

**SB**

**349**

**HFIN**

**FILE**



# FISCAL NOTE

STATE OF ALASKA  
2004 LEGISLATIVE SESSION

Fiscal Note Number: 1  
 Bill Version: SB 349  
 ( S ) Publish Date: 4/21/04  
 Dept. Affected: Health & Social Services  
 RDU Health Care Services  
 Component Certification and Licensing

Revision Date/Time (Note if correction):

Title LICENSURE OF MIDWIFERY BIRTH CENTERS

Sponsor DAVIS

Requester SENATE (L&C)

Component No. 245

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Personal Services	16.2	18.9	21.6	24.3	27.0	29.7
Travel	2.1	2.5	2.8	3.2	3.5	3.9
Contractual						
Supplies	0.3	0.4	0.4	0.5	0.5	0.6
Equipment	0.1	0.1	0.1	0.2	0.2	0.2
Land & Structures	0.7	0.8	0.9	1.1	1.2	1.3
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>19.4</b>	<b>22.7</b>	<b>25.8</b>	<b>29.3</b>	<b>32.4</b>	<b>35.7</b>

<b>CAPITAL EXPENDITURES</b>						
<b>CHANGE IN REVENUES (0)</b>						

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	19.4	22.7	25.8	29.3	32.4	35.7
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>19.4</b>	<b>22.7</b>	<b>25.8</b>	<b>29.3</b>	<b>32.4</b>	<b>35.7</b>

Estimate of any current year (FY2004) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

The above estimated costs for SB349 are based on current registered midwifery birth centers. There are currently 6 midwifery birth centers and the increase in costs for following years are not inflationary, but are estimated on a rate of one new birth center every year, which has been the history. It is assumed that all currently registered midwifery birth centers would apply for full licensure if this bill becomes law. There will be no need for new positions to absorb this function into the licensure program, but staff time will be needed for travel, on-site surveys, and completion of paperwork.

Prepared by: Deb Erickson  
 Division Public Health  
 Approved by: Joel S. Gilbertson, Commissioner  
 Agency Department of Health and Social Services

Phone 907-465-8615  
 Date/Time 02/23/2004  
 Date 02/24/2004

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# Alaska State Legislature

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Senator\_Bettye\_Davis@legis.state.ak.us  
<http://www.akdemocrats.org>

## Senator Bettye Davis

**Senate Bill 349: "An Act requiring licensure of midwifery  
birth centers; and providing for an effective date."**

### Sponsor Statement

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Currently there are 6 birth centers in Alaska, 5 registered and 1 licensed. The owners of these birth centers, both certified direct entry and certified nurse midwives, concluded the need to have one licensed standard for all birthing centers. These licensed birth centers will have one set of regulations to follow, comply with annual inspections, and put safeguards in place to guarantee the birth center is a safe environment for families.

In March of this year, the birth center owners collaborated together to rewrite regulations for licensed birth centers, which have not been changed since 1983, and have submitted their recommendations to the rewriting regulation process. With this bill, the registered birth centers will be considered licensed until six months after the effective date of new adopted regulations. After this six-month period, the birth centers will be governed by the new regulations. The Midwives Association of Alaska have agreed there should be one uniform standard birth center and encourage the members of the Legislature to support the passage of this important legislation.



J U N E A U  
F A M I L Y B I R T H  
C E N T E R

3225 Hospital Drive Suite 106, Juneau, AK 99801  
(907) 586-1203 fax (907) 586-5765

Testimony on SB 349 "An act requiring licensure of midwifery birth centers; and providing for an effective date."

My name is Kaye Kanne. I am a Certified Direct-Entry Midwife and Executive Director of the Juneau Family Birth Center. I sat on the Board of Certified Direct-Entry Midwives from its inception in 1992 until I had completed two terms and resigned in 2000. I am also the volunteer lobbyist for the Midwives Association of Alaska.

I was the volunteer lobbyist for the Midwives Association of Alaska in 1992 when the original legislation creating "registered" birth centers was passed and I would like to educate this committee on how we came to have two different kinds of birth centers in Alaska. It was never their intention of the Midwives Association of Alaska or the legislature to create two kinds of birth centers, one registered and one licensed. The intention of this language in the original legislation, House Bill 382 (1992) was to insure that Certified Direct-Entry Midwives could practice independently in birth centers without the supervision of a physician or Certified Nurse Midwife. This was necessary because the regulations governing licensed birth centers at the time required the presence of a CNM or physician at every birth in a birth center. These regulations are still in effect and have not been updated since 1983. These regulations were written before the passage of legislation to license Certified Direct-Entry midwives. The use of the word *registered* instead of *licensed* was overlooked by all of us at the time.

