

BILLS 1981 - 1982  
CSSHB 9 cont. - SSHB 11

1405

1405

1 (1)(3)(A));

2 (B) a method of architectural design and construction  
3 which

4 (i) provides for the collection, storage and use  
5 of direct radiation from the sun; or

6 (ii) provides for the retention of heat by the use  
7 of an amount or quality of insulation which exceeds the  
8 amount or quality of insulation required by building perfor-  
9 mance standards adopted by the Alaska Energy Center; and

10 (C) any other device approved by the commissioner of  
11 commerce and economic development under AS 44.33.040(12).

12 ARTICLE 2. ENERGY CONSERVATION REFUNDS AND GRANTS.

13 Sec. 46.13.100. FUND ESTABLISHED. There is established in the  
14 Department of Commerce and Economic Development the residential energy  
15 conservation grant fund to carry out the purposes of AS 46.13.100 -  
16 46.13.199. Refunds and grants made under AS 46.13.100 - 46.13.199 may  
17 be used to purchase, construct, and install an energy conservation  
18 improvement in residential buildings. The fund may be used for no  
19 other purpose.

20 Sec. 46.13.110. REFUNDS AND GRANTS. (a) The department may  
21 make refunds or grants for the purchase, construction, and installation  
22 of an energy conservation improvement in a residential building if the  
23 energy conservation improvement is recommended in an abbreviated energy  
24 audit under AS 46.11.032.

25 (b) A refund or grant made under this section may not exceed an  
26 amount determined by the department by application of each of the  
27 factors set out in (e) of this section to the base rate applicable to  
28 the dwelling or residential building. The base rate is

29 (1) \$300 for a single-family dwelling; or

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(2) \$200 for each unit in a multi-unit residential building.

(c) In making a refund or grant under this section, the department shall determine the amount of a refund or grant payable under (a) of this section by adjusting the base rate set out in (b) of this section by

(1) a regional cost-of-living index determined by the department;

(2) a degree day factor.

Sec. 46.13.199. DEFINITIONS. In AS 46.13.100 - 46.13.199,

(1) "degree day" means a unit that represents one degree of declination from 65 degrees Fahrenheit in the mean outdoor temperature of a day;

(2) "degree day factor" means the factor determined by dividing the average number of degree days for the community in which a dwelling or residential building is located by the average number of degree days for the state;

(3) "energy audit" means a determination and written summary prepared under AS 46.11.030 - 46.11.032 or sec. 215(b)(1)(A) of the National Energy Conservation Policy Act (42 U.S.C. 8216(b)(1)(A)) of the energy savings likely to result from appropriate energy-conserving maintenance and operating procedures and modifications, including the purchase and installation of energy-related fixtures;

(4) "energy conservation improvement" means

A) structural insulation;

B) storm and thermal windows and doors;

C) a furnace replacement burner designed to achieve a reduction in the amount of fuel consumed as a result of increased combustion efficiency;

(D) a device for modifying flue openings designed to

1 increase the efficiency of operation of the heating system;  
2 (E) an electrical or mechanical furnace ignition system  
3 which replaces a gas pilot light;  
4 (F) an automatic energy-saving setback thermostat;  
5 (G) a meter which displays the cost of energy usage;  
6 (H) caulking and weatherstripping of doors and windows;  
7 (I) insulating shades and shutters;  
8 (J) air and water recuperators;  
9 (K) electrical outlet insulating gaskets;  
10 (L) water heater insulating jacket;  
11 (M) shower flow reducer;  
12 (N) any other energy-saving device approved by the  
13 commissioner of commerce and economic development under AS 44.33.-  
14 040(12);

15 (5) "regional cost-of-living index" is an index determined  
16 by calculating the costs of living in the regions of the state by using  
17 the cost of living in Anchorage as a base of 1.00;

18 (6) "residential building" means a building which is used as  
19 a home, dwelling or sleeping place and includes a newly constructed  
20 building and a building proposed for construction as well as an existing  
21 structure.

