

ALASKA LEGISLATURE COMMITTEE FILES

1494 SHESS SB 234 - SB 237 1994

footing with the non-disabled. They don't want to be set apart or type cast simply on the basis of having a physical or mental handicap. In view of this fact, it would be well to do a good deal of preliminary investigation prior to establishing a block of housing catering to the disabled alone. Possibly those that would favor such housing are persons whose functioning level is such that co-locating them with other persons having similar impairments might greatly enhance the efficiency of providing support services such as attendant care and homemaking assistance. Such housing would fall somewhere in between the traditional institutional model (i.e., nursing homes) and a totally independent living situation. Given that the vast bulk of survey respondents appear to want to get as far towards the latter (and far away from the former) as possible, caution is advised in consideration of any housing program that would result in segregating the disabled from the rest of the community, or labeling them as different.

Concluding Remarks

A reading of the recommendations contained in this study tends to suggest that we are assigning to policymakers in the area of housing for the disabled an impossible charge. How, one might ask, given that resources are scarce, can planners hope to come up with a housing program which is economically affordable, close to services, employment and recreational opportunities, and which allows the disabled person to maximize his independence in activities of daily living. The answer is that they probably can't. Indeed, virtually all public policies represent compromises which seek to maximize the positive effects of a program given the constraints posed by the

environment in which the program must operate. Hopefully, by listing as many of the conditions as possible which would characterize an effective housing program for the orthopedically disabled, we can provide a basis establishment of a program whose effectiveness will be maximized, subject to the constraints posed by the available resources and the environment in which the program must operate.

Footnotes

1> Alaska Department of Labor Statistical Quarterly First Quarter 1980, pp1.

2> For a lucid description of the public housing boondoggle in United States see Jones, Charles O., An Introduction to the Study of Public Policy - second edition, copyright 1977, by Wadsworth Publishing Company, Inc., Belmont, California 94002, pp 193-199.

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COMMITTEE REPORT

SENATE

FURTHER: Judiciary

3/4/81

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 237

professional licensing and regulation of the practice of medicine

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

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for _____ 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

[Signature]

[Signature]

Bolletta

[Signature]

MEMBERS HAVING
OTHER RECOMMENDATIONS:

[Signature]

CHAIRMAN



Official Business

Alaska State Legislature

Senate

Terry Stimson, Vice-Chairman
Vic Fischer
Tim Kelly
Mike Colletta

Committee on
Health, Education & Social Services

465-4907
465-4908

March 27, 1981

Fran Harrison
International Childbirth Education Association
Rt. 5, Box 234
Decatur, Alabama 35603

Dear Fran:

As the aide for the Senate HESS Committee, I have several questions regarding childbirth. These questions have come up because our Committee is considering legislation that would regulate lay-midwives in Alaska. Specifically, my questions are:

- 1) What percentage of the number of hospital births in the United States are caesarean sections?
- 2) What is the national average cost for a "normal" hospital birth, including the doctor's fee and total hospital costs?
- 3) How does each state regulate lay-midwives?
- 4) Do you have information on the use of midwives in countries other than the United States?

Any information that you could provide would be appreciated. The Committee is meeting on this subject on Friday, April 3 and Monday, April 6, so please expedite your reply.

Sincerely,

Rocky Plotnick Weller

Mr Parr
Senate Health, Education and Social Services

Dear Mr. Parr:

I am a resident of Anchorage and a registered voter here in Alaska. I strongly object to the revision of the medical

I had both of my children at home attended by my husband. I am attending births now in Anchorage. Dr. Ender of UAA has found in his research that 10% of births in the greater Anchorage area take place at home. No Physician or certified nurse midwife will help at home,

I am a highly qualified birth attendant, but if this bill goes through I will not be able to continue helping people and less skilled people will be attending these births. Home births will continue to happen. Most of my clients would have their babies at home with or without me.

This bill infringes on my right of free choice and makes birth a medical procedure. I am furious that this bill may pass due to alot of medical pressure and bucks behind it.

I wish to be put on the mailing list to be informed of a public hearing and I request a teleconference to be held in Anchorage.

Sincerely,

Christine Rushing
1403 E 27th Ave.
Anchorage, Alaska 99504

Home birth

By Jessica J. Hollowell

At the beginning of this century, home birth, with a doctor or mid-wife in attendance, was the single choice for most women. Giving birth in a hospital was an alternative only for well-to-do urban dwellers, usually those with a private physician on the payroll.

The trend has changed over the past 80 years. Scientific advances in medicine and improvements in hospital care have all but eliminated childbirth-related deaths for both mother and child. Group insurance programs have made it economically feasible for average Americans to receive hospital care.

During the 1940's more and more women began checking into hospitals to have their babies.

nanar: by choice, out of the well-advertised safety of hospital delivery rooms.

Home sweet home

Hospital birthing, while admittedly safe and convenient in most cases, is not the only alternative for prospective parents in the 80's. While the pendulum has not swung all the way back, many couples now look at home birthing as an inexpensive, relatively safe and emotionally fulfilling experience.

Recently, a Valley woman chose home birth for both her fourth and fifth child. "It was great. With my husband up on the slope, I would have had a hard time arranging for a babysitter at midnight. As it happened, the kids were all asleep and I just had the baby on the couch."

Home birth may sound like a lonely process, but in fact it involves many people. Most important in most home birthing situations is the immediate family. Husbands and siblings prepare, along with the mother, for the momentous event. They become familiar with the birth process and learn breathing and relaxation techniques.

Mothers normally visit a physician, in the months prior to delivery, who may also serve as medical back-up in home birth cases. A birth attendant or a mid-wife usually helps with the delivery itself.

Contraindications

Not all women are suitable home birth candidates, according to Valley resident Yvonne Watkins, author of *Better Home Birth*. High risk factors often eliminate home delivery as a viable choice. For instance, anyone over 40 or under 16 years of age should not try home birth. A mother with heart or kidney disease is precluded from home birth. Likewise, anyone experiencing heavy bleeding before birth or who has exhibited an abnormal presentation should enter the hospital for delivery.

A mother who has undergone pre-natal examination and been pronounced fit for home delivery still needs to prepare to go to the hospital, in case of emergency. Watkins, who attended more than 400 home births before moving to Alaska, listed several preparations for a possible hospital visit in her book:

- ✓ Make arrangements for using the same room for labor, birth and recovery, if possible.
- ✓ Try to arrange to keep the baby for an hour or so directly after birth, to get acquainted, before the baby is subjected to hospital routine. Father and children should be present at that time, as well.
- ✓ Have the husband and/or coach there at all times.
- ✓ Choose a hospital with immediate rooming-in, if possible.
- ✓ Hold the baby close and cuddle immediately after birth. Nurse the baby as soon as possible after delivery.

...some dads deliver their own babies...

Getting into the act

The attitude toward involving family members, especially the proud papa, in the special moment of childbirth has changed drastically over the past 40 years. Many hospitals offer child-birth classes for expectant couples. They often include "natural" child-birth instruction to prepare couples for teamwork in the delivery room.

For the first time, perhaps in history, men have moved into the delivery room, whether at home or in the hospital, as an integral part of the childbirth process. In the Valley Hospital, said Carolyn Brown, obstetrician, "We let the dad become as involved as he wants. Most cut the cord and some actually deliver their own babies."

Back to nature

Brown encourages natural procedures, she said. She uses no drugs, unless previously discussed with the patient. Most low-risk mothers are encouraged to labor and deliver in the same room, thereby saving about \$150. No standard preps are used and most women do not undergo episiotomy, the cutting and subsequent stitching of the perineum to enlarge the vaginal area.

"We like the mothers to stabilize at least six hours following birth. Any problems are likely to occur within that time," she said. If everything checks out favorably, the dad is invited to stay in the room.

ing -times have changed

Legislation enters picture

Governor Jay Hammond recently introduced a bill into the Alaska State Senate to provide for regulation of midwives, or the delivery of children by persons other than doctors.