Our intention was at the time, and still is, to have one kind of birth center in Alaska that all providers licensed to attend childbirth, can own or operate. One kind of facility where providers can work together, if desired, to provide comprehensive care. As it stands today, CDM's can not work in or own a licensed birth center. This creates a situation where, as an example, we have a birth center in Anchorage that has two birth rooms, one is licensed and one is registered, so that nurse midwives and Certified Direct-Entry Midwives can both work in the same birth center. This is the only licensed birth center in Alaska. There are 5 registered birth centers in Alaska, owned and operated by Certified direct-Entry Midwives.

Registered birth centers currently have no regulations governing them. Because Certified Direct-Entry Midwives are so closely regulated this does not effect the quality of care given by CDM's in registered birth centers, but it is an area of concern for those registered birth centers currently voluntarily committing to high standards for the facility its self.

It is the recommendation of the Midwives Association of Alaska that all birth centers conform to one standard that allows the independent practice of each profession in that birth center. Certified direct-Entry Midwives are currently attending 10% of the births in Alaska, and the majority of birth center and home births. I would add that Certified Direct-Entry Midwives are the experts in out of hospital birth and I hope that the legislature and this administration continue to look to us for guidance and information concerning these issues.

Thank you for your time and consideration of this bill.

# LEGAL SERVICES

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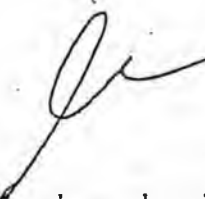
## MEMORANDUM

February 20, 2004

**SUBJECT:** Licensure of Midwifery Centers (SB 349)

**TO:** Senator Bettye Davis  
Attn: Myra

**FROM:** Jean M. Mischel  
Legislative Counsel



You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents.

Section 1. Replaces the requirement that the commissioner of health and social services adopt regulations pertaining to the registration of midwifery birth centers with a new requirement to adopt regulations pertaining to licensure of midwifery birth centers.

Section 2. Amends the uncodified law to allow midwifery birth centers that were registered before the effective date of the bill to be considered to be licensed under the bill until six months after the effective date of the new licensure regulations.

Section 3. Amends the uncodified law to allow the Department of Health and Social Services to proceed to adopt regulations setting up licensure under the bill.

Section 4. Provides an immediate effective date for sec. 3 pertaining to regulations.

Section 5. Provides a July 1, 2004 effective date for the remainder of the bill.

JMM:med  
04-217.med

# THE BIRTH CENTER EXPERIENCE

## Birth Centers Lead Cost Containment Efforts While Providing Quality Care

*"Few innovations in health service promote lower cost, greater availability, and a high degree of satisfaction with a comparable degree of safety. The results of this study suggest that modern birth centers can identify women who are at low risk for obstetrical complications and care for them in a way that provides these benefits."*

New England Journal of Medicine, 12/28/89

### *What is a birth center?*

- The birth center is a homelike facility, existing within a healthcare system with a program of care designed in the wellness model of pregnancy and birth.
- Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost effectiveness.

Birth centers provide family-centered care for healthy women before, during and after normal pregnancy, labor and birth.

### *What is the birth center experience?*

- The quality of care in birth centers reported in the "The National Birth Center Study" reflects the low overall intrapartum and neonatal mortality rate of 1.3/1000 births; 0.7/1000 if lethal anomalies are excluded. These rates are comparable to studies of low risk, in-hospital births.<sup>1</sup>
- The cesarean section rate for women receiving care in birth centers averages 4.4%, approximately one half that in studies of low risk, in-hospital births.<sup>1</sup>
- Birth centers nationally have consistently displayed charges for care for normal birth that average up to 50% less than regular hospital stays and 30% less than short stays - including practitioner fees.<sup>2, 3</sup>
- More than half of birth centers include routine laboratory exams, childbirth education, home visits, extra office visits, and initial newborn examinations in their charges.
- Most major health insurers reimburse contract with birth centers for reimbursement. Because charges reflect cost and since the birth center is a single service unit, there is no opportunity for cost shifting or operating the birth center as a "loss leader" to other services.
- 98.8 percent of women using the birth center would recommend it to friends and/or return to the center for a subsequent birth.<sup>1</sup>

### *What are the potential benefits to families?*

- The birth center approaches pregnancy and birth as a normal family event until proven otherwise. The program encourages family involvement and provides a safe environment for families to experience the social, emotional, and spiritual renewal inherent in birthing forth new life -- while attending to the possibility that a problem may arise that will require medical intervention or care in the acute care setting of the hospital. This is in opposition to the view that pregnancy is an illness and birth a medical/surgical event that needs to be cured.
- The birth center program of education encourages parents to become informed and self-reliant; to assume responsibility for their own health and the health of the family.
- The birth center brings generations together to celebrate new life by encouraging grandparents and children to participate in the birth center program.
- Birth centers have demonstrated that they are a viable alternative to unattended home birth and to costly hospital acute care for 20 years. It is now time to mainstream these services.

