

SB

294

Alaska State Legislature

Interim: (May - Dec.)
716 W. 4th Ave
Anchorage, AK 99501
Phone: (907) 269-0144
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Session: (Jan. - May)
State Capitol, Suite 7
Juneau, AK 99801-1182
Phone: (907) 465-3822
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Toll free: (800) 770-3822

Senator_Betty_Davis@legis.state.ak.us
<http://www.akdemocrats.org>

Senator Bettye Davis

Memorandum

Date: April 5, 2004
To: Senate Health Education and Social Services Committee
From: Senator Bettye Davis
Re: Request for hearing of Senate Bill 294

This is a request for a hearing of Senate Bill 294. I have enclosed for the packets:

- Current version of Senate Bill 294
- Sponsor statement
- Sectional analysis
- Request for teleconferencing and list of witnesses and sites
- Pertinent background information
 - Research
 - Legal opinions
 - Letters of support

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Senator Bettye Davis

Senate Bill 294: "An act adding licensed birthing centers to the list of health facilities eligible for payment of medical assistance for needy persons."

Sponsor Statement

Currently in Alaska, Medicaid does not cover licensed birthing center facility fees, often forcing pregnant woman to choose a hospital birth where costs to the state are significantly greater than those at a birthing center. The average cost from four hospitals in Anchorage, Fairbanks, and Juneau of a "natural" birth is \$3,667.00. This figure does not include epidural anesthesia or the use of pitocin to enhance the strength of labor, internal fetal monitoring, and forceps or vacuum assisted deliveries. A cesarean section on average would cost an additional \$4,385.75. The facility fees for three birthing centers in Alaska averages \$1,400.00.

Given the current state budget and predicted shortfalls, it only makes sense to reimburse the facility fee for birthing centers. If birthing center facility fees were to be reimbursed by Denali Kid Care, the option of a birth center birth could be made available to even more women. It's a logical step towards saving the state money and allowing families on the Denali Kid Care program to choose their preferred location to give birth. I urge you to support the passage of this legislation.

LEGAL SERVICES

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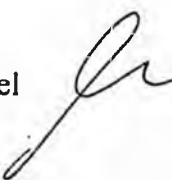
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

February 16, 2004

SUBJECT: Birthing Centers (Work Order No. 23-LS1625\A)

TO: Senator Bettye Davis

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. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Adds birthing centers to the definition of "health facility" for medical assistance purposes.

JMM:lmb
04-037.lmb

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<http://www.akdemocrats.org>

Senator Bettye Davis

Memorandum

Date: April 5, 2004
To: Health Education and Social Services Committee
From: Senator Bettye Davis
Re: Request for teleconferencing and list of witnesses and sites of Senate Bill 294

This is a request for a teleconferencing during the hearing of Senate Bill 294.

Testifiers in Juneau:

- Kaye Kanne, Juneau Family Birth Center Executive Director

Online:

- Barbara Norton, Geneva Woods Birth Center (Anchorage)
- Dana Brown, Alaska Family Health and Birth Center (Fairbanks)
- Katherine Piatt, Frontier Midwifery (Soldotna)
- Judi Davidson, Mat-Su Midwifery, Inc. (Wasilla)
- Laura Gore, Moonlight Midwifery (Anchorage)

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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.¹
- 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.¹
- 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.^{2, 3}
- 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.¹

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.^{2, 3}
- 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

