

BILLS 1981 - 1982  
SB 3 cont. - SB 4

Leg. Firm

1596

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BACKGROUND INFORMATION ON NEED FOR A REVISED GUARDIANSHIP LAW IN ALASKA  
(AS PROPOSED IN SB 3)

1. Guardianship Practices and Implications

(Excerpts taken from Guardianship & Conservatorship: Statutory Survey and Model Statute, American Bar Association, 1979.)

"Guardianship is a legal relationship which authorizes one individual to become a substitute decision-maker for another. Its most common form is the "natural guardianship" relationship between parents and their minor children. A guardianship is established by court order when because of age, illness, or disability, a person is determined to be incapable of managing some or all of his or her personal and/or financial affairs. A guardian may be given partial or total authority to determine whether the disabled person will live in the community or an institution, and what type of medical, mental health and other services the disabled person will receive (personal guardianship), and/or partial or total power to manage and control that person's property and income (conservatorship). Correspondingly, the individuals for whom a guardianship has been established may lose the right to decide whether to remain in their own home, to make contracts for goods and services, to go to court to enforce their rights, to hold or convey property, and in some instances to marry, to have children, to vote and to make a will.

The criteria for establishing a guardianship are often broad and vague, permitting the imposition of restrictions on persons who are "different" as well as on those who are disabled. Current procedures often omit the safeguards we have come to expect when restrictions on liberty are imposed or fundamental rights threatened in other contexts. And perhaps most importantly, even today in many jurisdictions, guardianship orders and guardians have failed to recognize that individuals with disabilities are often capable of doing many things for themselves.

(A)...serious difficulty arises because the law usually represents incompetence in simple black and white terms, with the result that most guardianships of the person are looked on as plenary guardianships. The person declared incompetent is deprived of the legal capacity to act in any way on his own behalf. Even though he (or she) may have a guardian appointed to exercise some of his (or her) rights, the emphasis usually is on the deprivation of rights rather than on implementing rights constructively through informed representation. Moreover, the idea that the person himself (or herself) can properly retain and exercise some personal and even property rights, selectively, according to his (or her) individual capacity, is not adequately expressed in most existing statutes pertaining to guardianship.

Over the past two decades, a growing list of organizations and governmental commissions which have examined guardianship have called for

correction of these problems. For example, in 1962, the President's Panel on Mental Retardation stated:

For some, of course, a comprehensive guardianship will be needed. But we urge that, as far as possible, mentally retarded adults be allowed freedom--even freedom to make their mistakes. We suggest the development of limited guardianships of the adult person, with the scope of the guardianship specified in the judicial order.

The 1969 Report of the International League of Societies for the Mentally Handicapped recommended:

The retarded adult should be permitted to act for himself [or herself] in those matters which he [or she] has competence. The limitations of legal capacity inherent in guardianship should not extend to these matters. It follows that a person whose mental retardation is characterized by impairments of social competence which are partial should enjoy a partial guardianship specifically adapted to his [or her] strengths and weaknesses.

The 1975 edition of the Uniform Probate Code makes a clear distinction between guardianship of the person and conservatorship of the estate, and establishes a number of less restrictive alternatives for the protection of the property of a disabled individual (though not the person). It also provides for the execution of durable powers of attorney as a means of obviating the need for a guardianship or conservatorship. Finally, the 1976 Report of the President's Committee on Mental Retardation, urged that:

Statutes and court procedures bearing on competency should be clarified and revised (a) to recognize gradations of competence, (b) to recognize that areas of competency may be quite varied and therefore should be separable in law, (c) to assure full and explicit due process safeguards on any and all areas of competency, and that the scope of any judgment of incompetence is made fully explicit, and (d) to ensure that restrictions of competency be limited to a specific period of time or subject to periodic review."

## 2. Commentary on Changes Needed in Alaska's Guardianship Laws

Existing state law does not provide for partial guardianship, does not provide sufficient due process protections, and does not tie appointment of a guardian or provision of guardianship services to the specific needs of the incapacitated person, nor does it provide for persons for whom no private guardian can be obtained.

Legislation is needed to correct these problems. It should require a determination of incapacity to be based on the individual's ability to provide for his [her] physical health and safety without focussing on the medical diagnosis of the disability. It should provide for

partial guardianship for those individuals who can meet some but not all of their own needs. Due process protections should be strengthened and ensure that the only legal rights a ward loses when a guardian is ordered are those specifically included in the court's guardianship order. A guardianship plan should be required which will make clear what the guardian's responsibilities and authorities are and thus provide clear direction for the guardian and help the court monitor the guardianship order. By prioritizing who can be a guardian, guidance can be given to those seeking guardians to help ensure that appropriate individuals are routinely contacted to be guardians.

Guardianship and conservatorship are closely tied and provisions need to be made to make conservatorship procedures consistent with guardianship procedures. The special conservator's role should be expanded to make it equivalent to that of a limited guardian.

An office of public guardian is needed. This is extremely important to ensure that individuals are not denied guardians or guardianship services simply because private guardians cannot be found. Guardianship petitions have not been filed for many individuals because there is no agency charged to actively seek out private guardians. In addition to serving as a public guardian, this office should be given the responsibility to seek private guardians. The public guardian should be required to seek other guardians before the court appoints it to be the guardian. This would also ensure that an office of public guardian would not have a burgeoning caseload. Recent experience in the state of Delaware, where such a provision is included in state statute has shown that the public guardian is able to locate private guardians thus reducing the public guardian's caseload and reducing court work which would be required to change guardians.

The public guardian should act as a special resource to the court, social service agencies, the Attorney's General office and to private guardians in guardianship matters. If these guardianship support services are not included in the public guardian's duties, the current problems will continue with the result that the public guardian will be required to serve as the guardian for significantly more individuals than would otherwise be necessary. The current problems are failure to process cases, slow processing of cases, reluctance of individuals to serve as guardians because they are unsure of their duties, unfamiliar with preparing reports, and because they feel they have no readily available agency specializing in guardianship to advise them.

If an office of public guardian as described above is created, the number of persons who will be willing to act as private guardians is expected to increase since the public guardian will continually be searching for private persons to serve as guardians and will provide advice and assistance to lighten the burden anyone serving as a guardian may feel.

The placement of the public guardian office within the state government has been a subject of much discussion. As a result of meetings in October 1978 and a review of the efforts of the Attorney General

in this area in regards to HB 63 of the Tenth Legislature, two possible locations were proposed: the Office of the Governor or the Court System in connection with the Public Administrator Office. These options were chosen because no other bodies of state government seemed appropriate. HB 63's amendment placed the office in the Department of Health and Social Services. The possible conflicts of interest that could arise resulting from the department being often the main provider of care to incapacitated persons requires that it be placed elsewhere.

The best option in many ways seems to be that the office be combined with that of the public administrator. The public administrator acts both as coroner and administrator of the estates of deceased persons. It is an appointive position for each judicial district, "when authorized by the Supreme Court". AS 22.15.310. The administration of estates is already an area of expertise required by a public administrator and would suggest that the public administrator is the appropriate person to act as a public conservator. Further, at present, the public administrator is already acting as an ad hoc public guardian for several clients at Harborview and individuals at other nursing care facilities. Given this ad hoc procedure, the public guardian office would legitimize this role and provide for a budget that allows the public guardian to truly provide adequate guardianship services.

### 3. Need for Guardianship Services

The number of individuals expected to require guardianship services equals about half the total number of persons in nursing homes and other residential care facilities. This totals about 335 people. Of these about 28% have private guardians. With active assistance from an office of public guardian, it is estimated that private guardians could be found for 10 to 15 percent of these people. This would result in the public guardian serving as guardian for about 10% or 35 people. Based on annual admission rates of these facilities and if a public guardian were to be needed for 10% of the cases, an additional 50 cases would be generated.

Because many of those in need of guardians are ill or aging the continuing caseload of a public guardian is estimated at between 50 and 90 individuals. Based on figures provided by the agencies it is estimated that 100 individuals will need the assistance of the public guardian to locate private guardians because of the current backlog of cases.

On an annual basis the caseload of the office of public guardian is expected to be:

50-90	public guardianship
100	guardianship resource services
50	location of private guardians

(See attached information gathered from a Council survey of agencies in 1979.)

Recent figures obtained on the Delaware public guardian office show 150 referrals per year to that office with only 10% or 15 becoming wards of the public guardian (Delaware population @ 600,000). The American Bar Association estimates 1/100th of one percent of Delaware's population is served by a public guardian.

4. Funding Needed

Based on court and associated costs and the time currently required for agencies to provide guardianship services, the annual cost of the bill is approximately \$250,000. (See attached fiscal impact information.)