### *What are the benefits to business and industry?*

- Birth centers offer business and industry direct savings in the cost of health benefits. If only 100,00 births were attended in birth centers, annual savings could be almost \$314 million.<sup>2, 3</sup>
- The birth center program provides a starting base for the wellness and prevention programs being established in industry.
- The family in the hinge pin of the employee. Industry's support of a program that encourages family unity, self-determination and responsible health can only improve employee performance.
- Birth center care encourages childbearing women (who may also be employees) to be confident in the design of their bodies. Such confidence, in turn, builds self-esteem and starts the young family off on thinking of pregnancy, birth and family health as wellness, not disease.
- The nine-month intensive focus on improving family health by promotion of lifestyle changes in pregnancy can have a significant ripple effect in the long-term improvement of family health.

### *How will it affect the hospital acute care service?*

- Birth centers have had a major impact on humanizing the acute care maternity services provided by hospitals. Note the rise in hospital birthing rooms, in privileges for nurse-midwives, in childbirth education programs, and in more liberal attitudes about family participation.
- Birth centers are showing that the majority of women can safely proceed through pregnancy and birth using acute care services only as needed. In a wellness orientation to pregnancy and birth, birth centers would be the managed care gatekeepers for the acute care obstetric newborn services.
- Birth centers eventually will help to reduce the number of costly hospital beds and expand primary care services.
- Birth centers will help to reduce dependency fostered by institutional confinement and strengthen the family's ability to share responsibility for maternity care and family health.
- Birth centers will help to develop a system of care based first, on the needs of the family and second, on the needs of medical education or product promotion.

### *How will it affect the obstetricians?*

- Birth centers provide an opportunity for obstetricians and family physicians to learn and practice midwifery - time and education intensive, "with woman" - care.
- Birth centers provide an opportunity for obstetricians to invest in a service in which they can expand their interests.
- Birth centers offer obstetricians an opportunity to develop teams of professional care providers that will improve primary care services to families and better use their specialist skills.

### *How is the quality of care assured in birth centers?*

- Through the promotion of state regulations for licensure (37 states currently license birth centers).
- Through established National Standards (adopted 1985).
- Through a Continuous Quality Improvement Program for Birth Centers (model program available).
- Through accreditation by the Commission for the Accreditation of Birth Centers.

### *How do birth centers contain costs?*

- By retaining autonomy (control) over birth center operations and program regardless of ownership (some hospitals own freestanding birth centers).
- By providing "high touch" rather than "high tech" care, birth centers minimize the overuse of technology.
- By providing a program of primary care that emphasizes education, wellness, prevention, self-help and self-reliance in family health maintenance.
- By using staff efficiently; staff are only in-house when a mother is in-house. Since birth centers do not compete with emergency services or hospital acute care, levels of staff are used efficiently and appropriately.
- By sharing responsibility with the childbearing family for health and prevention of illness.
- By using existing community services when available (instead of creating costly duplications) for transport services, social services, medical consultation, laboratories, etc.
- By using established policies and procedures for screening and transfer of women with problems to acute care services.
- By using low cost construction that meets safety codes.

### REFERENCES

1. Rooks, J., et al., "Outcomes of Care in Birth Centers: The National Birth Center Study", *New England Journal of Medicine*, 321:1804-1811, (December 28), 1989
2. Health Insurance Association of America, *Source Book of Health Insurance Data - 1996*, 1996, Washington, DC.
3. National Association of Childbearing Centers, *NACC 1996 Annual Survey Report of Birth Center Experience*, 1997, Perkiomenville, PA.
4. Rooks, J., et al., "The National Birth Center Study: Part I - Methodology and Prenatal Care and Referrals", *Journal of Nurse-Midwifery*, Vol. 37, No. 4: 222-253, July/August, 1992
5. Rooks, J., et al., "The National Birth Center Study: Part II - Intrapartum and Immediate Postpartum Neonatal Care", *Journal of Nurse-Midwifery*, Vol. 37, No. 5: 301-340, September/October, 1992
6. Rooks, J., et al., "The National Birth Center Study: Part III - Intrapartum and Immediate Postpartum Neonatal Complications and Transfers, Postpartum and Neonatal Care, Outcomes and Client Satisfaction", *Journal of Nurse-Midwifery*, Vol. 37, No. 6: 361-397, November/December, 1992

