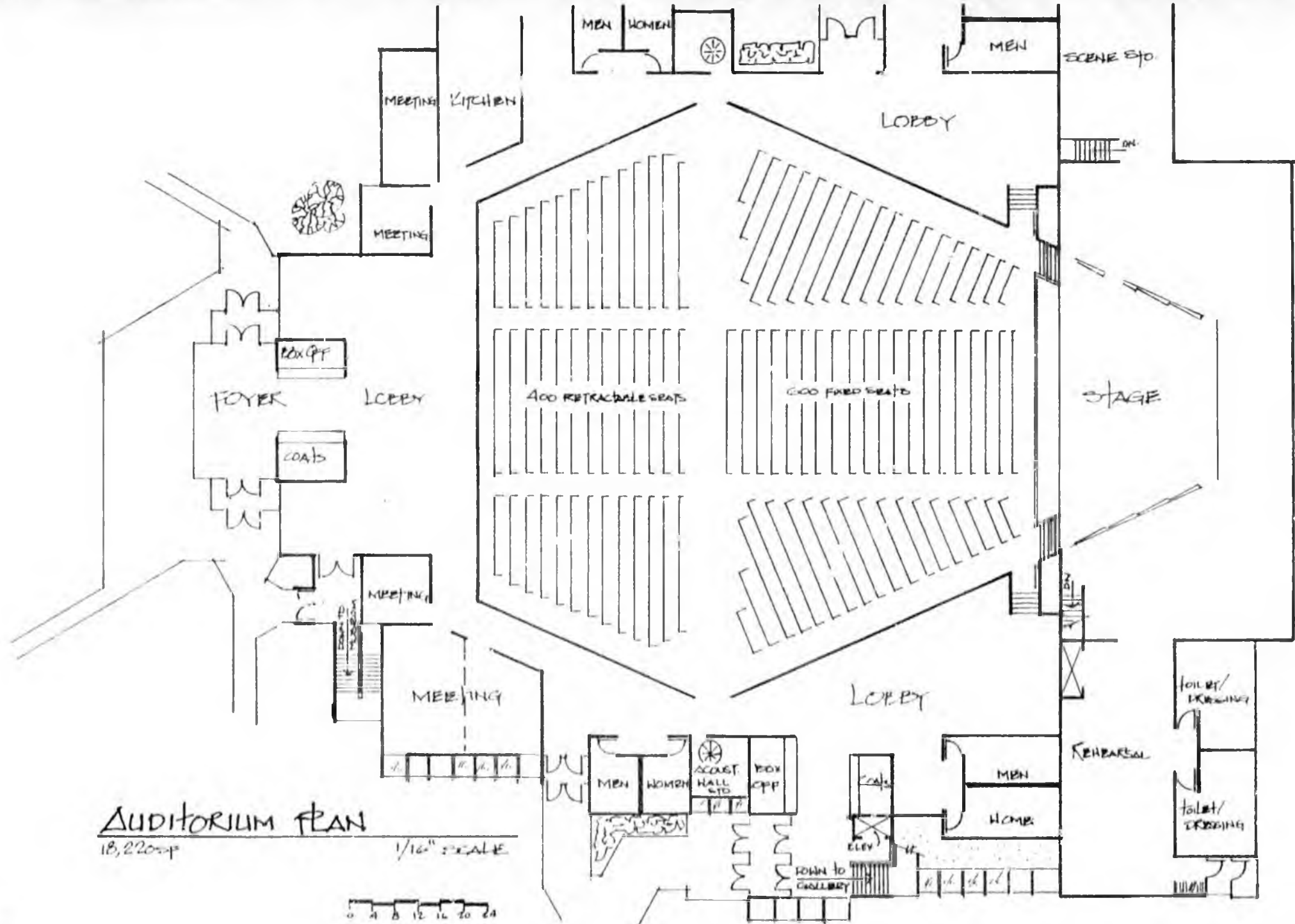


8336 HB 152 - HB 802

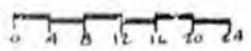
836



AUDITORIUM PLAN

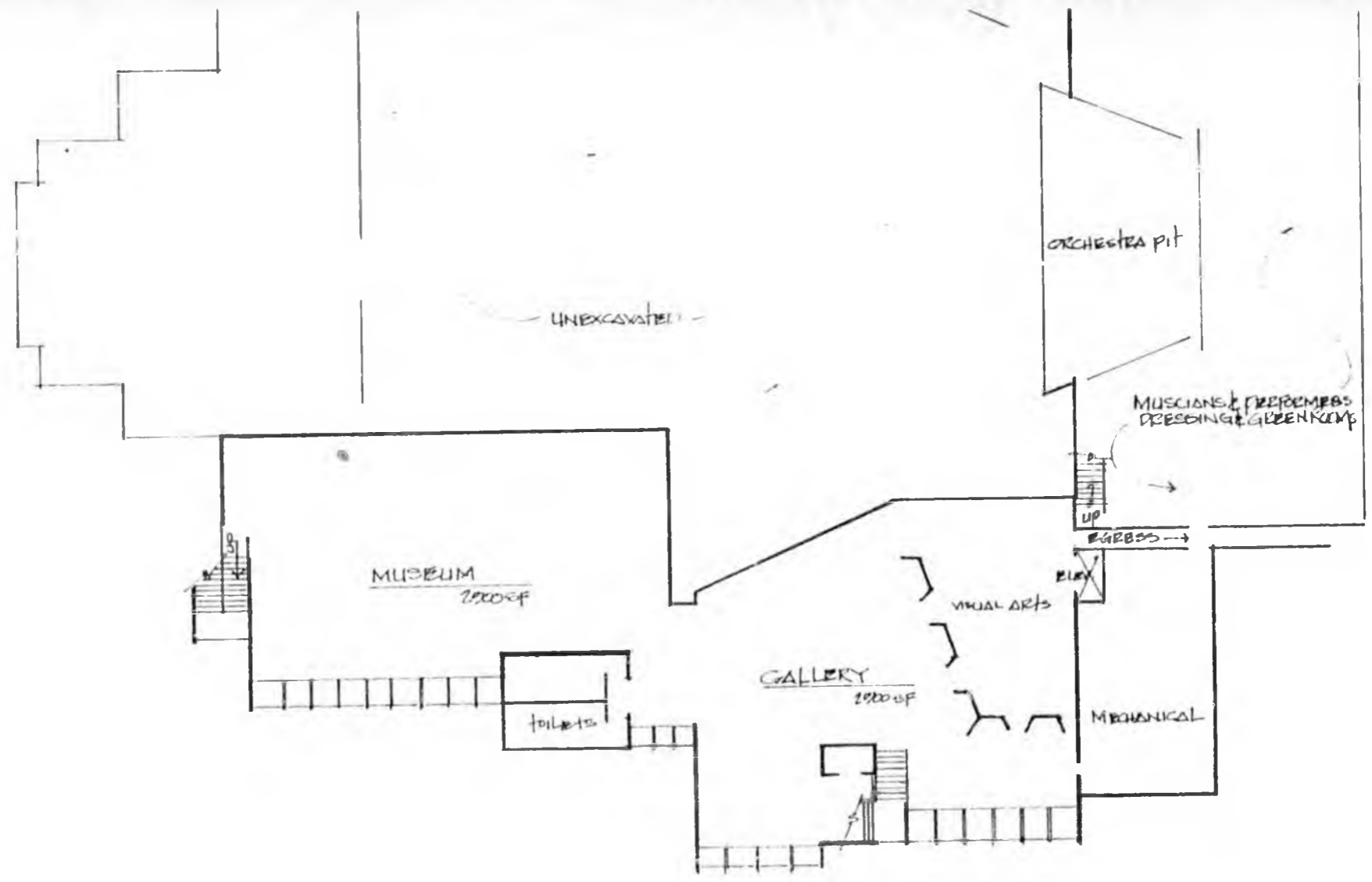
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1/16" SCALE