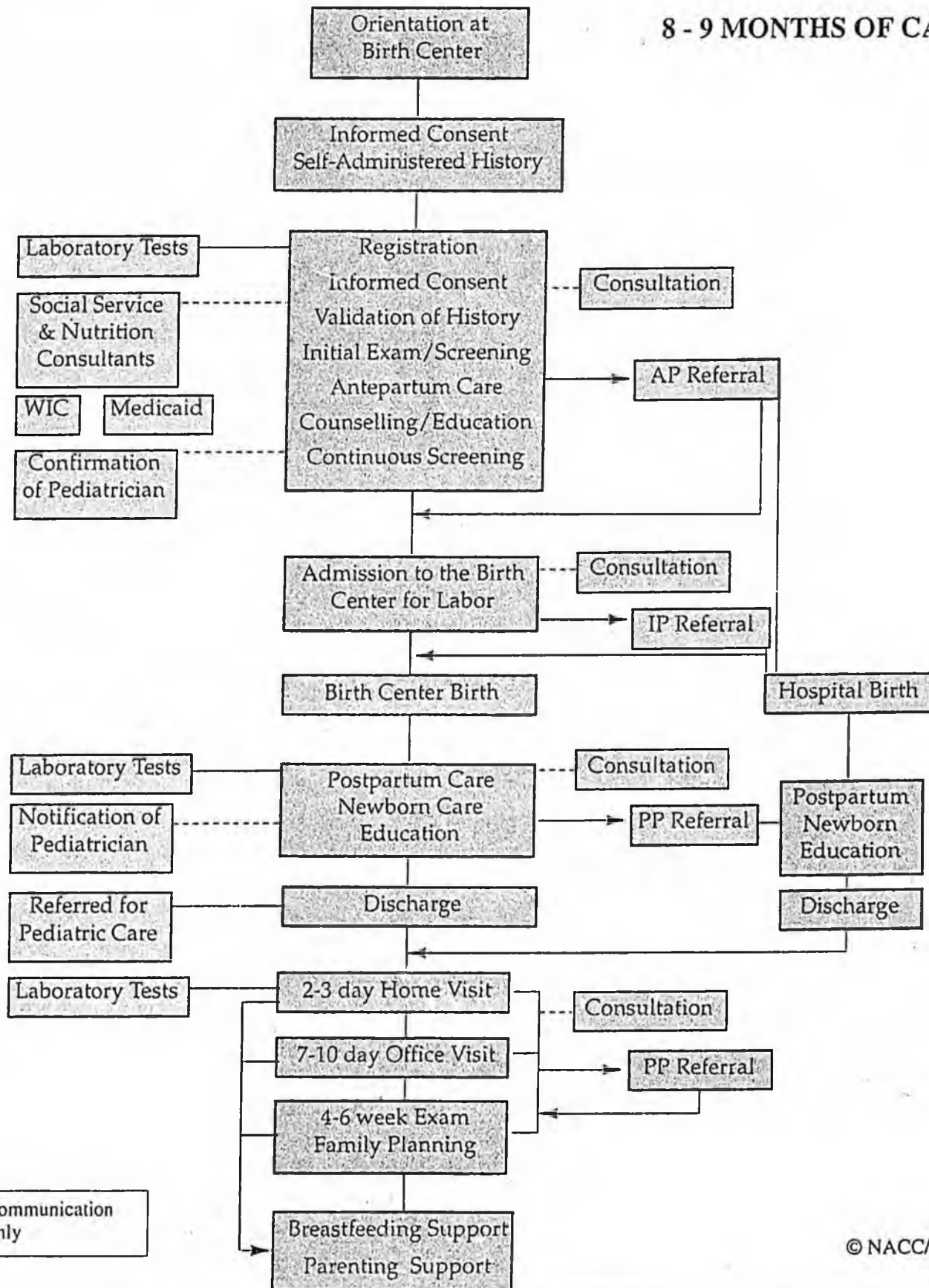
Primary Care in an Integrated Health Care System

Ancillary Services

Birth Center/Primary Care

Hospital/Acute Care

8 - 9 MONTHS OF CARE



----- = communication only



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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 Rosen, 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.

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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.

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 (Number of cesarean sections nation wide)	32	8.2% 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 (Most of our moms breastfeed for years, but we have no official way of tracking this)		98%
Average baby weight		8 lbs

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-\$8005.00 (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.



Geneva Woods Birth Center

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

Letters of
Support for
SB 294

Honorable Senators Dyson, Green, Davis, Wilken, and Guess,

I would like to take this opportunity to discuss with you my support for Senate Bill 294. As I'm sure you're aware, this Act would add birthing centers to the list of health facilities eligible for payment of medical assistance for needy persons. There are many reasons why birthing centers should be among these eligible health facilities, the most compelling of which are *cost savings to the State of Alaska*, and *client choice*.