## REFERENCES

- AMERICAN BAR ASSOCIATION, GUARDIANSHIP AND CONSERVATORSHIP: STATUTORY SURVEY AND MODEL STATUTE, 1979.
- N. KITTRIE, THE RIGHT TO BE DIFFERENT: DEVIANCE AND ENFORCED THERAPY (1971).
- INTERNATIONAL LEAGUE OF SOCIETIES FOR THE MENTALLY HANDICAPPED (ILSMH), SYMPOSIUM ON GUARDIANSHIP OF THE MENTALLY RETARDED, 11 (1969).
- NATIONAL CONFERENCE OF COMMISSIONERS ON UNIFORM STATE LAW (NCCUSL), UNIFORM PROBATE CODE (U.P.C.) Article V (4th Ed. 1975).
- ROTHMAN, THE STATE AS PARENT: SOCIAL POLICY IN THE PROGRESSIVE ERA, IN W. GAYLIN, I. GLASSER, S. MARCUS, & D. ROTHMAN, DOING GOOD: THE LIMITS OF BENEVOLENCE, 67, 70 (1978).
- E.g., THE PRESIDENT'S PANEL ON MENTAL RETARDATION (PPMR), REPORT OF THE TASK FORCE ON LAW (1963); PRESIDENT'S COMMITTEE ON MENTAL RETARDATION (PCMR), REPORT TO THE PRESIDENT -- MENTAL RETARDATION: CENTURY OF DECISION (1976); THE PRESIDENT'S COMMISSION ON MENTAL HEALTH (PCMH), REPORT TO THE PRESIDENT (1978); ILSMH (above); COUNCIL OF THE AMERICAN ASSOCIATION ON MENTAL DEFICIENCY (AAMD), POSITION PAPER ON GUARDIANSHIP FOR MENTALLY RETARDED PERSONS (1973); NATIONAL CENTER FOR SENIOR CITIZENS, MODEL GUARDIANSHIP, CONSERVATORSHIP AND POWER OF ATTORNEY LEGISLATION, IN U.S. SENATE SPECIAL COMMITTEE ON AGING, PROTECTIVE SERVICES FOR THE ELDERLY: A WORKING PAPER, 75-110 (1977); GOVERNOR'S COMMISSION FOR REVISION OF THE MENTAL HEALTH CODE OF ILLINOIS, REPORT (1976).
- AMERICAN BAR ASSOCIATION COMMISSION ON THE MENTALLY DISABLED: EXERCISING JUDGEMENT FOR THE DISABLED, REPORT OF AN INQUIRY INTO LIMITED GUARDIANSHIP, PUBLIC GUARDIANSHIP, AND ADULT PROTECTIVE SERVICES IN SIX STATES. (September 1979)

HFC

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 3  
 Title An Act Relating to Guardians and Conservators  
 Requested by House Judiciary Date 3/31/81

II. FISCAL DETAIL

Agency Affected Alaska Court System  
 Program Category Affected Administration of Justice  
 BRU, Program, or Subprogram(s) Affected Alaska Court System

(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		149.7	320.4	342.8	366.8	392.5
200 TRAVEL		20.0	44.0	48.4	53.2	58.6
300 CONTRACTUAL		45.0	99.0	108.9	119.8	131.8
400 COMMODITIES		2.3	5.0	5.4	6.0	6.6
500 EQUIPMENT		9.0				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>		<b>226.0</b>	<b>468.4</b>	<b>505.5</b>	<b>545.8</b>	<b>589.6</b>

FUNDING (Thousands of Dollars)

GENERAL FUND		226.0	468.4	505.5	545.8	589.6
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		9	9	9	9	9
PART TIME						
TEMPORARY						

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

The attached budget was developed at a meeting of all coroner/public administrators in the state. It is based on estimates of the number of guardianship appointments in each location. These estimates were derived in part by the Department of Health and Social Services and in part by court personnel.

IV. DATE March 31, 1981 PREPARED BY *Richard G. Sam*  
 AGENCY Alaska Court System  
 PHONE 264-0545  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)

PERSONNEL SERVICES:

FULL YEAR  
YEAR

Salaries

Anchorage:

Guardians - 3 @ Range 16 \$ 85,608  
Accounting Clerk - 1 @ Range 10 19,356

Fairbanks:

Guardian - 1 @ Range 16 32,832  
Accounting Clerk - 1 @ Range 10 21,768

Juneau:

Guardian 1 - @ Range 16 28,536  
Accounting Clerk - 1 @ Range 10 19,356

Ketchikan:

Asst. Guardian - 1 @ Range 14 24,756

232,212

Benefits

9 Employees - Health 16,200  
SBS 14,235  
Variable 36,782

67,217

Total

\$299,429

TRAVEL: Quarterly visits to all  
incapacitated persons.

40,000

CONTRACTUAL: \$40,000 for contractual  
guardians and visitors  
\$50,000 for respondent  
attorneys.

90,000

COMMODITIES: 9 employees @ \$500

4,500

EQUIPMENT: 9 employees @ \$1,000

9,000

TOTAL FULL YEAR COST

\$442,929

Proration due to effective date of 1/1/82  
( $\frac{1}{2}$  of full year cost less one time equip-  
ment costs)

(216,964)

COST (1/1/82 to 6/30/82)

\$225,965

COMMITTEE REPORT  
SENATE

FURTHER: None

1/22/81

Date: March 12, 1981

Mr. President:

The Committee on FINANCE has had SB 4  
health care services

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

- do pass *yes*  do not pass
  - do pass with attached amendments(s)
  - replace with CS for SB 4 (Finance)  same title  new title
- and recommends \_\_\_\_\_

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

MEMBERS SIGNING  
DO PASS

*John Lachert*  
*John P. ...*  
*...*  
*...*  
*...*  
*...*  
*...*  
*...*  
*...*  
*...*

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*John Lachert*  
 Do not Pass CHAIRMAN

Received 4/21/81  
bill already  
passed from  
SFC.

POSITION PAPER  
Committee Substitute for  
SENATE BILL NO. 4 (Finance) AM

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

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

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

Practice of Nurse Midwives

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

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

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

Medicaid Coverage of Nurse Midwives

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

Department Position

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

Recommended by:

David Bruce

David Bruce, Deputy Director  
Division of Public Health

Date:

April 6, 1981

Rod Betit

Rod Betit, Director  
Division of Public Assistance

Date:

April 6, 1981

Approved By:

Helen D. Beirne

Helen D. Beirne  
Commissioner

Date:

4/18/81

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST  
 Bill/Resolution No. Committee Substitute for Senate Bill No. 4  
 Title "An Act relating to nurse midwives"  
 Requested by Commissioner's Office Date 3/12/81

II. FISCAL DETAIL  
 Agency Affected \_\_\_\_\_  
 Program Category Affected Health / Division of Public Health  
 BRU, Program, or Subprogram(s) Affected \_\_\_\_\_

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

EXPENDITURES (Thousands of Dollars)

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

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

IV. DATE \_\_\_\_\_ PREPARED BY Vernellia Randall-Phillips  
 AGENCY Public Health  
 PHONE 465-3102  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named) M&B Approval M. Stalward Date 4/8/81

Original sponsors: Fahrenkamp and Bennett

Offered: 3/26/81  
Referred: Rules

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2 CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 36 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act establishing the Citizens' Advisory Commission  
7 on Federal Management Areas in Alaska; and providing  
8 for an effective date."

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

10 \* Section 1. AS 47 is amended by adding a new chapter to read:

11 CHAPTER 37. CITIZENS' ADVISORY COMMISSION

12 ON FEDERAL AREAS IN ALASKA.

13 Sec. 41.37.010. CITIZENS' ADVISORY COMMISSION ON FEDERAL AREAS IN  
14 ALASKA. (a) The Citizens' Advisory Commission on Federal Areas in  
15 Alaska is established.

16 (b) The commission is a temporary advisory agency of the executive  
17 branch of the state but is not allocated to a principal department of  
18 the executive branch. In the exercise of its responsibilities, the  
19 commission shall consider the views of citizens of the state and offi-  
20 cials of the state.

21 Sec. 41.37.020. MEMBERSHIP AND OFFICERS. (a) The commission is  
22 composed of 16 members appointed in accordance with this section.

23 (b) The commission shall include members selected from each  
24 judicial district in the state.

25 (c) The governor shall appoint eight members of the commission.

26 (d) The speaker of the house of representatives shall appoint two  
27 members of the commission from the membership of the state house of  
28 representatives and two members who are residents of the state.

29 (e) The president of the senate shall appoint two members of the

1 commission from the membership of the state senate and two members who  
2 are residents of the state.

3 (f) The commission shall select a presiding officer of the com-  
4 mission from its membership. The commission may elect other officers.

5 Sec. 41.37.030. QUALIFICATIONS OF MEMBERS. The members of the  
6 commission appointed by the governor under AS 41.37.020(c) and members  
7 appointed under AS 41.37.020(d) and (e) who are not members of the  
8 legislature shall be representative of the diversity of users and uses  
9 of federal land in the state.

10 Sec. 41.37.040. TERM OF MEMBERS OF THE COMMISSION. (a) A  
11 member of the commission appointed by the governor serves for a term of  
12 four years and until his successor is appointed and qualifies.

13 (b) A member of the commission appointed from the legislature  
14 serves for his term of office as a legislator.

15 (c) A member of the commission appointed by a member of the  
16 legislature serves for two years and until his successor is appointed  
17 and qualifies.

18 Sec. 41.37.050. REMOVAL OF A MEMBER. (a) A member of the com-  
19 mission may be removed by the appointing authority for cause after  
20 notice and hearing or after missing three consecutive meetings of the  
21 commission. The presiding officer of the commission shall inform the  
22 appointing authority if a member misses three consecutive meetings.