# The Birth Center

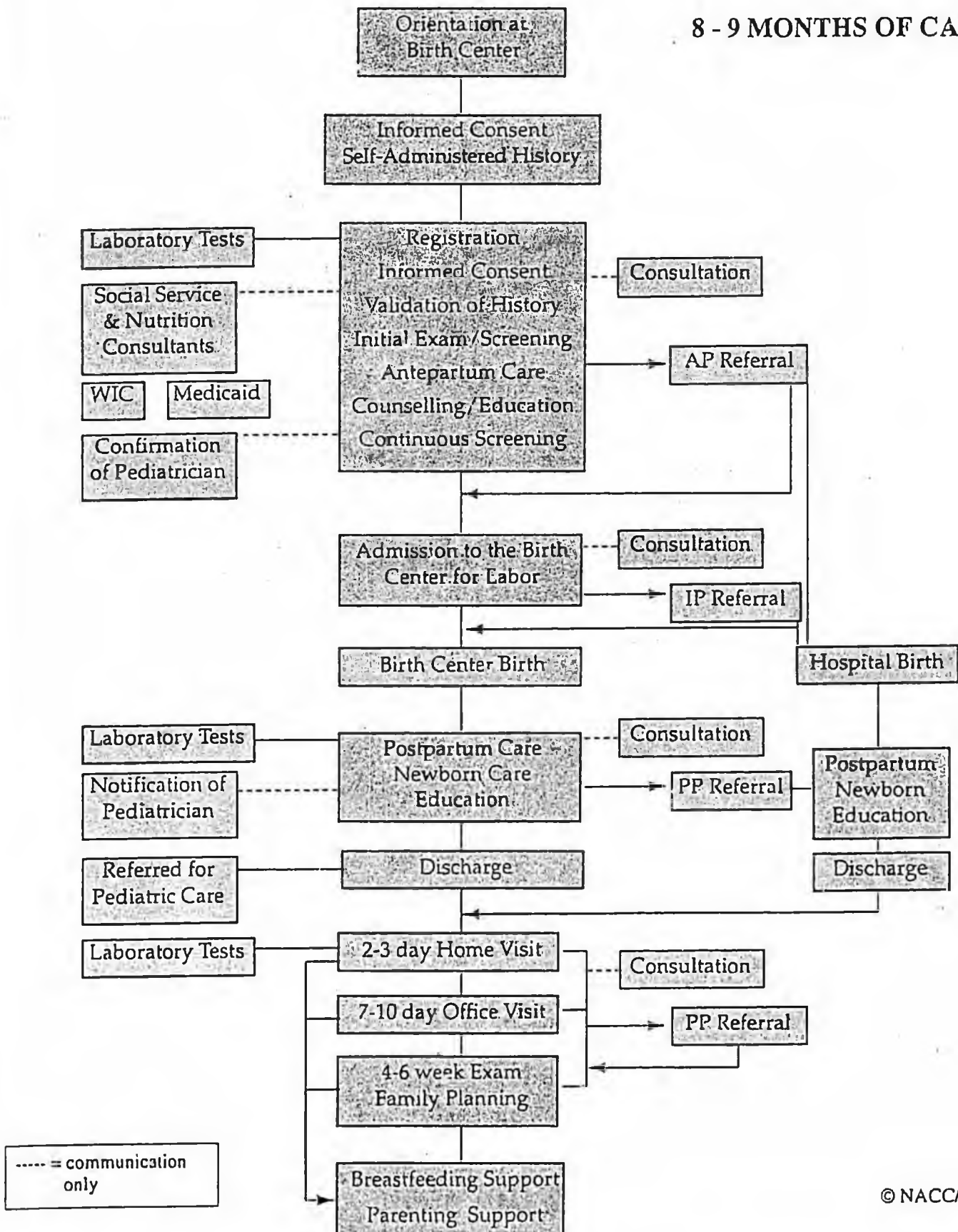
## Primary Care in an Integrated Health Care System

Ancillary Services

Birth Center/Primary Care

Hospital/Acute Care

8 - 9 MONTHS OF CARE





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## ORIGINAL ARTICLE

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Volume 321:1804-1811

December 28, 1989

Number 26

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## Outcomes of care in birth centers. The National Birth Center Study

*JP Rooks, NL Weatherby, EK Ernst, S Stapleton, D Posen, and A Rosenfield*

### Abstract

We studied 11,814 women admitted for labor and delivery to 84 free-standing birth centers in the United States and followed their course and that of their infants through delivery or transfer to a hospital and for at least four weeks thereafter. The women were at lower-than-average risk of a poor outcome of pregnancy, according to many but not all of the recognized demographic and behavioral risk factors. Among the women, 70.7 percent had only minor complications or none; 7.9 percent had serious emergency complications during labor and delivery or soon thereafter, such as thick meconium or severe shoulder dystocia. One woman in six (15.8 percent) was transferred to a hospital; 2.4 percent had emergency transfers. Twenty-nine percent of nulliparous women and only 7 percent of parous women were transferred, but the frequency of emergency transfers was the same. The rate of cesarean section was 4.4 percent. There were no maternal deaths. The overall intrapartum and neonatal mortality rate was 1.3 per 1000 births. The rates of infant mortality and low Apgar scores were similar to those reported in large studies of low-risk hospital births. We conclude that birth centers offer a safe and acceptable alternative to hospital confinement for selected pregnant women, particularly those who have previously had children, and that such care leads to relatively few cesarean sections.