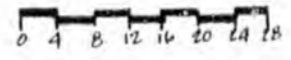
KENAI ARTS & HUMANITIES COUNCIL
 CARMEN VINCENT GIHTOLI, ARCHITECT, K

STJ KENAI CIVIC CENTER
 CITY OF KENAI, ALASKA



LOWER LEVEL

1/16" SCALE

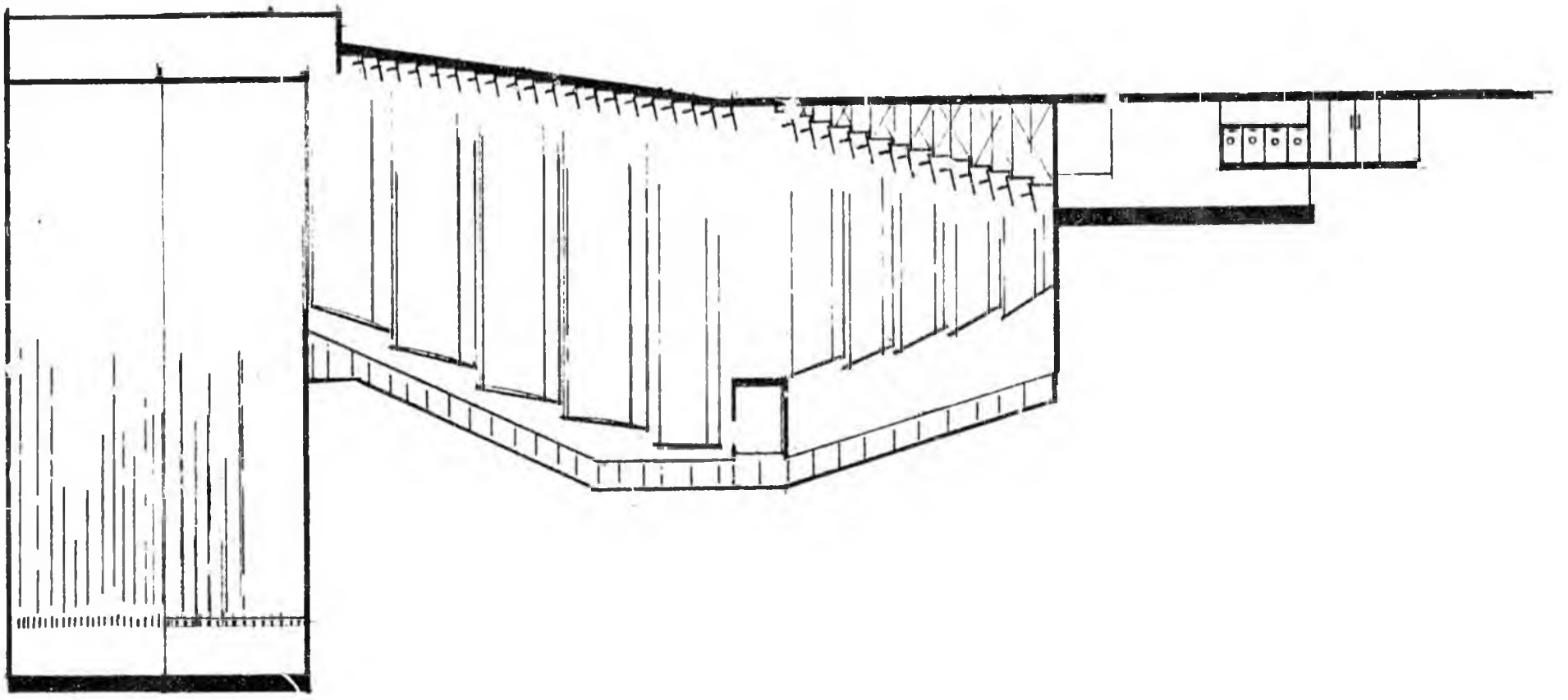


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KENAI CIVIC CENTER
 CITY of KENAI, ALASKA