22 ARTICLE 3. ENERGY CONSERVATION ASSISTANCE.

23 Sec. 46.13.200. ENERGY CONSERVATION ASSISTANCE. The department  
24 may make a grant to an individual, municipality, or nonprofit corpora-  
25 tion to install an energy conservation improvement in a building or  
26 dwelling

27 (1) in which an individual who receives low income resides;  
28 or

29 (2) in a community

- 1 (A) which has a population of less than 600;
- 2 (B) which does not have year-round surface transporta-
- 3 tion; and
- 4 (C) which lacks the goods and services necessary for
- 5 installation of energy conservation improvements.

6 Sec. 46.13.210. LIMITATION ON GRANT. A grant under AS 46.13.200  
7 may not exceed \$3,000.

8 Sec. 46.13.220. STANDARDS. The department shall by regulation  
9 establish

10 (1) income standards for individuals who are eligible for  
11 assistance under AS 46.13.200 - 46.13.240 based on poverty guidelines  
12 provided by the federal Office of Management and Budget adjusted to  
13 Alaska and regional conditions by United States Department of Labor  
14 statistics and a cost-of-living index;

15 (2) eligibility requirements for contractors of the grantee  
16 who install energy conservation improvements;

17 (3) the energy conservation improvements which may be made  
18 under AS 46.13.200 - 46.13.240;

19 (4) the amount of assistance that may be provided to an  
20 individual under AS 46.13.200 - 46.13.240 considering

21 (A) the estimated life of the housing unit;

22 (B) prior energy conservation improvements made to the  
23 housing unit;

24 (C) the cost effectiveness of any proposed improvements  
25 which are made to conserve energy;

26 (D) costs of materials and transportation of materials;  
27 and

28 (E) the availability of other financial resources for  
29 energy conservation in the building or dwelling.

1           Sec. 46.13.230. LIMITATION ON ASSISTANCE. If an energy conserva-  
2 tion improvement in a building or dwelling is financed by a refund or  
3 grant made under AS 46.13.100 - 46.13.199, a low-income individual who  
4 later resides in the building or dwelling may receive assistance under  
5 AS 46.13.200 - 46.13.240 for other energy conservation improvements.  
6 However,

7           (1) only one grant may be made under AS 46.13.200 - 46.13.240  
8 for each building or dwelling; and

9           (2) when a grant is given for a building or dwelling under  
10 AS 46.13.200 - 46.13.240, the owner of the building or dwelling may not  
11 obtain a refund or grant under AS 46.13.100 - 46.13.199.

12           Sec. 46.13.240. AUDIT. A grant may not be made under AS 46.13.-  
13 200 - 46.13.240 unless an abbreviated energy audit is completed.

14           ARTICLE 10. GENERAL PROVISIONS.

15           Sec. 46.13.900. DEFINITION. In this chapter, "department" means  
16 the Department of Commerce and Economic Development.

17 \* Sec. 23. The following laws are repealed: AS 45.88; AS 45.89; and  
18 AS 46.11.030(d) and (e).

June 3, 1981

HB 9

Richard Matthews  
Port Armstrong, Ak.

Supports this bill and the increase in the revolving loan fund--currently \$10.0 up to \$100.0. Not asking the limit increase be this high, but perhaps \$50.0 would be a fair limit.

PLEASE file:  
INFO

June 3, 1981

HB-9

RICHARD MATHEW'S  
PORT ARMSTRONG, AK

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A M E N D M E N T

OFFERED IN THE SENATE:

BY: Senate Resources Committee

TO: CS SENATE BILL No. \_\_\_\_\_

HOUSE BILL No. SSHB 9(Fin)(efd failed)

PAGE: 16

LINE: 19

On page 16, line 19 add the following:

\*Sec. 24. TRANSITION. An energy audit completed under the state residential energy conservation program before the effective date of this act qualifies until December 31, 1981 as both an abbreviated and detailed audit for purposes of receiving refunds or grants under 46.13.110 and for purposes of receiving loans of up to \$10,000 under 46.13.010-099.

\*Sec. 25. This Act takes effect immediately in accordance with AS 01.10.070(c).

*Changes title ; and providing for an effective date."*



A M E N D M E N T

OFFERED IN THE HOUSE:

By: H.E.S.S.