### ARTICLE

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  - ▶ [Rosenfield, A.](#)
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### Source Information

Center for Population and Family Health, School of Public Health, Columbia University, New York.

## COST DIFFERENTIAL FOR BIRTHING CENTERS AND HOSPITALS IN ALASKA

### ANCHORAGE

Geneva Woods Birth Center	\$1200.00
Providence Hospital	\$3460.00(1)
Alaska Regional	\$3475.00(2)

### JUNEAU

Juneau Family Birth Center	\$1200.00
Bartlett Regional Hospital	\$2695.00-\$3850.00 (mom) plus \$1170.00-\$1755 (baby) (3)

### FAIRBANKS

Alaska Family Health & Birth Center	\$1200.00
Fairbanks Memorial Hospital	\$2500.00-\$3500.00 (4)

1. Quote is for Providence Hospital, uncomplicated delivery and 24 hour stay after delivery. Epidural anesthesia is \$1300.00 additional. Cesarean section is \$7104.00 for 3 day stay, not including anesthesia or physician charges.
2. Cesarean section at Alaska Regional is \$7206.00.
3. Bartlett Regional Hospital does not have all-inclusive pricing. They quote a range of prices and everything from an IV to oxygen and medication is an additional charge. Cesarean section in Juneau costs \$7203.00-\$8295.00 (mom) with an additional charge for the baby of \$1995.00-\$2310.00.
4. Fairbanks Memorial does not have all-inclusive pricing and charges for labor and delivery by the hour. Baby is an additional charge, as is any medication, oxygen, etc. Cesarean section is approximately \$8,000.00.

## Juneau Family Birth Center

The JFBC midwives have attended **392** (as of September 30, 2003) births since opening in April 1998. This number includes all women who started their labor intending to deliver at the birth center or at home.

### **1998 77 women served**

30 women prenatal care only

6 hospital support

**41 births attended**

**Births in Juneau 407**

11 home births

27 birth center births

3 hospital transports

0 cesarean sections

### **1999 118 women served**

36 women prenatal care only

5 hospital support

**79 births attended (18.8% of Juneau births-421)**

17 home births

46 birth center births

16 hospital transports

9 cesarean sections

### **2000 101 women served**

39 women prenatal care only

5 hospital support

**68 births attended (16.2% of Juneau births-421)**

12 home births

48 birth center births

8 hospital transports

7 cesarean sections

- 2001      **118 women served**  
            45 prenatal care only  
            10 hospital support  
            **73 births attended (17% of Juneau births-435)**  
            9 home births  
            56 birth center births  
            8 hospital transports  
            4 cesarean sections
- 2002      **125 women served**  
            42 prenatal care only  
            14 hospital support  
            **83 births attended (20.5% of Juneau births-405)**  
            14 home births  
            55 birth center births  
            14 hospital transports  
            6 cesarean sections
- 2003      **140 women served (as of September 30, 2003)**  
            6 hospital support  
            **48 births attended**  
            4 home births  
            33 birth center births  
            7 hospital transports  
            6 cesarean sections

Total births attended to as of September 30, 2003 by JFBC  
midwives - 392

Total women served by the birth center- 700

Statistics as of August 24, 2003

Number of women transported in labor	56	15.5%
Number of cesarean sections	32	8.2%
(Number of cesarean sections nation wide		28%)
Number of transports of mom postpartum	6	1.8%
Number of transports of baby postpartum	7	1.8%
Baby deaths at birth	0	
Baby deaths before 6 weeks	2	
One of heart problems at 5 weeks		
One of a birth defect incompatible with life		
Homebirths	67	17.3%
Breastfeeding rate for the first 6 weeks		98%
(Most of our moms breastfeed for years, but we have no official way of tracking this)		
Average baby weight		8 lbs



J U N E A U  
F A M I L Y B I R T H  
C E N T E R

3225 Hospital Drive Suite 106, Juneau, AK 99801  
(907) 586-1203 fax (907) 586-5765

03/12/2004

Dear Legislator

I am a Certified Direct-Entry Midwife and an Executive Director of the Juneau Family Birth Center, a non-profit Registered birth center here in Juneau. I have worked on midwifery issues in Alaska since 1984 and look forward to helping to clarify for you midwifery and birth center issues. I served on the State Licensing Board for Certified Direct-Entry Midwives from its inception in 1992 until 2000.