23 (b) After a member of the commission misses two consecutive  
24 meetings and before the third meeting, the secretary of the commission  
25 shall notify the member in writing that failure to attend the next  
26 meeting may result in the removal of the member. The failure of the  
27 secretary of the commission to notify a member under this subsection  
28 does not prevent the appointing authority from removing a member under  
29 (a) of this section.

1           Sec. 41.37.060. COMPENSATION, EXPENSES, AND PER DIEM. (a) A  
2 member of the commission who is a legislator or a full-time employee of  
3 the state or of a municipality of the state shall suffer no loss of  
4 compensation from the state or a municipality of the state as a result  
5 of service to the commission.

6           (b) A member of the commission is entitled to travel expenses and  
7 per diem prescribed for state boards and commissions.

8           Sec. 41.37.070. STAFF OF THE COMMISSION. The commission may  
9 employ staff and contract for services relating to matters within its  
10 authority. Staff employed under this section are responsible to the  
11 commission.

12           Sec. 41.37.080. DUTIES OF THE COMMISSION. (a) The commission  
13 shall consider, research, and hold hearings on the consistency with  
14 federal law and congressional intent of the management, operation,  
15 planning, and development of federal management areas in the state.

16           (b) The commission shall consider, research, and hold hearings on  
17 the impact of federal regulations and federal management decisions on  
18 the people of the state.

19           (c) The commission may, after consideration of the public policy  
20 concerns under (a) and (b) of this section, make a recommendation on  
21 the concerns identified under (a) and (b) of this section to an agency  
22 of the state or to the agency of the United States which manages federal  
23 land in the state.

24           (d) The commission shall consider the views, research, and reports  
25 of advisory groups established by it under AS 41.37.090 as well as the  
26 views, research, and reports of individuals and other groups in the  
27 state.

28           (e) The commission shall establish internal procedures for the  
29 management of the responsibilities granted to it under this chapter.

1 (f) The commission shall report annually to the governor and the  
2 legislature within the first 10 days of a regular legislative session.

3 (g) The commission shall cooperate with each department or agency  
4 of the state or with a state board or commission in the fulfillment of  
5 their duties.

6 Sec. 41.37.090. ADVISORY GROUPS OF THE COMMISSION. (a) The  
7 commission may establish advisory groups in the state.

8 (b) The commission shall invite nominations for the membership on  
9 the advisory groups and shall consider the nominations in making its  
10 appointments to the groups.

11 (c) The membership of each advisory group shall be broadly repre-  
12 sentative of individuals involved in activities affected by the estab-  
13 lishment or management of units of federal land within the state.

14 Sec. 41.37.100. SUIT. The commission may request the attorney  
15 general to file suit against a federal official or agency if the com-  
16 mission determines that the federal official or agency is acting in  
17 violation of an Act of Congress, congressional intent, or the best  
18 interests of the State of Alaska.

19 Sec. 41.37.110. AGENCY COOPERATION. Each state department,  
20 agency, board, and commission shall cooperate with the commission in  
21 the fulfillment of the duties of the commission under AS 41.37.080.

22 Sec. 41.37.150. DEFINITION. In this chapter, "commission" means  
23 the Citizens' Advisory Commission on Federal Management Areas in Alaska.

24 \* Sec. 2. The terms of the first members of the Citizens' Advisory  
25 Commission on Federal Management Areas in Alaska appointed by the governor  
26 under AS 41.37.020 as enacted in sec. 1 of this Act are as follows: two  
27 members shall be appointed for four-year terms, two members shall be ap-  
28 pointed for three-year terms, two members shall be appointed for two-year  
29 terms, and two members shall be appointed for one-year terms. The governor

1 shall specify the term of office of each member appointed under this sec-  
2 tion.

3 \* Sec. 3. AS 41.37 is repealed.

4 \* Sec. 4. Section 3 of this Act takes effect June 30, 1988.

5 \* Sec. 5. Sections 1 and 2 of this Act take effect immediately in accor-  
6 dance with AS 01.10.070(c).

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0046

April 8, 1981

FISCAL NOTE RECEIVED AFTER BILL  
PASSED FROM COMMITTEE.

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. C SSB 4 (FIN) am

Title An act relating to health care services and the coverage of the services of Nurse -

Requested by Finance

Date 3/12/81

Midwives under the Insurance laws of the state

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development

Program Category Affected Public Protection

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					
200 TRAVEL	0					
300 CONTRACTUAL	0					
400 COMMODITIES	0					
500 EQUIPMENT	0					
600 LAND & STRUCTURES	0					
700 GRANTS, CLAIMS, ETC.	0					
<b>TOTAL</b>	<b>0</b>					

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME	0					
PART TIME	0					
TEMPORARY	0					

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

IV. DATE April 3, 1981

PREPARED BY Kenneth C. Moore, Director of Insurance

AGENCY Department of Commerce & Economic Development

PHONE 465-2515

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

March 23, 1981

FISCAL NOTE RECEIVED IN COMMITTEE  
AFTER BILL PASSED OUT.

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. CSSB-4 (fin)

Title An act relating to health care services and the coverage of the services-

Requested by Senate Finance

Date 3/12/81

of nurse midwives under the  
insurance laws of the state

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development

Program Category Affected Public Protection

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

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

EXPENDITURES (Thousands of Dollars)

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

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME	0					
PART TIME	0					
TEMPORARY	0					

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

IV. DATE 3/19/81

PREPARED BY Kenneth C. Moore, Director of Insurance

AGENCY Department Economic & Development

PHONE 465-2515

Original: Legislative Finance

cc: Budget and Management

Prime Sponsor (First Legislator Named)

fiscal note received  
in committee after  
bill passed out.

POSITION PAPER  
Committee Substitute for  
SENATE BILL NO. 4

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

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

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

Practice of Nurse Midwives

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

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

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

Medicaid Coverage of Nurse Midwives

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

Department Position

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

Recommended by:

David Bruce

David Bruce, Deputy Director  
Division of Public Health

Date:

March 23 1981

Ron Betit by RSO

Ron Betit, Director  
Division of Public Assistance

Date:

3/24/81

Approved By:

Helen D. Beirne

Helen D. Beirne  
Commissioner

Date:

3/24/81

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Committee Substitute for Senate Bill No. 4  
 Title "An Act relating to nurse midwives"  
 Requested by Commissioner's Office Date \_\_\_\_\_

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services  
 Program Category Affected Health / Division of Public Health  
 BRU, Program, or Subprogram(s) Affected \_\_\_\_\_

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

EXPENDITURES (Thousands of Dollars)

	FY 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

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 \_\_\_\_\_ PREPARED BY Vernellia Randall-Phillips  
 AGENCY Public Health  
 PHONE 465-3102  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named) \_\_\_\_\_ M&B Approval [Signature] Date 3/24/81

1 and the services provided are within the scope of practice authorized  
2 by that certification.

3 \* Sec. 2. AS 21.84.590(6) is amended to read:

4 (6) AS 21.42.290 and AS 21.42.347

5 \* Sec. 3. AS 21.87.070(4) is amended to read:

6 (4) if a medical service corporation, it must have in force  
7 service agreements with participant providers [PHYSICIANS] located in  
8 the areas of the subscribers' residences convenient as to location and  
9 sufficient in numbers and facilities reasonably to furnish the medical  
10 and surgical services provided or proposed to be provided by the corpo-  
11 ration to its subscribers;

12 \* Sec. 4. AS 21.87.000(b)(3) is amended to read:

13 (3) if a medical service corporation, a copy of each form of  
14 service agreement entered into or proposed to be entered into with  
15 participant providers [PHYSICIANS], together with a list showing the  
16 name, residence and office addresses, and date of execution of the  
17 service agreement by each participant provider [PHYSICIAN];

18 \* Sec. 5. AS 21.87.120(a)(1) is amended to read:

19 (1) medical and surgical services furnished to the subscriber  
20 by participant providers [PHYSICIANS];

21 \* Sec. 6. AS 21.87.120(a)(2) is amended to read:

22 (2) indemnity in reasonable amount with respect to medical  
23 and surgical services furnished to the subscriber by nonparticipant  
24 providers [PHYSICIANS], but subject to AS 21.87.070(4);

25 \* Sec. 7. AS 21.87.120(a)(3) is amended to read:

26 (3) indemnity in reasonable amount with respect to hospital  
27 services furnished the subscriber while under the care and treatment of  
28 a participant provider [PHYSICIAN] or under the care and treatment of  
29 another provider [PHYSICIAN] upon referral by a participant provider

PH  
P-FRA  
Referred: Rules

Original sponsor: Ziegler

Offered: 3/12/81  
Referred: Rules

1 IN THE SENATE BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 4 (Finance)

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 health care services and the  
7 coverage of the services of nurse midwives under the  
8 insurance laws of the state."