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

SENATE BILL No. \_\_\_\_\_

PAGE: 8

LINE: 15

*new paragraph*  
Add (4) to Sec. 08.69.150;

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

COMMITTEE REPORT

HOUSE

4/2

(5)

FURTHER: FINANCE

3/17/82

Date: 4/1/82

Mr. Speaker:

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

"An Act relating to midwifery."

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

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

MEMBERS SIGNING DO PASS

Terry Masten

John R. ...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERS HAVING OTHER RECOMMENDATIONS:

Malone - Do Pass w/ amendment

\_\_\_\_\_

\_\_\_\_\_

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

E.

John R. ...

CHAIRMAN

Cook

Original sponsors: Rogers and Vaska

Offered: 4/2/82  
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

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

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

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

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

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

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

20 (24) Board of Midwifery.

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

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

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

24 CHAPTER 69. MIDWIFERY.

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

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

*Beeta J. J. J.*  
*Zero Fiscal Note*

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

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

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

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

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

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

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

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

1 statistic recording requirements;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 chapter by fraud or deceit;

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

3 (3) engaged in unprofessional conduct; or

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

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

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

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

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

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

19 (4) clamping and severing the umbilical cord;

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

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

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

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

28 (9) postnatal care of mother and infant;

29 (10) suturing;

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

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

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

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

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

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

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

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

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

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

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

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

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

1 the time the midwife services terminate;

2 (9) other information required by the board.

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

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

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

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

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

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

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

3 Sec. 08.69.180. DEFINITIONS. In this chapter

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

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

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

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

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

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

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

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

1 IN THE HOUSE BY ROGERS AND VASKA  
2 2d SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11  
3 IN THE LEGISLATURE OF THE STATE OF ALASKA  
4 TWELFTH LEGISLATURE - SECOND SESSION  
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13 Two members shall be selected by the governor.

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17 ceived or paid for the services of a midwife. Each board member serves  
18 for a term of five years and until his successor is appointed and quali-  
19 fied. An appointment to a vacancy is for the unexpired term.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (3) engaged in unprofessional conduct; or

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

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

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

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

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

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

17 (4) clamping and severing the umbilical cord;

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

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

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

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

26 (9) postnatal care of mother and infant;

27 (10) suturing;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 Sec. 08.69.180. DEFINITIONS. In this chapter

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

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

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

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

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

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

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

10 (52) Board of Midwifery (AS 08.69.030)



Official Business

# Alaska State Legislature

## House of Representatives

### Committee on

### Health, Education & Social Services

Pouch V  
State Capitol  
Juneau, Alaska 99811

April 1, 1982

The Hon. Joe Hayes, Speaker  
House of Representatives

Dear Mr. Speaker:

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

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

Sincerely,

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

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

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

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

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services  
 Program Category Affected Health/Public Health  
 BRU, Program, Or Subprogram(s) Affected \_\_\_\_\_  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

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

Cook

ALASKA STATE LEGISLATURE

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

"An Act relating to midwifery."

Midwifery

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

HISTORY IN THE HOUSE

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

HISTORY IN THE SENATE

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

HISTORY IN THE HOUSE

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

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

"An Act relating to Midwifery"

WHAT THE BILL DOES

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

DISCUSSION

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

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

Position Paper  
CS 2d SSHB 11  
Page 2

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

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

To assure consumer protection, the following recommendations are made:

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

Position Paper  
CS 2d SSHB 11  
Page 3

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

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

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

DEPARTMENTAL POSITION

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

Recommended by:

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

Date:

April 4, 1982

Approved by:

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

Date:

4-11-82

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

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

Title "An Act Relating to Midwifery."

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

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Health/Public Health

BRU, Program, Or Subprogram(s) Affected \_\_\_\_\_

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

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

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

POSITIONS.