The intent of the bill is protection of the public when unforeseen medical emergencies arise. Many midwives in the state are fearful of seeking medical assistance when complications develop during delivery. The legislation would clear up legal uncertainties, said an administration news release.

"We don't want them to be afraid to turn to physicians or hospitals when it is necessary," the governor said.

The bill requires any unlicensed person who assists at child delivery for compensation to be authorized to do so by the State Medical Board or the Board of Nursing. It further requires the setting up of regulations to carry out that process.



Gambling on home delivery

Brown does not attend or back up home births, although some Anchorage area doctors will do so. "I try to discourage women from home deliveries, but I do not deny pre-natal care to anyone." She points out the potential difficulties, as she sees them. However, about 20 percent of the women she sees opt for home birth, she said.

Brown's major complaint against home delivery is the five percent of birth difficulties likely to present themselves only at the last moment. If the expectant mother is ready to give birth in her Talkeetna home when a problem arises, it may be too late to get her to the hospital, she said.

...husbands and kids share in the joy...

Brown is also concerned with the credentials of so-called birth attendants or midwives in Alaska. "There are no certified midwives doing home deliveries in Alaska." Those who are certified, by a national midwifery organization, deliver babies in hospitals here.

Governor Jay Hammond recently introduced a bill into the Senate to provide for the licensing of midwives in Alaska.

Eventually Brown hopes to have a birth attendant, sometimes called physician assistant, working in her practice. An assistant could take care of normal deliveries, histories and physical exams of patients. "I would not have a male assistant," she said, "because I believe women have a better feeling toward the childbirth process."

At home in the hospital

Brown tries to give women a home birth atmosphere within the confines of a hospital setting, she said. If she wants to deliver on a bed, and there are no contraindications, it is arranged. Some women deliver on their sides, others squatting. One woman, gave birth on a bean bag chair.

Two family members or friends are permitted in the delivery room with the mother. "One mother had her 16-year-old daughter deliver the baby. We eventually we hope to have young children in on the birth too."

At the Valley hospital, Carolyn Brown strives for safe babies and safe mothers in a family atmosphere

BRUISERS

Healthy home born babies, (shown above, left) seven-month old Paul and three-year-old Sean Sandvik smile brightly for the camera. Both weighed over 10 lbs. at birth. (Photo by Jessica J. Hollowell)

2401 Captain Cook Drive
Anchorage, Alaska 99503
March 23, 1981

Charles Parr, Chairman
Committee on Health, Education
and Social Services
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

Please delete the section of SB #237 legislating
physician control of mothers in childbirth.

Childbirth is a natural, healthy and normal experience
NOT a disease that necessitates physician supervision
and intervention.

The history of medical practice has been one of numerous
attempts to control every aspect of one's life from
birth to death. (Ivan Illich in his recent book Medical
Nemesis describes this in great detail.)

Physician attempts to control childbirth has been a
recurring theme since the Middle Ages when lay midwives
and healers were persecuted as witches.

While medical care can perform valuable services for
people, it is a matter of personal freedom and choice
whether to engage a physician for assistance in life.

As a health care provider, nurse, educator and consumer,
I urge you to delete the aspect of this bill which
mandates physician control in the care of pregnant mothers
and childbirth.

I would like to be notified when the hearing of this bill
is scheduled so that I may testify.

Very truly yours,



Mona Claire Ravin, R.N., M.S.N.

Murray

MSG 81-00009607 PRTY 1 03/24/81 19:18:56 ORIG: LA00 IN= 0020 OUT= 0074
FROM: ANCHORAGE TO: JUNEAU
TARGET: LJH2 SUBJ: POM

PAGE 0001

TO: SENATOR CHARLES PARR
SENATE HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE
FR: CANDICE MILLER
279-6077
3217 PETERKIN, ANCHORAGE, 99504

OPPOSED TO SB 237. I'D LIKE TO REQUEST A TELECONFERENCE ON THIS BILL.
SO THAT WE CAN GET MORE PEOPLE INVOLVED.

memory 41

MSG 81-00009599 PRTY 1 03/24/81 16:57:14 ORIG: LA00 IN= 0016 OUT= 0068
FROM: LOU TO: JNU INFO
TARGET: LJH2 SUBJ: POM PAGE 0003

TO: ALL LEGISLATORS

FROM: JANET BALICE, 2156 ALDER ST.EET, ANC.99504 279-5803

I'M OPPOSED TO SB-327 BECAUSE IT RESTRICTS A WOMAN FROM GIVING BIRTH WITH ANY QUALIFIED BIRTH ATTENDENT OF HER CHOICE. I FEEL LICENSING OF BIRTH ATTENDENTS WHO ARE NOT PHYSICIANS, SUCH AS MIDWIFES IS NEEDED. BUT THIS BILL WOULD ONLY OUTLAW THEM AND RESTRICT HUMAN RIGHTS.

~~MSG 81-00009590 PRTY 1 03/24/81 16:57:14 ORIG: LA00 IN= 0016 OUT= 0068
FROM: LOU TO: JNU INFO
TARGET: LJH2 SUBJ: POM PAGE 0004~~

~~TO: ALL LEGISLATORS~~

~~FROM: DENNIS M. REHDER, 1736 AMHERST COURT, ANC.99504 272-8716~~

~~THE CAPITAL MOVE IS IMPERATIVE. VOTE TO ASSURE THAT IT IS MOVED. CO-OPERATE WITH EACH OTHER TO SEE THAT THIS IS DONE.~~

ALASKA
state
hospital
association

319 Seward St., Juneau, Alaska 99801 (907) 586-1790
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES



SB 237

President
Sister Barbara Haase
Ketchikan General Hospital
Ketchikan

President Elect
Tom Mingen
Fairbanks Memorial Hospital
Fairbanks

March 25, 1981

Secretary/Treasurer
Ron Pavellas
Alaska Hospital & Medical
Center
Anchorage

TO: Senator Charlie Parr
FROM: Dennis L. DeWitt, Executive Director
SUBJECT: Average Maternity Charge at Alaska Hospitals

Immediate Past President
Al Camosso
Providence Hospital
Anchorage

Executive Director
Dennis L. DeWitt
Juneau

The attached reflects a telephone survey of Alaska State Hospital Association members asking the cost of a routine maternity stay. Average daily service charge in Alaska is approximately \$200.00 so the figures would be adjusted by at least that should the stay be more or less than 3 days.

I hope that this is helpful to you in your deliberations.

FACILITY	AVERAGE MATERNITY COST
Alaska Hospital	1,500.00 - 3 Days
Bartlett (Juneau)	800.00
Central Peninsula (Soldotna)	550.00
Cordova	1,500.00 - 3 Days
Fairbanks	1,000.00 - 3 Days
Faith (Glennallen)	850.00 - 3 Days
Ketchikan	1,300.00 - 24 Hours
Kodiak	600.00
Norton Sound (Nome)	3,200.00 - 3 Days Includes Doctor
Petersburg	550.00 - 24 Hours
Providence (Anchorage)	1,200.00 - 2 or 3 Days
Seward	800.00 - 2 Days
Sitka	1,100.00 - 2 Days
South Peninsula (Homer)	550.00 - 24 Hours
Valdez	1,000.00 - 2 Days
Palmer	700.00 - 24 Hours
Wrangell	1,100.00 - 3 Days

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. Senate Bill No. 237
 Title "An Act relating to professional licensing and to the regulation of the practice of medicine."
 Requested by Commissioner's Office Date 4/2/81

II. FISCAL DETAIL
 Agency Affected Department of Health and Social Services
 Program Category Affected 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 4/2/81 PREPARED BY David Spence, M.J.
 AGENCY Dept. of Health & Social Services
 PHONE 465-3100
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) _____ M&B Approval [Signature] Date 4/2/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. CSSB 237 "An Act relating to professional licensing and
 Title to the regulation of the practice of medicine.
 Requested by Senate HESS Committee Date 4-9-81

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

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		102.8	110.0	117.7	125.9	134.7
200 TRAVEL		5.1	5.7	6.4	7.2	8.0
300 CONTRACTUAL		10.2	10.9	11.7	12.5	13.4
400 COMMODITIES		.0	.0	.0	.0	.0
500 EQUIPMENT		2.4	.0	.0	.0	.0
600 LAND & STRUCTURES		8.1	8.1	8.1	8.1	8.1
700 GRANTS, CLAIMS, ETC.						
TOTAL		128.6	134.7	143.9	153.7	164.2

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND		128.6	134.7	143.9	153.7	164.2
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME		3	3	3	3	3
PART TIME						
TEMPORARY						

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

PERSONAL SERVICES - FY'82 salary schedule, 7% inflation factor projected.