Midwifery is a growing profession, as I am sure you are aware. Alaska's Certified Direct-Entry Midwives deliver almost 10% of the babies in Alaska. This is an amazing statistic considering that nationwide, Direct-Entry Midwives attend 2% of the births. Alaska is at the forefront of midwifery and other states look to our law when crafting legislation.

I would like your support of SB 349, a bill changing registered birth centers to licensed birth centers. It was never our intention, or the legislature's intention, to have two kinds of birth centers in Alaska when this law was passed in 1992. The wording of the law was meant to allow us to practice autonomously in birth centers as the regulations at the time allowed only for CNM's and Physicians to practice in birthing centers. While focusing on this, we mistakenly used the word registered instead of licensed in the language of the bill. It wasn't until later when the Dept of H&SS interpreted this to mean a completely different kind of birth center that the mistake became apparent. Registered birth centers have also been without regulations since this time, even though this law stated that regulations would be developed by the Commissioner. It is in the best interests of the State of Alaska, our birthing women and their families to have one standard for birth centers with good updated regulations.

I appreciate your support on this bill. I would be happy to meet with you if you need more information.

Sincerely,

Kaye Kanne, CDM  
Executive Director,  
Juneau Family Birth Center

## **Woman's Way Midwifery, Inc.**

149 E. Corral Ave. Suite 2  
Soldotna, AK 99669  
907-262-9446  
Fax: 907-262-9354

March 1, 2004

Senator Con Bunde, Chair  
Senator Ralph Seekings, Vice Chair  
Senator Bettye Davis  
Senator Gary Stevens  
Senator Hollis French

It would be of great benefit to families and the state of Alaska to pass SB349 and I am writing this letter to strongly urge you to do so.

Birth centers are a popular option for families and are integral in prenatal education and providing a variety of early prevention programs that reduce the likelihood of costly birth complications and health issues in the mother and baby. Providing licensing and standardized regulations for birth centers will make the midwifery model of care more accessible to parents and increase the quality of birth centers in our state.

Midwives are highly trained and licensed by the state of Alaska to provide individualized care and to dedicate time to families that is simply not possible for most health care providers to spend. Each prenatal at our clinic averages 1 hour and much of that time is spent on nutritional and healthy living education. Prevention is the key to health improvement in the individual and ultimately cost savings to the state. In addition, there is much evidence that increasing the involvement of the parents in their prenatal care will have a remarkable long-term impact on the family. In our own practice we could cite many examples of parents who have made huge lifestyle changes due to their active involvement in their pregnancy. Midwives emphasize the importance of healthy nutrition, eliminating alcohol, drugs and cigarettes from the home, preventing premature

labor, early bonding and educate on parenting skills. We also provide other free services to the community. Our birth center has a classroom and we teach a variety of free classes, we offer a free lending library and a lactation consultant volunteers her services from our building.

Making birth centers available to the public is the next step in supporting families, encouraging them to make healthy decisions for their children and providing adequate health care. In addition to the cost saving of preventative health care, midwifery care (health care as well as facility fees) simply cost less. Midwives and birth centers need your support to continue with important services.

The state of Alaska has 22 licensed midwives attending 10% of the births. We and the families that we serve encourage you to support SB349.

Thank you,

*Kelly de Sleyes, LDM LPM*  
Kelly de Sleyes, CDM CPM



## Geneva Woods Birth Center

Barbara Norton, CNM, ANP  
Geneva Woods Birth Center  
3730 Rhone Circle, Suite 102  
Anchorage, AK. 99508

Honorable Senators Seekings, Bunde, Davis, Stevens and French,

I would like to take this opportunity to discuss with you my support for Senate Bill 349. As I am sure you are aware, this bill would require licensure for birthing centers, effectively changing currently registered birthing centers into licensed birth centers. This is an important bill because there are currently two standards for birthing centers in Alaska. Licensed birth centers have regulations to follow, annual inspections and safeguards in place to guarantee the birth center is a safe environment for families. Registered birth centers, on the other hand, have no regulations, no inspections and no oversight at all.

The establishment of this "double standard" was inadvertent, and there is no better time to remedy the situation. All owners of registered and licensed birth centers agree, and in fact, have worked together to rewrite the regulations (which haven't been changed since 1982) to accommodate both certified nurse midwifery practice and certified direct-entry midwifery practice.

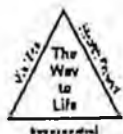
The registered birth centers in Alaska will be given six months to upgrade their facilities, and put the appropriate safeguards in place. As an owner of a licensed birth center, I will work with the other birth centers to prepare for their conversion to licensure by sharing policy & procedure information, risk assessment tools, and quality assurance programs.

Approximately 5 % of Alaskan families choose out-of-hospital birth, which represents several hundred families each year choosing the birth center option. There are numerous studies showing the safety of birthing centers for low-risk women, and in addition to significant cost savings, families overwhelmingly report positive, rewarding experiences in birthing centers.