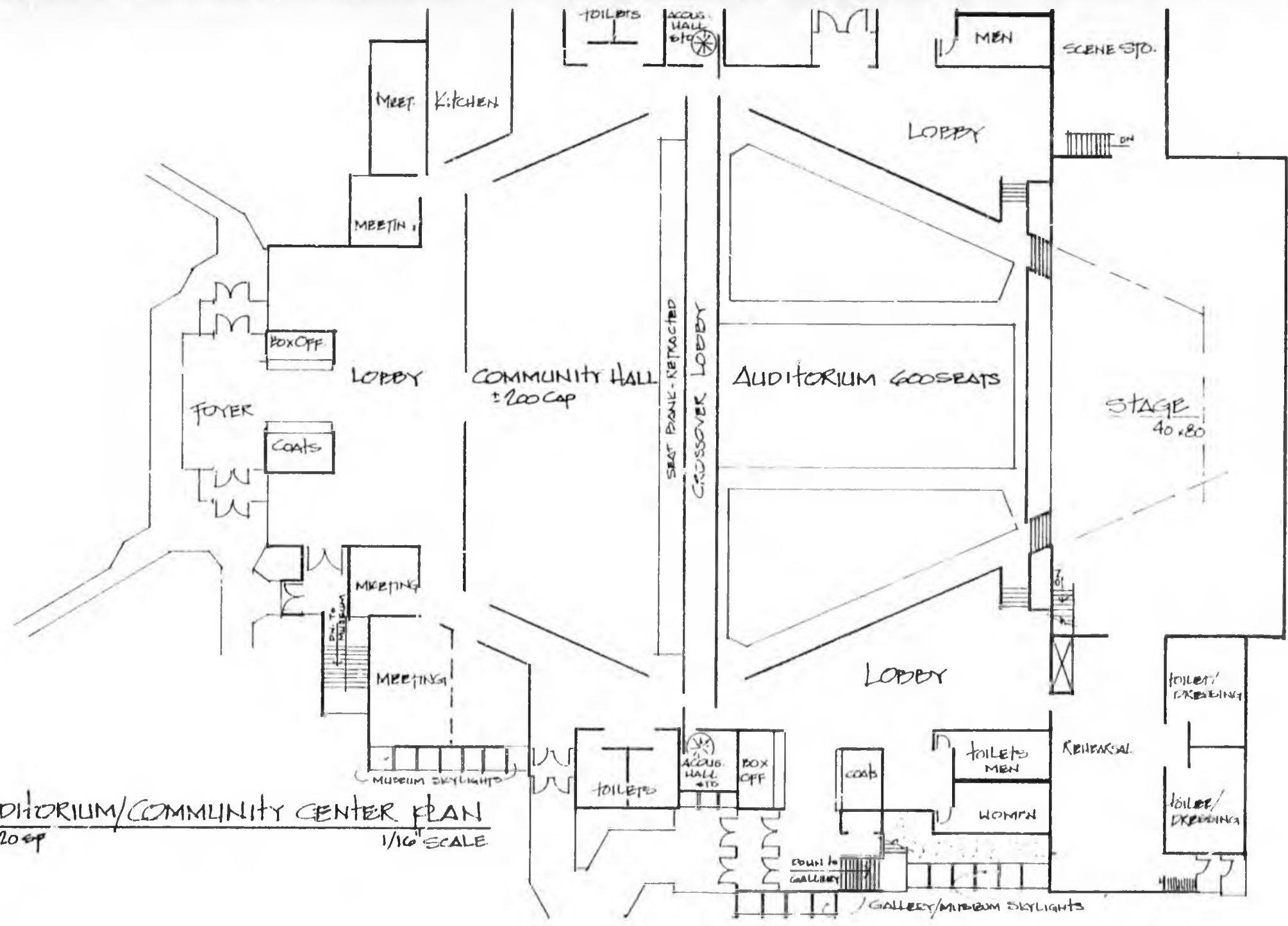
SECTION thru AUDITORIUM 1000 SEATS



▽ KENAI CIVIC CENTER
6 CITY OF KENAI, ALASKA

KENAI ARTS & HUMANITIES COUNCIL
CARMEN VINCENT GINFOLI, ARCHITECT

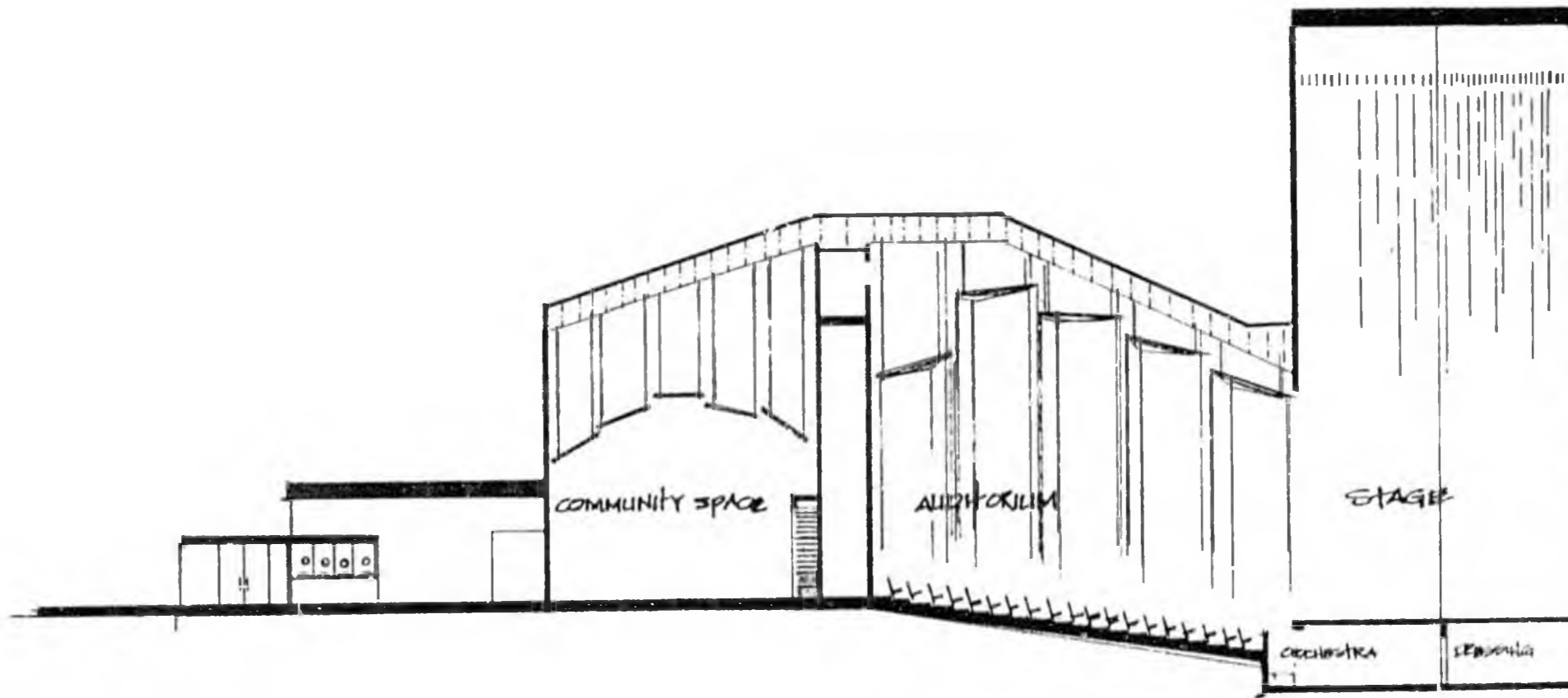
AUDITORIUM/COMMUNITY CENTER PLAN
 18,220 SF
 1/16" SCALE



KENAI ARTS & HUMANITIES COUNCIL
 CARMEN VINCENT GINTOLI, ARCHITECT

KENAI CIVIC CENTER
 CITY OF KENAI, ALASKA





SECTION thru COMMUNITY HALL 200 capacity and AUDITORIUM 600 seats

KENAI ARTS & HUMANITIES COUNCIL
CARMEN VINCENT GINTOLI, ARCHITECT, KE

KENAI CIVIC CENTER
CITY OF KENAI, ALASKA



CHUGIAK-EAGLE RIVER
REPUBLICAN WOMEN'S CLUB
P. O. Box 144
Chugiak, Alaska 99567


February 18, 1980

Honorable Nels Anderson
Alaska State House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Mr. Anderson:

The Chugiak-Eagle River Republican Women's Club supports House
Bill No. 672.

Sincerely,


Barbara Franklin
President

rec'd 2/22/80



UNIVERSITY OF ALASKA, RURAL EDUCATION

Dillingham Extension Center
Box 10206
Dillingham, Alaska 99576

February 12, 1980

Representative Nels A. Anderson, Jr.
Pouch V
Juneau, Alaska 99811

Dear Representative Anderson:

Per your suggestion at last evening's Constituent Teleconference, I am forwarding to you my remarks in behalf of the Dillingham Extension Center and its Policy Advisory Council addressed to you and Sen. Hohman in support of HB 672.

"We are here this evening (Trish Dorey, President, PAC, and I) to urge the passage of House Bill 672 allocating funds for Adult Basic Education (ABE) to DOE.

"Various agencies and individuals in the Dillingham Community have over the past five years submitted proposals to bring ABE to the Bristol Bay region. These proposals were never funded and our region is still without an ABE program to serve the needs of more than 5000 people of the 30+ villages in the area.

"I am here as one representative of education in this community to urge passage of HB 672 for the following reasons:

"1. The Bristol Bay region needs an ABE program--as Coordinator of the Dillingham Extension Center. I have had the opportunity to travel extensively in the region and ABE is an unmet need which I receive most question about. It is unquestionably, in my opinion, the number one educational priority of the region.

"2. We believe that passage of HB 672, in its present form will finally result in the release of a portion of the total ABE funds (\$617,500) for a program in this region.

"3. The Dillingham Extension Center is in a position vis-a-vis the Bristol Bay Regional Resource Center and its Director, Mr. Bob Brown, to train teachers using models developed by the Northern Institute. I have talked with Mr. Dave Alexander of

rec'd 2/18/80

TNI who has assured us of assistance in the development of a training program for ABE teachers. We will however, need funds to assist our teacher trainees once they are recruited, as well as funds to support them as they work in the villages training adults in basic literacy skills.

"4. Finally, and perhaps most importantly, we believe that a successful ABE program in the Bristol Bay region will go a long way toward insuring the success of other programs in the region. The University of Alaska as it attempts to extend education to all the people of the Bristol Bay area through its Extension Center is acutely aware of the need to impact people at all educational levels if its own programs are to succeed."

Sincerely,

A handwritten signature in cursive script that reads "Charles A. Blood, Jr.".

Charles A. Blood, Jr.
Coordinator
Dillingham Extension Center

CB/jm
cc-Bob Brown
Trish Dorey

A PROPOSAL FOR EDUCATION LEGISLATION TO SERVE SEVEN REGIONS IN ALASKA

INTRODUCTION

This state offers a free education to every member of its varied society. Even so, there are many adults among us who either could not or would not finish (or, in some cases, even start) their elementary or secondary education. Because these adults are poorly educated, they have, throughout an entire lifetime, held some of the least rewarding jobs in our society. Frequently, they have held no jobs at all. They find themselves on the welfare rolls, and each generation begets yet another generation of those who are uneducated, unskilled, and unemployed.

There are men and women in the state who cannot fill out job applications, who cannot read labels on prescriptions or prices at the grocery store, and who cannot help their children with even the simplest homework. They are people who need Adult Basic Education.

On the other hand, there are men and women among us who have recently applied for and received either their first job or a better job. We have adults who no longer must depend upon others to read for them on shopping trips. We have people who take new pride in helping their children learn, who pass that pride in education along to their formerly indifferent families. These are men and women who have received and are now demonstrating the benefits of Adult Basic Education.