1 Investigator, Range 18, gen. govt., 12 mos.	\$ 40,348.00
1 Executive Officer, Range 18, partially exempt, 12 mos.	40,348.00
1 Clerk typist III, Range 8, gen. govt., 12 mos.	22,140.00
	<u>\$ 102,836.00</u>

TRAVEL - 12 % inflation factor projected

Investigator: 5 days per diem per month @ \$67/day	4,000.00
One out-of-town trip per month @ \$250.00 per trip	3,000.00
Executive Officer, 5 board meetings	1,500.00
One out-of-state trip	700.00
	<u>\$ 9,200.00</u>

CONTRACTUAL - 7% inflation factor projected.

1 Mag Card typewriter lease	3,000.00
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IV. DATE 4-9-81

PREPARED BY Marjorie Odland,
Regulations Specialist
 AGENCY Division of Occupational Licensing
 PHONE 465-2535

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

(continued next page)

CCSB 237 continued. . .

Computer terminal use, prorated share at \$350/mo.	4,200.00
Postage, phones, printing, publication and operating costs	3,000.00
	<u>\$ 10,200.00</u>

EQUIPMENT - one time cost FY'82 only.

2 desks, double pedestal, 60x30	704.64
1 desk, single pedestal with typing extension	432.83
2 chairs, exec. swivel with arms	353.66
1 chair, posture without arms	134.77
2 bookcases, 3 shelves	205.28
1 lanier recorder	355.00
1 file cabinet, 4 drawer legal with lock	215.99
	<u>\$ 2,402.17</u>

LAND & STRUCTURES

(for 3 positions) 150 sq.ft. X 1.50 X 12 X 3 = \$8,100



Official Business

Alaska State Legislature

Senate

Committee on

Health, Education & Social Services

Charlie Parr, Chairman
Terry Stimson, Vice-Chairman
Vic Fischer
Tim Kelly
Mike Colletta

Pouch V
State Capitol
Juneau, Alaska 99811

465-4907
465-4908

MEMORANDUM

TO: Senate HESS Committee Members
FROM: Rocky Plotnick Weller
DATE: April 3, 1981
RE: SB 237 - the Medical Practice Act

Dr. Kathleen Todd, M.D., would like to go on record opposing section 10 of SB 237. Section 10 is on page 4, lines 8 thru 19 and raises fees. Dr. Todd says that fees should not be raised because they will be indirectly passed on to patients. She questions the state's need for the additional money. Also, she feels the fee for inactive renewals (line 18) will hurt small towns in Alaska. This is because it will be difficult for doctors to find substitutes when they want to go on vacation. Persons with inactive licenses may not want to pay \$200. to replace someone for a month.

This is what my doctor gave me for his fees. Rocky

SB 237

• JUNEAU, ALASKA 99801

-OB FLAT FEE-

TOTAL FEE 520.00

Flat fee covers:
Initial OB visit
ALL prenatal visits
Doctors charge for delivery
Office visit for 6 week mother's check

ALL LAB WORK IS EXTRA

In hospital care of the baby 75.00
Circumcision (if desired) 56.00
10 day baby check (if desired) 24.00

- OB BY VISIT-

Initial OB visit 62.00
Each OB visit 20.00
Delivery 280.00
6 week mother check 20.00
10 day baby check 24.00
In hospital baby care 75.00
Circumcision (if desired) 56.00

ALL LAB WORK IS EXTRA

Partial payments each month are required so that the total balance be paid by the time of delivery. If OB By Visit we require the office visits, delivery and in hospital care paid before delivery.

We are in family practice and enjoy seeing the children we deliver. However the choice of where to have well baby care is up to you.

If you are insured we need a completed insurance form from you before the delivery. Insurance companies will not accept any charges until after the delivery, so we will submit the total amount of charges after delivery if we have a form.

and into alleged violations of regulations and orders of the State Medical Board;

(3) at the request of the State Medical Board, conduct investigations based on complaints filed with the department or with the State Medical Board; and

(4) be directly responsible and accountable to the State Medical Board, except that only the department has authority to terminate his employment.

*Fbx file -
MDs willing to
advise on
medical-related
legislation*

Chris F. Dennis, MD
Chairman, Legislative Action Committee
home - 3.6 Mile Gilmore Trail
mail - SR 40512
Fairbanks, Alaska 99701
phone: 546-3841

Donald E. Thieman, MD
President, Fairbanks Medical Association
home - .2 Mile Steele Creek Road
mail - 1001 Noble
Fairbanks, Alaska 99701
phone: 456-6288

William F. Kinn, MD
home - McGrath Road
mail - 1919 Lathrop
Fairbanks, Alaska 99701
phone: 456-7767

William H. Doclittle, MD
home - 317 Bently Road
mail - 1919 Lathrop
Fairbanks, Alaska 99701
phone: 456-4490

Roger F. Harding, MD
home - 102 10th Ave.
mail - same
Fairbanks, Alaska 99701
phone 456-4659

Robert W. Taylor, MD
mail - 1867 Airport Way
Fairbanks, Alaska 99701
phone: 452-4690

April 6, 1981

Senator Jalmar Kerttula
Pouch V
Juneau, AK 99811

Dear Senator Kerttula,

I would like to register my concerns with portions of two bills presently under consideration by the Senate.

Regarding SB 237 "relating to professional licensing and to the regulation of the practice of medicine"; Sec. 08.64.170 provides that birth assistants - certified nurse and/or lay midwives must be licensed by the Medical Board. Sec. 08.64.250 contains no reference nor provisions for the practice of Certified Nurse Midwives. Sec. 08.64.369 inappropriately allows the Medical Board to be sole determinant of the scope and practice of midwifery.

While the common goal of health providers in childbirth is an outcome of healthy mother and infant(s), the licensing of birth assistants in this bill is inappropriate. I submit that the vehicle for control of said "assistants" can be more expeditious and clearly defined in the following manner.

1. All birth assistants be Certified Nurse Midwives with completion of an accredited post-RN program of midwifery.
2. That the licensure of Certified Nurse Midwives be the responsibility of the Board of Nursing in an amended Nurse Practice Act NOT the Medical Practice Act.
3. That the relationship of the Certified Nurse Midwife and the supervising physician be a collaboration between the Medical Board and the Nursing Board.

In consideration of the bill above, SB 237 "relating to the practice of nursing..." does not address its effect on the practice or certification of Nurse Midwives - an onerous omission.

It is my conviction that the practice of birth assistants (excluding precipitous births) be limited to that of Certified Nurse Midwives. I urge you to support amendments to both Acts that will speak to this specialized area of nursing practice in a manner that recognizes the separate and concomitant practice of nursing and practice of medicine.

