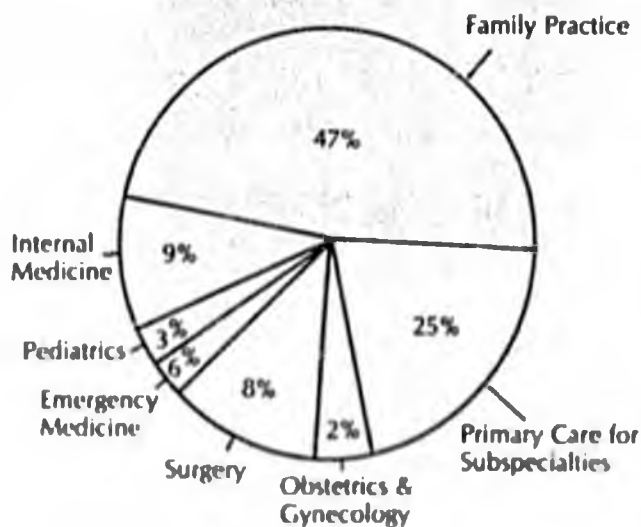
Candidates for admission into physician assistant programs usually have at least two years of college, and more typically, baccalaureate degrees in pre-medical sciences as well as one or more years of direct patient care experience.

## Practice Distribution

Physician assistants are found working in a variety of settings under the direction and supervision of licensed physicians. These settings include:

- Private practice to include solo private practice, multispecialty private practice, and comprehensive health clinics.
- Hospitals
- Approved satellite clinics
- Federal and state prison systems
- Uniformed and non-uniformed services
- Nursing homes
- Health maintenance organizations
- Industrial clinics
- Student health services
- Urban community centers
- Physician Assistant Programs

## Utilization of PAs by Specialties



## Credentialing

Physician assistants are certified by the National Commission on Certification of Physician Assistants after passing an examination administered by the National Board of Medical Examiners.

This comprehensive examination is designed to assess the candidate's ability to apply theoretical knowledge related to health care functions, and evaluate the candidate's actual skill in performing a physical assessment.

Physician assistants maintain this certification by earning 100 hours of continuing medical education every two years.

The members of the National Commission on Certification of Physician Assistants represent the following organizations:

- American Academy of Physician Assistants
- American Medical Association
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Physicians
- American College of Surgeons
- American Hospital Association
- American Nurses' Association
- American Society of Internal Medicine
- Association of American Medical Colleges
- Association of Physician Assistant Programs
- United States Department of Defense
- Federation of State Medical Boards of the United States
- National Board of Medical Examiners

# Proposed home-birth rules encounter strong resistance

by Dave Carpenter  
Times Juneau Bureau

Juneau — Advocates of home childbirth turned out in force Monday at a statewide teleconference hearing, arguing passionately that legislation to regulate home-birth assistance would violate their human rights.

The bill, being considered by the Senate Health, Education and Social Services Committee, contains controversial provisions which would require anyone assisting in childbirth to be licensed by the state Medical Board.

The board, backed by the Hammond administration, contends the regulating would ensure proper medical care for mothers and their babies. But all 31 people, most of them women, who gave testimony to the Senate panel Monday maintained the bill would put the home-birth practice on the brink of extinction in Alaska.

Medical board chairman Dr. Jeffrey Partnow of Fairbanks hinted later that the board, in view of the stiff resistance, would willingly accept deletion of the controversial portions of the bill, which would change some of the definitions and regulations of medical licensing.

After listening to the nearly two-hour-long barrage against the legislation from a half dozen sites around the state, Partnow quipped to the committee: "I feel like a piece of Swiss cheese."

Committee Chairman Charlie Parr, D-Fairbanks, predicted afterward that the panel will knock out the disputed provisions at a scheduled Wednesday "markup" session on the bill, SB237.

Parr said the Legislature can approve the rest of the proposed changes while determining if a statute should be written regarding requirements for lay midwives.

"We could have midwives regulate themselves, as was advocated

today, but we need to have minimum standards if we're going to do that."

Introduction of the bill last month by the Senate Rules Committee at the request of Hammond — on behalf of the medical board — brought a storm of protests from home-birth advocates and health groups who said it would virtually outlaw home births in the state since almost no physician does them here.

An especially vociferous group turned out at the Anchorage legislative office Monday, venting their criticism of the bill and cheering and applauding the remarks highly favorable to their cause.

One Anchorage woman who's seven months pregnant, Ellen Wickett, said that if the bill becomes law, "you'll have to carry me into the hospital kicking and screaming."

The legislation "interferes with my right as a human being," said Mary Keough, also of Anchorage. "Anyone who is not a great (medical) risk should be free to say who delivers their baby."

"This is a free country," added Anchorage resident Kathy Horwitz.

According to a study conducted by a nursing student at the University of Alaska, Anchorage, about 10 percent of all women in Anchorage have their babies delivered at home. However, added Ann Rushing, no Anchorage physician is willing to support home births, meaning the bill would all but end the practice.

"Birth is not a disease, it is a natural process," she said.

Chris Rushing, a lay birth attendant in Anchorage, told the committee she was suspended from UAA for attending a home birth. She said the legislation would cause home-birth attendants to "move underground."

The seven-member medical board consists of five physicians and two lay members. Several people Monday were critical of the idea that the medical profession, since it does

not profit from lay home-births, should regulate lay midwives.

But Partnow emphasized that the board does not want to outlaw home births or lay midwifery.

"To further illegalize lay midwifery would serve no useful purpose," he said. "We do not, though wish to see them (mothers and their children) excluded from further medical care in the event that they need it."

The Fairbanks physician said both sides, lay midwives and hospital physicians, have been reluctant to work with the other in emergency situations for fear of legal problems or other hassles.

Several people who testified Monday said they do not oppose regulations for midwives as long as the midwives are fairly represented in the drafting.

## Stevens' contributors listed

Times Washington Bureau

Washington — More than 45 percent of the contributions received by Alaska Sen. Ted Stevens in his last campaign came from political action committees, according to a new study by Common Cause.

The study by the public interest lobbying organization reveals that Stevens received \$266,895 in contributions during his 1978 campaign, of which \$187,149 came from PACs. Of that total, \$100,290 came from business PACs, while \$43,800 came from labor groups.

The Common Cause book profiles 54 of the most powerful decisionmakers in Washington, including the Democratic and Republican leadership in Congress and House and Senate committee chairmen.

Almost two-thirds (\$4.1 million) of the \$6.5 million in PAC contributions received by these 54 members during their last campaigns came from business groups, including corporate PACs and business-related trade association PACs, the Common Cause study indicated.

SB 237 file

# Childbirth bill draws criticism

by Dave Carpenter  
Times Writer

Juneau — Health groups and home childbirth advocates around the state are up in arms over legislation they claim would virtually outlaw home births in Alaska.

The bill would prohibit anyone without a license to practice medicine from assisting in childbirth unless authorized to do so by the state Medical Board.

Its effect, according to adamant opponents, would be to all but require women to bear their children in a hospital — a charge physicians insist is unjustified.

The legislation, introduced in the Senate this month at the board's request, has refueled an emotional dispute between home birth advocates and the medical profession.

"If this bill were to pass, it would be horrible," Susan Faulk, president of a non-profit organization called

BABE — Better Alaskans' Birth Experiences — said Friday from Anchorage.

"Home birth is really a beautiful thing. It's (the legislation) against our basic human rights," she added.

Dr. Patton Pettijohn, an Anchorage physician who practices naturopathy — a system of health care stressing nutrition and physical therapy and rejecting the use of drugs — heartily agrees.

"I don't think the government has the right to dictate whether parents have the right to have a baby at home or not," said Pettijohn. "I think this is the intent of the bill."

The two Anchorage residents are among what Faulk says is a substantial number of Alaskans who have begun lobbying against the legislation.

The bill, SB237, makes some changes in the definitions and regulation of medical licensing. It comes

at a time when the number of homebirths nationally are on the increase and when several states are loosening making it easier for women to give births in their homes.

The measure is expected to be addressed in early April at hearings of the Senate Health, Education and Social Services Committee, chaired by Fairbanks Democrat Charlie Parr. Gov. Jay Hammond had it introduced on behalf of the Medical Board.

Physicians, saying they're leery of taking on the opponents on what is literally a motherhood issue, appear reluctant to discuss the bill publicly. But the chairman of the state Medical Board said Friday that it's "not the primary intent" of the legislation to do away with homebirths.

"We're trying to come up with a more comprehensive definition of the practice of medicine," board chairman Dr. Jeffrey Partnow said

from his Fairbanks office.

"It would allow us to do our job of licensing and investigations, should they become necessary . . . I don't think it's the intention of the medical board to put anybody out of business."

One physician, commenting only after being assured anonymity, said the issue has become so heated it pits two "armed camps" against each other.

The doctor said the medical community and state board, if facing loud and numerous objections to the bill, probably would allow the disputed portions to be removed or amended to ensure childbirth assistance rights for midwives and others.

The physician said backers of the bill are interested in consumer protection — not doctor protection, as home birth defenders claim.

"With the current atmosphere of (See BIRTHS, page A-3)

(Continued from page A-1)

the two sides glaring at each other over a pregnant belly, if there ends up being a problem (at birth), the appropriate medical care sometimes ends up being put off indefinitely or perhaps never rendered," the physician said.

"We just want to ensure that if the child gets sick or the mother hemorrhages, there's some way we can ensure that medical help would be possible."

The bill states that no unlicensed person may assist at childbirth for compensation unless "authorized under regulations of the board or if licensed or subject to regulations adopted" under Alaska statutes.

Faulk and Pettijohn said there is only one physician in Alaska — Dr. Peter Rosi of Sitka — who delivers babies at homes. Rosi was indicted

in 1979 but acquitted a year later in connection with an infant death that occurred 21 hours after a home birth.

"If medical doctors would deliver at home, there wouldn't be so much objection," said Pettijohn, who calls home birth safer and more comfortable for mothers than giving birth in a hospital.

Faulk also pointed out that the average home birth costs \$300, compared with \$2,000 for the average hospital costs for bearing a child.

"You can understand why the doctors are concerned — every time a person has a child at home means 2,000 bucks they don't get," she said.

Hammond, however, in a letter sent to the Senate explaining the bill, said the intent is to protect the public by better regulating the care of pregnant women.

SB 237

Anch Times 3/21/81

MSG 81-00011233 PRTY 1 04/06/81 15:07:41 ORIG: LR00 IN= 0005 OUT= 0008  
FROM: WALLY IN BETHEL TO: PERRY FOR JELLO  
TARGET: LJF1 SUBJ: 1 PM T/C PARTICIPANTS PAGE 0001

I HAVE ONE TO TESTIFY AND A WRITTEN TESTIMONY THAT I WILL READ OVER  
THE NETWORK. HERE IN THE OFFICE IS: LIZA CARPENTER  
WRITTEN TESTIMONY FROM JULIE GORHAM WHICH I WILL READ IF POSSIBLE  
THANKS

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011232 PRTY 1 04/06/81 15:08:59 ORIG: LR00 IN= 0005 OUT= 0009  
FROM: CHUCK IN BARROW TO: JELLO/PERRY IN JUNEAU  
TARGET: LJF1 SUBJ: T/C PAGE 0001

~~TWO PEOPLE TO TESTIFY:~~  
~~JENNIFER WILLIAMS - PUBLIC HEALTH NURSE~~  
~~LYNN~~

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011226 PRTY 1 04/06/81 15:01:17 ORIG: LR00 IN= 0011 OUT= 0006  
FROM: MARY MATSU TO: PERRY/S. HESS TELECONFERENCE  
TARGET: LJF1 SUBJ: PARTICIPANTS PAGE 0001

~~LISA SANDVIK~~  
~~ROBERT L. LUCAS~~

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011226 PRTY 1 04/06/81 15:01:17 ORIG: LR00 IN= 0011 OUT= 0006  
FROM: MARY/MATSU TO: PERRY/S. HESS TELECONFERENCE  
TARGET: LJF1 SUBJ: PARTICIPANTS PAGE 0001

~~LISA SANDVIK~~  
~~ROBERT L. LUCAS~~

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011229 PRTY 1 04/06/81 15:03:24 ORIG: LR00 IN= 0017 OUT= 0007  
FROM: MICKI IN ANCHORAGE TO: JUNEAU TELECONFERENCE  
TARGET: LJF1 SUBJ: SENATE HESS T/C PAGE 0001

MORE PARTICIPANTS FROM ANCHORAGE.