DEFINITION

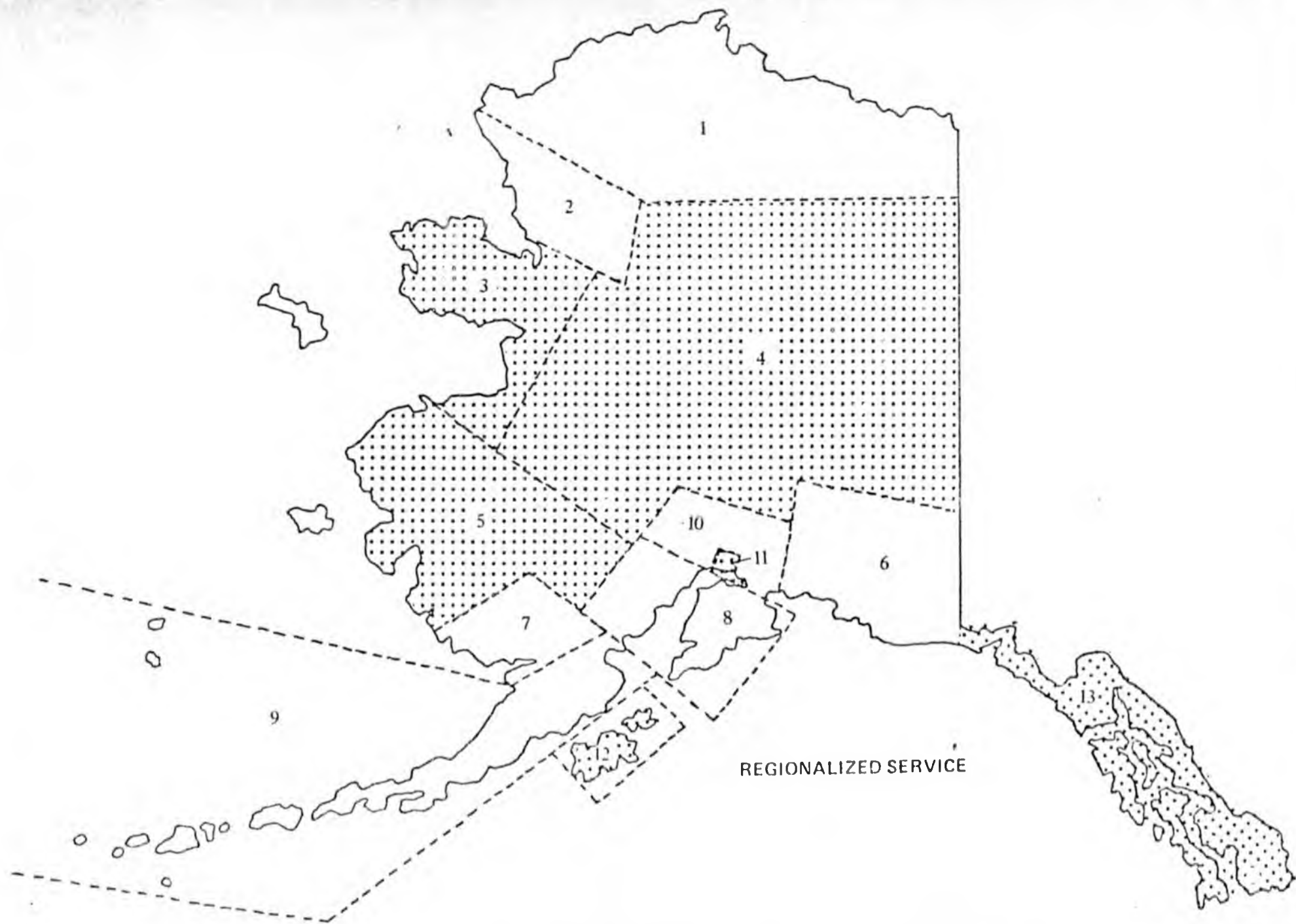
Adult A person sixteen years of age or older who is not enrolled in a regular public or private school program and who is in need of basic literacy skills, English Language instruction, life skills instruction or other assistance up to secondary school completion.

STATEMENT OF NEED

The goals of Alaska Adult Basic Education are:

...to provide the best possible educational opportunities for all undereducated adults in Alaska ... to provide adults opportunities to continue their education to at least the level ... of secondary school ... (to make these) opportunities available for adults who have not completed secondary training as well as adults who have received a certificate of graduation from a school providing a secondary education but are functioning at less than a secondary competency.

There are presently seven geographic regions in the state receiving little or no instructional money for Adult Basic Education. The North Slope, Northwest Arctic, Aleutian/Pribilof Islands and Bristol Bay and Rural Anchorage Regions receive no funding. The Kenai Region receives



REGIONALIZED SERVICE

funding for two part-time classes and Valdez is funded for one teacher. This means that approximately 68,000 Alaskans are being denied access to the advantages of adult education.

At current funding level options are limited. Programs could be drawn out of one region and relocated in another region, but this would cause the loss of experienced staff in whom the state has a considerable investment in training. This would further cause the discontinuation of programs for many students who have had a long term commitment and are in the advanced stages of completion.

A second alternative would be to trim a percentage of money from existing programs and put into the unserved regions. Once again this would cause many people to lose service and take away from programs which already operate at only a minimal level. A case in point is the Kuskokwim Region which serves fourteen out of fifty-three villages now.

The third alternative and that being suggested by this proposal is to leave present funding in place and add minimum funds necessary to complete the network. The state is already in the unfortunate position of denying many of its citizens equal access to educational opportunity. To reduce or remove the programs currently thinly spread over the state would be a denial to our responsibility.

Great social pressure is being exerted upon the Native populations of the state. With Indian Self Determination, the advent of Native Land Claims and localization of the schools people with little education are being required to sit on boards of directors of corporations making decisions with great environmental and financial impact, sitting on school boards making decisions in hiring and firing professional staff as well as judgements on quality of education.

This press for educated adults cannot depend strictly upon the new young graduates to fill the need. Every effort must be made to tap the knowledge and experience of the mature adult in the older generations. This can be done only through basic education.

The following statistics corroborate the need for basic education in the proposed regions to be served.

REGIONAL NEEDS STATEMENTS

1. Bristol Bay:

"In a special report prepared by Robert Natham and Associates for the Federal Government, a number of statistics were identified relative to the well being of Alaska Natives. For Bristol Bay, the figures are indeed stark:

The Median education in school years completed by
Alaska Native (as a whole) is:.....7.4
For Bristol Bay.....3.5

Further, the studies identified 50.3% of the population 25 years of age or older as having an educational attainment of 0-4 years of formal schooling. In this same population group, only 8.6% have

completed four years of high school or have an equivalent high school diploma. There is an immediate need for Adult Basic Education Courses in virtually all Bristol Bay villages."

No Adult Basic Education courses are currently being taught, therefore, there is no existing program or vehicle for adults within the villages to obtain the basic skills necessary to even apply for and pass the five sub-tests for a General Education Diploma (GED). An Adult Basic Education program would not only provide this service but would help provide for equal educational and growth opportunities for those adults who have been and are still being neglected.

2. Northwest Arctic:

An active, comprehensive program of adult education, based on the conceptual framework of Adult Performance Levels, is a prime requisite for growth of political, social, personal, and economic skills of NANA Region residents. In a recent (December 1978) survey, it was found that 42% of respondents had attended school to eighth grade or less. Another 13% attended between nine and eleven years. 45% were at least high school graduates. Teachers and other relatively transient professionals were included in the random sample and contributed to this last category. The indigenous, stable population is primarily of Inupiaq Eskimo heritage and fewer of this group have completed high school than the survey results suggest. Complicated further by multilingualism, the adult population thus has a high rate of functional illiteracy. The region's people also suffer a high rate of unemployment. Inuit respondents, 52% had not had a job for the past year. An additional 41% were employed part-time. Only 7% had fulltime jobs. Besides unemployment, alcoholism, high prices, and lack of something to do, were seen by the respondents as the region's major problems.

The above statistics would in themselves suggest a need for an adult basic education/adult education program. But there is further evidence as well. When asked the question, "If a school for adults was available here, would you be likely to go?", 73% replied they would. And 90% said they would attend workshops or classes to teach people self-health care.

In follow-up interviews by school district personnel (April 1979), Ambler adults indicated that an average of 36% of respondents would attend each of sixteen (16) vocationally oriented classes. An average of 61% would enroll in each of two (2) consumer education classes, and in each of four (4) health and safety classes. Three (3) ABE courses would each have an enrollment of 10% of the adult population of this village, and a GED preparation course 32%. If extrapolated to the region's adult residents (approximately 2,500 people in eleven villages), one could anticipate about 150 people interested in a ABE program, 800 in a GED program, 900 in job skills, and 1,525 in other life skills program. Of course, many people indicated interest in several programs, and actual attendance would be well below the level of interest, but the need for an adult education program is apparent.