Sincerely,



Jennie Lee Schrage, RN
SPA Box 6647
Palmer, AK 99645

cc Gov. Hammond
Sen. Parr
Sen. Stinson
Sen. Colleta

Sen. Fischer
Sen. Kelly
Helen Peirne

Julia C. & Greg B. Arehart
SRA 372 N
Anchorage, AK 99507
(907) 345-2218

April 4, 1981

Senator Charles Parr
Chairman of the Senate Health, Education,
and Social Services Committee
Pouch V
Juneau, AK 99801

Dear Senator Parr;

My husband and I are concerned about Senate Bill #237, in particular the clause that states the State Medical Board shall authorize who can assist at childbirths. It seems to imply that only a physician or medically licensed nurse can, and must, assist a birth. We are appalled at the ignorance shown by the mere consideration of such a clause in our Senate.

There are those of us who do not believe in medical science, either because of religious or other convictions, or because of personal choice. I have had the misfortune of having been injured by doctors, rather than cured by them, during several years of treatments. I have turned to other methods of health care, with better results. There is simply no possibility I will allow a medical doctor to attend my delivery when I give birth. If your bill passes, with that specific clause, I will therefore either willingly break the law by having my husband or a midwife assist my delivery at home, or I will be forced to deliver completely alone, without even my husband assisting, just to avoid breaking the law.

I am appalled that you think parents should not be allowed to make their own decision concerning the birth of their children. You are implying that we, the men and women of this state, are too stupid to take care of ourselves in the case of something as natural and healthy as childbirth. May I remind you, we, the human race, have been giving birth without the 'help' of doctors for all of history until the last century. You are now forcing the doctors and nurses, with their particular beliefs and ways, upon us, thinking you know better than we do who should help us during delivery. I find this presumptuous of you, and I'm quite frankly tired of being told what to do, when to do it, with whom, and being forced to pay through the nose too - because the government thinks it knows what's best for me. Because of your position of power, Senator Parr, you must be careful not to abuse us; we are the victims if you abuse your power. I find it not only abusive, but absurd, that you presume to tell me how to live my life.

You must be completely unaware of the research that has been done concerning homebirth, midwifery, and natural childbirth as opposed to

hospital or physician-attended births. The facts clearly show that it is more dangerous to give birth in a hospital than at home. My biggest concern is for the health of the baby, taking precedent over my concern for breaking the law in this case, and so I would logically choose home-birth, with my husband and/or a midwife assisting, over your prescribed physician-attended delivery, for safety reasons alone. You think your bill will protect us and our children, but it will do the opposite by posing a health hazard! I can refer you to one specific book to read on the subject of safety in homebirths versus hospital births: Immaculate Deception by Suzanne Arms. If you have not read it, then you have no right to be making decisions concerning homebirths versus hospital births.

It seems another fact has not occurred to you, concerning the situation specific to Alaska. Many women in the bush will be unable to get to a hospital, or have an authorized attendant at their delivery, due to the isolation and immense distances in the bush. Suppose the only person available to help a woman in labor is a lay midwife? Suppose the only person is the woman's husband? Do you actually plan to fine either of them \$50-\$100, or punish them 10-90 days in jail, for helping a friend or wife? If so, you lose my respect completely. Not only has common sense, but also the Christian spirit and tolerance, been totally lost in our unfeeling, unthinking government.

We ask you to please drop this clause from Senate Bill #237.
Thank you.

Sincerely,

Julia C. Archart

Greg B. Archart

Julia C. Archart
Greg B. Archart

April 4, 1981

Senator Charles Parr
Chairman, Senate Health, Education, and Social
Services Committee
Pouch V
Juneau, AK 99801

Senator Charles Parr,

Again, more restrictions, regulations, and control over the people of Alaska! When will it stop! I'm referring to Bill #237.

I can not see any reasons that warrant this Bill; there has been no problems, no abuse of the existing laws. To the contrary many Alaskans have thankfully felt and exercised their freedom to give birth to their children where and with whom they personally have chosen. And I emphasize that we are thankful for this freedom. A freedom that is by rights ours; something that is being conveniently forgotten by many people in decision making positions.

Giving birth to a baby is a very personal, emotional, important, and exciting happening in our lives, and very, very natural. It is not a medical crises. It does not warrant medical intervention except in very few instances, and those are normally predicted far before the time of birth.

It is not with bravery, but with fact, that I say there is far more physical as well as emotional trauma that occurs when a woman is placed in a sterile, restricted, medical intervention oriented environment. Please, read the most recent studies. These statements are FACT.

Second to the emotional importance, but definitely another very important aspect to this Bill, is the added cost that people will be required to pay because of the stipulations of the Bill. Could it end up that women in the bush be required to travel away from their family and home just because there is no one authorized to assist in their birth in their local area? Again, the emotional, but also the cost of the travel, as well as the additional cost of the "authorized" person... Is the state willing to pay for these added cost that they are requiring of the people? I would think so being that it is because of the state that the people are having to spend more.

Senator Parr, stop and think. Really, there is no reason or need or want of this Bill #237 by the people of Alaska. Do NOT let it go any further.

Sincerely,

Marjorie M. Williams
a busy Alaskan

April 2nd, 1981
Talkeetna, Alaska

Senator Charles Parr, Chairman
Senate Health, Education and Social Services Committee
Pouch V
Juneau, Alaska 99801

Dear Senator Farr,

It has come to our attention that on March 4th, 1981 Senate Bill #237 was submitted to the Senate Health, Education and Social Services Committee.

In a rural state (which most of Alaska qualifies as being) it seems absurd as not every bush village can possibly have a physician and it is insensitive to require pregnant women in such areas to leave their homes at a time when they need the support of their husbands and families. Also the bill goes against our basic human rights, telling us who we have to have present. It has been proven that home births are actually safer than those in hospitals and also the price of a doctor and hospital are almost beyond the reach of many of the bush people.

Would you consider having a local teleconference on the bill; so those interested in giving input could do so? And could you notify us of such a teleconference in advance? Our phone number is 733-2418 and my voter registration number is 00021022.

Thank you for your time and consideration.

Sincerely,

George H. McCullough
George H. McCullough

Dolores W. McCullough
Dolores W. McCullough

Talkeetna, Alaska 99676

April 2, 1981
372 Shaw Circle
Anchorage, Alaska 99504

Mr. Parr
Senate Health, Education and Social Services
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

I am very disappointed in the Senate Bill No. 237 which was introduced on March 4, 1981. The part I most disagree with is the reference to assisting at childbirth and labeling childbirth as a medical procedure.

I believe that childbirth is a "well" process and not a pathological condition. Pregnancy/childbirth is not a human ailment and should not be labelled as such in any law.

I feel homebirth attendants have a necessary and responsible place as an option available to Alaskans to help satisfy their health care needs. Parents have the constitutional right to choose where and with whom they choose to give birth to their child. We deserve to have freedom of choice concerning birth place and attendant. Parents can be and are responsible for getting good prenatal care and screening and have the right to the option of a homebirth attended by other than a physician.

I request a teleconference here in Anchorage prior to the committee hearing in Juneau. There are enough people here who would want to be involved in this to share their feelings on this subject.

Sincerely,

Charlene Collett-Paule

Charlene Collett-Paule

April 4, 1981

Senator Charles Parr
Chairman, Senate Health, Education, and Social
Services Committee
Pouch V
Juneau, AK 99801

Senator Charles Parr,

Again, more restrictions, regulations, and control over the people of Alaska! When will it stop! I'm referring to Bill #237.

I can not see any reasons that warrant this Bill; there has been no problems, no abuse of the existing laws. To the contrary many Alaskans have thankfully felt and exercised their freedom to give birth to their children where and with whom they personally have chosen. And I emphasize that we are thankful for this freedom. A freedom that is by rights ours; something that is being conveniently forgotten by many people in decision making positions.

Giving birth to a baby is a very personal, emotional, important, and exciting happening in our lives, and very, very natural. It is not a medical crises. It does not warrant medical intervention except in very few instances, and those are normally predicted far before the time of birth.