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

IV. DATE 4/9/82

PREPARED BY Lois M. Bergerson

AGENCY Health & Social Services

PHONE 465-3150

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE - AMENDED

I. REQUEST

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

II. FISCAL DETAIL

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

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES		27.9	27.9	27.9	27.9	27.9
200 TRAVEL		9.4	10.3	11.4	12.5	13.7
300 CONTRACTUAL		16.0	17.4	18.9	20.6	22.4
400 COMMODITIES		5	5	5	5	5
500 EQUIPMENT		2.8				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>		<b>56.6</b>	<b>56.1</b>	<b>58.7</b>	<b>61.5</b>	<b>64.5</b>

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

PERSONAL SERVICES - FY '82 salary schedule and benefits.

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

TRAVEL - 10% inflation factor projected.

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

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

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

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

IV. DATE April 12, 1982

PREPARED BY Marjorie Odland  
AGENCY Division of Occupational Licensing

Original: Legislative Finance  
cc: Budget and Management

PHONE 465-2535

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

CONTRACTUAL - 9% inflation factor projected.

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

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

## Average 6 hour days:

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

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

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

COMMODITIES

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

EQUIPMENT - one time cost in FY'83.

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



Official Business

# Alaska State Legislature

## House of Representatives

Committee on

Health, Education & Social Services

Pouch V  
State Capitol  
Juneau, Alaska 99811

April 1, 1982

The Hon. Joe Hayes, Speaker  
House of Representatives

Dear Mr. Speaker:

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

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

Sincerely,

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

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

A M E N D M E N T

OFFERED IN THE HOUSE:

By: H.E.S.S.

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

SENATE BILL No. \_\_\_\_\_

PAGE: 8

LINE: 15

*new paragraph*  
Add (4) to Sec. 08.69.150;

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

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

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

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services  
 Program Category Affected Health/Public Health  
 BRU, Program, Or Subprogram(s) Affected \_\_\_\_\_  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

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

Original sponsors: Rogers and Vaska

Offered: 4/2/82  
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

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

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

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

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

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

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

20 (24) Board of Midwifery.

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

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

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

24 CHAPTER 69. MIDWIFERY.

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

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

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

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

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

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

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

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

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

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

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

1        statistic recording requirements;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 chapter by fraud or deceit;

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

3 (3) engaged in unprofessional conduct; or

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

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

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

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

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

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

19 (4) clamping and severing the umbilical cord;

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

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

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

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

28 (9) postnatal care of mother and infant;

29 (10) suturing;

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

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

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

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

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

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

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

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

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

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

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

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

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

1 the time the midwife services terminate;

2 (9) other information required by the board.

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

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

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

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

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

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

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

3 Sec. 08.69.180. DEFINITIONS. In this chapter

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

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

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

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

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

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

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

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

1 IN THE HOUSE

BY ROGERS AND VASKA

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3 IN THE LEGISLATURE OF THE STATE OF ALASKA

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5 A BILL

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15 interest to assure that users of midwifery services are aware of the com-  
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11 licensed under this chapter or who has received or paid for the services  
12 of a midwife eligible to receive a license under AS 08.69.050(1) - (3).  
13 Two members shall be selected by the governor.

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15 consideration of recommendations submitted by childbirth consumer educa-  
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22           (2) prepare and administer an examination that tests compe-  
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25 not to exceed \$25;

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

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

1 (6) require licensed midwives to maintain statistics relating  
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3 (7) hold hearings and order disciplinary sanctions under  
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5 (8) adopt regulations necessary to carry out the purposes of  
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12 (3) furnishes proof of having attended at least 20 births as  
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14 application or has completed a midwife apprenticeship under AS 08.69.-  
15 170; proof is by affidavit of the applicant for births that occurred  
16 before January 1, 1982;

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18 tests competence in midwifery;

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

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

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7 licensee is granted inactive status under AS 08.69.090.

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9 with renewal requirements within 90 days after the license lapses.

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

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22 inactive status is terminated.

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

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

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

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

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

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

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

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

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

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

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

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

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

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25 information concerning the practice of midwifery that must be collected  
26 by a licensed midwife. The information is required to be retained in  
27 statistical form and shall include information on

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

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

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

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

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

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

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

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5 physician if a medical emergency is indicated.