MEDIAN YEARS OF SCHOOL COMPLETED BY REGIONAL POPULATIONS

The following chart was compiled in an effort to show both the educational services needs and the income levels of the target area populations: the A.S.H.E.S. Talent Search Project would be aimed at.

Region	Median Years School Completed		Highest Grade Completed by largest % of population				Eligible youth age 14-24 (17.4% of poverty population)	Total below poverty pop.		Total Pop.
	Native	Non-Native	Native %	Non-N. %						
ALUEE	7.2	12.7	5-6	23.9	12	46.7	73	419	9.6	4359
ARCTIC SLOPE	5.6	18.0	5-6	23.9	12	35.9	154	887	28.8	3079
CALISTA	3.0	13.5	0	33.9	12	33.6	1378	7839	65.5	12040
BERING STRAITS	7.0	13.8	1-4	21.8	12	28.5	387	1938	35.3	5497
BRISTOL BAY	3.9	12.6	1-4	29.9	12	38.3	256	1471	33.1	4746
CHUGACH	8.2	12.5	1-4	17.1	12	41.3	146	839	14.5	5794
COOK INLET	10.2	12.6	12	24.8	12	48.3	1791	10292	7.0	140323
ATENA	5.8	12.4	0	22.9	12	46.2	42	240	18.0	1336
KOMIAG	8.6	12.5	8	21.8	12	41.9	135	773	9.3	8338
UNA	6.2	13.5	1-4	29.2	12	34.2	238	1369	37.2	3634
UYON	6.7	12.6	1-4	21.4	12	42.4	892	5127	10.4	49233
EALASKA	10.3	12.5	9-11	25.3	12	38.1	760	4370	10.4	41957
TOTAL	7.5	12.6					6197	35614	12.7	280536

Data compiled from 2(c) Report, Task I. Excerpt from 2(c) Report, Task II, "The lack of basic statistical information prevents educational agencies from evaluating current educational efforts and identifying unmet needs."

3. Aleutian/Pribilof

Due to limited educational opportunities in the past, the people of the Aleutian/Pribilof region have faced many difficulties coping with 20th Century corporate life thrust upon them by the Native Claims Settlement Act. Leadership has been developing with incredible rapidity and effectiveness, but the heavy pressures involved in rapid change have caused frustrations resulting in social disorganization. Village corporations, councils, school committees and school boards have all been forced into leadership decisions for which they often lack basic training and experience. According to the 1970 U.S. Census in the Aleut Corporation area, 15% of the Native people 25 years or older completed grades 1-4; 25% grades 5-6; and 16% grades 7-8. Unless educational needs are met, the following will continue to occur:

- A. Village and city governments will fail or falter or will be dominated by non-Natives.
- B. School boards will be dominated by non-Natives, and Native parents will have little to say about education of their children.
- C. Village corporations will not function at their full potential.
- D. Outside investors will reap fortunes in the Aleutian/Pribilof area while the majority of Aleut people will subsist virtually at poverty level.
- E. The Aleut cultural heritage will be overrun and lost, leaving behind the vicious circle of poverty, alcoholism, drug abuse, family disintegration and loss of identity.

4. Matanuska-Susitna

Matanuska-Susitna Community College identified 4,600 adults having less than a secondary education in the Matanuska-Susitna service area. Bureau of Labor statistics revealed a July unemployment rate of 15.1 percent and November 23.3 percent combined with December's 24.9 percent are symptomatic of the need for basic education and life coping skills training.

5. North Slope

The native residents of the North Slope have a median school completion level of 5.6 years. This lack of education has significant impact upon the ability of natives to compete for and maintain jobs in the now technologically oriented North Slope Region. Additionally, a bank of educated persons is necessary to train for the roles necessary if the new affluence introduced by massive oil revenues is to remain under control of its rightful owners. The few individuals represented in the leadership need many more trained, educated people to take on the many emerging roles in business, education, industry and arctic leadership.

6. Kenai Region

During the summer of 1979, an assessment of the available educational resources and needs of the adult client population was done under a federally funded program named NETWORK. (Network of Education, Training and work Opportunity Resources Knowledge Bank). The final report will not be in this office until October 30, however, preliminary analysis indicates that the statistics presented last year were in the ballpark. Thus, they are repeated here.

The population of the Kenai Peninsula is approximately 25,000 with most of the people living in the Kenai-Soldotna area. In Level I (1-9), it is estimated that 1,500 adults could be served. Additional estimates are that there are approximately 3,000 adults in Level II and 150 needing ESL training.

7. Valdez/Copper River

The Valdez/Copper River Region encompasses a population of nearly ten thousand people. Of this ten thousand an estimated 2,400 have less than a high school education. The Native adult population has a median school completion level of 5.8 years. With the pipeline terminal, pumping and maintenance stations throughout the region it is apparent that employment opportunities are fast appearing, but they are at a level which demand solid-scholastic background. Unless the region is given the benefit of ABE services, these opportunities will once again fall to outsiders.

PROPOSED SERVICES

Services shall include instruction in basic literacy, English as a Second Language, life coping skills and vocational counseling in the form of:

an "individualized educational program" a written statement jointly developed by a qualified instructor and by the person, to include:

- present achievement level analysis
- short range and long range goals
- identification of specific services that will be provided toward meeting those goals
- when and where these services will be provided and how long they will last
- a schedule for checking progress achieved under the plan and for rating necessary revisions

These services shall take place in the towns and villages of the respective regions as selected by the educational institution providing the service. Curriculum shall be determined by the student, local educational institution in concert with their local advisory council and the citizens participatory planning process used by the state ABE program.

PROGRAM IMPLEMENTATION

Organization for Delivery of Services

State Organization: In an effort to prevent proliferation of state bureaucracy, these funds should be located in the Alaska Department of Education, Adult Basic Education Section.

This section already has in place the mechanisms for granting and administering funds. A statewide network of curriculum assistance, technical assistance and staff development. The addition of this program to the present network could achieve maximum benefit at minimum cost.

LOCAL DELIVERY

Local/Regional delivery is currently conducted throughout the state by a variety of organizations. These organizations include school districts, community colleges, Native Non-profits, private non-profits and public non-profit agencies. The funds are placed on a competitive basis to the organization offering the most service for the available dollars. Programs in most regions reflect cooperation between two or more agencies for delivery of service. The competition between agencies has been very effective in holding down costs without causing instability in the program. In the case of similar bids the program operator with the proven history of performance is always funded.

Program operators not performing will have historically been given one year grace to upgrade and it has been necessary to pull only a program in six years.

FUNDS NECESSARY TO IMPLEMENT NEW REGIONS

North Slope	\$80,000
Northwest Arctic	80,000
Bristol Bay	75,000
Aleutian/Pribilof Islands	85,000
Kenai Peninsula	75,000
Rural Anchorage (Mat-Su)	75,000
Valdez/Copper River	75,000
Total Program	\$545,000
 Staff Development @ 10%	 54,500
Support Services - 1 clerk typist III @ 18,000 including fringe, etc.	18,000
Total Cost	\$617,500

Justification:

Regional Allotments

North Slope, Northwest Arctic and Aleutian/Pribilof Islands Regions are suggested at a higher level of support due to unusual travel costs. Although travel will be much cheaper in the Kenai and Rural Anchorage regions extra funds are justified due to the population density they must serve.

Staff development is a vital component to ABE. Rural teachers are taken from the indigenous population and trained as ABE instructors. This training is a rich source of leaders in the rural areas. Attached find statements of what have happened to many of the ex-instructors once the role of ABE instructor gave them responsibility in the political/social process.

Furthermore, staff development is inherent in quality instruction, particularly when dealing with people who have never taught before or even experienced teachers dealing for the first time with adult students.

Support services are necessary if reasonable service is to be available to the new regions. Although ABE is funded over three times as high as four years ago and is offering many more services to field programs, the present administrative staff need not be expanded but the present 1/2 time secretarial clerical arrangement simply cannot keep up with present volume let alone be expected to handle nearly double the number of contracts currently served.