There should only be one standard for birthing centers in Alaska and I trust our representatives in Juneau will agree that this is an essential bill that will remedy the double standard and serve to protect the public.

Sincerely,

*Barbara Norton, CNM, ANP*  
Barbara Norton, CNM, ANP



# Alaska Family Health & Birth Clinic

728 Gullinoy Rd. Suite 100, Fairbanks, Alaska 99701 • (907)456-3719

March 3, 2004

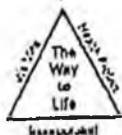
Subject: Senate Bill 294  
Senate Bill 349

My name is Dana Brown and I have been a licensed Certified Direct Entry Midwife (CDEM) since January 1993. I am writing in Support of SB294 and SB349.

I am the director of Alaska Family Health & Birth Center, a non-profit registered birth center. I am in favor of all birth centers becoming licensed with inclusion of CDEM's as providers. Licensing birth centers assures high standards and is in the best interest of the public. SB 349 supports this. Birth centers have been proven safe for low risk pregnancies and offer an affordable alternative. In fact, birth centers can provide a savings of 50 - 75% less than hospital births. Birth centers benefit consumers as well as the economy. SB294 offers a promise of savings and cost effectiveness. Please support SB294 and SB349. Thank you for your consideration.

Sincerely,

Dana Brown  
Certified Direct Entry Midwife



# Alaska Family Health & Birth Clinic

728 Gaffney Rd. Suite 100, Fairbanks, Alaska 99701 • (907)456-3719

Danielle Baham, CMA  
728 Gaffney Street, Suite 100  
Fairbanks, AK 99709

March 3, 2004

**Subject: Senate Bill 349**  
**Senate Bill 294**

Dear Senator:

I am the Office Administrator at AHF&BC a non-profit birth center in Fairbanks.

I am support of SB 294 & SB 349 and ask that the legislative please pass these bills.

Thank you for your consideration in this matter.

Sincerely,

Danielle Baham, CMA



## Alaska Family Health & Birth Clinic

728 Gaffney Rd. Suite 100, Fairbanks, Alaska 99701 • (907)456-3719

Vanessa R. Dunham  
Apprentice Direct-entry Midwife  
728 Gaffney Street, Suite 100  
Fairbanks, AK 99709

March 3, 2004

**Subject: Senate Bill 349**  
**Senate Bill 294**

Dear Senator:

I am in favor of SB 349, an act which would require the licensing of birth centers. As a soon to be direct-entry midwife, working for Alaska Family Health and Birth Center I feel that licensing contributes to the high standards of birth centers.

I am in favor of SB 294. This bill is cost effective and will give medicaid recipients the same options as private and insurance clients.

Thank you for your consideration in this matter.

Sincerely,

Vanessa R. Dunham



## Alaska Family Health & Birth Clinic

728 Gaffney Rd. Suite 100, Fairbanks, Alaska 99701 • (907)456-3719

March 3, 2004

RE: Senate Bill 294  
Senate Bill 349

I am writing in support of SB294 and SB349. These bills would require all birth centers to be licensed and provide for Certified Direct entry Midwives to be the attendants at these births. This would provide a safe alternative to low risk women at a savings to the State for all Medicaid and Denali Kid Care patients. Certified Direct Entry Midwives typically have a high percentage of Medicaid and DKC clients and charge 50-75% less overall for prenatal care and childbirth services. CDEMs are currently doing homebirths or working in birth centers that may be registered through the State but do not have any licensing provisions. These bills would provide for consistent quality for all birth centers.

Thank You,

A handwritten signature in cursive script that reads "Cheryl Corrick".

Cheryl Corrick  
Certified Direct Entry Midwife

## **Moonlight Midwifery**

Laura Gore C.D.M.  
P.O. Box 112051  
Anchorage, Alaska 99511

March 2, 2004

Honorable Senators Seekings, Bunde, Davis, Stevens, and French,

I am writing in support of Senate Bill 349. As I'm sure you are aware, this bill would require licensure for all birthing centers, changing currently registered birthing centers to licensed birthing centers. This is an important bill because there are currently two standards for birthing centers in Alaska. Licensed centers have regulations to follow and annual inspections to insure public safety. Registered birth centers currently have no established regulations or inspections but instead rely on the Certified Direct-Entry Midwives, Statutes and Regulations to provide some standard of care.

The establishment of these two different types of birthing centers was not intentional; rather it was an error in wording. I currently operate a registered birth center and I am the Administrator for a licensed birth center. I can assure you the standards (as proposed in the rewrite 2/04, using input from owners of both licensed and registered birth centers) for licensed birth centers is both achievable and practical for all birthing centers and will benefit the public by assuring one uniform standard for this type of facility.