3. ✓ MONA ROVIN, 2401 CAPT. COOK DR. ANCH. 99504. 248-1029
4. ✓ DENNIS DEGRASS, PO BOX 10556, ANCH. 345-4988
5. ✓ MARY BOLIN, 3323 ROBIN ST., ANCH. 99504. 272-4743
6. ✓ MICHAEL ROCKWELL, 3925 PARSONS ST., ANCH. 99504, 279-0316
7. AVAILABLE FOR QUESTIONS FROM THE COMMITTEE IF NECESSARY  
GAIL MCPHILL, DIVISION OF OCCUPATIONAL LICENSING, 842 E. 3RD AVE.  
ANCH AK 99501 226-7949

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011247 PRTY 1 04/06/81 15:51:01 ORIG: LR00 IN= 0005 OUT= 0017  
FROM: KODIAK TO: JELLO  
TARGET: LJF1 SUBJ: PARTICIPANT FOR TELECONFERENCE PAGE 0001

ADDED PARTICIPANT: CYNTHIA CHANDLER  
KODIAK

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

CG 81-00011234 PRTY 1 04/06/81 15:10:58 ORIG: 1R00 IN= 0006 OUT= 0010  
FROM: CHUCK IN BARRON TO: JEFF PERRY IN JUNEAU  
SUBJECT: IJF1 SURJ: T/C

PAGE 0001

IRRY. MY FINGER SLIPPED. THAT SECOND NAME WAS:

JOHN SMITH - PUBLIC HEALTH NURSE

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

4-00011236 PRTY 1 04/06/81 15:13:09 ORIG: 1A00 IN= 0019 OUT= 0011  
MICKI IN ANCHORAGE TO: JUNEAU T/C

PAGE 0001

T. IJF1 SURJ: MORE FOR SENATE HESS

MARY KEOGH, BETTER ALASKANS BIRTH EXPERIENCES, 2202 ROOSEVELT ST, ANCH.  
SUSAN FAULK, BETTER ALASKANS BIRTH EXPERIENCES, PO BOX 4-381, ANCH. 99509  
ALTON PETT. JOHN, 2308 JEFFERSON, ANCH. 99503

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011247 PRTY 1 04/06/81 15:51:01 ORIG: L000 IN= 0005 OUT= 0017  
FROM: (KODIAK) TO: JFIELD  
TARGET: LIFE1 SUBJ: PARTICIPANT FOR TELECONF PAGE 0001

ADDED PARTICIPANT: CYNTHIA CHANDLER  
KODIAK

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011242 PRTY 1 04/06/81 15:40:51 ORIG: LF01 IN= 0011 OUT= 0013  
FROM: (MAX/FRX) TO: PERRY  
TARGET: LIFE1 SUBJ: T/O IN PROGRESS PAGE 0001

CORRECTION. THE LAST ORSEVER WISHES TO CHANGE AND TESTIFY.  
THAT WILL BE VICKI PENWELL.  
TOTAL TO TESTIFY WILL BE TWO.

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011241 PRTY 1 04/06/81 15:38:59 ORIG: LF01 IN= 0010 OUT= 0012  
FROM: MAXINE FBKS TO: PERRY  
TARGET: LIFE1 SUBJ: JFIELD PAGE 0001

ONE MORE ORSEVER  
VICKI PENWELL, BOX 81242, COLLEGE, AK 99708 PH. 479-2774

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011240 PRTY 1 04/06/81 15:33:19 ORIG: L000 IN= 0021 OUT= 0011  
FROM: MICKI IN ANCHORAGE TO: BUREAU TELECONFERENCE  
TARGET: LIFE1 SUBJ: SENATE HESS TELECONFERENCE PAGE 0001

17. ELAINA THOMAS, BOX 1372 EAGLE RIVER, AK. 99577  
18. JEAN TIMMERMAN, BOX 20225 DILLINGHAM, AK. 99526  
\*\*\*\* PLEASE NOTE THAT WE HAVE 5 WITNESS THAT HAVE TIME CONSTRAINTS AND  
MUS. LEAVE AT 2:00  
WE ALSO HAVE APPROX. 50 PEOPLE IN ATTENDANCE AT LAST COURT

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011239 PRTY 1 04/06/81 15:23:59 ORIG: L000 IN= 0020 OUT= 0011  
FROM: MICKI IN ANCHORAGE TO: BUREAU TELECONFERENCE  
TARGET: LIFE1 SUBJ: SENATE HESS TELECONFERENCE PAGE 0001

10. FRED JANVAIN, PO BOX 10-1141, ANCH. 99511. 263-1111  
11. ANN RUSHING, CLIENT ADVOCATE, 2936 KIMBERLY CT, ANCH. 99504  
12. PAT KIRSCHNER, 6314 E. 31ST, A-3, ANCH. 99504  
13. KATHY HOROWITZ, R.A.R.E., 4998 KLONDIKE AVE, ANCH. 99504  
14. CHRIS RUSHING, 1403 E. 27TH, ANCH. 99504  
15. SALLY LAUSTER, 1908 W. HILLCREST 025 ANCH. 99503  
16. LIANNE T. WESLEY, PO BOX 1251, ANCH. AK. 99510

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011234 PRTY 1 04/06/81 15:13:09 ORIG: LA00 IN= 0019 OUT= 001  
FROM: MICKI IN ANCHORAGE TO: JUNEAU T/C  
TARGET: LJE1 SUBJ: HESS FOR SENATE HESS PAGE 000

- 7. MARY KENGH, BETTER ALASKANS BIRTH EXPERIENCES, 2202 ROOSEVELT ST., ANCH.
- 8. SUSAN FAULK, BETTER ALASKANS BIRTH EXPERIENCES, PO BOX 4-381, ANCH, 99504
- 9. PATTON PATTI JOHN, 2308 JEFFERSON, ANCH, 99503

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011234 PRTY 1 04/06/81 15:10:58 ORIG: LR00 IN= 0004 OUT= 001  
FROM: CHUCK IN BARRON TO: JELLO/PERRY IN JUNEAU  
TARGET: LJE1 SUBJ: T/C PAGE 000

SORRY, MY FINGER SLIPPED, THAT SECOND NAME WAS:

LYNN SMITH-PUBLIC HEALTH NURSE

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011233 PRTY 1 04/06/81 15:09:41 ORIG: LR00 IN= 0005 OUT= 000  
FROM: WALLY IN BETHEL TO: PERRY FOR JELLO  
TARGET: LJE1 SUBJ: 1 PM T/C PARTICIPANTS PAGE 000

I HAVE ONE TO TESTIFY AND A WRITTEN TESTIMONY THAT I WILL READ OVER  
THE NETWORK. HERE IN THE OFFICE IS: LIZA CARPENTER  
WRITTEN TESTIMONY FROM JULIE GORHAM WHICH I WILL READ IF POSSIBLE.  
THANKS

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011232 PRTY 1 04/06/81 15:08:59 ORIG: LR00 IN= 0005 OUT= 000  
FROM: CHUCK IN BARRON TO: JELLO/PERRY IN JUNEAU  
TARGET: LJE1 SUBJ: T/C PAGE 000

TWO PEOPLE TO TESTIFY:  
JENNIFER WILLIAMS-PUBLIC HEALTH NURSE  
LYNN

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011229 PRTY 1 04/06/81 15:03:24 ORIG: LA00 IN= 0017 OUT= 000  
FROM: MICKI IN ANCHORAGE TO: JUNEAU TELECONFERENCE  
TARGET: LJE1 SUBJ: SENATE HESS T/C PAGE 000

- MORE PARTICIPANTS FROM ANCHORAGE,
- 3. MONA RAVIN, 2401 CAPT. COOK DR. ANCH, 99503, 248-3929
  - 4. DENNIS DEGROSS, PO BOX 10556, ANCH, 345-4988
  - 5. MARY BOLEIN, 3323 ROBIN ST., ANCH, 99504, 272-4743
  - 6. MICHAEL ROCKWELL, 3925 PARSONS ST., ANCH, 99504, 279-0316
  - 7. AVAILABLE FOR QUESTIONS FROM THE COMMITTEE IF NECESSARY  
GAIL MCNULT, DIVISION OF OCCUPATIONAL LICENSING, 842 E. 3RD AVE,  
ANCH, AK, 99501, 274-7969

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011226 PRTY 1 04/06/81 15:01:17 ORIG: LR00 IN= 0011 OUT= 000  
FROM: MARY MATSU TO: PERRY/S. HESS TELECONFERENCE  
TARGET: LJE1 SUBJ: PARTICIPANTS PAGE 000

ANCHORAGE

FROM: TAMMY TH ~~FBX~~  
TARGET: LIF1 SUBJ: JELLO

TO: PERRY

PAGE 0001

PART THAT WISH TO TESTIFY:

ARLENE ORBECK, 4735, BRIDGEWATER DR. 99701 PH 456-3072, FBX, NURSES ASSOC  
DIST. IV

OBSERVORS:

ROY HOWARD, 1001 NOBLE, 99701 PH 452-1611, AK ACADEMY OF PHYS.  
EILEEN MONTANO, SR 10033, 99701 PH 479-4418, RD. OF NURSING

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011224 PRTY 1 04/06/81 14:57:40 ORIG: 1100 IN= 0010 OUT= 0005

FROM: MARY ~~(MATSU)~~

TO: PERRY/S.HESS T/C

TARGET: LIF1 SUBJ: T/C PARTICIPANTS

PAGE 0001

MARK ACTION

KELLI MAHONEY

ROBERT V. FANTUS

JENNIE LEE SCHRAGE

MARIE BANCROFT

BRIDGETTE PRESTON

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011222 PRTY 1 04/06/81 14:57:21 ORIG: 1500 IN= 0004 OUT= 000

FROM: CHARLIE ~~(STICKA)~~ TO

TO: PERRY

TARGET: LIF1 SUBJ: T/C NOW STARTING

PAGE 000

1. EMILY CALLEY, PHS HOSPITAL, ASST. DIR OF NURSING

EDM

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011220 PRTY 1 04/06/81 14:54:05 ORIG: 1400 IN= 0014 OUT= 006

FROM: MICKI IN ~~(ANCHORAGE)~~

TO: JUNEAU TELECONFERENCE

TARGET: LIF1 SUBJ: SENATE HESS T/C

PAGE 000

SO FAR ANCHORAGE HAS THE FOLLOWING WHO WISH TO TESTIFY

1. DOUGLAS G. SMITH M.D., AK. STATE MEDICAL ASSOCIATION, 718 K ST.  
ANCH. AK. 99501, 272-7571

2. BETTIE BURNS STENK, SR BOX 1031 CHULIAT, AK. 99547, 688-3227

PLEASE NOTE WE HAVE ABOUT 10 OBSERVERS AT THIS POINT.

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

MSG 81-00011218 PRTY 1 04/06/81 14:55:37 ORIG: 1100 IN= 0003 OUT= 000

FROM: ~~(KODIAK)~~

TO: JELLO

TARGET: LIF1 SUBJ: PARTICIPANTS FOR TELECONFERENCE

PAGE 000

PARTICIPANTS FROM KODIAK FOR THE S. HESS TELECONFERENCE:

BETH FINIS

OBSERVERS

CHRISTINE LEACH

COLLEEN CAUTFIELD

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

6621007299



MSG 81-00011251

FROM: CHICK IN BARRO

TARGET: LIFE 1 SIBLIT T/C NAME'S

CANCEL THOSE TWO NAME'S I SENT YOU

NYT MSG H/R/S 04/06/81 15:54:02

DETL. 1809 IN-0000

DETL. 1809 IN-0000

RESEND CANCEL

PAGE 0001

42 PRTY 1 04/06/81 15:40:51 ORIG: 1F01 IN= 0011 OUT= 0013  
TO: PERRY  
SUBJ: T/C IN PROGRESS PAGE 0001

THE LAST OBSERVOR WISHES TO CHANGE AND TESTIFY.  
VICKI PENWELL,  
TEY WILL BE TWO.

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

41 PRTY 1 04/06/81 15:38:59 ORIG: 1F01 IN= 0010 OUT= 0014  
**ERBX** TO: PERRY  
SUBJ: JELLO PAGE 0001

RVOR  
BOX 81242, CHITELF, AK 99708 PH. 479-2774

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

40 PRTY 1 04/06/81 15:33:19 ORIG: 1A00 IN= 0021 OUT= 0015  
IN **ANCHORAGE** TO: UNIFAN TELECONFERENCE  
SUBJ: SENATE HESS TELECONFERENCE PAGE 0001

THOMAS, BOX 1372 EAGLE RIVER, AK. 99577  
MERMAN, BOX 20225 DILLINGHAM, AK. 99526  
NOTE THAT WE HAVE 5 WITNESS THAT HAVE TIME CONSTRAINTS AND  
AVE AT 2:00  
HAVE APPROX. 50 PEOPLE IN ATTENDANCE AT LAST COUNT

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

239 PRTY 1 04/06/81 15:23:59 ORIG: 1A00 IN= 0020 OUT= 0016  
IN **ANCHORAGE** TO: UNIFAN TELECONFERENCE  
SUBJ: SENATE HESS TELECONFERENCE PAGE 0001

NVAIN, PO BOX 10-1141, ANCH. 99511, 263-1111  
HTNG, CLIENT ADVOCATE, 2936 KATHLEEN ST, ANCH, 99504  
SCHNER, 6314 E. 31ST, A-3, ANCH, 99504

OROWITZ, R.A.H.F., 4998 KLONDIKE AVE, ANCH, 99504  
RUSHTON, 1103 E 27TH, ANCH, 99504  
AUSTER, 1908 W. HILLCREST ST, ANCH, 99504  
T. WESLEY, PO BOX 1251, ANCH, AK, 99510

NXT MSG U/R/S PREV MSG U/R/S RESEND CANCEL

1-00011218 PRTY 1 04/06/81 14:55:37 ORIG: 1000 IN= 0003 OUT= 0002

~~KODIAK~~ TO: JEFF  
T: LIFE1 SUBJ: PARTICIPANTS FOR TELECONFERENCE PAGE 0001

~~IPANTS FROM KODIAK FOR THE S. HESS TELECONFERENCE;  
BETH ENNIS~~

~~VERS  
TINE LEACH  
EN GAULTFIELD~~

-----  
NXT MSG H/R/S PREV MSG H/R/S RESEND CANCEL

1-00011220 PRTY 1 04/06/81 14:54:05 ORIG: 1000 IN= 0014 OUT= 0003

MICKI IN ~~ANCHORAGE~~ TO: JUNEAU TELECONFERENCE  
T: LIFE1 SUBJ: SENATE HESS T/C PAGE 0001

~~ANCHORAGE HAS THE FOLLOWING WHO WISH TO TESTIFY  
GLAS G. SMITH M.D., AK. STATE MEDICAL ASSOCIATION, 718 K ST.  
ANCHORAGE, AK. 99501, 272-2571  
ZETTE BURNS STEEL, SR BOX 1031 CHUGIAK, AK. 99567, 688-3227  
PLEASE NOTE WE HAVE ABOUT 10 OBSERVERS AT THIS POINT.~~

