

S

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4

WITNESSES FOR
SENATE H.E.S.S. MEETINGS

1-21-81
SB 4

Name	Address/Phone	Representing
BRIAN ROGERS	4925	"
DON KOCH	2577	
Deborah Behr		
Becky Bear		Family Center Births
Melinda Lee	586-3236	"
Mary Alice McKeen		"
Robert H Ogden	3355	DHSS
Michael Thomas	586 3340	American Council of Life Ins

n: SB 4

Margaret Crawford would like
to be notified when this bill is
considered. Her number is 586-3736

Rocky

Seattle Wash.

MEMO re: THIRD PARTY PAYMENTS FOR THE BIRTHPLACE SERVICES

Date: February 8, 1980

From: Carla Reinke, Executive Director

The Birthplace is a freestanding birth center which offers complete pregnancy and birth care by certified nurse midwives. The package fee is \$850. This fee covers total prenatal, intrapartum and postpartum care. Specifically, this includes all prenatal visits (done on a standard prenatal schedule), labor and birth at the facility, a home follow-up on day one and again on day three, a six-week examination, family-planning counseling and fitting of diaphragm, insertion of IUD, etc., and a complete program of education which includes classes in early pregnancy, nutrition, childbirth education, baby care, parenting, breastfeeding and post partum conditioning.

The philosophy of care is based on a physiologic approach to child-bearing and encourages family centered maternity care. Options are encouraged and easily available: siblings, extended family members, and friends are welcome at the parents' invitation; celebrations (from parties to religious ceremonies); as much privacy as the couple desires (no extra people are brought in as observers); a peaceful, calm and supportive atmosphere; gentle birth procedures and no separation of the family unit after birth. Continuity of care is assured by the opportunity to see all of the midwives and nurses during prenatal care. The clients will only be attended by birth attendants with whom she is familiar. If a hospital birth is necessary, one of our staff will stay with her if she desires.

The majority of the physical care of the clients is done by certified nurse-midwives who are licensed RNs with 1-2 years additional graduate education in an American College of Nurse-Midwifery approved school of nurse-midwifery. The nurse-midwives are practicing under the Nurse Practitioners Act of the state of Washington. The nurse-midwives use Board Certified obstetricians and pediatricians for consultation and chart review. They have privileges at Virginia Mason Hospital; they may admit, attend deliveries and discharge clients there. They are capable and experienced in the field of nurse-midwifery, and are assurance of quality and reliably safe care.

The American College of Nurse-Midwives describes the nurse-midwife and her functions as follows:

The nurse-midwife is a Registered Nurse who by virtue of added knowledge and skill gained through an organized program of study and clinical experience recognized by the American College of Nurse-Midwives, has extended the limits of her practice into the area of management of care of mothers and babies throughout the maternity cycle so long as progress meets criteria accepted as normal.

In association with the obstetrician to whom she is responsible, the nurse-midwife provides care as long as progress is normal. She cares for the mother during pregnancy and stays with her during labor providing continuous physical and emotional support. She evaluates and provides immediate care for the newborn. She helps the mother to care for herself and for her infant; to adjust the home situation to the new child; and to lay a healthful foundation for future pregnancies. The nurse-midwife is prepared to teach, interpret and provide support as an integral part of her service.

At The Birthplace expectant parents are treated as intelligent, responsible, healthy adults who are motivated to take the best care of themselves and their babies. Parents are fully informed of their and their babies condition at each appointment. The course of the pregnancy is carefully explained, questions are encouraged and answered thoroughly, variations in pregnancy and birth are completely discussed, clients are helped to understand and read their charts and are encouraged to make entries in their own charts. They take an active role in deciding on options (medical and personal) and in planning their births. The education program is designed to inform and to motivate the mother to take the best possible care of herself, through good nutrition, avoidance of potentially harmful substances, conditioning exercises, and knowledge of problem symptoms of pregnancy. The childbirth preparation classes thoroughly familiarize the mother and her partner with normal labor and birth, possible variations and prepare them to cope with the normal labor. Parents are also informed of the responsibility of choosing an out of hospital birth center and are prepared for a hospital birth should that need arise.

In the Seattle area there are approximately 40-60 planned births each month in out-of-hospital centers and at home. The Birthplace had an average of 6.5 births per month in 1978, and 12.5 births per month in 1979. Continued growth is expected in 1980. We hope eventually to reach an average of 30 births per month. We could easily double our present client load if third party payments were readily available.