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

10 \* Section 1. AS 21.42 is amended by adding a new section to read:

11 Sec. 21.42.347. COVERAGE FOR COST OF SERVICES PROVIDED BY NURSE  
12 MIDWIVES. (a) If an individual or group disability insurance policy,  
13 subscriber's contract, or fraternal benefit society certificate provides  
14 indemnity for the cost of services of a physician provided to women  
15 during pregnancy, childbirth, and the period after childbirth, indemnity  
16 in a reasonable amount shall also be provided for the cost of an  
17 advanced nurse practitioner who provides the same services. Indemnity  
18 may be provided under this subsection only if the advanced nurse  
19 practitioner is certified to practice as a nurse midwife in accordance  
20 with regulations adopted under AS 08.68.410(5), and the services  
21 provided are within the scope of practice authorized by that certifi-  
22 cation.

23 (b) If a subscriber's contract provides for furnishing those  
24 services required of a physician in the care of women during pregnancy,  
25 childbirth, and the period after childbirth, the contract shall also  
26 provide for the furnishing of the same services by an advanced nurse  
27 practitioner. Services may be provided under this subsection only if  
28 the advanced nurse practitioner is certified to practice as a nurse  
29 midwife in accordance with regulations adopted under AS 08.68.410(5),

1 [PHYSICIAN];

2 \* Sec. 8. AS 21.87.140(a) is amended to read:

3 (a) A medical service corporation shall enter into service agree-  
4 ments with providers [PHYSICIANS] licensed by the state only.

5 \* Sec. 9. AS 21.87.140(b) is amended to read:

6 (b) Each service agreement shall require the participant  
7 providers [PHYSICIANS] to furnish to subscribers of the service  
8 corporation the medical and/or surgical services which are, under the  
9 subscriber's contract, to be furnished by participant providers [PHYSI-  
10 CIANS]. This obligation to furnish the service, as provided for in the  
11 subscriber's contract, shall be a direct obligation of the participant  
12 providers [PHYSICIANS] to the subscribers as well as to the service  
13 corporation.

14 \* Sec. 10. AS 21.87.140(c)(1) is amended to read:

15 (1) the participant provider [PHYSICIAN] shall be compensated  
16 for services rendered to a subscriber in accordance with a schedule of  
17 fees contained in the agreement or attached to and made a part of the  
18 agreement, and that the participant provider [PHYSICIAN] may not request  
19 or receive from the service corporation compensation for the services  
20 which is not in accord with the schedule;

21 \* Sec. 11. AS 21.87.140(c)(3) is amended to read:

22 (3) if the participant provider [PHYSICIAN] withdraws from  
23 the agreement, the withdrawal may not be effective as to a subscriber's  
24 contract in force on the date of the withdrawal until the termination  
25 of the subscriber's contract or the next anniversary of the subscriber's  
26 contract, whichever date is the earlier.

27 \* Sec. 12. AS 21.87.160(a) is amended to read:

28 (a) Each subscriber's contract issued after July 1, 1966, by a  
29 service corporation constitutes a direct obligation of the participant

1 providers [PHYSICIANS] and/or participant hospitals of the service  
2 corporation to render the medical or hospital services, as the case may  
3 be, as agreed to be rendered by the participants in the subscriber's  
4 contract.

5 \* Sec. 13. AS 21.87.160(b)(1) is amended to read:

6 (1) the services to which the subscriber is entitled from  
7 participant providers [PHYSICIANS] and/or participant hospitals, as the  
8 case may be;

9 \* Sec. 14. AS 21.87.160(c) is amended to read:

10 (c) No contract may restrict the subscriber's right to free  
11 choice of provider [PHYSICIAN] or hospital, but shall restrict benefits  
12 to be provided on a service basis to services rendered by participant  
13 providers [PHYSICIANS] and participant hospitals.

14 \* Sec. 15. AS 21.87.170(a) is amended to read:

15 (a) Each service agreement and subscriber's contract entered into  
16 or issued by a service corporation shall provide for health care ser-  
17 vices of a substantial and broad character to be rendered to subscribers  
18 on a service basis by participant providers [PHYSICIANS] or participant  
19 hospitals.

20 \* Sec. 16. AS 21.87.190(a) is amended to read:

21 (a) Subscription rates, fees, and payments to be charged by a  
22 service corporation to or on account of its subscribers may not be  
23 excessive, inadequate, or unfairly discriminatory; and rates of pay-  
24 ments to be made to participant providers [PHYSICIANS] and participant  
25 hospitals for services rendered under a subscriber's contract, shall be  
26 fair and reasonable.

27 \* Sec. 17. AS 21.87.200(a)(2) is amended to read:

28 (2) a reserve equal to not less than the amount necessary by  
29 reasonable estimate to pay all claims incurred under subscriber's con-

1 tracts but currently unpaid, and including a reasonable additional  
2 amount to cover claims incurred but not reported to the corporation at  
3 the time of determination of the corporation's financial condition; but  
4 subject, as to amounts payable to participant providers [PHYSICIANS] or  
5 participant hospitals, to the right of the service corporation to pro-  
6 rate the amounts in accordance with the provisions of the service  
7 agreement;

8 \* Sec. 18. AS 21.87.300(a) is amended to read:

9 (a) At least once each year each service corporation shall make a  
10 special accounting, at which time any prorated settlements for bills  
11 submitted by participant providers [PHYSICIANS] or hospitals for ser-  
12 vices rendered during the preceding calendar year shall be adjusted,  
13 and any deficits made up on a uniform basis as to all participants to  
14 the extent of funds available.

15 \* Sec. 19. AS 21.87.300(b)(1) is amended to read:

16 (1) to liquidate on a uniform and pro rata basis charges for  
17 services by participant providers [PHYSICIANS] or participant hospitals  
18 not paid in full upon the settlement of bills in previous years;

19 \* Sec. 20. AS 21.87.330(5) is amended to read:

20 (5) "service agreement" is a contract between a service  
21 corporation and a provider [PHYSICIAN] or hospital under which the  
22 provider [PHYSICIAN] or hospital agrees to render all or part of one or  
23 more health care services to subscribers of the service corporation;

24 \* Sec. 21. AS 21.87.330(6) is amended to read:

25 (6) "subscriber's contract" is that between the service  
26 corporation and its subscriber under which all or part of one or more  
27 health care services is to be rendered to or on behalf of the subscriber  
28 by a participant provider [PHYSICIAN] or hospital that has entered into  
29 a service agreement with the corporation covering the services;

1 \* Sec. 22. AS 21.87.330(8) is repealed and re-enacted to read:

2 (8) "participant provider" means a provider who has entered  
3 into a service agreement with a service corporation;

4 \* Sec. 23. AS 21.87.330 is amended by adding new paragraphs to read:

5 (10) "nurse midwife" means a registered professional nurse  
6 who is certified as an advanced nurse practitioner under AS 08.68.-  
7 410(9) and authorized to practice as a nurse midwife under regulations  
8 adopted in accordance with AS 08.68.410(5);

9 (11) "provider" means a physician, dentist, osteopath,  
10 optometrist, chiropractor, nurse midwife, or other licensed health care  
11 practitioner.

12 \* Sec. 24. AS 21.87.340(15) is amended to read:

13 (15) AS 21.42.345 and AS 21.42.347

14 \* Sec. 25. AS 47.07.030 is amended to read:

15 Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical services  
16 to be offered to eligible persons include inpatient hospital, outpatient  
17 hospital, rural health clinic, outpatient surgical care centers,  
18 laboratory and X-ray, refractions and eye examinations by ophthalmolo-  
19 gists or optometrists, eyeglasses prescribed by a physician skilled in  
20 diseases of the eye or by an optometrist, inpatient psychiatric hospital  
21 for persons age 65 or older and persons under age 21, skilled and  
22 intermediate nursing home, physician, nurse midwife, home health care  
23 services, early periodic screening diagnosis and treatment of persons  
24 under 21 years of age, clinic services, treatment of speech, hearing  
25 and language disorders, and reasonable transportation to and from the  
26 point of medical care. No additional services may be provided unless  
27 approved by the legislature.

28 \* Sec. 26. AS 47.07.080 is amended by adding a new paragraph to read:

29 (5) "nurse midwife" means a registered professional nurse

1 who is certified as an advanced nurse practitioner under AS 08.68.-  
2 410(9) and authorized to practice as a nurse midwife under regulations  
3 adopted in accordance with AS 08.68.410(5).

4 \* Sec. 27. Sections 1, 2, and 24 of this Act apply to any individual or  
5 group policy, subscriber's contract, or fraternity benefit society certifi-  
6 cate which is delivered in this state on or after January 1, 1982. Sections  
7 1, 2, and 24 of this Act also apply to any individual or group policy,  
8 subscriber's contract, or fraternity benefit society certificate delivered  
9 in this state before January 1, 1982, if after January 1, 1982, either the  
10 benefits are amended or the applicable collective bargaining agreement, if  
11 any, expires, whichever occurs later.

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# MEMORANDUM

# State of Alaska

TO: Senator Sturgulewski

DATE: February 9, 1981

FILE NO: Document # 21-81

TELEPHONE NO: (907) 465-3102

FROM: Vernellia Randall-Phillips *VRP*  
Maternal Child Health Coordinator  
Section of Family Health  
Dept. of Health & Social Services

SUBJECT: Notes for Testimony to  
Senate Finance Subcommittee

As you requested you will find attached a copy of my notes used in my testimony to the Senate Finance Subcommittee.