-----  
NXT MSG H/R/S PREV MSG H/R/S RESEND CANCEL

1-00011222 PRTY 1 04/06/81 14:57:21 ORIG: 1000 IN= 0004 OUT= 0004

CHARLIE ~~STTKA~~ TO: PERRY  
T: LIFE1 SUBJ: T/C NOW STARTING PAGE 0001

~~ILY CALLEY, PHS HOSPITAL, ASST. DIR OF NURSING~~

-----  
NXT MSG H/R/S PREV MSG H/R/S RESEND CANCEL

1-00011224 PRTY 1 04/06/81 14:57:40 ORIG: 1000 IN= 0010 OUT= 0005

MARY ~~HATSU~~ TO: PERRY/S. HESS T/C  
T: LIFE1 SUBJ: T/C PARTICIPANTS PAGE 0001

~~CTION  
MAHONEY  
V. PONTIUS  
LEE SCHRAGE  
BANCROFT  
TTE PRESTON~~

-----  
NXT MSG H/R/S PREV MSG H/R/S RESEND CANCEL

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT

10 \* Section 1. AS 08.01.050 is amended by adding a new subsection to read:

11 (c) After consulting with the State Medical Board (AS 08.64.010),  
12 the department shall employ an individual to be assigned as the investi-  
13 gator for that board. The investigator shall

14 (1) not be a member of the State Medical Board;

15 (2) conduct investigations into alleged violations of  
16 AS 08.64, and into alleged violations of regulations and orders of the  
17 State Medical Board;

18 (3) at the request of the State Medical Board, conduct  
19 investigations based on complaints filed with the department or with the  
20 State Medical Board; and

21 (4) be directly responsible and accountable to the State  
22 Medical Board, except that only the department has authority to  
23 terminate his employment.

16 \* Sec. 5. AS 08.64 is amended by adding new sections to read:

17 Sec. 08.64.075. EXECUTIVE OFFICER OF THE BOARD. (a) The depart-  
18 ment, in consultation with the board, shall employ an individual who is  
19 not a member of the board to serve as executive officer of the board.

20 (b) The executive officer shall

21 (1) perform the administrative duties required by this  
22 chapter and the department;

23 (2) carry out regulations and policy decisions made by the  
24 board;

25 (3) assist the board in conducting examinations, continuing  
26 education programs, and other administrative work for the board."

SB 237

amendments:

- 1) take out ~~the~~ midwives <sup>sec. 5</sup><sub>sec. 14</sub>
- 2) exec. director & investigator

Introduced: 3/4/81  
Referred: Health, Education &  
Social Services and Judiciary

1 IN THE SENATE

BY THE RULES COMMITTEE BY  
REQUEST OF THE GOVERNOR

2 SENATE BILL NO. 237

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 professional licensing and to the  
7 regulation of the practice of medicine."

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

9 \* Section 1. AS 08.64.010 is amended to read:

10 Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.

11 The governor shall appoint a board of medical examiners, to be known as  
12 the State Medical Board, consisting of five [LICENSED] physicians li-  
13 censed in the state and [.] residing in as many separate geographical  
14 areas of the state [ALASKA JUDICIAL DISTRICTS] as possible, and two  
15 persons with no direct financial interest in the health care industry.

16 \* Sec. 2. AS 08.64.020 is amended to read:

17 Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members  
18 shall be appointed for staggered term [A TERM] of four years, subject  
19 to confirmation by a majority of the members of the legislature in  
20 joint session, and shall hold the office until their successors are ap-  
21 pointed and qualified. A person who has served two successive complete  
22 terms may not be reappointed until four years after the expiration of  
23 the second term [THE TERMS OF THE PUBLIC MEMBERS OF THE BOARD SHALL BE  
24 STAGGERED SO THAT THEY DO NOT EXPIRE AT THE SAME TIME].

25 \* Sec. 3. AS 08.64.040 is amended to read:

26 Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a  
27 member of the board for cause. The board may by regulation provide  
28 that unexcused absences from meetings is cause for removal.

29 \* Sec. 4 AS 08.64 is amended by adding new sections to read:

1           Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall meet at  
2 least four times a year.

3           Sec. 08.64.101. DUTIES. The board shall

4                 (1) examine and issue licenses to applicants;

5                 (2) submit an annual report of its proceedings to the gover-  
6 nor, including a statement of money received and disbursed;

7                 (3) after a hearing, impose disciplinary sanctions on per-  
8 sons who violate this chapter, or the regulations or orders of the  
9 board;

10                (4) adopt regulations insuring that renewal of licenses is  
11 contingent upon proof of continued competency on the part of the licen-  
12 sec.

13 \* Sec. 5. AS 08.64.170 is amended to read:

14           Sec. 08.64.170. LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY OR AS-  
15 SIST AT CHILDBIRTH. (a) No person may practice medicine, podiatry,  
16 osteopathy, [OR] acupuncture, or for a fee, donation, or other compensa-  
17 tion assist at childbirth in the state unless he is licensed under this  
18 chapter, except that

19                 (1) a physician assistant may examine, diagnose or treat  
20 persons under the supervision, control, and responsibility of either a  
21 physician licensed under this chapter or a physician exempted from li-  
22 censing [LICENSURE] under AS 08.64.370;

23                 (2) a physician-trained mobile intensive care paramedic may  
24 render emergency lifesaving service; [AND]

25                 (3) a person licensed under AS 08.36 may perform acupuncture  
26 in the regular practice of dentistry, subject to the regulations of the  
27 Board of Dental Examiners;

28                 (4) a person may assist at childbirth if authorized under  
29 regulations of the board or if licensed or subject to regulations

1 adopted under AS 08.68, and

2 (5) a person who is licensed or authorized under another  
3 chapter of this title may engage in a practice which is authorized un-  
4 der that chapter.

5 \* Sec. 6. AS 08.64.240 is repealed and reenacted to read:

6 Sec. 08.64.240. LICENSE REFUSED. (a) The board shall refuse to  
7 grant a license if

8 (1) the applicant fails or cheats during the examination;

9 (2) the board determines that the applicant is professional-  
10 ly unfit to practice medicine or osteopathy in the state; or

11 (3) the applicant fails to comply with a requirement of this  
12 chapter.

13 (b) The board may refuse to grant a license to any applicant for  
14 the same reasons that it may impose disciplinary sanctions under AS 08.-  
15 64.325.

16 \* Sec. 7. AS 08.64.250 is amended to read:

17 Sec. 08.64.250. LICENSE BY CREDENTIALS [ENDORSEMENT]. The board  
18 may waive the examination requirement and license by credentials [EN-  
19 DORSEMENT] if the physician or podiatry applicant meets the require-  
20 ments of AS 08.64.200 or 08.64.209, submits proof of continued compe-  
21 tence as required by regulation, pays the required fee and has

22 (1) an active license from a board of medical examiners ex-  
23 tablished under the laws of a state or territory of the United States  
24 or a province of Canada issued after thorough examination; or

25 (2) passed an examination given by the National Board of  
26 Medical Examiners or the Federation of State Medical Boards of the  
27 United States if the applicant is a physician, or passed an examination  
28 given by the National Board of Podiatry Examiners if the applicant is a  
29 podiatrist.

1 \* Sec. 8. AS 08.64.270(a) is amended to read:

2 (a) The board may issue a temporary permit to an applicant who  
3 meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209  
4 and pays the required fee.

5 \* Sec. 9. AS 08.64.311 is amended to read:

6 Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be  
7 renewed four years after the date of issue [BIENNIALY].

8 \* Sec. 10. AS 08.64.315 is amended to read:

9 Sec. 08.64.315. FEES. The following fees are imposed under this  
10 chapter:

- 11 (1) application . . . . . \$ 50 [\$25]  
12 (2) license by examination . . . . . 200 [125]  
13 (3) license by credentials [ENDORSEMENT] or  
14 waiver of examination . . . . . 200 [100]  
15 (4) temporary permit . . . . . 50 [ 25]  
16 (5) locum tenens permit . . . . . 50 [ 25]  
17 (6) license renewal [, BIENNIAL], active . . . 600 [100]  
18 (7) license renewal [, BIENNIAL], inactive . . 200 [ 25]  
19 (8) license by reexamination . . . . . 150 [ 75]

20 \* Sec. 11. AS 08.64.325 is repealed and reenacted to read:

21 Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS.

22 (a) The board may impose a sanction if the board finds after a hearing  
23 that a licensee

24 (1) secured a license through deceit, fraud, or intentional  
25 misrepresentation;

26 (2) engaged in deceit, fraud, or intentional misrepresenta-  
27 tion while providing professional services or engaging in professional  
28 activities;

29 (3) advertised professional services in a false or mislead-

1 ing manner;

2 (4) has been convicted, including conviction based on a  
3 guilty plea or plea of nolo contendere, of (A) a felony or other crime  
4 if the felony or other crime is substantially related to the qualifica-  
5 tions, functions, or duties of the licensee; or (B) a crime involving  
6 the unlawful procurement, sale, prescription or dispensing of drugs;

7 (5) has procured, sold, prescribed or dispensed drugs in vi-  
8 olation of any law, regardless of whether there has been a criminal ac-  
9 tion;

10 (6) intentionally or negligently permitted the performance  
11 of patient care by persons under his supervision which does not conform  
12 to minimum professional standards even if the patient was not injured;

13 (7) failed to comply with this chapter, a regulation adopted  
14 under this chapter, or with an order of the board;

15 (8) has demonstrated

16 (A) professional incompetence, gross negligence or re-  
17 peated negligent conduct;

18 (B) addiction to, severe dependency on, or habitual  
19 overuse of alcohol or other drugs which impairs his ability to  
20 practice safely;

21 (C) unfitness because of physical or mental disability;

22 (9) engaged in unprofessional conduct or in lewd or immoral  
23 conduct in connection with the delivery of professional services to  
24 patients;

25 (10) has violated AS 18.16.010;

26 (11) has violated any code of ethics adopted by regulation by  
27 the board;

28 (12) has denied care or treatment to a patient or person  
29 seeking assistance from the physician if the only reason for the denial

1 is the failure or refusal of the patient to agree to arbitrate as pro-  
2 vided in AS 09.55.535(a);

3 (13) has had his license or certificate to practice medicine  
4 in another state, territory of the United States or a province or Can-  
5 ada suspended or revoked unless the suspension or revocation was caused  
6 by the failure of the licensee to pay fees to that state, territory or  
7 province.

8 (b) In any case involving (a)(13) of this section, the find-  
9 ings of fact, conclusions of law and order of the authority which  
10 suspended or revoked a license or certificate constitutes a prima facie  
11 case that the license or certificate was suspended or revoked and the  
12 grounds under which the suspension or revocation was granted.

13 \* Sec. 12. AS 08.64.330 is repealed and reenacted to read:

14 Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) If the board finds  
15 that a licensee has committed an act set out in AS 08.64.325 a), the  
16 board may

- 17 (1) premanently revoke a license to practice;
- 18 (2) suspend a license for a determinate period of time;
- 19 (3) censure a licensee;
- 20 (4) issue a letter of reprimand;
- 21 (5) place a licensee on probationary status and require him

22 to

23 (A) report regularly to the board on matters involving  
24 the basis of probation;

25 (B) limit practice to those areas prescribed;

26 (C) continue professional education until a satisfac-  
27 tory degree of skill has been attained in those areas determined  
28 by the board to need improvement;

- 29 (6) impose limitations or conditions on the practice of a

1 licensee; or

2 (7) impose one or more of the sanctions set out in (1) --  
3 (6) of this subsection.

4 (b) The board may end the probation of a licensee if it finds  
5 that the deficiencies which required this sanction have been remedied.

6 (c) The board may summarily suspend a license before final hear-  
7 ing or during the appeals process if the board finds that the licensee  
8 poses a clear and immediate danger to the public health and safety if  
9 he continues to practice. A person whose license is suspended under  
10 this section is entitled to a hearing by the board no later than seven  
11 days after the effective date of the order. He may appeal the suspen-  
12 sion after a hearing to a court of competent jurisdiction.

13 (d) The board may reinstate a license which has been suspended or  
14 revoked if the board finds after a hearing that the applicant is able  
15 to practice with reasonable skill and safety.

16 (e) A license may be suspended upon receipt of a certified copy  
17 of evidence that the licensee's license to practice medicine in another  
18 state or territory of the United States or province of Canada has been  
19 suspended or revoked. The suspension remains in effect until a hearing  
20 can be held by the board.

21 (f) The board shall be consistent in the application of disci-  
22 plinary sanctions. A significant departure from earlier decisions of  
23 the board involving similar situations must be explained in findings of  
24 fact or orders made by the board.

25 \* Sec. 13. AS 08.64.360 is amended to read:

26 Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN  
27 VIOLATION OF CHAPTER. Except for a physician assistant, [AND] a physi-  
28 cian-trained mobile intensive care paramedic under AS 08.64.170, or a  
29 person licensed or authorized under another chapter of this title who

1 engages in practices for which he is licensed or authorized under that  
2 chapter, a person practicing medicine or osteopathy in the state with-  
3 out a valid [OBTAINING AND FILING AN APPROPRIATE] license or permit is  
4 guilty of a class B misdemeanor [AND UPON CONVICTION IS PUNISHABLE BY A  
5 FINE OF NOT LESS THAN \$50 NOR MORE THAN \$100, OR BY IMPRISONMENT FOR  
6 NOT LESS THAN 10 DAYS NOR MORE THAN 90 DAYS, OR BY BOTH]. Evidence  
7 that the defendant has failed to file a license with the clerk of the  
8 court is prima facie evidence that the defendant is not licensed. Each  
9 day of illegal practice is a separate offense.