Guidelines for the Birthplace have been adapted from the American College of Nurse Midwifery for careful physical screening and selection of families for its services. The service is an extension of the medical team. The midwives consult with our back-up physicians as variations from normal pregnancy and birth occur. Clients are carefully managed during pregnancy, and are screened out of the program if significant risk factors arise. The Birthplace has an efficient plan for transport during or after labor. If a fast transport is necessary an ambulance is used. The hospital is alerted that a client is coming and informed of the reason. The Birthplace is 3 miles from University Hospital and it takes about ten minutes to get there. One of the staff accompanies the client with her records. If the reason for transport is precautionary and it looks as if the nurse-midwife can do the delivery, the client will be transferred to Virginia Mason. The Birthplace has emergency equipment: oxygen, suction, infant resuscitation and intravenous capabilities.

The Birthplace has created a bonded community among parents and with our staff. There is considerable supportive and positive feedback from the clients, from evaluation forms, and as they come by to let the staff see their babies grow. There is a wide spectrum of clients from very young to 40 years old with the average age in the upper twenties, an average education of 2 years of college. Most clients have health insurance, but have sacrificed their coverage in order to obtain what they feel is the best care as they start their families.

The Birthplace offers a high quality, low cost program. Through education and emphasis on preventative health care The Birthplace has achieved a low incidence of preeclampsia (2% compared to 6% overall) and a low incidence of prematurity (1.5% compared to 7% overall). The cesarean section rate is 7%, compared to the local average of 15-20%. Another reason this low cost care is possible is that healthy clients do not need the costly forms of medical intervention usually used in hospitals. In fact, in normal, healthy labors most forms of medical intervention carry a certain amount of risk without significant benefit to mother or baby.

Third party reimbursement is essential to the survival of The Birthplace and to the continued availability of this type of service. The Birthplace could double its client load with easily available insurance coverage. The two oldest birth centers (each 4 years old) in the United States, Luciana in Cottage Grove Oregon, and the Childbearing Center in New York City, receive 100% reimbursement from all carriers. They have demonstrated themselves to be safe and economical. They are leaders in providing education for maintaining healthy pregnancies. This concept of a freestanding birth center, run by certified nurse-midwives as part of a health professional team, is becoming widely accepted and will become more common in the 1980's. It is the most conservative of the birthing alternatives available throughout the United States and should be encouraged and supported through the availability of insurance coverage. The benefit to insurance companies is obvious when they only have to pay 1/3 to 1/2 physician and hospital confinement costs for the vast majority of clients who have normal births.

Low risk pregnancies and births need not be managed in a traditional hospital setting. More and more people are seeking a safe, satisfying and economical alternative to hospital birth. The number of birth centers like The Birthplace is growing every year. Care givers for those seeking out of hospital births should be qualified and licensed so that these options are safe and available. All prospective parents who desire this service should not be denied it because of lack of insurance coverage. Insurance companies will save money by including coverage for alternative birth managed by licensed nurse-midwives.

*The Birthplace
Seattle, Wash.*



Alaska State Legislature
Senate

JUNEAU, ALASKA

MEMORANDUM

TO: Senate HESS Committee Members

FROM: Rocky Weller

RE: SB 4

DATE: January 21, 1981

Kay Lahdenpera telephoned from Anchorage and wanted the Committee to know the Alaska Nurses Association is in favor of Senate Bill 4.

Ivallean Brooks also called from Anchorage and wants to go on the record as being in favor of Senate Bill 4.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. S B-4

Title An act relating to Health Care Services & Nurse Midwives

Requested by Ziegler

Date 1-20-81

II. FISCAL DETAIL

Agency Affected Division - of Insurance

Program Category Affected Public Protection

BRU, Program, or Subprogram(s) Affected Division of Insurance

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

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

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND	0					
FEDERAL FUNDS	0					
OTHER (Specify Fund Source)	0					

POSITIONS

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

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

IV. DATE 1-20-81

PREPARED BY

Kenneth C. Moore
Kenneth C. Moore, Div. of Insurance

AGENCY

Commerce & Economic Development

PHONE

7515

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

April 8, 1980

X HOUSE BILL 802 - An act relating to nurse-midwives

We have the first certified licensed nurse-midwife in private practice in the state in our hospital working with Dr. Babcock. We have had good experience with the program and would like to see it continue. We also feel that the para-professional who is certified and licensed should be paid for their services by any insurance company.

From Ketchikan General Hospital
3100 Tongass Ave
Ketchikan, ALASKA 99901

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e

in
ard.

uld

There still is one small problem and that is that the legislature is lumping all things or persons, good and evil, under the name or title of physician. (Ref para 9 (8), etc.) As a matter of some pride, I would like "ph,sician" to stand alone (as we frequently do) and dentists, osteopaths, etc. be called by their title, not mine.