## Modern Nurse - Midwife

### I. Background

- role of professional introduced to U. S. over 50 years ago.
- at one time midwives were among most respected and skilled individuals in the community.
- today the word "midwife" generates a spectrum of images ranging from the illegal and illiterate backwoods midwife to the formally educated and licensed certified nurse midwife.
- 1971: American College of Obstetricians & Gynecologists, Nurses Association of the American College of Obstetricians & Gynecologists, the American College of Nurse Midwives published joint Statement of Maternity care:

"In medically directed teams, qualified nurse midwives may assume responsibility for the complete care and management of uncomplicated maternity patients".

### II. Preparation

- Currently 23 U. S. institutions approved by the ACNM.
- Course length varies from 9 months to 2 years.
- Upon successful completion of the course and a national certification examination the nurse midwife is prepared to care for any woman's health needs including childbirth, gynecological, and family planning services.
- Typical Recent graduate of a nurse midwifery:
  - six years professional experience
  - bachelor's degree in nursing
  - is approximately 30 years old.

### III Legality

- The practice of nurse midwifery, including the management of labor and delivery, recognized in the laws of all states except Kansas, Michigan, & Wisconsin (which limit the sites the nurse midwives may practice).

Alaskan Regulations Covering Advanced Nurse Practitioners:

- A. Must have current license in Alaska to practice nursing.
- B. Must have satisfactorily completed a one-year program which has a minimum of 4 months dietetic and a well-controlled preceptorship.
- C. Must hold a current certification for nurse practitioner in the specialty area.
- D. Must document 30 contact hours per year of continuing education in the specialty area.
- E. Must have a Board of Nursing and Board of Medicine approval collaborative relationship with a physician who is actively licensed in the State. Collaborative relationship must adequately cover the following:
  1. Scope of Practice
  2. Consultation
  3. Communication
  4. Referral
  5. Periodic Assessment / Quality Assurance
  6. Prescriptive Authority
  7. Statements of Responsibility / Leadership

IV Service Sites / Scope of Practice

- Nurse midwife, according to law, works with a physician.
- As indicated this professional relationship under Alaskan law is described as "colloratlative" and is interpreted to exclude the physician's physical presence.
- Sites are virtually unlimited. Nurse midwives currently employed by hospitals, public health agencies, private physicians, military clinics, prepaid health plans, in and out of hospital birth centers.
- Midwives are generally perceived as members of a health care team and as such utilize auxiliary services within the system.

- Practice extends beyond pregnancy and birth to include care of the well woman and her family.

## V. Issues

### A. Hospital Privileges

- Prior to 1970's most nurse midwives practiced in an institutional setting in salaried positions.
- As nurse midwife / physician joint practices developed, so did the need for providing access to staff and practice privileges.
- Nurse midwives who have hospital privileges provide continuous care through all phases.
- Federal Trade Commission has shown an interest in determining to what extent the scope of practice of allied health practitioners may be restricted and whether this practice violates the Federal Trade Commission Act.

### B. Third Party Reimbursement

California has direct reimbursement.

### C. Perinatal Care and Cost Effectiveness

- Only a few studies have looked at the effectiveness of delivery of perinatal care by nurse midwives.
- Only one has addressed cost-effectiveness.

### A. the longest studied program is Frontier Nursing Service in Kentucky.

1932: analysis of 1st 1,000 cases found that the rate of stillbirth was 1/3 less than the national rate.

neonatal mortality rate 1/3 less than for whites in Kentucky.

1952-54: rate of prenatal birth & stillbirth 1/2 natural rates.

1954-74: rate of stillbirth & neonatal mortality per 1,000 live births lower in FNS population than in the population of Kentucky.

12.2 versus 14.1 stillbirths  
14.8 versus 17.8 neonatal

2. Study of demonstration program in rural California - 1971
- rate of prenatal care increased
  - rate of prematurity decreased
  - rate of neonatal mortality in hospital's service population decreased.

After the three-year program ended:

- rate of prenatal care decreased
- rate of prematurity & neonatal mortality increased
- during the period there was no significant changes elsewhere in the country.

3. Study of perinatal care & cost-effectiveness in rural georgia, a retroactive study. -1978
- infant mortality rate of 4 counties served decreased.
  - largest population (pregnant women of low to moderate income see no private MD)
    - neonatal mortality decreased
    - low birthweight decreased
    - short gestational age decreased.
  - Estimated expenditures for perinatal care decreased as well.

Introduced: 1/13/81  
Referred: Health, Education &  
Social Services and Finance

1 IN THE SENATE

BY ZIEGLER

2 SENATE BILL NO. 4

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 health care services and the cover-  
7 age of the services of nurse midwives under the insur-  
8 ance laws of the state."

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

10 \* Section 1. AS 21.42 is amended by adding a new section to read:

11 Sec. 21.42.347. COVERAGE FOR COST OF SERVICES PROVIDED BY NURSE  
12 MIDWIVES. All individual and group health insurance policies providing  
13 coverage on an expense-incurred basis, and all individual and group  
14 service or indemnity contracts issued by a nonprofit corporation, shall  
15 provide that the health insurance benefits applicable to maternity shall  
16 be payable for maternity services furnished by advanced nurse practi-  
17 tioners certified to practice as nurse midwives in accordance with  
18 regulations adopted under AS 08.68.410(5).

19 \* Sec. 2. AS 21.84.590(6) is amended to read:

20 (6) AS 21.42.290 and AS 21.42.347

21 \* Sec. 3. AS 21.87.070(4) is amended to read:

22 (4) if a medical service corporation, it must have in force  
23 service agreements with participant providers [PHYSICIANS] located in  
24 the areas of the subscribers' residences convenient as to location and  
25 sufficient in numbers and facilities reasonably to furnish the medical  
26 and surgical services provided or proposed to be provided by the corpo-  
27 ration to its subscribers;

28 \* Sec. 4. AS 21.87.080(b)(3) is amended to read:

29 (3) if a medical service corporation, a copy of each form of

1 service agreement entered into or proposed to be entered into with  
2 participant providers [PHYSICIANS], together with a list showing the  
3 name, residence and office addresses, and date of execution of the  
4 service agreement by each participant provider [PHYSICIAN];

5 \* Sec. 5. AS 21.87.120(a)(1) is amended to read:

6 (1) medical and surgical services furnished to the subscriber  
7 by participant providers [PHYSICIANS];

8 \* Sec. 6. AS 21.87.120(a)(2) is amended to read:

9 (2) indemnity in reasonable amount with respect to medical  
10 and surgical services furnished to the subscriber by nonparticipant  
11 providers [PHYSICIANS], but subject to AS 21.87.070(4);

12 \* Sec. 7. AS 21.87.120(a)(3) is amended to read:

13 (3) indemnity in reasonable amount with respect to hospital  
14 services furnished the subscriber while under the care and treatment of  
15 a participant provider [PHYSICIAN] or under the care and treatment of  
16 another provider [PHYSICIAN] upon referral by a participant provider  
17 [PHYSICIAN];

18 \* Sec. 8. AS 21.87.140(a) is amended to read:

19 (a) A medical service corporation shall enter into service agree-  
20 ments with providers [PHYSICIANS] licensed by the state only.

21 \* Sec. 9. AS 21.87.140(b) is amended to read:

22 (b) Each service agreement shall require the participant providers  
23 [PHYSICIANS] to furnish to subscribers of the service corporation the  
24 medical and/or surgical services which are, under the subscriber's  
25 contract, to be furnished by participant providers [PHYSICIANS]. This  
26 obligation to furnish the service, as provided for in the subscriber's  
27 contract, shall be a direct obligation of the participant providers  
28 [PHYSICIANS] to the subscribers as well as to the service corporation.

29 \* Sec. 10. AS 21.87.140(c)(1) is amended to read:

1 (1) the participant provider [PHYSICIAN] shall be compensated  
2 for services rendered to a subscriber in accordance with a schedule of  
3 fees contained in the agreement or attached to and made a part of the  
4 agreement, and that the participant provider [PHYSICIAN] may not request  
5 or receive from the service corporation compensation for the services  
6 which is not in accord with the schedule;

7 \* Sec. 11. AS 21.87.140(c)(3) is amended to read:

8 (3) if the participant provider [PHYSICIAN] withdraws from  
9 the agreement, the withdrawal may not be effective as to a subscriber's  
10 contract in force on the date of the withdrawal until the termination of  
11 the subscriber's contract or the next anniversary of the subscriber's  
12 contract, whichever date is the earlier.

13 \* Sec. 12. AS 21.87.160(a) is amended to read:

14 (a) Each subscriber's contract issued after July 1, 1966, by a  
15 service corporation constitutes a direct obligation of the participant  
16 providers [PHYSICIANS] and/or participant hospitals of the service  
17 corporation to render the medical or hospital services, as the case may  
18 be, as agreed to be rendered by the participants in the subscriber's  
19 contract.

20 \* Sec. 13. AS 21.87.160(b)(1) is amended to read:

21 (1) the services to which the subscriber is entitled from  
22 participant providers [PHYSICIANS] and/or participant hospitals, as the  
23 case may be;

24 \* Sec. 14. AS 21.87.160(c) is amended to read:

25 (c) No contract may restrict the subscriber's right to free choice  
26 of provider [PHYSICIAN] or hospital, but shall restrict benefits to be  
27 provided on a service basis to services rendered by participant pro-  
28 viders [PHYSICIANS] and participant hospitals.