10 \* Sec. 14. AS 08.64 is amended by adding a new section in art. IV to  
11 read:

12 Sec. 08.64.369. ASSISTANCE AT CHILDBIRTH. The board shall adopt  
13 regulations regarding the authorization under this chapter of a person  
14 who assists at childbirth for a fee, donation, or other compensation,  
15 and the medical services the person may perform, including but not lim-  
16 ited to (1) qualifications, (2) application and authorization proce-  
17 dures, (3) the scope of activities authorized, and (4) the supervisory  
18 relationship, if any, between the person and a practicing physician.

19 \* Sec. 15. AS 08.64.380(2) is repealed and reenacted to read:

20 (2) "practice of medicine" or "practice of osteopathy"

21 means:

22 (A) for a fee, donation or other consideration, to di-  
23 agnose, treat, operate on, prescribe for, or administer to, any  
24 human ailment, blemish, deformity, disease, disfigurement, disor-  
25 der, injury, or other mental or physical condition; or to attempt  
26 to perform or represent that a person is authorized to perform any  
27 of the acts set out in this subparagraph;

28 (B) to use or publicly display a title in connection  
29 with a person's name including "doctor of medicine," "M.D.," or

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"doctor of osteopathic medicine" or "D.O." or a specialist designation including "surgeon," "dermatologist," or a similar title, or any title which tends to show that the person is willing or qualified to diagnose or treat the sick or injured;

\* Sec. 16. AS 08.64.380(5) is amended to read:

(5) "department" means the Department of Commerce and Economic Development.

\* Sec. 17. AS 08.64.030, 08.64.110, 08.64.140, 08.64.200(1), and 08.64.380(3) are repealed.

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT.

SB 237 file

Introduced: 4/25/80  
Referred: Health, Education  
& Social Services

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

1 IN THE SENATE

2 SENATE BILL NO. 580

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to professional licensing and to the  
7 regulation of the practice of medicine; and providing  
8 for an effective date."

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

10 \* Section 1. AS 08.01.050 is amended by adding a new subsection to read:

11 (c) After consulting with the State Medical Board (AS 08.64.010),  
12 the department shall employ an individual to be assigned as the investi-  
13 gator for that board. The investigator shall

14 (1) not be a member of the State Medical Board;

15 (2) conduct investigations into alleged violations of  
16 AS 08.64, and into alleged violations of regulations and orders of the  
17 State Medical Board;

18 (3) at the request of the State Medical Board, conduct  
19 investigations based on complaints filed with the department or with the  
20 State Medical Board; and

21 (4) be directly responsible and accountable to the State  
22 Medical Board, except that only the department has authority to  
23 terminate his employment.

24 \* Sec. 2. AS 08.01.100(a) is amended to read:

25 (a) Except as otherwise provided in this title, [ALL] licenses  
26 shall be renewed biennial'y on the dates set by the department with the  
27 approval of the respective board.

28 \* Sec. 3. AS 08.64.010 is amended to read:

29 Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.

not in SB 237

not in SB 237  
see p 9

1 The governor shall appoint a board of medical examiners, to be known as  
2 the State Medical Board, consisting of five [LICENSED] physicians  
3 licensed in the state and (,) residing in as many separate geographical  
4 areas of the state [ALASKA JUDICIAL DISTRICTS] as possible, and two  
5 persons with no direct financial interest in the health care industry.

6 \* Sec. 4. AS 08.64.020 is amended to read:

7 Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members  
8 shall be appointed for staggered terms [A TERM] of four years, subject  
9 to confirmation by a majority of the members of the legislature in joint  
10 session, and shall hold office until their successors are appointed and  
11 qualified. The terms of the public members of the board shall be stag-  
12 gered so that they do not expire at the same time. A person who has  
13 served two successive complete terms may not be reappointed until four  
14 years from the expiration of the second term.

15 Sec. 5. AS 08.64.040 is amended to read:

16 Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a  
17 member of the board for cause. The board may by regulation provide that  
18 unexcused absences from meetings constitute cause for removal.

19 \* Sec. 6. AS 08.64 is amended by adding new sections to read:

20 Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall hold  
21 meetings at least four times a year.

22 Sec. 08.64.115. DUTIES. The board shall

- 23 (1) after a hearing, impose disciplinary sanctions on persons  
24 who violate this chapter, or the regulations or orders of the board;  
25 (2) adopt regulations insuring that renewal of licenses is  
26 contingent upon proof of continued competency on the part of the li-  
27 censee.

28 \* Sec. 7. AS 08.64.240 is amended to read:

29 Sec. 08.64.240. LICENSE REFUSED. If the applicant fails the exam-

same  
02  
SB 237

public  
members  
deleted  
from  
SB 237

same as  
SB 237

same as  
SB 237

SB 237  
has two  
more  
duties

one clause  
added in  
SB 237

1 ination, or is determined by the board to be [MORALLY OR] professionally  
2 unfit to practice medicine or osteopathy in this state, or fails to  
3 comply with any of the other requirements of this chapter, the board  
4 shall refuse to grant the license.

5 \* Sec. 8. AS 08.64.250 is amended to read:

6 Sec. 08.64.250. LICENSURE BY CREDENTIALS [ENDORSEMENT]. The board  
7 may waive the examination requirement and license by credentials [EN-  
8 DORSEMENT] if the physician or podiatry applicant meets the requirements  
9 of AS 08.64.200 or 08.64.209, submits proof of continued competency  
10 as required by regulation, pays the required fee and has

11 (1) an active license from a board of medical examiners  
12 established under the laws of a state or territory of the United States  
13 or a province of Canada issued after thorough examination; or

14 (2) passed an examination given by the National Board of  
15 Medical Examiners or the Federation of State Medical Boards of the  
16 United States if the applicant is a physician, or passed an examination  
17 given by the National Board of Podiatry Examiners if the applicant is  
18 a podiatrist.

19 \* Sec. 9. AS 08.64.270(a) is amended to read:

20 (a) The board may issue a temporary permit to an applicant who  
21 meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209 and  
22 pays the required fee.

23 \* Sec. 10. AS 08.64.311 is amended to read:

24 Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be  
25 renewed every four years [BIENNIALY].

26 \* Sec. 11. AS 08.64.315 is amended to read:

27 Sec. 08.64.315. FEES. The following fees are imposed under this  
28 chapter:

29 (1) application..... \$ 50 [525]

same  
in SB 237

revised  
in SB 237

re-wrote  
in SB 237

Added  
in SB  
237  
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deleted  
in SB 237  
same as  
HCS Comm

added  
in SB 237

working  
change  
in SB  
237

- (2) license by examination..... \$200 [125]
- (3) license by credentials [ENDORSEMENT] or  
waiver of examination.....\$200 [100]
- (4) temporary permit..... \$50 [25]
- (5) locum tenens permit..... \$50 [25]
- (6) license renewal due every four years  
[, BIENNIAL], active..... \$300 [100]
- (7) license renewal due every four years  
[, BIENNIAL], inactive..... \$100 [25]
- (8) license by reexamination..... \$75 [75]

\* Sec. 12. AS 08.64.325 is repealed and re-enacted to read:  
Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS.

The board may impose a sanction when the board finds after a hearing  
that a licensee

- (1) secured a license through deceit, fraud, or intentional  
misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresenta-  
tion in the course of providing professional services or engaging in  
professional activities;
- (3) advertised professional services in a false or misleading  
manner;
- (4) has been convicted of a felony or other crime which  
affects his ability to continue to practice competently and safely;
- (5) intentionally or negligently engaged in or permitted the  
performance of patient care by persons under his supervision which does  
not conform to minimum professional standards regardless of whether  
actual injury to the patient occurred;
- (6) failed to comply with this chapter, with a regulation  
adopted under this chapter, or with an order of the board;

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*omitted SB 237*

*several sections added SB 237*

*name added SB 237*

- (7) continued to practice after becoming unfit due to
  - (A) professional incompetence;
  - (B) failure to keep informed of or use current professional theories or practices;
  - (C) addiction or severe dependency on alcohol or other drugs which impairs his ability to practice safely;
  - (D) physical or mental disability;
- (8) engaged in unprofessional conduct or in lewd or immoral conduct in connection with the delivery of professional service to patients.

Sec. 13. AS 08.64.330 is repealed and re-enacted to read:

Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) When it finds that a licensee is guilty of an offense under AS 08.64.325, the board may impose the following sanctions singly or in combination:

- (1) permanently revoke a license to practice;
- (2) suspend a license for a determinate period of time;
- (3) censure a licensee;
- (4) issue a letter of reprimand;
- (5) place a licensee on probationary status and require him

to

- (A) report regularly to the board upon matters involving the basis of probation;
- (B) limit practice to those areas prescribed;
- (C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;

(6) impose limitations or conditions on the practice of a license.

(b) The board may withdraw probation status if it finds that the

1 deficiencies which required the sanction have been remedied.

2 (c) The board may summarily suspend a license before final hearing  
3 or during the appeal process if the board finds that the licensee poses  
4 a clear and immediate danger to the public health and safety if he  
5 continues to practice. A person whose license is suspended under this  
6 section shall be entitled to a hearing by the board no later than seven  
7 days after the effective date of the order. He may appeal the  
8 suspension after a hearing to a court of competent jurisdiction.

9 (d) The board may reinstate a license which has been suspended or  
10 revoked if the board finds after a hearing that the applicant is able to  
11 practice with reasonable skill and safety.

12 (e) A license may be suspended until a hearing can be held to  
13 determine the licenser's fitness to practice in the state upon receipt  
14 of certified evidence that his license to practice medicine in another  
15 state, territory or province of the United States or Canada has been  
16 suspended or revoked.

17 (f) The board shall seek consistency in the application of dis-  
18 ciplinary sanctions, and significant departure from prior decisions  
19 involving similar situations shall be explained in findings of fact or  
20 orders.

21 \* Sec. 14. AS 08.64.360 is amended to read:

22 Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN  
23 VIOLATION OF CHAPTER. (a) Except for a physician assistant and a  
24 physician-trained mobile intensive care paramedic under AS 08.64.170, a  
25 person practicing medicine or osteopathy in the state without obtaining  
26 an filing an appropriate license is guilty of a class B misdemeanor  
27 (AND UPON CONVICTION IS PUNISHABLE BY A FINE OF NOT LESS THAN \$50 NOR  
28 MORE THAN \$100, OR BY IMPRISONMENT FOR NOT LESS THAN 10 DAYS NOR MORE  
29 THAN 90 DAYS, OR BY BOTH). Evidence that the defendant has failed to

name  
as  
SB 227

only  
except  
added  
under  
SB 227

1 file a license with the clerk of the court is prima facie evidence that  
2 the defendant is not licensed. Each day of illegal practice is a  
3 separate offense.

4 (b) A person who practices or attempts to practice or who holds  
5 himself out as practicing a system or mode of treating the sick or  
6 afflicted in the state or who diagnoses, treats, operates for, or  
7 prescribes for an ailment, blemish, deformity, disease, disfigurement,  
8 disorder, injury or other mental or physical condition of any person,  
9 without having a valid unrevoked and unsuspended license or author-  
10 ization as provided in this chapter, or without being authorized to  
11 perform the acts under a license, authorization or certificate obtained  
12 in accordance with another provision of law, is guilty of a class B  
13 misdemeanor.

14 \* Sec. 15. AS 08.64.380(3) is amended by adding a new subparagraph to  
15 read:

16 (1) refusing to provide emergency care which, in the  
17 professional judgment of the licensee, is essential to prevent loss  
18 of life, limb or immediate undue pain and suffering, and is within  
19 the licensee's area of competence.

20 \* Sec. 16. AS 08.64.030, 08.64.110, 08.64.160, 08.64.200(1), and 08.64.-  
21 380(3)(C) are repealed.

22 \* Sec. 17. This Act takes effect immediately in accordance with AS 01.10.  
23 070(c).

not in  
SB 237

not in  
SB 237

one difference  
in SB 237

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT

3-31-81

Dear Senator Charles Parr,

Regarding Alaska State Bill #237 which is a revision of the Medical Practice Act which was submitted to the Senate Health, Education and Social Services Committee March 4, 1981.

It is my understanding that the bill would make it illegal to have "home births" without a physician or someone under the supervision of a physician present.

There are ~~so~~ many bush communities in Alaska in which there is no physician residing nearby to assist. Therefore they must either travel hundreds of miles at a critical and uncomfortable time of labor or stay at home and risk breaking the law and having someone unprepared to deliver the child.

On the other hand if all the information and support is furnished, a well prepared father or lay midwife would be a

much safer choice.

I am the mother of one child which I gave birth to in a hospital in Ketchikan where I was living at the time. I don't even know that if for my next child I would have a "home birth". But I do feel the priveledge of choosing is my own.

I would like to request a local tele-conference on this bill rather than a public hearing in Juneau. The latter would be very far and costly to attend. If such a conference is held, I would very much appreciate notification.

Thank you for your attention to this matter

Sincerely,

Judie A. Hodge  
Judie Hodge

Box 309

Talkeetna AK 99676

3-31-81

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Sincerely,

Judie A. Hodge  
Judie Hodge

Box 309

Talkeetna AK 99676

# TELEGRAM

ALSCOM, INC.  
PHONE: 586-6442  
JUNEAU, AK 99802

#  
92910 POM ANCHORAGE AK 15 04-07 0918A AST

PMS SENATOR CHARLIE PARR

JUNEAU AK

AM AGAINST MIDLIFE LICENSING PROVISION IN SB237. REQUEST IT  
BE DELETED.