Keep happy and well and start planning for a fall trip.

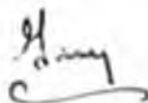
Sincerely,



Bill Henrickson, M.D.

BH/br

This change appears in SB 4 this year.



SB4

2

MSG 81-00008169 PRY 1 03/13/81 12:54:54 ORIG: LF00 IN= 0014 OUT= 0027
FROM: MAXINE TO: JUND INFO
TARGET: LJH2 SUBJ: FOM PAGE 0001

TO: REP ROGER, SEN ZEIGLER
FR: CHRIS F DENNIS, FBX MED ASSOC.
SR 40512, FAIRBANKS 99701 PH. 456-3851
RE: SB4

REDACTED: FBX MED ASSOC UNANIMOUSLY WITHDRAWS
OBJECTION TO SB4

FBX/LID

MSG 81-00005882 PRTY 3 02/25/81 11:42:15 ORIG: LF00 IN= 0003 OUT= 0025
FROM: MAXINE TO: DEBI/JNO
TARGET: LJH2 SUBJ: POM URGENT PAGE 0001

TO: SEN. BENNETT, FAHRENKAMP, PARR
REP. BETTISWORTH, BROWI, FANNING, RANDOLPH, ROGERS, SMITH

FR: C. F. DENNIS, MD. SR 40512, FAIRBANKS 99701 PH. 456-3851

RE: SB 4

THE 90 MEMBER FAIRBANKS MEDICAL ASSOC. OPPOSES SB4. AS 08.68.410
DOES NOT SPECIFICALLY REGULATE THE MIDWIFE AND HER CRITICAL DUTIES,
AND THE ROLE OF THE MEDICAL BOARD & NURSHING BOARD IS BEING
DETERMINED BY TRIAL AND ERROR. OTHER PROVIDER REGULATIONS ARE MORE
VAGUE.
WITHOUT PROVEN REGULATIONS OUR ONLY QUALITY CONTROL MECHANISM IS THE
POCKET BOOK.

FBX/MAXINE

POSITION PAPER

SENATE BILL NO. 4

"An Act relating to health care services and the coverage of the services of nurse midwives under the insurance laws of the state."

SB No. 4 requires the coverage of nurse midwives' practice under those health and disability insurance policies that pay for maternity care, and adds nurse midwife services to the list of medical services provided to eligible persons for Medicaid. The Bill also amends the term "participant physician" to "participant provider" and includes the nurse midwife; and the bill adds a new paragraph defining "nurse midwife" to the Alaska Statutes.

The Department of Health and Social Services will limit its comments to the areas of the practice of the nurse midwife and coverage of these services under the State Medicaid Program. It is our understanding that the Department of Commerce and Economic Development, Division of Insurance, has commented separately on the section dealing with mandatory insurance coverage.

Practice of Nurse Midwives

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

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

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

Medicaid Coverage of Nurse Midwives

Federal regulations permit the expansion of covered services under Medicaid to include qualified nurse midwives as defined in SB No. 4. The Department of Health and Social Services supports the inclusion of nurse midwives under the list of covered medical services, and expects no resulting additional cost to the State.

Department Position

The Department of Health and Social Services recognizes the valuable contribution that nurse midwives can make to the overall physical and emotional health of the family at time of pregnancy and delivery. We would encourage hospitals to provide staff privileges to well-qualified nurse midwives who meet the requirements of the Advanced Nurse Practitioner Guidelines issued by the Alaska Board of Nursing. We endorse coverage of nurse midwife services under Medicaid.

Recommended by:

David Bruce
David Bruce, Deputy Director
Division of Public Health

Date:

1/17/81

Rod Betit
Rod Betit, Director
Division of
Public Assistance

Date:

1/20/81

Approved by:

Helen D. Beirne
Helen D. Beirne
Commissioner

Date:

1/20/81

Don Koch - 2577

~~XXXXXX~~

aware of no problems
w/ malpractice insurance
nurse-midwife has to have
in agreement w/ a doc. to practice.