Matching funds are available from many sources including C.E.T.A., B.I.A., Indian Education, Labor, Social Services, boroughs, etc., once a knowledgeable organization services and negotiate contracts. It is anticipated that the first fiscal year funds at least equal the initial grant will be generated by and the third year they would be generating as much as three dollars per state dollar.

The money being generated tends to be dollars that previously created overlap programs or furnish ancillary services which, though useful, were not coordinated with ABE, therefore seldom used.

United States Council of State Directors

Adult Education Economic Impact Survey
Alaska - FY79

A. Public Assistance

1. List the number of Adult Education Learners removed from public assistance in FY77 (as reported in Table 5, Item 12 in Annual Report). 24
2. Average annual cost per adult for public assistance in your state. Households average 1 adult and 2 dependents nationally and FY77 statistics from USJE reveal Alaska costs to be 12,948 per household including case work, etc. 12,948
3. Total projected savings per year. (Multiply answer in number one times the answer in number two.) 310,752

B. Employment

1. List the number of Adult Education learners who became employed in FY77 as a result of Adult Education (as reported in Table 5, Item 13 in Annual Report). 112
2. Projected income earned by adults who became employed. Take the number of adults receiving jobs as a direct or indirect result of attending Adult Education class: Multiply this number by the minimum hourly rate (now \$2.30) times 40 X 52. If the actual income is known, then use this instead of minimum rate. 1,397,760

Minimum average in Alaska is just over \$5.00

EXAMPLE: 112 persons who became employed X \$6.00 per hour =
\$672.00 per hour X 40 hours per week = \$26,880 X
52 weeks = \$1,397,760 per year new income.

C. Job Promotions

1. List the number of adults who were promoted as a result of Adult Education (as reported in Table 5, Item 14 in Annual Report). 222
2. Using Employers State salary scale minim is 18¢ per hour. Projected additional money earned by adults who were promoted as a result of Adult Education. Multiply the number of adults receiving a promotion by .10 per hour (which is a minimal figure) X 40 hours X 52. 230,880

EXAMPLE: 222 promotions X .50 per hour = \$111.00 per hour
X 40 hours per week = \$4,440 per week X 52 weeks
= 230,880 per year.

HB

802

POSITION PAPER

HOUSE BILL NO. 802

"An Act relating to nurse midwives."

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

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

Practice of Nurse Midwives

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

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

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

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

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

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

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

Department Position

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

Recommended by:

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

Date:

3/5/80

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

Date:

3/5/80

Approved by:

Heleen D. Beirne
Heleen D. Beirne
Commissioner

Date:

3/5/80

FISCAL NOTE

I. REQUEST

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

II. FISCAL DETAIL

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

EXPENDITURES (Thousands of Dollars)

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

FUNDING (Thousands of Dollars)

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

POSITIONS

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

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

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

Prepared by: M. Deaver Date: 3/5/80
 Division/Office: P.H. Admin. PH: 3090
 Department of Health & Social Services

PROVIDENCE HOSPITAL

3700 PROVIDENCE DRIVE - POUCH 6604
ANCHORAGE, ALASKA 99502
PHONE: (907) 276-4511



SERVING IN THE WEST SINCE 1856

March 5, 1980

The Honorable Thelma Buchholdt
Pouch V
Juneau, Alaska 99811

Position Paper: H.B. 802 - "An Act relating to nurse midwives"

Dear Representative Buchholdt:

Providence Hospital cannot support passage of H.B. 802, "An Act relating to nurse midwives," because of the following reasons:

1. Licensure

To suggest that a hospital's licensure is dependent on permitting para-professionals such as nurse practitioner midwives to practice medicine is irresponsible and probably unconstitutional. The passing of this law would totally disregard the requirements of the medical staff by-laws, the quality assurance and the medical review processes, which are so important in maintaining quality patient care standards.

2. Malpractice Insurance

In the State of Alaska, where malpractice insurance has traditionally been difficult to obtain, requiring them to make available malpractice coverage to nurse practitioners, as primary admitters, would most likely, 1) make malpractice rates skyrocket, and 2) would probably send insurance companies running out of the state.

3. Types of Midwives

It is interesting to note that the bill specifically relates to certified nurse practitioner midwives -- and the traditional, and far more extensively trained certified nurse midwife commonly found in Europe and in a few places in the United States is left out.

The differences in training of these two categories is quite extensive. The nurse practitioner midwife goes to a program of a few months, whereas the Certified Nurse Midwife of the

Representative Thelma Buchholdt
Page 2
March 5, 1980

Page 2
B. 2

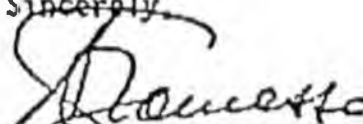
European model sometimes trains for a couple of years. This further demonstrates the special interest involved. They are certainly not the same, and cannot be grouped together in terms of training, abilities and experience.

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

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

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

Sincerely,



Al M. Gamusso
Administrator

AMC/mm

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

* TELRCOPY INSTRUCTIONS: For Immediate Delivery to Committee

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

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

POUCH D
JUNEAU, ALASKA 99811

March 4, 1980

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

Dear Ms. Buchholdt:

RE: House Bill 802

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

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

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

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

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

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

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

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

Section 8. This section is not objectionable.

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

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

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

Page 1, lines 22 through 29. Eliminate.

Page 2. Eliminate entire page.

Page 3, lines 1 through 3. Eliminate.

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

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

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

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

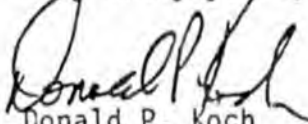
AS 21.87.330(9) is amended to read. (9) "physician" [includes also] means a doctor, dentist, osteopath, optometrist, chiropractor, nurse midwife, surgeon, or other licensed health care practitioner.

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

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

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

Very truly yours,



Donald P. Koch
Chief of Market Surveillance

DPK/kkk2/1



ALASKA STATE HOSPITAL ASSOCIATION INC.

5401 CORDOVA STREET
PHONE: 277-1633

ANCHORAGE, ALASKA 99503

March 5, 1980

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

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

Dear Representative Bucholdt:

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

1. Sec. 18.20.055 Nurse Midwife Staff Privileges:

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

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

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

March 5, 1980

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

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

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

Sincerely,



Max Kersbergen
Executive Director

MK/lc

Fairbanks Memorial Hospital

1650 Cowles St.

FAIRBANKS, ALASKA 99701

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

March 12, 1980

Honorable Thelma Buchholdt
Pouch V
Juneau, Alaska 99811

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

Dear Representative Buchholdt:

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

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

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

Representative Thelma Buchholdt
March 12, 1980
Page Two

4. As I am sure you are aware, there is a severe difference between certified nurse practitioner midwives and certified nurse midwives. A certified nurse practitioner midwife attends a specific midwife program only for a few months after she has gained the status of nurse practitioner while a certified nurse midwife has at least several years of training in order to become a certified nurse midwife. This bill directly addresses the least trained of the two categories.
5. Under Section 7.AS2: 87.330 we feel that a nurse midwife should not be included under the definition of a participant physician.
6. As the hospital reads section 21.87.125 of the bill we interpret this to mean that all hospitals in the state and other medical service corporations will be required to hire nurse midwives and to have these services available even though some pre-paid plans might not address maternity care.

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

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

Sincerely,


Tom Mingen
Administrator

TM/mw

Ketchikan General Hospital

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

March 6, 1980

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

Dear Terry:

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

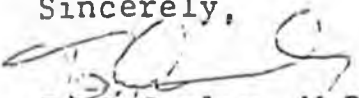
In general, we are in support of the bill and feel it effectively recognizes the role of nurse-midwives in the provision of medical care in the State of Alaska. We have only one problem with the bill and that is Section 18.20.005 which states that a hospital may not be issued a license unless the hospital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

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

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

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

Sincerely,


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

KCH

March 14, 1980

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

To Legislator:

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

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

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

KK/mts

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

Fairbanks Health Center
800 Airport Way
Fairbanks, Alaska
99701

March 11, 1980

Holly Debenham
SR 20114A
Fairbanks, AK 99701

Dear Sir:

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

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

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

Holly Debenham

RICHARD J. BABCOCK, M.D.