PANELA J. MICHAELS

SRA BOX 1765-U

ANCHORAGE, AK. 99507

1001 APR 5 PM 12 01

April 2, 1981

Dear Mr. Dale,

It has been brought to my attention by the BABE legislative committee that a bill (#237) has been submitted by the Rules Committee which if passed would make attendants of homebirths in violation of the law punishable by a jail sentence and/or a fine. I find it hard to believe that the legislature would agree to this bill also nor do I believe they would let the doctors backing this bill take away a right in the constitution, Freedom of Choice.

Along with a number of others I believe it is personal choice as to when you have your baby. I would like to request a teleconference when this is brought up for hearing so supporters of homebirths may participate and stand up for our constitutional rights.

Sincerely,

Cheri Dunlop

4131 W 72 Ave

Anchorage, Ak 99502

March 31, 1981

Mr. Charles H. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, Alaska 99811

Dear Mr. Parr,

I am writing in regard to senate bill #237 pertaining to the regulation of the practice of medicine. I do not want this bill to become law. Considering pregnancy to be a medical condition cannot be justified scientifically.

Home birth is a safe and responsible alternative that should be available to all Alaskans. International statistics confirm the fact that women having their babies in U.S. hospitals under the care of physicians are at greater risk and their babies are at greater risk than women having babies in fifteen other countries in the world. Those fifteen countries have lower infant and mother mortality rates than the United States. The vast majority of those babies are born at home under the care of professional midwives (not nurse-midwives). Hospitals have never been proven to be the safest place for most mothers to have their babies.

Parents who choose to have their babies at home are usually the most informed parents. Parents who are uninformed are the ones that allow doctors and hospitals to make their decisions for them without any question.

Making it illegal for a lay person to attend births in Alaska would place homebirth attendants in the unjust position of having to decide whether to obey the law of the land or to help parents who refuse to take the risks inherent in a hospital birth. Home birth attendants are an important and necessary option that should be readily available to all Alaskans. I

believe that they should be able to work freely without opposition and harassment from the uninformed medical community. I would also like to note that there are no physicians in Anchorage willing to assist at home deliveries. I believe doctors are concerned primarily about the loss of revenue and not about maternal and infant well being. Home birth is going to continue whether health professionals want to participate or not.

I have had two children in Alaska. The first was born at Fairbanks Memorial Hospital in May, 1976. The second was born at home in Anchorage in February, 1980, with the assistance of a competent birth attendant. I only wish I had known when I had my first child what I know now. It would have saved both of us some very sad experiences.

Beyond all of this, the most important reason that this bill must not become law is because it infringes on my constitutional rights as a United States citizen. In this country it has always been considered wrong for a small group of people, no matter how affluent or influential, to dictate to the majority what their choices should be concerning their personal welfare. I am hoping that the members of our legislature will confirm my confidence that this cannot happen in Alaska.

Yours Truly,

*Darlene E. Cooper*

Darlene E. Cooper  
4256 Ross Ct.

Anchorage, Alaska 99504

Copies sent to:  
Randy Phillips  
Sam Cotton  
Rick Halford  
Terry Martin  
Brad Bradley  
Tim Kelly

337-5433

ALASKA CHIROPRACTIC CLINIC  
A PROFESSIONAL CORPORATION  
MILE 7½ OLD SEWARD HIGHWAY  
P.O. BOX 10033  
ANCHORAGE, ALASKA 99511

TELEPHONE (907) 844-1501

Dr. Keith L. Hediger, D.C.

March 27, 1981

Senator Charles Parr  
Chairman  
Senate Health, Education & Social Services Committee  
Pouch V  
Juneau, AK. 99801

Dear Senator:

Bill #237, introduced on 3/4/81, is a very serious offense against basic human rights. It is truly a sad state of affairs to see this issue become political. The injustice will be inflicted upon your voting population.

I would like to see you do all that you can do within your realm of power to prevent the enactment of the breach of privileges in our fine state.

Thank you.

Yours for better health, naturally,

*Keith L. Hediger, D.C.*

Keith L. Hediger, D.C.

KLH/pa

276-8247

1003 West 39th.  
Anchorage, Alaska 99503  
April 1, 1981

Mr. Parr  
Senate Health, Education and Social Services  
Pouch V  
Juneau, Alaska 99811

Dear Mr. Parr

I recently was made aware of the content and nature of Senate Bill #237, which has been submitted by the Rules Committee to the legislature, pertaining to regulation of the practice of medicine.

We were greatly distressed to learn of this attempt, apparently on behalf of the medical lobbyists, to deprive those of us with lower incomes of our only alternative to the unaffordable hospital birth.

Nearly two years ago, my wife suffered a miscarriage, and went to a local hospital for a D&C, although she remained in the hospital for less than ten hours, the bill exceeded \$1,100.00, and we are still paying on it. At current rates, if my wife were to opt for a hospital birth for the child she is now carrying, it would cost us more than \$3,000.00.

We have chosen instead, to engage the services of a mid-wife, and have the child at home.

We have been impressed thus far with the professional quality of care my wife has been receiving. She has received physical examinations once a month, to monitor the baby's growth, and has been advised of certain exercises and activities that will help to ease the pain and difficulty of giving birth.

I feel that the senate is mistaken in assuming that giving birth is a "medical" procedure. Women successfully gave birth for thousands of years before doctors or the A.M.A. existed. While I would be the first one to rush my wife to the hospital in the event of complications. I feel that women should have the freedom to choose where and how they want to have their babies, and whom they want to attend them.

Please try to arrange a tele-conference on this matter so that concerned persons such as ourselves can make our feelings known.

Sincerely yours

Ben Atkinson

21

MSG 81-00010780 PRY 1 04/02/81 14:24:12 CRIG: LA00 IN= 0010 OUT= 0034  
FROM: MARCIE. ANC INFO TO: POM. JINEAU INFO  
TARGET: LJM2 SURJ: POM  
PAGE 0003

TO: ALL MEMBERS OF THE SENATE  
FROM: PAULA SULLIVAN P O BOX 3-3925, ANCHORAGE 99501 (330-1340)

I FEEL THAT AS AN ALASKAN RESIDENT THAT ANYONE WHO WOULD CHOOSE  
THE NATURAL ALTERNATIVE TO BIRTH WOULD BE PROTECTED UNDER THE  
CONSTITUTION OF THE US AND ALASKA. I WOULD BE AGAINST ANY BILL THAT  
WOULD BE AN INFRINGEMENT OF THESE RIGHTS.

2  
LA11 3666 17.14 JA01 0035 17.14 04/03/01

TO JUNEAU INFO

FROM MARCIE

RE: POM

TO: SENATOR PARK

FROM: JAKI OSBOON, BOX 137, EASLE RIVER, 99877 (494-4216)

I AM AGAINST SENATE BILL 237 BECAUSE IT INFRINGES UPON MY  
FREEDOM OF CHOICE IN CHILD BIRTH AND CATEGORIZES BIRTH AS A MEDICAL  
PROCEDURE RATHER THAN A "WELL" PROCESS.

**FAIRBANKS INTERNAL MEDICINE**

and

**DIAGNOSTIC CENTER, INC.**

1919 LATHROP STREET  
FAIRBANKS, ALASKA 99701

(907) 452-4769

INTERNAL MEDICINE

WILLIAM H. DOOLITTLE, M.D. F.A.C.P.  
JEFFREY A. PARTNOW, M.D.

INTERNAL MEDICINE, HEMATOLOGY & ONCOLOGY

J. MICHAEL CARROLL, M.D.

INTERNAL MEDICINE & AVIATION MEDICINE

DAVID S. GRAUMAN, M.D.

February 11, 1981

Senator Charles Parr  
Pouch V  
Juneau, AK 9981

Dear Senator Parr:

I am sorry that I was unable to see you last weekend in Juneau, but Medical Board disciplinary actions ended up consuming my entire stay.

I am writing to express my personal approval, as well as the unanimous approval of the State Medical Board, for proposed revisions to the Medical Practice Act. These are to be submitted by the Governor and do not yet possess a Senate or House Bill Number. However, the Department of Law file number for the Bill is J-77-066-081. It is the feeling of the Board that these statutory reforms allow for much improved flexibility in the supervision of medical quality control in the State of Alaska and will yield better protection for the medical consumers of the state.

I assume that due to the nature of the Bill, it will pass through the Senate Health, Education, and Social Services Committee.

The legislation, as currently written, is favored heavily by the Board. However, a few deletions have been made from last session's incarnation. As you recall, the Bill last year was passed by both House and Senate, though in slightly different forms. As a result, it ended up getting lost in the shuffle of the close of the Session, and was never passed into law. In both versions, the Board was granted an executive officer position as well as the services of a designated investigator. Since the Board has a relatively large backlog of investigations (33 cases as of last weekend), the need for an investigator who is "detailed" to the Medical Board is obvious. Some of these cases would appear to be relatively serious, and ought to be handled expeditiously.

As regards the executive officer position, the Medical Board feels that it is in need of executive support. A number of other Boards already have such a position (Real Estate Board, Nursing Board, etc.) and due to the life and death nature of much of the Board's work, this seems to me to be a reasonable request. Currently, our executive support comes from a licensing examiner within the Division of Occupational Licensing, and she is charged with the oversight of three or four other Boards as well. Historically, we have had a problem with the fact that licensing examiners frequently change from one Board to another, or leave the Division entirely, thus resulting in a loss of continuity and relatively long "startup time" for a new examiner. During this period of time, Board actions are delayed, priorities shuffled, and all manner of things seem to "fall between the cracks".

As I mentioned to you previously, the fiscal note approving the establishment of the executive director position was approved during the last Session, though the Bill itself did not quite make it into statute. The funds were approved, but were returned to the General Fund. Hopefully, this would make the positions "old positions" and thus less susceptible to redlining. It has been the position of the Governor's Office, and therefore of Occupational Licensing, that no new positions were to be requested this year, hence, their deletion from the current legislation. I have spoken with the Governor's Office and have been informed that it is "probably unlikely" that the proposed legislation would be vetoed simply because it established these positions.

Therefore, I would respectfully request that your Committee consider the addition of an amendment to the proposed legislation authorizing:

- A. An Executive Officer for the Medical Board. This person would serve at the pleasure of the Board, though he would be employed by Occupational Licensing.
- B. A designated investigator for Medical Board functions, along with appropriate support services.

I am uncertain as to the actual cost that would have to be amended in a Fiscal Note for this, but I suspect that the Division of Occupational Licensing ought to be able to prepare it relatively quickly.

In any event, I suspect that it would probably prove less than \$100,000 annually and I feel this would be a good value for the State.

I have one other matter which I would like to bring to your attention. The State Nursing Board is currently seeking a revision of the Nurse Practice Act. In general, the Medical Board has no problems with the legislation which they are proposing, however, it should be noted that the Nursing Board is attempting by statute to remove the Medical Board from all authority regarding advanced nurse practitioners. These are nurses with advanced training who perform acts of medical diagnosis and treatment independently, under a collaborative relationship with a physician. It is the position of the Medical Board that since their practice constitutes areas within the "practice of medicine" that the Medical Board should continue to be involved in their licensing and approval. Our current role is to examine the proposed collaborative relationship and the Board feels that this is an appropriate level at which to be involved.

Thank you for any consideration which you can afford in these matters. If there is anyone else with whom I should be corresponding, please let me know. Hopefully, I will make it back to JunEAU one of these days and will be able to talk with you in person.

Sincerely,



Jeffrey A. Partnow, M.D.

JAP/zo

cc Evelyn Boone

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT.

Dear Mr. Parn

March 22

As a childbirth educator from Talkeetna I would like to say I am very opposed to Senate bill #237. It's just not practical to put legal limitations on childbirth, when there are so many bush communities in this state.

When you realize that only 2% of the world's population have been born in the hospital it might cause one to have a different perspective about preference or necessity. Usually a hospital birth or one medically assisted is a preference. There are women in the bush, who out of necessity must have their children at home.

Childbirth is a personal matter. I don't believe we need more legislation controlling childbirth. I wouldn't want a law that made everyone feel they must have their baby at home. Neither do I want a law that would limit one to make the choice for hospital birth.

It is usually not the women who have given birth at home, that would complain and want legislation controlling that practice. Nor would it be the women who gave birth in the hospital. I'm inclined to believe it's some of the health professionals. Some out of good motives I'm sure. But there are a few who are primarily concerned about the revenue. Unfortunately there are several very qualified nurse midwives, who could be of tremendous use to the people of Alaska, who are not allowed to deliver outside of the hospital. Why?

Rules, legislation, they will lose their licenses, just like never met one pregnant woman who wouldn't prefer a nurse midwife delivering her baby at home or the hospital over doing all the prenatal care. We need more choice. Please don't give up. Believe it.

to be tied up this way. There is enough  
of it.