015 call Eiken Montana
ref SB4 - in S. Rules
452 - 8181 ex 504

Fairbanks Nurses Assoc.
supports bill

Finance CS

Bennett:
no reg. for malpractice
insurance
no standards for M.P.
association
no control

heard Bennet, Fabrenkamp, & Parr opposed to SB4

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 4
 Title "An Act relating to nurse midwives."
 Requested by Commissioner's Office Date 01/16/81

II. FISCAL DETAIL

Agency Affected _____
 Program Category Affected Health/Division of Public Health
 BRU, Program, or Subprogram(s) Affected _____

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 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 1/17/81 PREPARED BY Vernellia Phillips
 AGENCY Public Health
 PHONE 465-3100
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

A M E N D M E N T # /

Offered in the SENATE

By Sturgulewski

TO: CSSB 4 (Finance)

Page 1, line 26:

After "provide" delete "for the furnishing of the same services by"
and insert "that"

Page 1, line 27:

After "practitioner" insert "may furnish those same services instead
of a physician"

Alaska State Legislature

SENATOR
ROBERT H. ZIEGLER, SR.
307 BAWDEN STREET
KETCHIKAN, ALASKA 99901

POUCH V
JUNEAU, ALASKA 99811



Senate

CHAIRMAN
SENATE JUDICIARY COMMITTEE
IMMEDIATE PAST CHAIRMAN
WESTERN CONFERENCE - COUNCIL OF
STATE GOVERNMENTS

VICE CHAIRMAN
SENATE RULES COMMITTEE

MEMBER
SENATE STATE AFFAIRS COMMITTEE
SENATE COMMITTEE ON COMMITTEES
LEGISLATIVE COUNCIL
WESTERN STATES LEGISLATIVE
FORESTRY TASK FORCE

January 21, 1981

The Honorable Charles Parr,
Alaska State Senator
Room 210 Behrends Building
Juneau, Alaska

Charlie:

SB 4, which I don't intend to testify on, the nurse mid-wives bill, is really Representative Roger's baby (no pun intended). As far as I know, no one objects to the bill and, for whatever it may be worth, the Ketchikan Medical Association has unanimously endorsed the bill.

Sincerely,


Robert H. Ziegler, Sr.

RHZ:lk

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

Old

back
up

HB902

differences w/ HB802 & SB 4

sec. 1 & 2 same

sec. 3 — ~~24~~ 24 different

sec. ~~7~~ 7 & 25 same

8 & 26

6 & 24

new

old - CS HB 802 am

New SB 4

1

same

2

3

↓

1 = 1

2 = 2

3 — 23 new language

6 = 24

7 = 25

8 = 26

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

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

RE: IB 802

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

FBX/LIO/MW

SC 11433
Fairbanks Alaska 99701
March 13, 1980

Thelma Buckholz, Chairman
House HESS Committee
Pouch V - State Capital
Anchorage, Alaska 99511

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

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

I do think the matter of mandating that, not
paying the nurse-midwives directly needs to be
revisited with reference to the availability of medical
insurance within the state. Most insurance companies
refuse to comply, and hence no insurance coverage
would be available to many citizens of our State? I must
express my regret on this matter, but assume your
committee will research it.

Yours truly,
S. Jack Hoxby

Ketchikan General Hospital

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

March 6, 1920

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

Dear Terry:

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


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

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

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

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

Sincerely,


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

KGH

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

POUCH D
JUNEAU, ALASKA 99811

March 4, 1980

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

Dear Ms. Buchholdt:

RE: House Bill 802

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

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

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

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

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

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

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

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

Section 8. This section is not objectionable.

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

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

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

Page 1, lines 22 through 29. Eliminate.

Page 2. Eliminate entire page.

Page 3, lines 1 through 3. Eliminate.

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

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

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

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

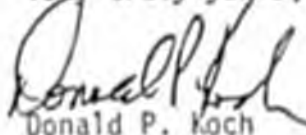
AS 21.87.330(9) is amended to read. (9) "physician" [includes also] means a doctor, dentist, osteopath, optometrist, chiropractor, nurse midwife, surgeon, or other licensed health care practitioner.

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

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

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

Very truly yours,



Donald P. Koch
Chief of Market Surveillance

DPK/kkk2/1

Representative Thelma Buchholdt
Page 2
March 5, 1960

Page 2
18, 7

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

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

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

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

Sincerely,


Al H. Gamosso
Administrator

AMC/mm

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

* TELRCOPY INSTRUCTIONS: For Immediate Delivery to Committee

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

March 14, 1980

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

To Legislator:

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

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

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

KK/mts

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

Fairbanks Health Center
800 Airport Way
Fairbanks, Alaska
99701

March 11, 1980

Holly Debenham
SR. 20114A
Fairbanks, AK 99701

Dear Sir:

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

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

I am very happy to see a bill of ^{this} sort finally coming through the legislature. It has all of my support.

Holly Debenham

RICHARD J. BABCOCK, M.D.

OBSTETRICS AND GYNECOLOGY

P. O. BOX 513

KETCHIKAN, ALASKA 99901

February 25, 1980

Dear Representative Gardiner:

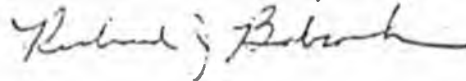
We would like to add our strong support to House Bill #82, "An Act Relating to Nurse Midwives." The practice of insurance companies in limiting payment arbitrarily to certain health providers while excluding others is grossly unfair to their patrons.