It is not with bravery, but with fact, that I say there is far more physical as well as emotional trauma that occurs when a woman is placed in a sterile, restricted, medical intervention oriented environment. Please, read the most recent studies. These statements are FACT.

Second to the emotional importance, but definitely another very important aspect to this Bill, is the added cost that people will be required to pay because of the stipulations of the Bill. Could it end up that women in the bush be required to travel away from their family and home just because there is no one authorized to assist in their birth in their local area? Again, the emotional, but also the cost of the travel, as well as the additional cost of the "authorized" person... Is the state willing to pay for these added cost that they are requiring of the people? I would think so being that it is because of the state that the people are having to spend more.

Senator Parr, stop and think. Really, there is no reason or need or want of this Bill #237 by the people of Alaska. Do NOT let it go any further.

Sincerely,

Key A. Williams

March 2007
Sunday

11th Par

Went to meet, Education's Special Services
Panel

Forum, about 99811

Jan M Par

Put an eye in since Bill #337
is clearly counter to the
constitution right to privacy. Or
wrongly presumed birth to be
a medical problem requiring
medical procedure rather than
the natural process it is.

Now parents just their
children is really a serious
concern. Parents leaving home
birth with the assurance
of birth attendants should not
include the option of, truly

Mr Parr
Senate Health, Education and Social Services

Dear Mr. Parr:

I am a resident of Anchorage and a registered voter here
strongly object to the revision of
practice act in Bill 237 concerning "assisting at childbirth."

I had both of my children at home attended by my husband.
I am attending births now in Anchorage. Dr. Ender of UAA has
found in his research that 10% of births in the greater Anchorage
area take place at home. No Physician or certified nurse
midwife will help at home,

I am a highly qualified birth attendant, but if this bill
goes through I will not be able to continue helping people
and less skilled people will be attending these births. Home
births will continue to happen. Most of my clients would have
their babies at home with or without me.

This bill infringes on my right of free choice and makes
birth a medical procedure. I am furious that this bill
may pass due to alot of medical pressure and bucks behind it.

I wish to be put on the mailing list to be informed of
a public hearing and I request a teleconference to be held
in Anchorage.

Sincerely,

Christine Rushing
1403 E 27th Ave.
Anchorage, Alaska 99504

SB 237

To the Alaska State Legislature:

I urge you to defeat this bill, it is another power grab by the American Medical Association. Each professional group wants to use legislation to create its own monopoly. The American Medical Association has tried for years to control the entire gauntlet of the healing arts. A new medical board is set up. A new bureaucracy is created. A new lever is held over the people. The medicrats already have taken away from the people the right to determine their choice of treatment in many diseases, including cancer.

Everything is done in the name of good. But not everything is good. Depriving people of their freedom of choice is not good. What people need is education so they will make wise choices, not a continuous stream of oppressive legislation.

Why should midwifery be licensed by the state. It is a practice that is as old as civilization itself. In the 18th century if it had not been for home deliveries we might none of us be here. The doctors were killing mothers by the thousands with child bed fever. When one doctor told them how to prevent it, they drove him out of town.

Teach the people correct principles and let them govern themselves.

Robert V. Pontius D.V.M.
Robert V. Pontius D.V.M.

March 19, 1981

Mr. Parr
Senate Health, Education and Social Services
Pouch V
Juneau, Alaska 99811

Gina Katkin
1402 Primrose St.
Anchorage, Alaska 99504

Dear Chairperson:

It has come to my attention that bill #237 has been submitted to the legislature pertaining to home births. I feel it important that this be a personal and responsible decision within a family, and is no place for a legislative decision.

Both of my children were born at home under responsible, competent care. This decision was our own and a determined one. If you make it illegal for educated people to attend home births, families will be forced to take the burden upon themselves without any birth attendant.

I have the right as a woman not to be hospitalized to give birth if I so choose. I am not sick when in labor, in fact both births were highlights of my life. Laws or the medical profession cannot take away my right to birth my children where I feel most comfortable and safe whether it be in the home or hospital.

If we can't have birth attendants legally help us, then change the laws so that "nurse-midwives" can attend home births or make licensing for lay midwives available.

Please give everyone the right to be heard through a teleconference in Anchorage and all other communities throughout the state if possible.

Deepest Sincerity,



6)

MSG 61-000 19059 PRTY 1 03/19/81 17:01:26 ORIG: LA00 IN= 0027 OUT= 0025
FROM: ROBERTA TO: JUNG INFO
TARGET: LJH2 SUBJ: POMS PAGE 0002

KANDULPH

FROM: JOSEPH L. GROVE, 1911 SUNRISE DRIVE, ANC. 99504; 209-4178

RE: SB 237; PAGE 2, LINE 16-17

OBJECTION TO INCLUSION OF CHILDBIRTH. REPRESENTS BLATANT PROTECTIONALISM FOR MEDICAL COMMUNITY AGAINST A TREND FOR PEOPLE TO TAKE RESPONSIBILITY FOR THEMSELVES AND GIVE BIRTH AT HOME. THE CONSTANT LICENSING OF EVERY ASPECT OF HEALTH CARE IS AN INVASION OF INDIVIDUAL RIGHTS FOR THE BENEFIT OF THE MEDICAL PROFESSION.

March 23, 1981

Senator Arliss Sturgulewski
Pouch V
Juneau, Alaska 99811

Dear Senator Sturgulewski,

I am writing to express my objection to bill SB 237 which would virtually outlaw home births in Alaska. I strongly believe women and men should have the choice of where their children are born. Freedom of choice should exist.

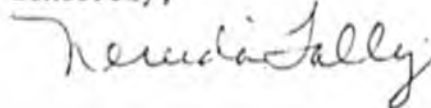
I resent the implication a woman cannot weigh the pros and cons of such a personal, important moment in her life and make a choice. I see no need for the Medical Board to usurp her right and make the choice for her.

Please let me know how you plan to vote on this bill as well as the one regarding cost of living allowances for retired school teachers.

For your information, I am a woman of child bearing age and an educator.

Thank you for your time and service.

Sincerely,



Nereida Talley
8121 Resurrection Drive
Anchorage, Alaska 99504
907 333-8829 / 907 344-2561 x213

cc: Mr. Charles Anderson, State House
Ms. Ramona Barnes, State House
Governor Jay Hammond

✓ Mr. Charlie Fair, Chairperson

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

17 March 81

9900, Hialeah 99005

Dear Sir

Senate Health Ed & Soc Service

Room V

Jameson Highway 99811

I am Mr. Carr,

The Senate bill #237 contains no regulation. The matter of including child birth should not be included in this. Child birth is a natural process and families should have a right to choose where & how this takes place without any government interference.

It is never met in person -
without a teleconference. The people from all over Hawaii can participate.

Yours truly,

Barbara Harrison

March 25, 1951

My Dear:

I have in front of me a letter pertaining to the Senate bill #237 which was submitted on March 4, 1951. This bill is in regards to those persons who assist at home child births.

It is my opinion that we are still a free people and that we have the right to make decisions based on that fact.

In the matter of home births I feel this is a decision to be made by those directly involved and not those in authority. Who else but the mother and father (in most cases) could be more concerned for their child? (Does the government share the womb? Or cut the umbilical cord?)

Because of my own preference that this matter be decided on a personal level I request a concurrence before any final decision is made.

I trust upon your above interest and consideration in this matter.

Wm. H. Anderson
1901 W 43rd
Minn. St. 55503

Dear Sir

My name is David Hansen.
I live at 530E 46th PL. Apt B Anch. AK.
99503. phone number is 279-5166.

My voter registration number is
03547809. I am writing regard
to bill 237. Which would make
it mandatory to have a certifi-
ed midwife or a doctor present
at the birth of a baby. I do
not agree with this bill. I
think a person should have the
freedom to choose whom they
want at there at the birth and
have it where they want it.