Sincerely,  
Roy Eustice

Dear Mr Charles Parr,

I have been informed by concerned friends about the efforts of trying to pass a law making home births illegal. You not being a woman I can't expect you to sympathise with me all the way - but having a home birth was one of the most joyous experiences of my life. Have you or the person(s) who introduced that bill had or attended a home birth. I don't think so I've talked to people who've had a hospital delivery + home birth + most would never have a hospital delivery again. The relaxing atmosphere of a home birth is not the only advantage. Hospital costs are outrageous + still soaring. And for

a middle income family not  
able to get welfare assistance  
& not covered or fully  
covered by medical insurance,  
the cost ~~is~~ <sup>is</sup> a  
burden. I hope you people  
think about that side of it  
also - though most of you  
are pretty well off so I don't  
think you can understand.  
And the dangers of having  
a home birth are not any more  
than at a hospital. My  
sister ~~was~~  
a homebirth & the dr. told  
her she would have to have  
a cesarean so she went to  
the hospital. Have you talked  
to Drs & Midwives? I hooked  
at statistics? I realize <sup>many</sup> hospitals  
have an alternative birth  
program but its still costly

+ not the same as homebirth.  
Why can't the decision on  
homebirth be left to the individual?  
It's a very private matter. Why  
do more laws have to be  
made to interfere with our  
personal freedom? I would  
think there were more pressing  
& less outrageous decisions  
to be made. Thankyou for  
your consideration in this  
matter.

A concerned  
Alaskan,

3/26/81

MR. PARR,

I AM WRITING IN REGARD TO SENATE BILL #237 PERTAINING TO REGULATION OF THE PRACTICE OF MEDICINE, IN PARTICULAR, THE RIGHT TO ASSIST AT CHILD BIRTH.

I FEEL THIS BILL INFRINGES UPON MY FREEDOM OF CHOICE AS TO WHETHER I CAN HAVE A HOME BIRTH OR NOT.

MANY WOMEN CHOOSE TO HAVE THEIR BABIES BORN IN HOSPITALS. I CHOOSE TO HAVE MINE AT HOME AND PLAN TO AGAIN IF THE SITUATION ARISES. NO PRACTICING M.D. WOULD HELP ME WITH A HOME BIRTH. WHETHER THEY ARE AFRAID OF MALPRACTICE SUITS OR THE LACK OF MONEY THEY COULD RECEIVE WITHOUT HOSPITAL COSTS.

WE NEED THE BIRTH ATTENDANTS WE HAVE HERE IN ALASKA. IT IS TIME WE TEACH THE PHYSICIANS THAT TOO MUCH

MEDICINE IS AS BAD AS TOO LITTLE. THE BIRTH OF A CHILD IS A VERY NATURAL OCCURANCE. THERE IS DEFINETLY A TIME FOR HOSPITAL BIRTHS BUT WE SHOULD HAVE THE RIGHT TO MAKE OUR OWN DEBISION.

I RESENT THE FACT THAT A PIECE OF LEGISLATION RESTRICTS THAT RIGHT OF CHOICE. I BELIEVE WE SHOULD BE ABLE TO PARTICIPATE IN THE PUBLIC HEARING IN JUNEAU BEFORE A FINAL DECISION IS MADE. - A TELECONFERENCE WOULD ONLY BE FAIR.

THANK YOU FOR YOUR TIME.

*Anne Dawson*

3-23-81

Dear Mr. Parr,

this letter is in regard to senate  
bill # 237.

please do not force my husband  
and I to bring our children  
to the world in a hospital if we  
don't have to.

the infant mortality rate is  
much lower in home births than  
in hospital births even with all of  
the modern technology available in  
our hospitals today.

Sweden & Holland have the lowest  
infant death rates, yet 7 out of 10  
babies are born at home in those  
countries.

pregnant women are not sick.  
85% of them have normal labors and  
deliveries and hospitals aren't  
needed at all. In fact alot of the  
time, hospital procedures tend to make

②

the mother tense & uncomfortable which results in prolonged labor and complications that wouldn't arise at home in comfortable and relaxed surroundings.

If I am a low risk mother-to-be, able to get good prenatal care, I feel that I have the right to choose a competent naturopathic physician and a lay midwife (neither of which the state will license at this time) to assist me and my husband in the normal birth of our child in the privacy and security of our own home. In case of complications, I will be pre-registered at the hospital and will gladly receive their care if needed.

If this bill is passed it will force us to have our children in the hospital because we are responsible people and wouldn't attempt a home birth without

③

good prenatal care and an experienced birth attendant. (possibly unlicensed)

bill # 237 would make it impossible to do so because only one physician in all of alaska will provide prenatal care and attend births at home.

I personally prefer to be under the care of a naturopathic physician because he uses no drugs in his treatment. I don't have to remind you of the many problems this country has because of the overprescribed drugs and surgeries of the medical profession.

forcing people to have their children in hospitals turns an act of nature into a medical procedure.

there is no problem with infant deaths in alaskan home births that would even warrant the introduction of this bill. So Please:

vote

④

NO!

on

SB# 237

*thank you, Doris Palmer*

3-20-81

DEAR MR FARR,

I'VE JUST BEEN MADE AWARE OF A NEW SENATE BILL THAT WAS RECENTLY SUBMITTED TO THE LEGISLATURE REGARDING REGULATIONS INVOLVED FOR PEOPLE ASSISTING IN HOME BIRTHS. THE BILL WOULD REQUIRE ANY HOME BIRTH ASSISTANTS TO BE UNDER THE DIRECT SUPERVISION OF A PHYSICIAN.

FIRST OF ALL, HOW MANY PHYSICIANS ARE THERE IN ALASKA, (AND SPECIFICALLY IN ASECH), THAT WOULD OVERSEE A HOME BIRTH? I DO NOT KNOW THE FACTS THROUGH MY OWN RESEARCH, HOWEVER I HAVE BEEN TOLD BY SEVERAL OTHERS WHO BELIEVE IN HOME BIRTHS AS AN ALTERNATIVE THAT NO PHYSICIANS IN THIS AREA ARE WILLING TO BE PRESENT AT A HOME BIRTH. THIS MEANS THAT LEGAL & KNOWLEDGEABLE ASSISTANCE WOULD NOT BE AVAILABLE TO MOTHERS INTENDING TO GO AHEAD WITH HOME BIRTHS. FURTHERMORE, BASED UPON THE CHOICES I HAVE SEEN FAMILIES <sup>MAKE</sup> THAT I HAVE PERSONALLY KNOWN IN THE PAST, HOME BIRTHS WILL STILL TAKE PLACE. DO WE HAVE A RIGHT TO TAKE THIS OPTION AWAY? AND DO WE NOT HAVE THE OBLIGATION TO SEE THAT ALL BABIES HAVE THE BEST CARE POSSIBLE? I BELIEVE SO.

I AM WRITING, NOT BECAUSE I HAVE HAD OR WILL NECESSARILY CHOOSE TO HAVE A HOME BIRTH, BUT BECAUSE I BELIEVE THE OPTION SHOULD BE AVAILABLE & WITH THE BEST CARE POSSIBLE. I DO NOT BELIEVE THAT BIRTHING SHOULD BE CONSIDERED A

HOSPITAL PROCEDURE, BUT A NATURAL PROCESS  
WHERE BOTH HOME ENVIRONMENT & MODERN  
SCIENCE PLAY A LARGE ROLE. MEDICINE  
SHOULD SERVE THE PEOPLE'S NEEDS, NOT  
VISA VERSA. WE NEED TO GIVE SUPPORT  
TO HOMEBIRTHS IF THEY ARE TO REMAIN  
AN OPTION, & I BELIEVE THAT NO MATTER  
WHAT THE LEGISLATURE DECIDES, PEOPLE  
WILL STILL CONSIDER IT AS AN OPTION.  
HOW SAD THAT THEN THEY WILL NOT  
HAVE THE BEST, EXPERIENCED CARE  
POSSIBLE.

THE BILL I'M REFERRING TO IS #237.  
I AM REQUESTING A TELECONFERENCE  
IN MY SUPPORT OF HOMEBIRTHING AS  
AN OPTION TO ALL.

SINCERELY,  
ANISEN JAY

P.O. Box 3-858 ECB

Anchorage, Alaska 99501

March 17 1981

Mr. Parr

Senate Health & Social Services

Pouch V

Juneau, Alaska 99811

Dear Mr. Parr:

It has been brought to our attention about senate bill # 237 concerning home births. We would like to see this bill stopped. There are several personal reasons for the way we feel about home births. 1) I have no medical problems that would necessitate a hospital delivery. 2) I have a very rapid labor and delivery. I much prefer having my children born at home where I know it is clean rather than on the back seat of a car where anything can be picked up.

By preventing us from receiving good prenatal and delivery care the rate of complications and possible deaths will increase. Because of the doctors attitudes here in Anchorage

I feel like they are more interested in my money than really caring about me and the children!

Also, as I read the constitution of these United States, the basis for all our laws, we are guaranteed the right of personal choice. So why should one group, whether it be the A.M.A or just a lazy bunch of money grubbing local doctors, tell us how and where we should have our children born. With the rising costs of hospital care, why should one who neither can afford nor needs to take up the space, have their personal rights legislated away at the insistence of a bunch of M.D.'s who are afraid of losing a few dollars.

We strongly urge the stoppage of this bill (#237). We want to live our life our way and not always have someone tell us what is "best" for us.

Linda L. Borer  
Hazel Borer

Carolyn Elder

SRA Box 19

Prichard, AK 99587

March 30, 1981

Sen. Charles Parr

Chairman, Senate Health, Education & Social Services  
Committee

Panel V

Juneau, AK 99801

Dear Sen. Parr,

I wish to state my opposition to the provision in Senate Bill #237 relating to childbirth. Homebirth assisted by practiced midwives has been shown to be a very safe alternative; it is the alternative that I have chosen for myself and I feel it is every woman's right to do so. Physician supervised birth is especially unrealistic in Alaska, with its large rural population.

Many states have active training and licensing programs for midwives; I don't see why Alaska has to be so backward in this regard. I don't like having to feel like a

criminal" or an irresponsible person because I have chosen this course — I am taking the birth of my child very seriously and very responsibly. That is why I want it in my own home. I just wish that doctors and midwives would work together on this, so that there would be reliable medical back-up in the unlikely event of an emergency.

Homebirth for low-risk and informed parents, with adequate medical back-up for emergencies — that is the most rational set-up for births in the opinion of a great many Alaskans.

I am a registered Alaskan voter, and resident of 12 years.

Sincerely,  
Carolyn Elder

Verna Look

3535 W 36<sup>th</sup>

Anchorage, Ak 99503

3-30-81

Dear Mr. Parr,

I am deeply disturbed about Senate Bill #237 concerning the regulation of childbirth assistance.

Besides my personal convictions that a woman can have a safer more pleasant delivery experience at home I am also concerned about the attitude the legislative body is attempting to "make or regulate" our rights away.

It is my belief that a woman has the right to determine in what manner, at what location and with whom she will deliver her child.

Now I know people could jump

on that statement and say that the only safe place to give birth is in a hospital under doctor

supervision. Well, may I show from my personal experience -

I had <sup>very</sup> <sup>fine</sup> <sup>care</sup> with a doctor's prenatal care and typical hospital birth experiences.

I might add that this meant impersonal nursing care from strangers during this time when I needed support.

I came through the experience with a 3 inch episiotomy and the <sup>incision</sup> which he discovered - no later & had to come to my room to remove.

My second experience was in 1974 with a different doctor caring for me. I might add I never received any advice or concern

2

About my diet, exercise, or  
birth preparation! with either  
doctor! Only the most routine  
attention given to weight, blood  
pressure etc.

Again I had a less than  
satisfying hospital experience.  
Nothing negligent, just no thought  
for me as an individual & how  
to make this experience the best it  
could be for me as a person.

Again I had an episiotomy —  
which is a cut on the woman  
perineum and doesn't feel so  
good as we were left inside.  
Again the temps were left inside  
me but this time I didn't find  
that out until 10 days after the  
delivery!!

Then in 1979 I had a home  
delivery after 9 months of expect  
care from a midwife who was

only a registered nurse but who  
had done 150 births, & had  
more concern, and eyes. I'd  
say practical knowledge than  
any doctor I have had in my  
28 years.

I was given advice on  
nutrition, exercise, birth preparation,  
post natal care, childcare and  
a very important aspect totally  
ignored by doctors on the whole,  
the emotional side of pregnancy -  
how to cope, & make the most  
of this experience.  
Home births were present.

My labor was very comfortable  
& short. My delivery was smooth -  
no episiotomy after this my  
largest baby. The midwife had  
equipment to monitor heart beat,

3

blood pressure + fetal heart tones. She ascertained that the baby was in head down position everything normal both now in delivery & during my 9 months of care. So everything was safe for a home delivery as far as we could tell.

Now I have been with her when she transported women to the hospital as I know she knows her limitations.

As you can see I am very much in favor of home birth but not <sup>sure</sup> <sup>in</sup> <sup>the</sup> <sup>way</sup> <sup>of</sup> <sup>home</sup> <sup>birth</sup> of people being able to carry out their lifestyle with as little infirmity as possible. I believe I share this view with our country's forefathers.

Now I have in contact with many birth attendants in Alaska

and all are in favor of seeing  
they will never be licensed in  
Alaska - having a state board  
& personal interview. Besides  
we are all concerned with  
seeing that home birth and all  
for a woman necessary specialty  
qualified line of first licensing  
should be a way of instituting  
this.

Thank you

Yours truly

March 18, 1981  
Wednesday

Dear Mr. Fair,

I am writing to you as a concerned citizen of Alaska. It has just come to my attention that there is presently a bill before the state senate (it will be in the very near future) pertaining to the regulation of home child birth.

I have felt very fortunate to live in a state where my husband and myself have been able to receive qualified attendants in the recent birth, at home, of our daughter.

Having worked in hospitals as a licensed practical nurse for the past 10 years, I feel qualified to make an intelligent decision as to where and how I wish to deliver my child. I feel that every woman should be assured of the right to make their choice and not be restricted to any one type of care in any area affecting their health and the health of their families.

It seems to me that the passing of this bill would be doing a great disservice to the state of Alaska.