The cost savings realized through the use of Birthing Centers are two-fold. First, the facility fee at a Birthing Center is equal to approximately one-third the price of a hospital stay for normal childbirth. Secondly, additional savings can be realized through the significant reduction in medical intervention for both the mother and the baby that characterizes Birthing Center births. In birthing centers, mothers don't have continuous electronic fetal monitoring, which has been shown to *increase* the cesarean section (c-section) rate, without improving outcomes for babies or mothers. They don't receive epidural anesthesia, which not only costs roughly \$2,000 by itself, but is often accompanied by the necessary use of pitocin to enhance the strength of labor, internal fetal monitoring, and forceps, or vacuum assisted deliveries. A hospital birth involving all of the above-mentioned interventions can cost upwards of \$7000 to \$10,000 for a 'natural' birth. (A birth by cesarean section can cost more than \$20,000.) The current c-section rate at the Geneva Woods Birth Center is 3%, while the current national c-section rate is 26%. This is a *significant* difference, with enormous cost-saving implications. Women in birthing centers give birth the "old fashioned way"; surrounded by family, unmedicated, and without unnecessary medical interventions.

In our practice, *Midwifery & Women's Health Care at Geneva Woods*, there are many women who would choose to give birth in our birthing center if the facility fee were paid by Denali Kid Care, but are obligated instead to go to the hospital, where the facility fee is covered. We estimate that each year there are between thirty to fifty women, in our practice alone, who would choose this lower-cost birth center option, if given a choice.

* Please refer to the enclosed copy of the results of a study conducted by Judith Rooks, PhD, documenting the safety of Birth Center births.

This could potentially result in a savings to the state of \$60,000 to \$100,000 for *our clients alone*, each year. There are currently six other Birth Centers in the state.

A relatively large percentage of women choose out-of-hospital birth in Alaska, as compared to women in the lower 48 (6% in Alaska compared to 2% nationwide). Each year the number of women who choose to have their babies in our Birth Center grows by more than 30%. Clearly, when presented with the choice, an increasing number of women are choosing Birth Centers. If Birth Center facility fees were to be reimbursed by Denali Kid Care, the option of a Birth Center birth could be made available to even more women, allowing us health care providers to offer better service and more choice to our clients, while enabling the state to save money on the Denali Kid Care plan.

Thank you for your time and consideration in this matter.

Sincerely,

Barbara Norton CNM, ANP

Barbara Norton, CNM, ANP



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 294, a bill adding birth centers to the list of facilities that Medicaid will cover. At this time, Medicaid does not cover our \$1800 facility fee, which is covered by all insurance companies. This means a loss of \$1800 revenue for any Medicaid or Denali Kid Care client that we accept. At the same time, Medicaid pays hospital facility fees of 5 to 10 times more for a birth. The Juneau Family Birth Center has chosen to write off the loss instead of requiring payment from clients who are financially stressed. Other birth centers in Alaska cannot do this. This translates to women choosing a hospital birth over a birthcenter birth, at much greater expense to the State of Alaska Medicaid Program.

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

Moonlight Midwifery

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

March 2, 2004

Honorable Senators Dyson, Green, Davis, Wilken, and Guess,

I am writing to offer my support for Senate Bill 294. This bill would add birthing centers to the list of health facilities eligible for payment of medical assistance for eligible recipients (those qualifying for Medicaid). The state of Alaska already provides reimbursement to providers for services provided in the birth center setting. This bill will be a cost saving measure for medical assistance by increasing the amount of low risk women able to use birthing centers thus saving on costly hospital births by women who would prefer to birth at a birthing center.

A facility fee for a birth center is approximately one-third the price of a hospital birth. In addition to the overall lower price of the facility fee, savings are also realized through the reduction of costly additional medical interventions often seen in the hospital.

This Bill would make choosing a birthing center a viable option for all low risk women, regardless of their financial status, and would be a cost saving measure for the State of Alaska.

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 294

Dear Senator:

I am writing this letter in support of SB 294, which would add birth centers to the list of facilities paid by Medicaid. I have practiced midwifery primarily in Alaska for 20 years, working as a midwife and preceptor for midwifery students. I have participated in the evolution of maternity care services in Alaska and have watched the demand for quality, cost-effective healthcare, in particular out-of-hospital birth, steadily increase.

The cost of out-of-hospital birth is substantially less (50-70%) than a hospital birth. The average charges for a birth center delivery (including practitioner fees) is approximately \$3500.00. The average cost for a hospital birth room alone is approximately \$5400.00. In states where birth centers are paid by Medicaid, savings of 30% to 50% over hospital charges in the same communities were reported. At a time when Medicaid funding may be cut, millions of dollars could be saved annually if Medicaid was paying birth centers instead of hospitals.