When this bill (#237) comes
up please have a public-tel-
conference and notify me in
time so I can come for it.

Thank you

Sincerely
David Hansen

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

(2)

MSG 81-00009055 PRTY 1 03/19/81 16:34:07 ORIG: LA00 IN= 0025 OUT= 0092
FROM: ROBERTA TO: JUNO INFO
TARGET: LJH2 SUBJ: POMS

PAGE 0002

TO: REPRESENTATIVE CHAS. PARR, CH. HESS COMMITTEE
FROM: BINNIE SMITH, 834 E 73RD, APT. 4, ANC. 99507; 344-3651

ALLOWING THE MEDICAL COMMUNITY IN ANCHORAGE TO DICTATE PERSONAL AFFAIRS
LIKE WHERE A FAMILY UNIT CAN LEGALLY BEAR THEIR CHILDREN IS ALLOWING A
FRIGHTENING FORM OF DICTATORSHIP OVER ALASKAN RESIDENTS TO BE PERFORMED.
PLEASE STOP THIS BILL. (SB 237)

FAIRBANKS INTERNAL MEDICINE

and

DIAGNOSTIC CENTER, INC.

1919 LATHROP STREET
FAIRBANKS, ALASKA 99701

(907) 452-4769

INTERNAL MEDICINE

WILLIAM H. DOOLITTLE, M.D. F.A.C.P.
JEFFREY A. PARTNOW, M.D.

INTERNAL MEDICINE, HEMATOLOGY & ONCOLOGY

J. MICHAEL CARROLL, M.D.

INTERNAL MEDICINE & AVIATION MEDICINE

DAVID S. GRAUMAN, M.D.

February 11, 1981

Senator Charles Parr
Pouch V
Juneau, AK 9981

Dear Senator Parr:

I am sorry that I was unable to see you last weekend in Juneau, but Medical Board disciplinary actions ended up consuming my entire stay.

I am writing to express my personal approval, as well as the unanimous approval of the State Medical Board, for proposed revisions to the Medical Practice Act. These are to be submitted by the Governor and do not yet possess a Senate or House Bill Number. However, the Department of Law file number for the Bill is J-77-066-081. It is the feeling of the Board that these statutory reforms allow for much improved flexibility in the supervision of medical quality control in the State of Alaska and will yield better protection for the medical consumers of the state.

I assume that due to the nature of the Bill, it will pass through the Senate Health, Education, and Social Services Committee.

The legislation, as currently written, is favored heavily by the Board. However, a few deletions have been made from last session's incarnation. As you recall, the Bill last year was passed by both House and Senate, though in slightly different forms. As a result, it ended up getting lost in the shuffle of the close of the Session, and was never passed into law. In both versions, the Board was granted an executive officer position as well as the services of a designated investigator. Since the Board has a relatively large backlog of investigations (33 cases as of last weekend), the need for an investigator who is "detailed" to the Medical Board is obvious. Some of these cases would appear to be relatively serious, and ought to be handled expeditiously.

As regards the executive officer position, the Medical Board feels that it is in need of executive support. A number of other Boards already have such a position (Real Estate Board, Nursing Board, etc.) and due to the life and death nature of much of the Board's work, this seems to me to be a reasonable request. Currently, our executive support comes from a licensing examiner within the Division of Occupational Licensing, and she is charged with the oversight of three or four other Boards as well. Historically, we have had a problem with the fact that licensing examiners frequently change from one Board to another, or leave the Division entirely, thus resulting in a loss of continuity and relatively long "startup time" for a new examiner. During this period of time, Board actions are delayed, priorities shuffled, and all manner of things seem to "fall between the cracks".

As I mentioned to you previously, the fiscal note approving the establishment of the executive director position was approved during the last Session, though the Bill itself did not quite make it into statute. The funds were approved, but were returned to the General Fund. Hopefully, this would make the positions "old positions" and thus less susceptible to redlining. It has been the position of the Governor's Office, and therefore of Occupational Licensing, that no new positions were to be requested this year, hence, their deletion from the current legislation. I have spoken with the Governor's Office and have been informed that it is "probably unlikely" that the proposed legislation would be vetoed simply because it established these positions.

Therefore, I would respectfully request that your Committee consider the addition of an amendment to the proposed legislation authorizing:

- A. An Executive Officer for the Medical Board. This person would serve at the pleasure of the Board, though he would be employed by Occupational Licensing.
- B. A designated investigator for Medical Board functions, along with appropriate support services.

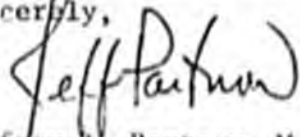
I am uncertain as to the actual cost that would have to be amended in a Fiscal Note for this, but I suspect that the Division of Occupational Licensing ought to be able to prepare it relatively quickly.

In any event, I suspect that it would probably prove less than \$100,000 annually and I feel this would be a good value for the State.

I have one other matter which I would like to bring to your attention. The State Nursing Board is currently seeking a revision of the Nurse Practice Act. In general, the Medical Board has no problems with the legislation which they are proposing, however, it should be noted that the Nursing Board is attempting by statute to remove the Medical Board from all authority regarding advanced nurse practitioners. These are nurses with advanced training who perform acts of medical diagnosis and treatment independently, under a collaborative relationship with a physician. It is the position of the Medical Board that since their practice constitutes areas within the "practice of medicine" that the Medical Board should continue to be involved in their licensing and approval. Our current role is to examine ^{and approve} the proposed collaborative relationship and the Board feels that this is an appropriate level at which to be involved.

Thank you for any consideration which you can afford in these matters. If there is anyone else with whom I should be corresponding, please let me know. Hopefully, I will make it back to Juneau one of these days and will be able to talk with you in person.

Sincerely,



Jeffrey A. Partnow, M.D.

JAP/co
cc Evelyn Boone

BAZELEY AND HARRINGTON
ATTORNEYS AT LAW
AN ASSOCIATION OF PROFESSIONAL CORPORATIONS

JUDITH J. BAZELEY
KATHLEEN HARRINGTON

March 26, 1981

340 G STREET, SUITE 201
ANCHORAGE, ALASKA 99501
TELEPHONE (907) 272-8591

The Honorable Charles Parr
Alaska State Senator
Health, Education and Social Services
Pouch V
Juneau, Alaska 99811

RE: Senate Bill #237-Home Birth

Dear Senator Parr:

I have recently learned that, with the assistance of Governor Hammond, Senate Bill #237 has been submitted and routed to your committee for public hearings and comment.

I am completely opposed to this attempt to regulate home childbirth by categorizing those who might assist at a home birth as somehow engaging in the practice of medicine.

I feel very strongly that home birth is an area to which the right of privacy attaches and certainly, in this context, mothers and fathers should have a fundamental right to choose to birth their babies at home without the unnecessary intrusion of the State of Alaska and certain members of the medical community.

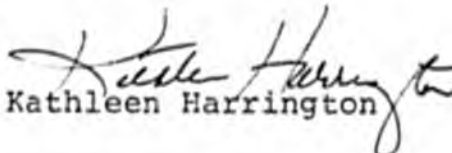
I believe it to be completely unnecessary for the State of Alaska to prevent those who are experienced with the home birth process from assisting those of us who choose to have our children at home. I also believe that it is unnecessary to require these home birth attendants to submit to some long and costly certification process before they can legally assist in a home birth, especially when those home birth attendants whom I know have had practical experience in this process for years.

The Honorable Charles Parr
March 26, 1981
Page Two

I believe this issue is important enough to require a conference here in Anchorage with you and other members of your committee.

Thank you for your time and attention to this matter.

Sincerely,


Kathleen Harrington

KH:kpc

ALASKA CHIROPRACTIC CLINIC
A PROFESSIONAL CORPORATION
MILE 7½ OLD SEWARD HIGHWAY
P.O. BOX 10033
ANCHORAGE, ALASKA 99511

Dr. Keith L. Hediger, D.C.