29 \* Sec. 15. AS 21.87.170(a) is amended to read:

1 (a) Each service agreement and subscriber's contract entered into  
2 or issued by a service corporation shall provide for health care ser-  
3 vices of a substantial and broad character to be rendered to subscribers  
4 on a service basis by participant providers [PHYSICIANS] or participant  
5 hospitals.

6 \* Sec. 16. AS 21.87.190(a) is amended to read:

7 (a) Subscription rates, fees, and payments to be charged by a  
8 service corporation to or on account of its subscribers may not be  
9 excessive, inadequate, or unfairly discriminatory; and rates of payments  
10 to be made to participant providers [PHYSICIANS] and participant hospi-  
11 tals for services rendered under a subscriber's contract, shall be fair  
12 and reasonable.

13 \* Sec. 17. AS 21.87.200(a)(2) is amended to read:

14 (2) a reserve equal to not less than the amount necessary by  
15 reasonable estimate to pay all claims incurred under subscriber's con-  
16 tracts but currently unpaid, and including a reasonable additional  
17 amount to cover claims incurred but not reported to the corporation at  
18 the time of determination of the corporation's financial condition; but  
19 subject, as to amounts payable to participant providers [PHYSICIANS] or  
20 participant hospitals, to the right of the service corporation to pro-  
21 rate the amounts in accordance with the provisions of the service agree-  
22 ment;

23 \* Sec. 18. AS 21.87.300(a) is amended to read:

24 (a) At least once each year each service corporation shall make a  
25 special accounting, at which time any prorated settlements for bills  
26 submitted by participant providers [PHYSICIANS] or hospitals for ser-  
27 vices rendered during the preceding calendar year shall be adjusted, and  
28 any deficits made up on a uniform basis as to all participants to the  
29 extent of funds available.

1 \* Sec. 19. AS 21.87.300(b)(1) is amended to read:

2 (1) to liquidate on a uniform and pro rata basis charges for  
3 services by participant providers [PHYSICIANS] or participant hospitals  
4 not paid in full upon the settlement of bills in previous years;

5 \* Sec. 20. AS 21.87.330(5) is amended to read:

6 (5) "service agreement" is a contract between a service  
7 corporation and a provider [PHYSICIAN] or hospital under which the  
8 provider [PHYSICIAN] or hospital agrees to render all or part of one or  
9 more health care services to subscribers of the service corporation;

10 \* Sec. 21. AS 21.87.330(6) is amended to read:

11 (6) "subscriber's contract" is that between the service  
12 corporation and its subscriber under which all or part of one or more  
13 health care services is to be rendered to or on behalf of the subscriber  
14 by a participant provider [PHYSICIAN] or hospital that has entered into  
15 a service agreement with the corporation covering the services;

16 \* Sec. 22. AS 21.87.330(8) is repealed and re-enacted to read:

17 (8) "participant provider" means a provider who has entered  
18 into a service agreement with a service corporation;

19 \* Sec. 23. AS 21.87.330 is amended by adding new paragraphs to read:

20 (10) "nurse midwife" means a registered professional nurse who  
21 is certified as an advanced nurse practitioner under AS 08.68.410(9) and  
22 authorized to practice as a nurse midwife under regulations adopted in  
23 accordance with AS 08.68.410(5);

24 (11) "provider" means a physician, dentist, osteopath,  
25 optometrist, chiropractor, nurse midwife, or other licensed health care  
26 practitioner.

27 \* Sec. 24. AS 21.87.340(15) is amended to read:

28 (15) AS 21.42.345 and AS 21.42.347

29 \* Sec. 25. AS 47.07.030 is amended to read:

1           Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical services  
2 to be offered to eligible persons include inpatient hospital, outpatient  
3 hospital, rural health clinic, outpatient surgical care centers, labora-  
4 tory and X-ray, refractions and eye examinations by ophthalmologists or  
5 optometrists, eyeglasses prescribed by a physician skilled in diseases  
6 of the eye or by an optometrist, inpatient psychiatric hospital for  
7 persons age 65 or older and persons under age 21, skilled and inter-  
8 mediate nursing home, physician, nurse midwife, home health care ser-  
9 vices, early periodic screening diagnosis and treatment of persons under  
10 21 years of age, clinic services, treatment of speech, hearing and  
11 language disorders, and reasonable transportation to and from the point  
12 of medical care. No additional services may be provided unless approved  
13 by the legislature.

14 \* Sec. 26. AS 47.07.080 is amended by adding a new paragraph to read:

15           (5) "nurse midwife" means a registered professional nurse who  
16 is certified as an advanced nurse practitioner under AS 08.68.410(9) and  
17 authorized to practice as a nurse midwife under regulations adopted in  
18 accordance with AS 08.68.410(5).

Original sponsor: Ziegler

1 IN THE SENATE

BY THE FINANCE COMMITTEE

2 CS FOR SENATE BILL NO. 4 (Finance)

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 health care services and the  
7 coverage of the services of nurse midwives under the  
8 insurance laws of the state."

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

10 \* Section 1. AS 21.42 is amended by adding a new section to read:

11 Sec. 21.42.347. COVERAGE FOR COST OF SERVICES PROVIDED BY NURSE  
12 MIDWIVES. (a) If an individual or group disability insurance policy,  
13 subscriber's contract, or fraternal benefit society certificate provides  
14 indemnity for the cost of services of a physician provided to women  
15 during pregnancy, childbirth, and the period after childbirth, indemnity  
16 in a reasonable amount shall also be provided for the cost of an  
17 advanced nurse practitioner who provides the same services. Indemnity  
18 may be provided under this subsection only if the advanced nurse  
19 practitioner is certified to practice as a nurse midwife in accordance  
20 with regulations adopted under AS 08.68.410(5), and the services  
21 provided are within the scope of practice authorized by that certifi-  
22 cation.

23 (b) If a subscriber's contract provides for furnishing those  
24 services required of a physician in the care of women during pregnancy,  
25 childbirth, and the period after childbirth, the contract shall also  
26 provide for the furnishing of the same services by an advanced nurse  
27 practitioner. Services may be provided under this subsection only if  
28 the advanced nurse practitioner is certified to practice as a nurse  
29 midwife in accordance with regulations adopted under AS 08.68.410(5),

1 and the services provided are within the scope of practice authorized  
2 by that certification.

3 \* Sec. 2. AS 21.84.590(6) is amended to read:

4 (6) AS 21.42.290 and AS 21.42.347

5 \* Sec. 3. AS 21.87.070(4) is amended to read:

6 (4) if a medical service corporation, it must have in force  
7 service agreements with participant providers [PHYSICIANS] located in  
8 the areas of the subscribers' residences convenient as to location and  
9 sufficient in numbers and facilities reasonably to furnish the medical  
10 and surgical services provided or proposed to be provided by the corpo-  
11 ration to its subscribers;

12 \* Sec. 4. AS 21.87.080(b)(3) is amended to read:

13 (3) if a medical service corporation, a copy of each form of  
14 service agreement entered into or proposed to be entered into with  
15 participant providers [PHYSICIANS], together with a list showing the  
16 name, residence and office addresses, and date of execution of the  
17 service agreement by each participant provider [PHYSICIAN];

18 \* Sec. 5. AS 21.87.120(a)(1) is amended to read:

19 (1) medical and surgical services furnished to the subscriber  
20 by participant providers [PHYSICIANS];

21 \* Sec. 6. AS 21.87.120(a)(2) is amended to read:

22 (2) indemnity in reasonable amount with respect to medical  
23 and surgical services furnished to the subscriber by nonparticipant  
24 providers [PHYSICIANS], but subject to AS 21.87.070(4);

25 \* Sec. 7. AS 21.87.120(a)(3) is amended to read:

26 (3) indemnity in reasonable amount with respect to hospital  
27 services furnished the subscriber while under the care and treatment of  
28 a participant provider [PHYSICIAN] or under the care and treatment of  
29 another provider [PHYSICIAN] upon referral by a participant provider

1 [PHYSICIAN];

2 \* Sec. 8. AS 21.87.140(a) is amended to read:

3 (a) A medical service corporation shall enter into service agree-  
4 ments with providers [PHYSICIANS] licensed by the state only.

5 \* Sec. 9. AS 21.87.140(b) is amended to read:

6 (b) Each service agreement shall require the participant  
7 providers [PHYSICIANS] to furnish to subscribers of the service  
8 corporation the medical and/or surgical services which are, under the  
9 subscriber's contract, to be furnished by participant providers [PHYSI-  
10 CIANS]. This obligation to furnish the service, as provided for in the  
11 subscriber's contract, shall be a direct obligation of the participant  
12 providers [PHYSICIANS] to the subscribers as well as to the service  
13 corporation.