I have read many books on the subject of home birth, and the statistics do not warrant the alarm that it is unsafe. It is certainly

Home birth with qualified attendants,  
has proven to have a lower infant  
and maternal mortality rate than  
hospital birth. I realize that there  
are many factors affecting the  
statistics involved.

In states where home birth is  
illegal, it has not put a stop to  
people choosing to have their children  
born at home. But it has made it  
very difficult, if not impossible, to  
obtain qualified birth attendants.  
This, naturally, results in a dangerous  
situation where people choose to give  
birth at home, with no skilled assistants  
present. I feel that this legislation  
will greatly increase the risk for  
those parents who do not choose to have  
their children born in the hospital.

I thank you for reading my letter  
and ask that you please consider the  
wishes of those who feel that home  
birth is a safe and desirable  
alternative to hospital birth.

Sincerely  
Mrs. Debra T. Stevens

RE Bill # 237

4321 RENDZOUOUS CIRCLE  
FRODOURAGE AK 98524  
MARCH 24 89.

WATOR CHARLES PARR, CHAIRMAN  
STATE HEALTH, EDUCATION, & SOCIAL SERVICES COMMITTEE  
ROOM V,  
DEPT. OF HEALTH, AK 99801

MR. SENATOR PARR:

I AM DEEPLY CONCERNED ABOUT STATE SENATE BILL 237 PENDING  
CURRENTLY BEFORE YOU. IT IS OF THE UTMOST IMPORTANCE IN REGARDING  
THIS BILL, THAT YOU AND YOUR COMMITTEEMEMBERS KEEP IN MIND THAT ONE  
THE MOST PRECIOUS FREEDOMS WE HAVE IN THE USA IS THE RIGHT TO DECIDE  
OUR LIFESTYLES, OUR PRIORITIES, AND OUR RELIGIOUS BELIEFS. THIS BILL  
WOULD CURTAIL ALL OF THESE BASIC CONSTITUTIONAL RIGHTS. OUR QUALITY OF  
LIFE IS BEING THREATENED. THIS BILL IS BUT ANOTHER EXAMPLE OF THE  
GOVERNMENT IN THIS COUNTRY TRYING TO UNDERMINE AND REPLACE  
FAMILY AND DESTROY FAMILY LIFE.

WE CHOSE TO HAVE OUR CHILDREN AT A HOSPITAL BECAUSE WE FOUND  
ONE NEARBY WITH THE FACILITIES WE NEEDED AND A STAFF AND DOCTOR  
WHO WERE WILLING TO FOLLOW OUR GUIDELINES AND LET US CONTROL OUR  
BIRTH SITUATION. THIS IS NOT ALWAYS THE CASE, EVEN IN THE SAME HOSPITAL.

IT IS NEVER UP TO THE GOVERNMENT TO FORCE MEDICAL TREATMENT  
ON A CITIZEN OF THIS COUNTRY. IT IS PARTICULARLY CRUCIAL THAT WE BE  
ALLOWED TO SET THE STAGE FOR OUR OWN PREGNANCIES & DELIVERIES FOR  
PERSONAL REASONS.

FIRST, IF WE ARE NOT ALLOWED TO CHOOSE OUR BIRTH SITUATIONS FOR OUR  
FAMILIES ACCORDING TO OUR OWN RELIGIOUS BELIEFS, SOON WE WILL NOT BE  
ABLE TO CHOOSE WHAT OUR CHILDREN ARE TAUGHT, HOW WE ARE TO BE BURIED,  
WHERE WE CAN LIVE. FOLLOWING THAT, THE STATE WILL WANT CONTROL OVER  
WHO MAY LIVE AND WHO MUST DIE. ALREADY THEIR POLICE FORCES AT WORK  
STRUCK APPROX TO DEATH IN OUR HOSPITALS IF THESE CHILDREN ARE SEEN  
LESS THAN "PERFECT".

SECOND, MEDICAL PROCEDURES ARE PUSHING UNNATURAL & DANGEROUS  
MEDICAL PROCEDURES SUCH AS DRUGS AND HORMONAL TREATMENTS WHICH ARE  
NECESSARY, IT TAKES A STRONG WILL, A LOT OF COURAGE, &  
A LOT OF FIGHTING TO STAND UP AGAINST THESE THINGS SUCH AS STRONG

MAKES FOR A UGLY TENSE AND UNHAPPY BIRTH SITUATION - AND SO, A  
MERE CARELESS ONE FOR BOTH MOTHER AND CHILD.

IT IS KNOWN THAT SOMETIMES A LABORING MOTHER CAN DISRUPT LABOR  
AND EVEN KILL OFFSPRING. FOR THIS REASON CHAMPION DOGS ARE  
NEVER MIND DURING LABOR, NO MATTER HOW UNCOMFORTABLE OR UN-  
DESIRABLE THEIR LOCATIONS. YET HUMAN MOTHERS ARE EXPECTED  
TO BE TRANSPORTED, SOMETIMES THOUSANDS OF MILES! AND WHEN  
AT THE HOSPITAL AND IN THE MOST CRUCIAL STATE, WOMEN ARE  
TOSSED ONTO A COLD TABLE AND RUSHED TO A DIFFERENT  
ROOM, A DIFFERENT ATMOSPHERE, THIS IS NOT ONLY UNPLEASANT,  
IT IS DOWN RIGHT DANGEROUS. A WOMAN SHOULD HAVE A  
RIGHT TO STAY HOME WHERE A NORMAL BIRTH IS SAFER IF  
SHE CHOOSES. SHE SHOULD ALSO HAVE THE RIGHT TO HAVE  
THOSE SHE TRUSTS AND LOVES PRESENT SUPPORTING HER.

IT MAKES LABOR GO MORE QUICKLY AND MORE SMOOTHLY AND MORE  
EASILY WHEN PEOPLE ONE LOVES AND TRUSTS ARE PRESENT WITH  
ENCOURAGEMENT AND LOVE AND WHEN ONE HAS RELAXING SURROUNDINGS  
THEN THESE THINGS ARE FORBIDDEN IN HOSPITALS!

ALL OF THESE FACTORS MAKE THIS A BAD BILL. BUT MOST  
IMPORTANTLY, WE MUST PRESERVE OUR RIGHTS TO CHOOSE OUR OWN  
LIFESTYLES, OR WE WILL BE IN DANGER OF ENDING UP IN ANOTHER  
SLIPPING HAND, GERMANY. PLEASE DO ALL IN YOUR POWER TO KILL  
THIS BILL NOW.

THANK YOU.

SINCERELY,

Birth Marie Marchetti

RUTH MARIE MARCHETTI

VOTER # 01157375

SB 237 file

7

MSG 81-00011516 PRTY 1 04/07/81 15:4511 ORIG: 1400 INA: 0001 OUT: 00  
FROM: LOU TARGET: LHM2 SUBJ: POM

TO: SENATORS FARR, STIMSON, COLLETTA, FISCHER, KELLY  
FROM: MONA RAVIN, 2401 CAPTAIN COOK DRIVE, APO 96307 240 3000

PLEASE CONFINE THE DEFINITION OF MEDICAL PRACTICE IN SB-237 TO THE DIAGNOSIS AND TREATMENT OF DISEASE, WHICH IS THE BASIS OF MEDICAL EDUCATION. A BROAD DEFINITION ENLARGES THE TERRITORY OF MEDICINE AND DENIES CONSUMER CHOICE & ACCESS TO OTHER PROFESSIONALS WHO SUSTAIN OR IMPROVE HEALTH AND WELL-BEING

SR 237 file

MSG 81-00011547 PRTY 1 04/07/81 17:49:46 ORIG: 1A03 IN: 0007 OUT: 0000  
FROM: EFFIE TO: P.O.M.  
TARGET: LJM2 SUBJ: P.O.M. PAGE 0001

TO: SENATE MESS <sup>7</sup>  
SENATORS PARR, SIMMONS, COLLETTA, FISCHER, AND KELLY

FR: MARY DOLIN  
801 W. FIREWEED LANE  
SUITE 101, ANCHORAGE 99503 272-4743

RE: SB 237 SECTION 15. AS 08.64.300  
PLEASE EXAMINE CLOSELY THE WORDING FOR THE STATED DEFINITION OF PRACTICE  
OF MEDICINE. SUCH WORDS AS 'ADMINISTER TO', 'ANY HUMAN AILMENT',  
'OTHER MENTAL OR PHYSICAL CONDITIONS', JEOPARDIZE FOR ALL OF US OUR RIGHT TO  
EXERCISE JUDGEMENT OVER OUR OWN BODIES AND PRECLUDES THE CHOICE OF NON-  
MEDICAL SERVICES FOR CARE.

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT

Charlie -  
Bill Berrier called re  
SB 580 -

House adopted HCS  
Then adopted <sup>floor</sup> amendments  
to the HCS

Then they recided from  
floor amendments

They returned HCS to  
Senate -

It died there.

Vi,

The first FCC on SB 240 was  
disbanded without offering a  
FCCS -- so there is only the  
2nd FCCS.

Looks like SB 580 may be the  
one you are looking for.

Send us from indexes!!!

Jennie

SB 580

(H) received from AM

Introduced: 3/4/81  
Referred: Health, Education &  
Social Services and Judiciary

1 IN THE SENATE

BY THE RULES COMMITTEE BY  
REQUEST OF THE GOVERNOR

2 SENATE BILL NO. 237

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 professional licensing and to the  
7 regulation of the practice of medicine."

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

9 \* Section 1. AS 08.64.010 is amended to read:

10 Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.

11 The governor shall appoint a board of medical examiners, to be known as  
12 the State Medical Board, consisting of five [LICENSED] physicians li-  
13 censed in the state and [,] residing in as many separate geographical  
14 areas of the state [ALASKA JUDICIAL DISTRICTS] as possible, and two  
15 persons with no direct financial interest in the health care industry.

16 \* Sec. 2. AS 08.64.020 is amended to read:

17 Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members  
18 shall be appointed for staggered terms [A TERM] of four years, subject  
19 to confirmation by a majority of the members of the legislature in  
20 joint session, and shall hold the office until their successors are ap-  
21 pointed and qualified. A person who has served two successive complete  
22 terms may not be reappointed until four years after the expiration of  
23 the second term [THE TERMS OF THE PUBLIC MEMBERS OF THE BOARD SHALL BE  
24 STAGGERED SO THAT THEY DO NOT EXPIRE AT THE SAME TIME].

25 \* Sec. 3. AS 08.64.040 is amended to read:

26 Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a  
27 member of the board for cause. The board may by regulation provide  
28 that unexcused absences from meetings is cause for removal.

29 \* Sec. 4. AS 08.64 is amended by adding new sections to read:

Deletion from  
SB 580, 1980

1           Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall meet at  
2 least four times a year.

3           Sec. 08.64.101. DUTIES. The board shall

4           (1) examine and issue licenses to applicants;

5           (2) submit an annual report of its proceedings to the gover-  
6 nor, including a statement of money received and disbursed;

7           (3) after a hearing, impose disciplinary sanctions on per-  
8 sons who violate this chapter, or the regulations or orders of the  
9 board;

10           (4) adopt regulations insuring that renewal of licenses is  
11 contingent upon proof of continued competency on the part of the licen-  
12 see.

13 \* Sec. 5. AS 08.64.170 is amended to read:

14           Sec. 08.64.170. LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY OR AS-  
15 SIST AT CHILDBIRTH. (a) No person may practice medicine, podiatry,  
16 osteopathy, [OR] acupuncture, or for a fee, donation, or other compensa-  
17 tion assist at childbirth in the state unless he is licensed under this  
18 chapter, except that

19           (1) a physician assistant may examine, diagnose or treat  
20 persons under the supervision, control, and responsibility of either a  
21 physician licensed under this chapter or a physician exempted from li-  
22 ensing [LICENSURE] under AS 08.64.370;

23           (2) a physician-trained mobile intensive care paramedic may  
24 render emergency lifesaving service; [AND]

25           (3) a person licensed under AS 08.36 may perform acupuncture  
26 in the regular practice of dentistry, subject to the regulations of the  
27 Board of Dental Examiners;

28           (4) a person may assist at childbirth if authorized under  
29 regulations of the board or if licensed or subject to regulations

Not  
in  
SB 237  
1980

1 adopted under AS 08.68; and

2 (5) a person who is licensed or authorized under another  
3 chapter of this title may engage in a practice which is authorized un-  
4 der that chapter.

5 \* Sec. 6. AS 08.64.240 is repealed and reenacted to read:

6 Sec. 08.64.240. LICENSE REFUSED. (a) The board shall refuse to  
7 grant a license if

8 (1) the applicant fails or cheats during the examination;

9 (2) the board determines that the applicant is professional-  
10 ly unfit to practice medicine or osteopathy in the state; or

11 (3) the applicant fails to comply with a requirement of this  
12 chapter.

13 (b) The board may refuse to grant a license to any applicant for  
14 the same reasons that it may impose disciplinary sanctions under AS 08.-  
15 64.325.

16 \* Sec. 7. AS 08.64.250 is amended to read:

17 Sec. 08.64.250. LICENSE BY CREDENTIALS [ENDORSEMENT]. The board  
18 may waive the examination requirement and license by credentials [EN-  
19 DORSEMENT] if the physician or podiatry applicant meets the require-  
20 ments of AS 08.64.200 or 08.64.209, submits proof of continued compe-  
21 tence as required by regulation, pays the required fee and has

22 (1) an active license from a board of medical examiners ex-  
23 tablished under the laws of a state or territory of the United States  
24 or a province of Canada issued after thorough examination; or

25 (2) passed an examination given by the National Board of  
26 Medical Examiners or the Federation of State Medical Boards of the  
27 United States if the applicant is a physician, or passed an examination  
28 given by the National Board of Podiatry Examiners if the applicant is a  
29 podiatrist.

not in SB 580  
1980

not in SB 580  
1980

same as  
SB 580  
1980

\* Sec. 8. AS 08.64.270(a) is amended to read:

(a) The board may issue a temporary permit to an applicant who meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209 and pays the required fee.