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

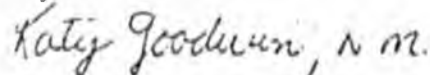
Your support of this measure is strongly urged.

Thank you.

Richard J. Babcock, M.D.



Katy Goodwin, N.M.



cc: Representatives: McKinnon
Rogers
Philips

pink

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

FM: GLENDA STRAUDE, P. O. BOX 91950, FBX AK 99708 PHONE - 479-7692

RE: HB 802

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

CAN BE CONTACTED DAYS.

FBX 1.30/LJ

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ALASKA STATE HOSPITAL ASSOCIATION INC.

5401 CORDOVA STREET
PHONE: 277-1633

ANCHORAGE, ALASKA 99503

March 5, 1980

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

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

Dear Representative Bucholdt:

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

1. Sec. 18.20.055 Nurse Midwife Staff Privileges:

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

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

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

March 5, 1980

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

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

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

Sincerely,



Max Kersbergen
Executive Director

MK/lc

Fairbanks Memorial Hospital

1650 Cowles St.

FAIRBANKS, ALASKA 99701

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

March 12, 1980

Honorable Thelma Buchholdt
Pouch V
Juneau, Alaska 99811

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

Dear Representative Buchholdt:

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

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

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

Representative Thelma Buchholdt

March 12, 1980

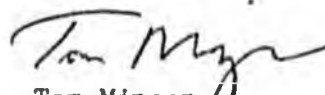
Page Two

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

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

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

Sincerely,



Tom Mingen
Administrator

TM/mw

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

Name	Address and Phone	Organization/Self	For/Against or Observing
Joe McClain			
1/ ^{Behr} Hne Delia, introduce			
2/ Vernellia Randall-Phillips		} H+SS (Dept H+SS)	
3/ Portia Kaufman Kaufman		} H+SS ("") } Jan.-Health clinic	
4/ Margret Crawford	(answer questions re' nurse)	} midwife practice)	nurse mid-wife
5/ E. Don Koch		} Div. of Insurance	
6/ Pam Bradley	7445. 455-6152	} herself	
7/ Betta Jensen		} herself	
8/			
9/			
10/			
11/			
12/			
13/			

POSITION PAPER

HOUSE BILL NO. 802

"An Act relating to nurse midwives."

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

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

Practice of Nurse Midwives

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

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

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

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

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

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

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

Department Position

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

Recommended by:

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

Date:

3/5/80

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

Date:

3/5/80

Approved by:

Helen D. Beirne
Helen D. Beirne
Commissioner

Date:

3/5/80

FISCAL NOTE

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

II. FISCAL DETAIL Department of Health and Social Services
 Agency Affected Department of Health and Social Services
 Program Category Affected Health/Division of Public Health
 BRU, Program, or Subprogram(s) Affected _____

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

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

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) Department of Health & Social Services

Prepared by: M. Deaver Date: 3/5/80
 Division/Office: P.H. Admin. PR: 3090

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

there are about
5 nurse-midwives practicing
in the state

SB 4 - 1-21-81

1. Brian Rogers +
2. Don Kerk + - Dev. Insurance
doesn't mandate maternity benefits
3. + Deb. Barr & Lois Anderson - nursing
degree - 6 yrs - practice
plus 2 yrs
6 certified nurse - midwives
Ogden - Medicaid
collaborative relationship w/ M.P.
4. + Becky Bear - Family Center
want a birthing center in Juneau
low rise woman - NW standards
Seattle, Oregon & New York - such bills
and in country
now - 2 birth centers in Alaska affiliated
with hospitals -
5. + ~~Chris (Baker)~~ Michael Thomas
Life Insurance Council

CS SB 4 (Finance)

- 1) conforms language to existing insurance statute
- 2) clarifies effective date (when a policy is re-negotiated)

SB 4
1/21/81

Brian - essentially same as HB 802 (1979)

Koch (Dir Dns) - bill doesn't mandate maternity benefit - but if provided must include midwives

Behr - (plus Ferguson + O'Brien) -
six certified in state now -

Bass + 2 -

- birthing center - deals with low-risk mothers
- doctor sees each patient once, now at supervision by nurse midwife.
- Home-like atmosphere, lower costs, attitude that birth normal event.
- 60+ births in year, share of home w/ day midwife or no help

Michael Thoma - Council on Life Insurance & HIPA
- favors concept but permits to avoid coverage.