14 \* Sec. 10. AS 21.87.140(c)(1) is amended to read:

15 (1) the participant provider [PHYSICIAN] shall be compensated  
16 for services rendered to a subscriber in accordance with a schedule of  
17 fees contained in the agreement or attached to and made a part of the  
18 agreement, and that the participant provider [PHYSICIAN] may not request  
19 or receive from the service corporation compensation for the services  
20 which is not in accord with the schedule;

21 \* Sec. 11. AS 21.87.140(c)(3) is amended to read:

22 (3) if the participant provider [PHYSICIAN] withdraws from  
23 the agreement, the withdrawal may not be effective as to a subscriber's  
24 contract in force on the date of the withdrawal until the termination  
25 of the subscriber's contract or the next anniversary of the subscriber's  
26 contract, whichever date is the earlier.

27 \* Sec. 12. AS 21.87.160(a) is amended to read:

28 (a) Each subscriber's contract issued after July 1, 1966, by a  
29 service corporation constitutes a direct obligation of the participant

1 providers [PHYSICIANS] and/or participant hospitals of the service  
2 corporation to render the medical or hospital services, as the case may  
3 be, as agreed to be rendered by the participants in the subscriber's  
4 contract.

5 \* Sec. 13. AS 21.87.160(b)(1) is amended to read:

6 (1) the services to which the subscriber is entitled from  
7 participant providers [PHYSICIANS] and/or participant hospitals, as the  
8 case may be;

9 \* Sec. 14. AS 21.87.160(c) is amended to read:

10 (c) No contract may restrict the subscriber's right to free  
11 choice of provider [PHYSICIAN] or hospital, but shall restrict benefits  
12 to be provided on a service basis to services rendered by participant  
13 providers [PHYSICIANS] and participant hospitals.

14 \* Sec. 15. AS 21.87.170(a) is amended to read:

15 (a) Each service agreement and subscriber's contract entered into  
16 or issued by a service corporation shall provide for health care ser-  
17 vices of a substantial and broad character to be rendered to subscribers  
18 on a service basis by participant providers [PHYSICIANS] or participant  
19 hospitals.

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21 (a) Subscription rates, fees, and payments to be charged by a  
22 service corporation to or on account of its subscribers may not be  
23 excessive, inadequate, or unfairly discriminatory; and rates of pay-  
24 ments to be made to participant providers [PHYSICIANS] and participant  
25 hospitals for services rendered under a subscriber's contract, shall be  
26 fair and reasonable.

27 \* Sec. 17. AS 21.87.200(a)(2) is amended to read:

28 (2) a reserve equal to not less than the amount necessary by  
29 reasonable estimate to pay all claims incurred under subscriber's con-

1 tracts but currently unpaid, and including a reasonable additional  
2 amount to cover claims incurred but not reported to the corporation at  
3 the time of determination of the corporation's financial condition; but  
4 subject, as to amounts payable to participant providers [PHYSICIANS] or  
5 participant hospitals, to the right of the service corporation to pro-  
6 rate the amounts in accordance with the provisions of the service  
7 agreement;

8 \* Sec. 18. AS 21.87.300(a) is amended to read:

9 (a) At least once each year each service corporation shall make a  
10 special accounting, at which time any prorated settlements for bills  
11 submitted by participant providers [PHYSICIANS] or hospitals for ser-  
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13 and any deficits made up on a uniform basis as to all participants to  
14 the extent of funds available.

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17 services by participant providers [PHYSICIANS] or participant hospitals  
18 not paid in full upon the settlement of bills in previous years;

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22 provider [PHYSICIAN] or hospital agrees to render all or part of one or  
23 more health care services to subscribers of the service corporation;

24 \* Sec. 21. AS 21.87.330(6) is amended to read:

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27 health care services is to be rendered to or on behalf of the subscriber  
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29 a service agreement with the corporation covering the services;

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2 (8) "participant provider" means a provider who has entered  
3 into a service agreement with a service corporation;

4 \* Sec. 23. AS 21.87.330 is amended by adding new paragraphs to read:

5 (10) "nurse midwife" means a registered professional nurse  
6 who is certified as an advanced nurse practitioner under AS 08.68.-  
7 410(9) and authorized to practice as a nurse midwife under regulations  
8 adopted in accordance with AS 08.68.410(5);

9 (11) "provider" means a physician, dentist, osteopath,  
10 optometrist, chiropractor, nurse midwife, or other licensed health care  
11 practitioner.

12 \* Sec. 24. AS 21.87.340(15) is amended to read:

13 (15) AS 21.42.345 and AS 21.42.347

14 \* Sec. 25. AS 47.07.030 is amended to read:

15 Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical services  
16 to be offered to eligible persons include inpatient hospital, outpatient  
17 hospital, rural health clinic, outpatient surgical care centers,  
18 laboratory and X-ray, refractions and eye examinations by ophthalmolo-  
19 gists or optometrists, eyeglasses prescribed by a physician skilled in  
20 diseases of the eye or by an optometrist, inpatient psychiatric hospital  
21 for persons age 65 or older and persons under age 21, skilled and  
22 intermediate nursing home, physician, nurse midwife, home health care  
23 services, early periodic screening diagnosis and treatment of persons  
24 under 21 years of age, clinic services, treatment of speech, hearing  
25 and language disorders, and reasonable transportation to and from the  
26 point of medical care. No additional services may be provided unless  
27 approved by the legislature.

28 \* Sec. 26. AS 47.07.080 is amended by adding a new paragraph to read:

29 (5) "nurse midwife" means a registered professional nurse

1 who is certified as an advanced nurse practitioner under AS 08.68.-  
2 410(9) and authorized to practice as a nurse midwife under regulations  
3 adopted in accordance with AS 08.68.410(5).

4 \* Sec. 27. Sections 1, 2, and 24 of this Act apply to any individual or  
5 group policy, subscriber's contract, or fraternity benefit society certifi-  
6 cate which is delivered in this state on or after January 1, 1982. Sections  
7 1, 2, and 24 of this Act also apply to any individual or group-policy,  
8 subscriber's contract, or fraternity benefit society certificate delivered  
9 in this state before January 1, 1982, if after January 1, 1982, either the  
10 benefits are amended or the applicable collective bargaining agreement, if  
11 any, expires, whichever occurs later.

10  
copies

Alaska State Legislature



Senate

JUNEAU, ALASKA 99811

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

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

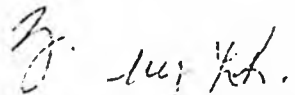
January 21, 1981

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

Charlie:

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

Sincerely,

  
Robert H. Ziegler, Sr.

RHZ:lk



Alaska State Legislature  
Senate

JUNEAU, ALASKA

MEMORANDUM

TO: Senate HESS Committee Members  
FROM: Rocky Weller  
RE: SB 4  
DATE: January 21, 1981

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

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

Family-Centered Birth, Inc.  
of Juneau, Alaska

Board of Directors:

Ms. Becky Bear  
Ms. Melinda Lee  
Ms. Mary Alice McKeen  
Mr. David Ottoson  
~~Ms. Lyn Rice~~

Advisors:

Ms. Margaret Crawford  
Ms. Pam Findley  
Ms. Bonnie Lang  
Mr. Richard Lee  
Dr. Will McCreight

Family Centered Birth, Inc.--Who are we? We are a group of persons who have joined together because of a shared personal interest and commitment to family-centered maternity care. We are concerned with the physical, mental, emotional and social aspects of family-oriented maternity care--with primary emphasis on self-responsibility. Our primary goal is to establish an alternative maternity care center here in Juneau.

The concept of a birth center perhaps needs some clarification. For Family-Centered Birth, Inc., the following provisions must be included:

Our Birth Center will:

- 1)provide comprehensive maternity care to low-medical risk women in a home-like, out-of-hospital setting.
- 2)view Birth as a safe, family-centered, and personally meaningful event.
- 3)regard the prospective parents as being primarily responsible for the event of birth; encourage this role.
- 4)provide information, explanation, and education on all aspects of pregnancy, birth, and becoming a parent.
- 5)lower health care costs for child-bearing families.
- 6)seek to uphold a philosophy of non-intervention in birth.

We are very much in the planning stages at this time, but would like to give you a general idea of the make-up of a birth center in Juneau. Therefore we have attached a rudimentary outline of our plans.

## Birth Center Plans

(tentative as of Jan. 1981)

- 1) Services: Comprehensive maternity care (prenatal, labor and birth, Post-partum)  
Education opportunities (classes, discussions, library)  
Referral of high risk medical cases to a physician  
Routine lab work  
Newborn and infant check-ups  
Family planning
- 2) Physical Plans: The birth center will be located within a short drive of Bartlett Memorial Hospital (about 5 minutes). The center would provide a clean, home-like setting with safety back-up equipment and sufficient space for examination rooms, birthing rooms, living room, group meeting room, office, bathrooms, laundry, and kitchen facilities.
- 3) Staffing: The birth center will be directed by a certified nurse-midwife. Other staff would include consulting physician(s), nurses, and/or midwives. Volunteers for reception, clerical, and teaching will be solicited. The board of directors will take an active role with administration.
- 4) Equipment: General Furnishings and birth supplies; oxygen, resuscitation equipment, emergency drugs, radiant heated bassinet, external fetal monitor, IV equipment with blood expanders.
- 5) Clientele: Rigorous screening and referral of any high-risk pregnancy to a physician at any point of pregnancy, labor, or birth. Controlled caseloads to provide personalized and quality maternity care.
- 6) Support Services: We will seek outside services for the following:  
Emergency during labor and birth-Bartlett Memorial Hospital  
Extensive Lab Work-B.M.H.  
Physician back-up in case of transfer to BMH.  
Physician available for 24 hour telephone consultation  
Transportation by private car or van will always be present for emergency transfer.
- 7) Finances: The birth center will be private, non-profit.  
Clients will be charged for services rendered. Bills can also be worked off if prior arrangements are made.  
Third party reimbursement will be sought (legislation required right now)  
Monies available from state or local sources will be explored.