Medicaid recipients should have the same options for birth as self-paying people (or those with insurances that do reimburse birth centers). As has been demonstrated by other states, implementation of SB 294 offers a promise of lower cost, greater availability, and a comparable degree of safety, as has been consistently shown for more than a decade of freestanding birth center operation. For the sake of the Alaska public, I am asking that you support this Bill.

Sincerely,

Sharon K. Evans, CDM, CPM

Sharon K. Evans, CPM, CDM

Mat-Su Midwifery, Inc.

2650 Broadview Ave., Wasilla, AK 99654

907-373-3420 Fax 907-376-7847

March 1, 2004

Subject: Senate Bill 294

Dear Senator:

I am writing this letter in support of SB 294, which would add Birth Centers to the list of facilities which are paid by Medicaid.

I am the owner/operator of a birth center in Wasilla, AK. We serve a birthing population that extends from Glennallen to Eagle River. We deliver over 100 babies per year, and approximately 90% qualify for Denali Kid Care or Medicaid. Our birth facility fee for out-of-hospital birth is \$1200.00. Insurances currently pay this amount. Medicaid recipients must pay out-of-pocket. This cost dissuades many from using our birth facility. The average cost for a hospital birth room in our area starts at \$3000.00

In states where birth centers are paid by Medicaid, savings of 30% to 50% over hospital charges in the same communities were reported. At a time when Medicaid funding may be cut, millions of dollars could be saved annually if Medicaid was reimbursing birth center facility fees.

Medicaid recipients should have the same options for birth as self-paying people (or those with insurances that do reimburse birth centers). As has been demonstrated by other states, implementation of SB 294 offers a promise of lower cost, greater availability, and a comparable degree of safety, as has been consistently shown for more than a decade of freestanding birth center operation.

Please consider the cost savings SB 294 represents to the citizens of our state.

Sincerely,

Judi Davidson, CDM, CPM

Judi Davidson, CDM, CPM

Subject: Bill 294

Date: Mon, 23 Feb 2004 14:28:47 -0900

From: Sean & Jennina Rheault <rheaults@gci.net>

To: Senator_Bettye_Davis@legis.state.ak.us

I had my first child in a Birth Center in Anchorage, it was a great experience, I was only in labor for 5 hours, before my daughter was born.

I am now on Denali Kid Care, and am hoping this bill will make it possible to deliver my second and last child at the birth center also, as I cannot afford even the reduced rate the birth center offers me because I am on Denali Kid Care. It is more comfortable, less invasive, and I personally feel that the care received is excellent. Women have choices to keep children or not and I think they should have the choice to deliver at a birth center if they choose to do so. I believe it would save the state probably about \$2,000 per delivery compared with an average hospital delivery.

Please take my opinion into consideration making your decision on this bill.



Alaska Family Health & Birth Clinic

728 Galliney 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,

Cheryl Corrick
Certified Direct Entry Midwife



Alaska Family Health & Birth Clinic

728 Gaffney 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,

A handwritten signature in cursive script that reads "Dana Brown".

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,

A handwritten signature in cursive script that reads "Vanessa R. Dunham".

Vanessa R. Dunham

ALASKA STATE LEGISLATURE

Senate
Health, Education &
Social Services
Committee

Senate
Labor & Commerce
Committee



While in Session
State Capitol
Juneau, Alaska 99801
(907) 465-3822
Fax: (907) 465-3756

While in Anchorage
716 West 4th Avenue
Anchorage, Alaska 99501
(907) 269-0144
Fax: (907) 269-0148

SENATOR BETTYE DAVIS

Senator_Bettye_Davis@legis.state.ak.us
www.akdemocrats.org

Memorandum

To: Senator Fred Dyson, Chair
Senate Health, Education & Social Services Committee

From: Senator Bettye Davis *BD*

Date: April 16, 2004

RE: 2nd Request for Hearing, SB 294

I respectfully renew my request a hearing for Senate Bill 294. My original request was sent to your office on April 5, 2004.

The following items were previously forwarded to your office:

- Current version of Senate Bill 349
- Sponsor statement
- Sectional analysis
- Fiscal note
- Request for teleconferencing and list of witnesses and sites
- Pertinent background information
 - Research
 - Legal opinions
 - Letters of support