OBSTETRICS AND GYNECOLOGY

P. O. BOX 513

KETCHIKAN, ALASKA 99901

February 25, 1980

Dear Representative Gardiner:

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

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

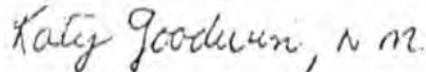
Your support of this measure is strongly urged.

Thank you.

Richard J. Babcock, M.D.



Kat Goodwin, N.M.



cc: Representatives: McKinnon
Rogers
Philips

pink

#####

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

FM: GLENDA STRAUSS, P. O. BOX 31950, FBX AK 99708 PHONE - 479-7692

RE: HB 802

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

FBX LJO/LJ

HR

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

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

RE: HB 802

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

FBX/LIO/MW

5 C 10433
Fairbanks Alaska 99701
March 13, 1980

Thelma Buckwalter, Chairman
Homer HESS Committee
Fueck v. State Capital
Seaman, Alaska 99811

Dear Ms. Buckwalter,
As chairman of the Society I would like to
ask to respond to H.D.S.C. on behalf of the Society.
Since our mission is to protect the public, I do not
think it appropriate that the Society take a position
on a matter of self interest to the nursing profession.

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

I do think the matter of mandating third party
payers to reimburse nurse-midwives directly needs to be
resolved with respect to the availability of medical
insurance within the state. Should insurance coverage
expense to comply, and hence no insurance coverage
would be available to many citizens of our State? I must
express my concern on this matter, but assume your
committee will research it.

Yours truly,
Sue Hontano

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

Name	Address and Phone	Organization/Self	For/Against or Observing
1/ Joe McKinon			
1/ ^{Beh} June Deblis, introduce			
2/ Vernellia Randall Phillips		} H+SS (Dept H+SS)	
3/ Portia Portia Kaufman		} H+SS ("") Jun. Health clinic	
4/ Margaret Crawford	(answers questions re: nurse midwife practice)		nurse mid-wife
5/ Don Don Koch		Div. of Insurance.	
6/ Pam Bradley	7445. 455-6152	herself	
7/ Beth Jensen		herself	
8/			
9/			
10/			
11/			
12/			
13/			

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

ALABAMA

(Professions and Businesses 4.34-19-1-.34-19-10)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		ALABAMA (Professions and Businesses 4.34-19-1-.34-19-10)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Licensed registered nurse; certificate from school for nurse-midwives.
	Limitations on Practice	Cases of normal childbirth; physician's supervision necessary.
	Special Statutory Provisions	All deliveries must be planned to take place in hospital.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	Lay midwives holding health department permits may continue to practice until permits are revoked by Board of Health.
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CALIFORNIA

(Business and Professional Codes 2.5.2746 - 2.5.2746.8; 12.5.2350-12.5.2359)

NURSE-MIDWIFE

Requirements

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

Limitations on Practice

Practice supervised by physician or surgeon (physician's presence not required); case of normal childbirth. Authorized to provide family-planning care. Shall not use instruments, or artificial, forcible, or mechanical means to assist childbirth, nor perform version; shall refer complicated cases to physician. Shall not perform abortion.

Special Statutory Provisions

Requirements for censure are left up to appropriate boards and committees. In general California's statutes establish the confines of the practice.

PROFESSIONAL MIDWIFE

Requirements

Definition:

An individual who has received formal professional training as a midwife.

Limitations on Practice

Special Statutory Provisions

LAY MIDWIFE

Requirements

Definition:

An individual who practices as a midwife but has not received formal professional training.

Limitations on Practice

Special Statutory Provisions

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CONNECTICUT

(377.20-75)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	<p>Requirements</p>	<p>Graduate of school of midwifery.</p>
	<p>Limitations on Practice</p>	<p>Cases of normal labor (uncomplicated vertex or head presentation). Shall not use drug instruments, nor perform version or attempt to remove adherent placenta. Shall not attend a woman in labor until after seventh month of gestation.</p>
	<p>Special Statutory Provisions</p>	<p>Examination required for licensing.</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

FLORIDA

(30.485.011 - 30.485.091)

NURSE-MIDWIFE

Requirements

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

Limitations on Practice

Special Statutory Provisions

PROFESSIONAL MIDWIFE

Requirements

Definition:

An individual who has received formal professional training as a midwife.

Diploma from school for midwives; sponsorship by two practicing physicians; ability to read manual intelligently and write legibly (this may be waived).

Limitations on Practice

Cases of normal labor; shall not use drugs, instruments, nor assist labor in any artificial, forcible, or mechanical manner, nor attempt to remove adherent placenta. Shall not use poisonous drug or herb medicine, nor attempt treatment of disease when attendance of physician cannot be secured.

Special Statutory Provisions

LAY MIDWIFE

Requirements

Definition:

An individual who practices as a midwife but has not received formal professional training.

Attendance, under the supervision of a physician, at not less than fifteen cases of labor and the care of fifteen or more mothers and newborns for periods of at least ten days; sponsorship by two physicians; ability to read manual intelligently and write legibly (this may be waived).

Limitations on Practice

Special Statutory Provisions

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Limitations on Practice	
	Special Statutory Provisions	
	Requirements	<p>Diploma from school of midwifery which has proper equipment to teach anatomy, physiology, hygiene, anticepsis, neurology, toxicology, and the proper management of labor; high school education; ability to read and write the English language*</p> <p>*There are few schools in this country which train midwives who are not nurses. Since many professional midwives were educated at foreign institutions, some states feel it necessary to require proficiency in English.</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	<p>(Statutes pertaining to midwifery in Indiana date to the late 1800's. Midwifery in the state is presently controlled by administrative code. Both the statutes and codes have been included.)</p> <p>Examination required for licensing. Gratuitous services in an emergency not prohibited by act, nor does it restrict licensed physicians.</p>

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MARYLAND

(Art. 43.82-94)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	<p>Certified by American College of Nurse-Midwives as a nurse-midwife.</p>
	<p>Limitations on Practice</p>	<p>Normal cases of pregnancy; cannot practice medicine or prescribe drugs. Shall not induce labor or produce abortion.</p>
	<p>Special Statutory Provisions</p>	<p>Person who is not licensed midwife may practice under the personal and direct supervision of a physician. Subtitle does not restrict physician or person volunteering service in an emergency.</p>
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	<p>Maryland midwifery laws updated 1970. Previous laws licensed midwives determined qualified by two practicing physicians. (These statutes have been included).</p>

MINNESOTA

(148.30 - 148.32)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	<p>Requirements</p>	<p>Diploma from a school of midwifery.</p>
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	<p>Consent of seven members of the State Board of Medical Examiners given after examination of candidate.</p>
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MONTANA
(66-1246)

Certificate in nurse-midwifery from the American College of Nurse-Midwives.

NURSE-MIDWIFE

Requirements

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

Limitations on Practice

Special Statutory Provisions

PROFESSIONAL MIDWIFE

Requirements

Definition:

An individual who has received formal professional training as a midwife.

Limitations on Practice

Special Statutory Provisions

LAY MIDWIFE

Requirements

Definition:

Individual who practices as a midwife but has not received formal professional training.

Limitations on Practice

Special Statutory Provisions

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

NEW JERSEY

(45:10)

NURSE-MIDWIFE

Requirements

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

Limitations on Practice

Special Statutory Provisions

PROFESSIONAL MIDWIFE

Requirements

Definition:

An individual who has received formal professional training as a midwife.

Certificate from school of midwifery, or maternity hospital granted after 1800 hours instruction in not less than nine months.
Certificate from foreign school of midwifery of equal requirements.
Endorsement by physician.

Limitations on Practice

Shall not perform criminal abortion. Normal labor cases. only.

Special Statutory Provisions

Examination required. Topics covered by examination specifically laid out by statute
Chapter does not restrict physician nor gratuitous service in an emergency.
New Jersey midwifery laws similar to Washington's.

LAY MIDWIFE

Requirements

Definition:

An individual who practices as a midwife but has not received formal professional training.