Family-Centered Birth, Inc. \*\*1670 Evergreen\*\* Juneau, Alaska 99801 \*\*tele: 586-3236

Any inquiries about our plans are welcome. We are looking for support, volunteers, a residence, and advice. Write or call.

Seattle Wash.

MEMO re: THIRD PARTY PAYMENTS FOR THE BIRTHPLACE SERVICES

Date: February 8, 1980

From: Carla Reinke, Executive Director

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

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

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

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

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

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

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

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

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

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

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

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

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

*The Birthplace  
Seattle, Wash.*



International Childbirth Education Association

INFORMATION SERVICES OFFICE  
Rt. 5, Box 234  
Decatur, Alabama 35603

Contact: Fran Harrison

FOR IMMEDIATE RELEASE

The International Childbirth Education Association (ICEA) adopted the following resolution presented November, 1979.

The International Childbirth Education Association recognizes --

- \* That the majority of births are normal and without complications
- \* That the nurse-midwife is a qualified, licensed practitioner of midwifery who offers personalized, comprehensive maternity care to healthy childbearing women and their families
- \* That the nurse-midwife functions within, and is committed to, a team concept of care that provides for physician consultation and referral for obstetrical complications
- \* That nurse-midwifery programs have been demonstrated to provide safe, quality, cost-effective care that is desired by the public

Therefore, be it resolved that the International Childbirth Education Association--

- \* Supports the development of nurse-midwifery through the expansion of nurse-midwife education and service programs
- \* Supports funding for nurse-midwifery education
- \* Supports third-party payment for nurse-midwifery care and rejects current policy that requires the physical presence of the physician for medically uncomplicated maternity care as a prerequisite for reimbursement

Alaska State Legislature

SENATOR  
DON BENNETT  
P.O. BOX 2801  
FAIRBANKS, ALASKA 99707



Senate

LEGISLATIVE ADDRESS  
POUCH V - STATE CAPITOL  
JUNEAU, ALASKA 99811

February 3, 1981

Dr. Carolyn V. Brown, M.D.  
Women and Children's Health Associates  
Box 2101  
Palmer, Alaska 99645

Dear Dr. Brown:

I received your concerns regarding SB 4 and have forwarded your letter to Senator Sturgulewski who is sub-chairing this Bill in Finance.

We will make all attempts to address your comments on the subject of health care services and nurse midwives.

Thank you for your letter and keep in touch as I value your professional judgement.

Best Regards,

A handwritten signature in cursive script, appearing to read "Don Bennett".

Senator Don Bennett

cc: Senator Sturgulewski

DB/jk

# Women and Children's Health Associates



JAN 30 1981

Box 2101 Palmer, Alaska 99645

Wasilla Phone: (907) 376-3237

Palmer Phone: (907) 745-4711

OBSTETRICS / GYNECOLOGY

PEDIATRICS

PREVENTIVE MEDICINE

EXECUTIVE  
COMMITTEE

Les Zaborac  
John Jerde  
Dorrie Campbell  
Mary Combs  
Brian Plumley

AFF

Carolyn V. Brown  
Obstetrics / Gynecology

George W. Brown  
Obstetrics

Janet  
Diane Gudde  
Nurses

Debbie Peldo  
Medical Records

Barbara Jane Blum  
Receptionist

Dear Senator Bennett

This letter was in typing when I learned  
of passage of SB #4 through HESS Committee.

Please review carefully my comment. I  
believe they have bearing upon the  
quality of health care delivered.

To pass this bill as is - is to court  
disaster in the future.

Thank you for  
your consideration  
Carolyn Brown.

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PREVENTIVE MEDICINE

## EXECUTIVE COMMITTEE

Agnes Zaborac  
Luth Jerde  
Marjorie Campbell  
Mary Combs  
William Plumley

January 27, 1981

Senator Robert Ziegler  
State Senate  
Juneau, Alaska 99811

## STAFF

Carolyn V. Brown  
Obstetrics / Gynecology  
George W. Brown  
Pediatrics  
Snider  
Nurse  
Hebbie Peldo  
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*work in comment*



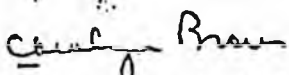
Senator Robert Ziegler  
January 27, 1981  
Page Two

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I would appreciate your comments and hope that you will let me know if I can be of any help.

Sincerely,

  
Carolyn V. Brown, M.D.

cVB/dd



Alaska State Legislature  
Senate

JUNEAU, ALASKA

MEMORANDUM

TO: Senate HESS Committee Members

FROM: Rocky Weller

RE: SB 4

DATE: January 21, 1981

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

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

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

---

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

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

RE: SB 4

---

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

---

FBX/MAXINE

FEB 27 1981

MSG 81-00005889 PRTY 1 02/25/81 11:57:36 ORIG: LF00 IN= 0005 OUT= 0028  
FROM: TAMMY TO: JUNEAU T/C  
TARGET: LJH2 SUBJ: POM

PAGE 0001

TO: SEN. BENNETT  
FR: C.F. DENNIS, MD SR 40512, 99701, PH 456-3851

RE: SB 4  
ALASKA STATE MEDICAL ASSOC. VOTED NO OPINION ON FEB. 21. THEY INTERPRETED  
"GENERAL SERVICE ORGANIZATION" TO MEAN HMO'S ETC. AND FELT SB 4 WOULD  
NOT APPLY TO MOST AREAS OF THE STATE.  
FAIRBANKS MEDICAL ASSOC. STANDS BY ORIGINAL OPINION.

Alaska State Legislature

SENATOR  
DON BENNETT  
P.O. BOX 2801  
FAIRBANKS, ALASKA 99707



Senate

LEGISLATIVE ADDRESS  
POUCH V - STATE CAPITOL  
JUNEAU, ALASKA 99811

February 3, 1981

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Thank you for your letter and keep in touch as I value your professional judgement.

Best Regards,

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Senator Don Bennett

cc: Senator Sturgulewski

DB/jk

# Women and Children's Health Associates



JAN 30 1981

Box 2101 Palmer, Alaska 99645

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OBSTETRICS / GYNECOLOGY

PEDIATRICS

PREVENTIVE MEDICINE

EXECUTIVE COMMITTEE

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January 27, 1981

Senator Robert Ziegler  
State Senate  
Juneau, Alaska 99811

STAFF

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- work in  
4/27/81*
- competent*
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Senator Robert Ziegler  
January 27, 1981  
Page Two

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cVB/dd



Alaska State Legislature  
Senate

JUNEAU, ALASKA

MEMORANDUM

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FROM: Rocky Weller

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DATE: January 21, 1981

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## POSITION PAPER

## SENATE BILL NO. 4

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

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

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

#### Practice of Nurse Midwives

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

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

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

Medicaid Coverage of Nurse Midwives

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

Department Position

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

Recommended by:

David Bruce  
David Bruce, Deputy Director  
Division of Public Health

Date:

11/17/81

Rod Betit  
Rod Betit, Director  
Division of  
Public Assistance

Date:

1/20/81

Approved by:

Helen D. Beirne  
Helen D. Beirne  
Commissioner

Date:

1/20/81

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST  
 Bill/Resolution No. S B-4  
 Title An act relating to Health Care Services & Nurse Midwives  
 Requested by Zieqler Date 1-20-81

II. FISCAL DETAIL  
 Agency Affected Division - of Insurance  
 Program Category Affected Public Protection  
 BRU, Program, or Subprogram(s) Affected Division of Insurance  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)  
EXPENDITURES (Thousands of Dollars)

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

FUNDING (Thousands of Dollars)

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

POSITIONS

FULL TIME	0					
PART TIME	0					
TEMPORARY	0					

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

IV. DATE 1-20-81 PREPARED BY Kenneth C. Moore, Div. of Insurance  
 AGENCY Commerce & Economic Development  
 PHONE 2515

Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

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

II. FISCAL DETAIL

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

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

POSITIONS

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

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

IV. DATE 1/17/81 PREPARED BY Vernellia Phillips  
 AGENCY Public Health  
 PHONE 465-3100

Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)

## POSITION PAPER

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Date:

1/17/81

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Date:

1/20/81

Approved by:

Helen D. Beirne  
Helen D. Beirne  
Commissioner

Date:

1/20/81

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

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

II. FISCAL DETAIL  
 Agency Affected \_\_\_\_\_  
 Program Category Affected Health/Division of Public Health  
 BRU, Program, or Subprogram(s) Affected \_\_\_\_\_  
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400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

IV. DATE 1/17/81 PREPARED BY Vernellia Phillips  
 AGENCY Public Health  
 PHONE 465-3100

Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)

*Walter H. Kieckhefer*

THE LEGISLATURE OF THE STATE OF ALASKA  
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