TELEPHONE (907) 844-1501

March 27, 1981

WHAT'S THIS
ABOUT?
RE CHILD BIRTH?

Senator Charles Parr
Chairman
Senate Health, Education & Social Services Committee
Pouch V
Juneau, AK. 99801

Dear Senator:

Bill #237, introduced on 3/4/81, is a very serious offense against basic human rights. It is truly a sad state of affairs to see this issue become political. The injustice will be inflicted upon your voting population.

I would like to see you do all that you can do within your realm of power to prevent the enactment of the breach of privileges in our fine state.

Thank you.

Yours for better health, naturally,

Keith L. Hediger, D.C.
Keith L. Hediger, D.C.

KLH/pm

March 23, 1981

Senator Charles Parr, Chairman
Senate Health, Education & Social
Services Committee
Pouch V
Juneau, AK 99801

Senator:

As a citizen and voter in the State of Alaska I am writing to voice my disapproval of Senate Bill #237.

I am currently teaching prepared childbirth classes for Christian Childbirth Education in Anchorage and have taught childbirth preparation for five years. The classes I have instructed are geared for hospital deliveries but I also have students who are anticipating a home birth.

The birth experience of each person I have met is so individual and I believe each should have choices in planning the birth of their child. Although I do not promote home birth, I do believe that this type of legislation would deny the personal experience childbirth should be. People who choose home birth need support. Legislation of this type is not going to decrease home births - only decrease any type of medical assistance at these births.

Sincerely,

Paula M. Frey

Paula M. Frey
3430 Kvichak Circle
Anchorage, AK 99502
907-344-0415
Voter Reg. #01646579

March 22, 1981

1240 E. 11th Avenue
Anchorage, Alaska 99501

Mr. Parr
Senate Health, Education and Social Services
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

It is my understanding that on March 4, 1981 a senate bill # 237 was submitted by the Rules Committee to the legislature pertaining to regulation of the practice of medicine. This bill would not allow anyone to "assist at childbirth" in the state of Alaska unless authorized and licensed by the state or under the direct supervision of a physician.

I feel this would be an injustice to the residents of Alaska who deserve the freedom of choice in the matter of childbirth. Also, considering all the people in this state who live in the bush, this ruling seems very impractical. Surely, childbirth should not be treated as a medical procedure. It is a natural process.

I am one of many concerned people in the Anchorage area who would like

Strongly suggest a teleconference to enable supporters of prohibition to participate in the public hearing to be held in Juneau.

Thank you for your time and consideration of this important matter.

Sincerely,
Valerie Talbot

LIZETTE E. BURNS
Developmental Disabilities
Consu..ant

Telephone
688-3227

S.R. Box 1031
Chugiak, Alaska 99567

Mr. Parr
Health, Education and Social Services
Pouch V
Juneau, AK, 99811

Dear Mr. Parr:

I want to register my objections to Bill 237, concerning childbirth assistance. I feel strongly, that if enacted it would be an infringement of my rights. Childbirth need not be a medical procedure. The state would become embroiled in mandating a more expensive and restrictive birth process than is necessary in many cases.

I also request that any hearing be made available in Anchorage.

Thank you,
Lizette Burns

Dear Council of Parents

Sincerely,

Thank you.

When this bill (S37) comes up please have these things:

if choice is taken away. I feel S37
our child in doing so even right to freedom
all in who we should have held delin
react as in such, who has the right to
have confidence in those whom we choose to
competent health-attendants. If we as parents
send them learn at home with entirely
I had the best with both of mine, the
giving birth to her child into the life of care.
I can understand concern that a woman

number is 01927946.
number is 279-516 and my voter registration
530 E 4th Place in Annapolis. My phone
my name is Raven Starn. I live at

24 Nov 81

CAROL E. EDWARDS
SRA Box 1765-H
Anchorage, Alaska 99507

March 25, 1981

Mr. Parr
Senate Health, Education and Social Services
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

I am writing in regard to Senate Bill #237, specifically the section limiting childbirth attendants to those who are licensed by the State of Alaska. This phrase obviously effectively eliminates most home births in Alaska. Personally, I feel the State has no right to interfere in a woman's choice of where or under what circumstances she wishes to give birth to her baby. This infringes on personal freedom of both mother and baby.

I am nearly eight months pregnant myself and am choosing home birth. I am against all drugs that are ROUTINELY and unnecessarily administered in the hospital. They certainly don't help the baby any in starting out his/her difficult life. Hospital births, in addition, disrupt the bonding process so important in early life, disrupt families [Are we really trying to preserve the family unit anymore?], and cause unnecessary stress and pain on both the mother and the baby. I wouldn't even consider having my baby come into the world in such a sterile, traumatic atmosphere unless absolutely necessary, such as in an emergency. Childbirth is a natural process, not an illness.

The problem is that those of us who choose home birth do not have real back-up from the hospitals and doctors there. From my experiences with friends, it seems that often a broken leg or other emergency is treated more efficiently than a laboring mother with complications who had originally planned a home birth. Instead of that portion of Senate Bill #237 being even considered, the medical profession needs to upgrade its skills and coordinating efforts with home birth attendants to ensure immediate and efficient emergency care in the event of complications. It's not that the women don't get to the hospital; it's that they are often not given immediate help when they arrive and that the care given is less than professional. Perhaps the doctors are seeing dollar bills slip through their fingers instead of seeing a patient in need.

For Alaska to take a step backwards when many other states are opening more doors to home birth and natural healing practices is absurd and embarrassing. Two studies recently completed in the Eastern U.S. show home birth to be as safe as, and in some instances, safer than hospital births. I suggest the legislature look into these studies, as they were both rather large scale. I don't want to suggest that anyone can deliver a baby, but it certainly does not normally require an M.D. A trained, qualified midwife or naturopath is well-equipped with knowledge and skill to handle home births.

Incidentally, I am a professional in the field of psychology and understand the need for professional regulation and certification, but let's not overstep the bounds of personal freedom and common sense. I request a teleconference on this issue as I believe it is an important one.

Sincerely,
Carol E. Edwards

March 24, 1981
3323 Robin Street
Anchorage, Alaska 99504

Hon Charles Parr, Chairman
Senate HESS Committee
Pouch V
Juneau, Alaska 99801

Dear Senator Parr:

This letter is in reference to SB 237 an amendment to the medical practice act which refers to assistance at childbirth.

The effect of such legislation would be a flagrant intrusion into the rights of individuals to have the type of birth experience they desire. I am neither pro home birth nor pro hospital birth, but I am pro individual rights.

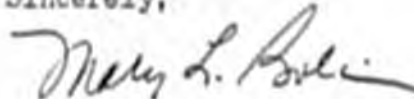
Across the nation in the past decade there has been a movement away from physician directed hospital births. This is evidenced by the growing number of alternative birthing centers (we have two in Anchorage) and home births. What do you suppose prompted this movement? The answer is: pregnancy, labor and birth are normal, healthy, well processes, not disease or illness. Physicians are taught throughout their years of medical training to diagnose and treat disease, so they quite naturally seek diagnosis and treatment for whatever walks into their offices. They do not shine when it comes to caring for people who are well.

Pregnant women want to be cared for with dignity, as individuals whose experience is unique to themselves, and have a say in the direction their care takes during pregnancy, labor and birth. By passing this bill, the state of Alaska is saying, "Sorry Lady, we know what is best for you and who is best equipped to care for you." Under , a husband could be charged for practicing medicine without a license if he assisted (without a physicians supervision) at the birth of his child. To take it further, a woman assisting herself could be charged.

Pregnancy, labor and childbirth do not belong under the sole auspices of physicians. Physicians are not responsible for our state of wellness, we as individuals are the ones who are responsible. I resent the audacity of the medical system to usurp my responsibilities for my own welfare.