\* Sec. 9. AS 08.64.311 is amended to read:

Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be renewed four years after the date of issue [BIENNIALY].

Sec. 10. AS 08.64.315 is amended to read:

Sec. 08.64.315. FEES. The following fees are imposed under this chapter:

- (1) application . . . . . \$ 50 (\$25)
- (2) license by examination . . . . . 200 (125)
- (3) license by credentials [ENDORSEMENT] or waiver of examination . . . . . 200 (100)
- (4) temporary permit . . . . . 50 ( 25)
- (5) locum tenens permit . . . . . 50 ( 25)
- (6) license renewal [, BIENNIAL], active . . . 600 (100)
- (7) license renewal [, BIENNIAL], inactive . . 200 ( 25)
- (8) license by reexamination . . . . . 150 ( 75)

\* Sec. 11. AS 08.64.325 is repealed and reenacted to read:

Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS.

(a) The board may impose a sanction if the board finds after a hearing that a licensee

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation while providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or mislead-

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ing manner;

(4) has been convicted, including conviction based on a guilty plea or plea of nolo contendere, of (A) a felony or other crime if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee; or (B) a crime involving the unlawful procurement, sale, prescription or dispensing of drugs;

(5) has procured, sold, prescribed or dispensed drugs in violation of any law, regardless of whether there has been a criminal action;

(6) intentionally or negligently permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards even if the patient was not injured;

(7) failed to comply with this chapter, a regulation adopted under this chapter, or with an order of the board;

(8) has demonstrated (A) professional incompetence, gross negligence or repeated negligent conduct;

(B) addiction to, severe dependency on, or habitual overuse of alcohol or other drugs which impairs his ability to practice safely;

(C) unfitness because of physical or mental disability;

(9) engaged in unprofessional conduct or in low or immoral conduct in connection with the delivery of professional services to patients;

(10) has violated AS 18.16.010;

(11) has violated any code of ethics adopted by regulation by the board;

(12) has denied care or treatment to a patient or person seeking assistance from the physician if the only reason for the denial

*expanded from SB 580 1980*

*wording change from SB 580 1980*

*dropped one section from SB 580 1980*

*not in SB 580, 1980*

1 is the failure or refusal of the patient to agree to arbitrate as pro-  
2 vided in AS 09.55.535(a);

3  
4  
5  
6  
7 (13) has had his license or certificate to practice medicine  
8 in another state, territory of the United States or a province or Can-  
9 ada suspended or revoked unless the suspension or revocation was caused  
10 by the failure of the licensee to pay fees to that state, territory or  
11 province.

12 (b) In any case involving (a)(13) of this section, the final  
13 findings of fact, conclusions of law and order of the authority which  
14 suspended or revoked a license or certificate constitutes a prima facie  
15 case that the license or certificate was suspended or revoked and the  
16 grounds under which the suspension or revocation was granted.

17 \* Sec. 12. AS 08.64.330 is repealed and reenacted to read:

18 Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) If the board finds  
19 that a licensee has committed an act set out in AS 08.64.325(a), the  
20 board may

- 21 (1) premanently revoke a license to practice;  
22 (2) suspend a license for a determinate period of time;  
23 (3) censure a licensee;  
24 (4) issue a letter of reprimand;  
25 (5) place a licensee on probationary status and require him

26 to

27 (A) report regularly to the board on matters involving  
28 the basis of probation;

29 (B) limit practice to those areas prescribed;

(C) continue professional education until a satisfac-  
tory degree of skill has been attained in those areas determined  
by the board to need improvement;

- (6) impose limitations or conditions on the practice of a

Handwritten notes: *AS 09.55.535(a)*

Handwritten notes: *Same as SB 237*

Handwritten notes: *1980*

1 licensee; or

2 (7) impose one or more of the sanctions set out in (1) --  
3 (6) of this subsection.

4 (b) The board may end the probation of a licensee if it finds  
5 that the deficiencies which required this sanction have been remedied.

6 (c) The board may summarily suspend a license before final hear-  
7 ing or during the appeals process if the board finds that the licensee  
8 poses a clear and immediate danger to the public health and safety if  
9 he continues to practice. A person whose license is suspended under  
10 this section is entitled to a hearing by the board no later than seven  
11 days after the effective date of the order. He may appeal the suspen-  
12 sion after a hearing to a court of competent jurisdiction.

13 (d) The board may reinstate a license which has been suspended or  
14 revoked if the board finds after a hearing that the applicant is able  
15 to practice with reasonable skill and safety.

16 (e) A license may be suspended upon receipt of a certified copy  
17 of evidence that the licensee's license to practice medicine in another  
18 state or territory of the United States or province of Canada has been  
19 suspended or revoked. The suspension remains in effect until a hearing  
20 can be held by the board.

21 (f) The board shall be consistent in the application of disci-  
22 plinary sanctions. A significant departure from earlier decisions of  
23 the board involving similar situations must be explained in findings of  
24 fact or orders made by the board.

25 \* Sec. 13. AS 08.64.360 is amended to read:

26 Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN  
27 VIOLATION OF CHAPTER. Except for a physician assistant, AND a physi-  
28 cian-trained mobile intensive care paramedic under AS 08.64.170, or a  
29 person licensed or authorized under another chapter of this title who

Amend at  
SB 580  
1980

Exception  
added in  
SB 580  
1980

1 engages in practices for which he is licensed or authorized under that  
2 chapter, a person practicing medicine or osteopathy in the state with-  
3 out a valid [OBTAINING AND FILING AN APPROPRIATE] license or permit is  
4 guilty of a class B misdemeanor [AND UPON CONVICTION IS PUNISHABLE BY A  
5 FINE OF NOT LESS THAN \$50 NOR MORE THAN \$100, OR BY IMPRISONMENT FOR  
6 NOT LESS THAN 10 DAYS NOR MORE THAN 90 DAYS, OR BY BOTH]. Evidence  
7 that the defendant has failed to file a license with the clerk of the  
8 court is prima facie evidence that the defendant is not licensed. Each  
day of illegal practice is a separate offense.

9 *delete*  
10 *from SB*  
11 *520* \* Sec. 14. AS 08.64 is amended by adding a new section in art. IV to

read:

12 Sec. 08.64.369. ASSISTANCE AT CHILDBIRTH. The board shall adopt  
13 regulations regarding the authorization under this chapter of a person  
14 who assists at childbirth for a fee, donation, or other compensation,  
15 and the medical services the person may perform, including but not lim-  
16 ited to (1) qualifications, (2) application and authorization proce-  
17 dures, (3) the scope of activities authorized, and (4) the supervisory  
18 relationship, if any, between the person and a practicing physician.

19 \* Sec. 15. AS 08.64.380(2) is repealed and reenacted to read:

20 (2) "practice of medicine" or "practice of osteopathy"

means:

21 *not in SB 180*  
22 *SB 180*  
23 (A) for a fee, donation or other consideration, to di-  
24 agnose, treat, operate on, prescribe for, or administer to, any  
25 human ailment, blemish, deformity, disease, disfigurement, disor-  
26 der, injury, or other mental or physical condition; or to attempt  
27 to perform or represent that a person is authorized to perform any  
28 of the acts set out in this subparagraph;

29 (B) to use or publicly display a title in connection  
with a person's name including "doctor of medicine," "M.D.," or

not in  
SB 580

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"doctor of osteopathic medicine" or "D.O." or a specialist designation including "surgeon," "dermatologist," or a similar title, or any title which tends to show that the person is willing or qualified to diagnose or treat the sick or injured;

\* Sec. 16. AS 08.64.380(5) is amended to read:

(5) "department" means the Department of Commerce and Economic Development.

\* Sec. 17. AS 08.64.030, 08.64.110, 08.64.140, 08.64.200(1), and 08.64.-380(3) are repealed.

one difference  
from SB 580

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT.

Dear Mr Charles Parr,

I have been informed by concerned friends about the efforts of trying to pass a law making home births illegal. You not being a woman I can't expect you to sympathise with me all the way - but having a home birth was one of the most joyous experiences of my life. Have you or the person(s) who introduced that bill had or attended a home birth. I don't think so. I've talked to people who've had a hospital delivery + home birth + most would never have a hospital delivery again. The relaxing atmosphere of a home birth is not the only advantage. Hospital costs are outrageous + still soaring. And for

a middle income family. not  
able to get welfare assistance  
& not covered or fully  
covered by medical insurance,  
the costs can really be a  
burden. I hope you people  
think about that side of it  
also - though most of you  
are pretty well off so I don't  
think you can understand.  
And the dangers of having  
a home birth are not any more  
than at a hospital. My  
sister ~~was~~ was prepared for  
a homebirth & the dr. told  
her she would have to have  
a cesarean so she went to  
the hospital. Have you talked  
to Drs & Midwives? Looked  
at statistics? I realize <sup>many</sup> hospitals  
have an alternative birth  
program but its still costly

& not the same as homebirths.  
Why can't the decision on  
homebirth be left to the individual?  
It's a very private matter. Why  
do more laws have to be  
made to interfere with our  
personal freedom? I would  
think there were more pressing  
& less outrageous decisions  
to be made. Thankyou for  
your consideration in this  
matter.

A concerned  
Alaskan

3-17-81

Mr. Law:

Sir I am deeply concerned in regard to Senate bill # 237 which would prohibit birthing attendants from assisting at births taking place outside of hospitals. I am 7 months pregnant and am under wonderful care of a Matron's twin in Anchorage. I do plan on having my baby in my home where my husband, baby and I would be most comfortable. I am in perfect health and we can foresee no complications to this birth. With the current hospital conditions in Anch, overcrowding, understaffed due to financial problems, why must women be stuffed into maternity wards like cattle to perform a natural act of childbirth. Must I be reminded time after time that God created women to have children and that this process has been taking place for millions of years, in fields, in huts, in homes with the assistance of a friend, a mother, or an educated person in attendance? Please, let this mirical of birth take place whenever & with whom ever the mother chooses. Pregnancy & birth is not a disease. Do not let this bill pass. Thank you for your time & consideration.

Sarah Kavashanof

Rocky - PLS call

Tam Cook

4996 - ref

medical practice  
act

pg .8, line

sic . 1.5 bill -

repeals + reenacts

the "practice of

med." in a

very interesting way  
"physical conditions"

except assisting?  
at childbirth

psychologists  
are licensed

delete " or other  
mental or physical  
condition; "

SAME

don't broaden

Tam & Sarah

4-10  
1-5

835-4811 WORK  
835-4200 home

Kathleen Todd - M.D. Valdez

SB 237 - Med. Pract. Act

1) sec 10 - page 4, line 8 -> 19  
sec on fees -



fees should not be raised  
(that cost would be passed  
on to patients) why does  
the state need the \$?  
this hurts small towns especially  
the cost to keep a license  
active will be too high - it  
will be hard to get fees in  
in small towns (for doc's incomes)

Clinics/health centers

LEVEL I

77 - no water

21 - no elect.    2 PART TIME

average:

1978 - \$109/day newborn care  
 \$369/day inpatient care    \$397 non-Fed. Hosp.  
 (81% higher than national average \$197.90/day)

1969-1976 - COST of semi-private room inc.: 211%

" " physicians rate INCREASE: 92%

SEMI-PRIVATE ROOM RATE.

Bartlett	150	Kodiak	145
Ketchikan	145	Nome	306
Petersburg	145	Palmer	130
Sitka	155	Seward	<del>150</del> 175
Wrangell	145	Soldotna	175
Arch. H&M	193	Valdez	138
Prov. Arch	188	FBKs	165
API	180		
Cordova	140		
Clendenen	80		
Homer	190		

SB 237

Dr. Partnow will send a letter  
@ SB 237 for Friday hearing,  
then he will be here on  
Monday, April 6<sup>th</sup> (prior to  
teleconference)

the midwife section is not  
a big deal

wants a practice of medicine  
definition -

452-4769 - work

456-4724 - home

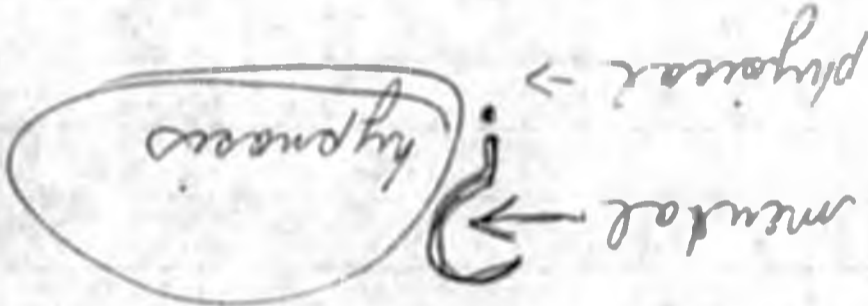
intent of bill is not to  
limit home births - this  
has got all out of proportion  
parpartion

gets in Sunday night  
April 5

labor room  
delivery room  
nursery room (after delivery)  
nursery  
incubator  
supplies used

shave  
episiotomy

you - this is parallel  
the scope of activity!



board expand <sup>def</sup> practice of medicine

air. is treated  
physical condition? Calyamaidao

SR 237 -

Stephanie Smith -  
Sarah Kawachary -

Amy Stephson - 276-8550