Limitations on Practice

Special Statutory Provisions

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

OHIO
(4731.30-4731.34)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	<p>Diploma from college for nurse-midwives</p>
	<p>Limitations on Practice</p>	<p>Practice under direction and supervision of physician. Shall not perform version, treat breech or face presentation, use instruments or treat abnormal condition, except in emergencies.</p>
	<p>Special Statutory Provisions</p>	<p>Examination may be required.</p>
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

UTAH

(58-44-1 - 58-44-11)

NURSE-MIDWIFE

Requirements

Completed approved certified nurse-midwifery education program.

Limitations on Practice

Under this act, may also provide normal gynecological services.

Special Statutory Provisions

Establishes committee to supervise practice of nurse-midwifery. Examination required by Act does not affect rights of parents to deliver their baby, where, when, how and with whom they choose regardless of certification.

Definition:

Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.

PROFESSIONAL MIDWIFE

Requirements

Limitations on Practice

Special Statutory Provisions

Definition:

An individual who has received formal professional training as a midwife.

LAY MIDWIFE

Requirements

Limitations on Practice

Special Statutory Provisions

Definition:

An individual who practices as a midwife but has not received formal professional training.

WASHINGTON

(18.50.090 - 18.50.110)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		WASHINGTON (18.50.090 - 18.50.110)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Requirements	Diploma from legally incorporated school on midwifery in good standing, granted after least 2 courses of instruction of at least seven months each in different calendar years. Diploma from foreign institution on midwifery of equal requirements.
	Limitations on Practice	Shall not prescribe any drugs or medicine except some household remedy.
	Special Statutory Provisions	Examination required. Topics covered by examination specifically laid out by statute. Gratuitous service not prohibited by chapter. Washington's midwifery laws similar to New Jersey's.
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		(30-15-1 -30-15-8)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u> Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Graduate of school of midwifery; certified by American College of Nurse-Midwives.
	Limitations on Practice	Practice under the supervision of or in association with physician engaged in family practice or specialized field of gynecology or obstetrics.
	Special Statutory Provisions	Persons holding licenses issued before current laws enacted may continue to practice until expiration of licenses without privilege of renewal.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u> An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u> An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

ALABAMA

(Professions and Businesses 4.34-19-1-.34-19-10)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Licensed registered nurse; certificate from school for nurse-midwives.
	Limitations on Practice	Cases of normal childbirth; physician's supervision necessary.
	Special Statutory Provisions	All deliveries must be planned to take place in hospital.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	Lay midwives holding health department permits may continue to practice until permits are revoked by Board of Health.
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CALIFORNIA

(Business and Professional Codes 2.5.2746 - 2.5.2746.8; 12.5.2350-12.5.2359)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	<p>Practice supervised by physician or surgeon (physician's presence not required); cases of normal childbirth. Authorized to provide family-planning care. Shall not use instruments, or artificial, forcible, or mechanical means to assist childbirth, nor perform version; shall refer complicated cases to physician. Shall not perform abortions.</p>
	<p>Special Statutory Provisions</p>	<p>Requirements for censure are left up to appropriate boards and committees. In general, California's statutes establish the confines of the practice.</p>
	<p>Requirements</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

CONNECTICUT

(377.20-75)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	<p>Graduate of school of midwifery.</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	<p>Cases of normal labor (uncomplicated vertex or head presentation). Shall not use drugs, instruments, nor perform version or attempt to remove adherent placenta. Shall not attend woman in labor until after seventh month of gestation.</p>
	<p>Special Statutory Provisions</p>	<p>Examination required for licensing.</p>
	<p>Requirements</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

FLORIDA

(30.485.011 - 30.485.091)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	<p>Diploma from school for midwives; sponsorship by two practicing physicians; ability to read manual intelligently and write legibly (this may be waived).</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	<p>Cases of normal labor; shall not use drugs, instruments, nor assist labor in any artificial, forcible, or mechanical manner, nor attempt to remove adherent placenta. Shall not use poisonous drug or herb medicine, nor attempt treatment of disease when attendance of physician cannot be secured.</p>
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	<p>Attendance, under the supervision of a physician, at not less than fifteen cases of labor and the care of fifteen or more mothers and newborns for periods of at least ten days each; sponsorship by two physicians; ability to read manual intelligently and write legibly (this may be waived).</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

INDIANA

STATUTORY PROVISIONS PER-
TAINING TO LICENSING
OF MIDWIVES

(25-22-1-5, 22-22-1-6; Admin. Rules (25-22.5-5-5)-1, (25-22.5-5-5)-2

<p align="center"><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p align="center">Requirements</p>	
	<p align="center">Limitations on Practice</p>	
	<p align="center">Special Statutory Provisions</p>	
<p align="center"><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p align="center">Requirements</p>	<p>Diploma from school of midwifery which has proper equipment to teach anatomy, physiology, hygiene, anticepsis, neurology, toxicology, and the proper management of labor; high school education; ability to read and write the English language*</p> <p>*There are few schools in this country which train midwives who are not nurses. Since many professional midwives were educated at foreign institutions, some states feel is necessary to require proficiency in English.</p>
	<p align="center">Limitations on Practice</p>	
	<p align="center">Special Statutory Provisions</p>	<p>(Statutes pertaining to midwifery in Indiana date to the late 1800's. Midwifery in the state is presently controlled by administrative code. Both the statutes and codes have been included.)</p> <p>Examination required for licensing. Gratuitous services in an emergency not prohibited by act, nor does it restrict licensed physicians.</p>
<p align="center"><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p align="center">Requirements</p>	
	<p align="center">Limitations on Practice</p>	
	<p align="center">Special Statutory Provisions</p>	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MARYLAND

(Art. 43.82-94)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Certified by American College of Nurse-Midwives as a nurse-midwife.
	Limitations on Practice	Normal cases of pregnancy; cannot practice medicine or prescribe drugs. Shall not induce labor or produce abortion.
	Special Statutory Provisions	Person who is not licensed midwife may practice under the personal and direct supervision of a physician. Subtitle does not restrict physician or person volunteering service in an emergency.
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	Maryland midwifery laws updated 1970. Previous laws licensed midwives determined qualified by two practicing physicians. (These statutes have been included).

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MINNESOTA

(148.30 - 148.32)

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES		MINNESOTA (148.30 - 148.32)
<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	Diploma from a school of midwifery.
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	Consent of seven members of the State Board of Medical Examiners given after examination of candidate.
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

MONTANA

(66-1246)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	Requirements	Certificate in nurse-midwifery from the American College of Nurse-Midwives.
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	Requirements	
	Limitations on Practice	
	Special Statutory Provisions	

STATUTORY PROVISIONS PERTAINING TO LICENSING OF MIDWIVES

NEW JERSEY

(45:10)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Requirements</p>	<p>Certificate from school of midwifery, or maternity hospital granted after 1800 hours of instruction in not less than nine months. Certificate from foreign school of midwifery of equal requirements. Endorsement by physician.</p>
	<p>Limitations on Practice</p>	<p>Shall not perform criminal abortion. Normal labor cases. only.</p>
	<p>Special Statutory Provisions</p>	<p>Examination required. Topics covered by examination specifically laid out by statute, Chapter does not restrict physician nor gratuitous service in an emergency. New Jersey midwifery laws similar to Washington's.</p>
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Requirements</p>	
	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	

STATUTORY PROVISIONS PER-
TAINING TO LICENSING
OF MIDWIVES

OHIO

(4731.30-4731.34)

<p><u>NURSE-MIDWIFE</u></p> <p><u>Definition:</u></p> <p>Registered nurse who has expanded his/her practice to the care of mothers and babies through the maternity cycle.</p>	<p>Requirements</p>	<p>Diploma from college for nurse-midwives</p>
<p><u>PROFESSIONAL MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who has received formal professional training as a midwife.</p>	<p>Limitations on Practice</p>	<p>Practice under direction and supervision of physician. Shall not perform version, treat breech or face presentation, use instruments or treat abnormal condition, except in emergencies.</p>
	<p>Special Statutory Provisions</p>	<p>Examination may be required.</p>
	<p>Requirements</p>	
<p><u>LAY MIDWIFE</u></p> <p><u>Definition:</u></p> <p>An individual who practices as a midwife but has not received formal professional training.</p>	<p>Limitations on Practice</p>	
	<p>Special Statutory Provisions</p>	
	<p>Requirements</p>	