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

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

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

23 Sec. 08.69.180. DEFINITIONS. In this chapter

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

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

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

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

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

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

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

(52) Board of Midwifery (AS 08.69.030)

# Alaska House of Representatives

## MEMO



Phone: 465-3725  
Room: 214 Capitol

From the desk of CHIEF CLERK

TO: FINANCE

DATE: 3/17

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

Thank you.

*pick up.*

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

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

"An Act relating to midwifery."

WHAT THE BILL DOES

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

DISCUSSION

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

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

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

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

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

POSITION

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

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

Date: March 24, 1982

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

Date: 3-24-82

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

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

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services  
Program Category Affected Health/Public Health  
BRU, Program, Or Subprogram(s) Affected \_\_\_\_\_  
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

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

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

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE - AMENDED

I. REQUEST

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

II. FISCAL DETAIL

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

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES		27.9	27.9	27.9	27.9	27.9
200 TRAVEL		9.4	10.3	11.4	12.5	13.7
300 CONTRACTUAL		16.0	17.4	18.9	20.6	22.4
400 COMMODITIES		.5	.5	.5	.5	.5
500 EQUIPMENT		2.8				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>		<b>56.6</b>	<b>56.1</b>	<b>58.7</b>	<b>61.5</b>	<b>64.5</b>

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

PERSONAL SERVICES - FY'82 salary schedule and benefits.

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

TRAVEL - 10% inflation factor projected.

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

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

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

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

IV. DATE March 25, 1982

PREPARED BY Marjorie Odland

AGENCY Division of Occupational Licensing

Original: Legislative Finance

PHONE 465-2535

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

CONTRACTUAL - 9% inflation factor projected.

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

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

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

COMMODITIES

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

EQUIPMENT - one time cost in FY'83.

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

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

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

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

EXPENDITURES (Thousands of Dollars)

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

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

TRAVEL - 10% inflation factor projected.

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

\$ 6,000.00

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

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

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

\$ 9,400.00

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

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

CONTRACTUAL - 9% inflation factor projected.

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

Original sponsors: Rogers and Vaska

Offered: 5/22/81  
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

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

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

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

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

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

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

20 CHAPTER 69. MIDWIFERY.

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

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

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

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

3 (1) license persons to practice midwifery;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 tionships;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 (4) clamping and severing the umbilical cord;

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

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

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

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

26 (9) postnatal care of mother and infant;

27 (10) suturing;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 a physician if a medical emergency is indicated; and

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

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

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

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

22 Sec. 08.69.160. DEFINITIONS. In this chapter

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

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

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

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out disease or complications;

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

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

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

1 IN THE HOUSE

BY ROGERS AND VASKA

2 SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

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

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

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

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

20 CHAPTER 69. MIDWIFERY.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 tionships;

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

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

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

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

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

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

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

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

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

29 (3) the licensed midwife has engaged in unprofessional

1       conduct.

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

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

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

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

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

15                      (4) clamping and severing the umbilical cord;

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

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

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

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

24                      (9) postnatal care of mother and infant;

25                      (10) suturing;

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

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

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

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

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

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

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

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

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

1 (5) normal deliveries;

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

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

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

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

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

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

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

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

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

17 (7) APGAR administered to infant;

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

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

21 (10) other information required by the department.

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

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

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

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

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

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

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14 vision of a sponsor. A sponsor may not supervise more than three  
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16 compliance of the apprentice midwife with this chapter.

17 Sec. 08.69.160. DEFINITIONS. In this chapter

18 (1) "department" means the Department of Commerce and Eco-  
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22 action during pregnancy, labor or delivery;

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24 of health in which the expectant mother is in a stable condition with-  
25 out disease or complications;

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

## CS SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 11

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

DISCUSSION

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

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

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

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

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

RECOMMENDATIONS

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

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

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

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

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

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

- (2) that the following requirement be added:

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

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

Department Position

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

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

Date: June 2, 1981

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

Date: 6-16-81

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

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

II. FISCAL DETAIL

Agency Affected Dept. of Health & Social Services  
 Program Category Affected Div. of Public Health  
 BRU, Program, or Subprogram(s) Affected \_\_\_\_\_

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

EXPENDITURES (Thousands of Dollars)

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

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

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

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