Sincerely,

Laura Gore C.D.M.  
Certified-Direct Entry Midwife

Sharon K. Evans, CPM, CDM  
PO Box 67  
Palmer, AK 99645  
March 3, 2004

**Subject: Senate Bill 349**

Dear Senator:

I am in favor of SB 349, an act which would require licensure of midwifery birth centers. As a licensed midwife and Alaska State Direct Entry Midwifery Board member, I am currently involved in the regulation of midwives. I am interested in our state providing quality assurance through the regulation/licensure of birth centers.

At this time, 34 states currently license birth centers. Standards and quality of care is assured through the licensing of Birth Centers, with Alaska's requirements being comparable to other states, allowing consumers and the economy to be greatly benefited.

Please support SB 349. By doing so, our state would be on the leading edge in quality, cost-effective maternity care in Alaska state licensed birth centers.

Sincerely,

*Sharon K. Evans, CPM, CDM*

Sharon K. Evans, CPM, CDM

# Mat-Su Midwifery, Inc.

2650 Broadview Ave., Wasilla, AK 99654

907-373-3420 Fax 907-376-7847

March 2, 2004

Subject: Senate Bill 349

Dear Senator:

I am writing this letter in support of SB 349, an act which would require licensure of midwifery birth centers. I am a certified direct-entry midwife licensed in this state since 1993. I own and operate Mat-Su Midwifery, Inc. in Wasilla, AK which is a registered out-of-hospital birth center. We currently deliver over 100 babies per year at our birth center. I would like to be able to assure our clients that the standard and quality of care we provide here is state-approved, as is our practitioner's license.

At this time, 34 states currently license birth centers. With Alaska's requirements being comparable to other states, consumers and the economy would be greatly benefited.

Sincerely,

*Judi Davidson, CDM, CPM*

Judi Davidson, CDM, CPM

FRONTIER MIDWIFERY SERVICES

March 1, 2004

Dear Senator,

I am writing regarding rewriting of one set of regulations for all licenced birth centers. I am the owner of a birth center in Soldotna. We serve a large community including, Homer, Seldovia, Seward, and individuals from bush communities all over the state who commute to town to receive prenatal, labor and delivery and postpartum care.

We are encouraging this change as a benefit to the individuals, the community and the state. Midwifery care is most importantly safe and cost effective. The focus of A Midwifery Model of Care is quality and prevention. Each patient spends an average of 45 minutes with a highly trained licenced health care provider concentrating on early parenting education and bonding. Our goal is to offer a personalized care. All of these factors have been cited as significant contributors to reducing adverse outcomes, especially prematurity and low birth weight.

In conclusion we would like you to consider Midwifery and Birth Center care for an innovative and cost effective approach to the escalating costs of health care.

Sincerely,



Katherine Piatt, CDM

# FISCAL NOTE

STATE OF ALASKA  
2004 LEGISLATIVE SESSION

Fiscal Note Number: 1  
 Bill Version: SB 349  
 ( S ) Publish Date: 4/21/04  
 Dept. Affected: Health & Social Services  
 RDU Health Care Services  
 Component Certification and Licensing

Revision Date/Time (Note if correction):

Title LICENSURE OF MIDWIFERY BIRTH CENTERS

Sponsor DAVIS

Requester SENATE (L&C)

Component No. 245

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Personal Services	16.2	18.9	21.6	24.3	27.0	29.7
Travel	2.1	2.5	2.8	3.2	3.5	3.9
Contractual						
Supplies	0.3	0.4	0.4	0.5	0.5	0.6
Equipment	0.1	0.1	0.1	0.2	0.2	0.2
Land & Structures	0.7	0.8	0.9	1.1	1.2	1.3
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>19.4</b>	<b>22.7</b>	<b>25.8</b>	<b>29.3</b>	<b>32.4</b>	<b>35.7</b>

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (0)						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	19.4	22.7	25.8	29.3	32.4	35.7
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>19.4</b>	<b>22.7</b>	<b>25.8</b>	<b>29.3</b>	<b>32.4</b>	<b>35.7</b>

Estimate of any current year (FY2004) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

The above estimated costs for SB349 are based on current registered midwifery birth centers. There are currently 6 midwifery birth centers and the increase in costs for following years are not inflationary, but are estimated on a rate of one new birth center every year, which has been the history. It is assumed that all currently registered midwifery birth centers would apply for full licensure if this bill becomes law. There will be no need for new positions to absorb this function into the licensure program, but staff time will be needed for travel, on-site surveys, and completion of paperwork.

Prepared by: Deb Erickson  
 Division: Public Health  
 Approved by: Joel S. Gilbertson, Commissioner  
 Agency: Department of Health and Social Services

Phone 907-465-8615  
 Date/Time 02/23/2004  
 Date 02/24/2004

COMMITTEE COPY