Please consider this input as you are discussing this bill. I believe a teleconference hearing on this matter is in order.

Sincerely,



Mary L. Bolin

Dear Sirs -

I recently received word of bill #237, and was quite surprised. I was surprised because Alaska has always been a state freer from rules and regulations than most, and this bill would surely affect the personal lives of many who live here, and not at all for the better. As far as I know, there is only one doctor in Anchorage who will deliver babies at home. Keeping this in mind, it is obvious why we need our midwives, now more than ever because of the increasing incidence of home births.

Please also consider the damnable cost of a hospital birth, in juxtaposition with the low finances of most new families. Home is where birth should take place - with the exception of those with difficulties - and the family should be the decision-makers about who they want at their birthing. A midwife offers competent assistance at about \$2,000.00 less than a doctor at a hospital birth, and gives so much more than any doctor ever would. Hospitals and doctors are for un-well

people. Pregnant and birthing women are not un-well. Right? Right! Everyone of us is descended from an unbroken line of women who were able to deliver their babies, 95% of the time with no difficulties. There are no statistics which show home births as less safe than hospital births, when no counter-indications are found during pregnancy. So why the big fuss? :

My husband and I are planning to have a home birth in May. We have a wonderful midwife who has already shown us more loving understanding and genuine concern for our well-being than we could ever have expected from a doctor. She has also helped to further our education on the subject of nutrition and the physical aspects of birth. All this good care at a fraction of the "usual" cost. :

You have the means and the opportunity to further the progress we are making in this area by choosing not to hinder our freedom of choice.

Thank you, Nancy Lusk

3/18/81

Mr. Parr
Senate Health, Education and Social Services
Pouch V
Juneau, Ak. 99811

Dear Sir:

Concerning senate bill #237 pertaining to regulation of the practice of medicine.

I want to voice my strong opposition to any bill that would limit our right to have children at home and to use a birth attendant of our own choosing without requiring Licensed attendants.

Child birth is a natural process and not a illness or disease that requires a doctor with the exception of those few cases where complications arise.

I am not opposed to doctors but I feel we must be free to be able to choose a doctor or naturopath or whatever form of treatment we wish.

Freedom/Responsibility go together. Lawmakers are trying to limit our freedom of action under the pretext of protecting us, saying the state knows what is best for me and I don't. This idea is wrong. If I am to have freedom of action then I must have the freedom to bear the responsibility for what I do; not have the state take it away from me under the guise of protecting me.

I would like to have the hearing on this bill teleconferenced so more people can speak out on this issue.

Thank You

Sincerely,

Eugene R. Venie

Eugene R. Venie
Box 5513

Anchorage, Ak. 99502

I'm writing to you about bill # 237; specifically the section regarding who can assist at childbirth. According to the bill, only people under the direct supervision of a physician will be allowed to assist at childbirth.

I'm a nursing student at the University of Alaska at Anchorage. Last year I carried out a research project regarding the use of an Alternate Birth Center. What was interesting was that 16% of the women surveyed said they would not utilize an Alternate Birth Center because they would choose to deliver at home. They said they'd even go ~~at~~ unattended if no physician or birth attendant were available. They also said that they felt once they entered a medical institution, their independence and choices were taken away. (The women I surveyed were attending Lamaze classes with the Childbirth Education Association in Anchorage).

I also surveyed the OB-GYN physicians and not one physician would be willing to attend a home birth. Physicians are not willing to support home deliveries in Anchorage. Because of this they are not willing to supervise midwives in home deliveries

either. What is scary about this situation is that a large group of our community will have to go unattended if Bill # 237 passes. According to the latest figures 10% of the deliveries in Anchorage are home deliveries.

Birth is not a disease. But in our society it is often seen as a medical problem that needs medical intervention. It is true that some births do need help by a physician and need medical technology. But, not all births need this intervention. Birth is a natural process and I object strongly that all women should be subjected to hospital/medical intervention because a few women are at risk. With proper screening, good pre-natal care, and hospital backup if needed, I feel that home births are safe and should not be removed as an option to women.

"A Client Advocate"

Sincerely,
Ann Rushing

907-276-8926

1540 Medfra
Anchorage, Alaska 99501
March 18, 1981

Mr. Parr
Senate Health, Education & Social Services
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr

It has been brought to my attention senate bill #237 has been introduced to the legislature. It is my understanding that if the bill passes authorization and licensing by the State will be required of all birth attendants. It is my hope that you will not support this bill.

We have three children who were born at home. And I strongly believe it is a woman's right to choose where she wishes to give birth as well as choosing who should be with her.

Most births are normal, healthy experiences and do not need medical regulations. I've enjoyed greatly the freedom of giving birth in our home with the assistance of people I felt comfortable with. I hope the State will in no way infringe upon my freedom in home birth.

Of course, I am aware of complications which can occur in birth and have always located our home for birthing near a hospital. And if necessary I would be willing to conform to the medical regulations of the hospital. However, I don't wish for this regulations to interfere with my giving a normal healthy birth.

Thank you for your time & consideration.

Dear Mr. Parr,

I am writing this letter in regards to senate bill # 237. As being interested in home births and as having had two home births myself I feel this bill to be wrong in wanting to regulate home births this way. It infringes upon our freedom of choice and delegates birth to a medical procedure rather than a normal "well" process. If this bill were to pass more people would continue giving birth at home with no one to help or assist them that is qualified to. As the medical establishment here does not lack home birth attendants, they would not supervise any birth attendant and the state of Alaska has no rules and regulations for authorizing or licensing of birth attendants or a system of training them; the bill would make it worse for couples opting for a home birth.

I would like to request a teleconference so that people concerned with this legislation would be able to participate in the hearing, giving a fair side of the issue.

I would like to end saying that I feel home birth attendants have a necessary and responsible place as an option available to Alaskans in fulfilling their health needs. Thank-you very much for reading and considering this letter.

Sincerely yours

Cristina Horance
 316 Eklutna
 Anchorage, AK 99504

Urge you + your committee members
to vote against this bill.

Sincerely,
Eileen Harrington R.N.
303 Eureka #25
Anastorage AK 99503

KINLEIN OFFICES

KEYSTONE BUILDING, SUITE 101, 801 WEST FIREWEED LANE
ANCHORAGE, ALASKA 99503 • (907) 272-4743

March 20, 1981

Senator Charles Parr, Chairman
Senate Health, Education and Social Services Committee
Pouch V
Juneau, Alaska 99801

Dear Senator Parr,

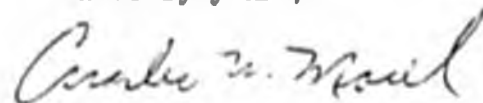
I am writing this letter to express my deep concern about Bill #237, Revision of the Medical Practice Act. I refer to the section that deals with who can assist at childbirth.

There is ample documentation to support the view that the medical care system exercises too much power over birth, life, and death. Everywhere consumers are rallying to reclaim what has been insidiously taken from them: the right to make choices about personal matters such as giving birth.

When the medical care system limits choice about illness care is an unfortunate reality. That the medical care system seeks to limit choice about a matter other than illness and disease is unconscionable. Pregnancy and childbirth are not disease states and should not be controlled at all, particularly by those who are trained to diagnose and treat disease.

Let us not regress in the 1980s by giving the medical establishment more control over that which they should have no control. Let us maintain and foster the elements of freedom and choice that characterize the spirit of Alaska.

Sincerely yours,



Charles W. Morel
Practice of Kinlein
Voter Registration #03692852

P.S. Please notify me when a teleconference will be held on this bill as I intend to testify. Thank you. *CM*

views and opinions.

Thank you for reading this letter and
for allowing us the opportunity to speak to your
committee as a group.

Sincerely,
Mrs. Phil Luse
710 Dogwood
Anchorage, Alaska 99501

7 Inch. Ink.

March 23, 1981

Dear Sir:

I am writing to voice my objection to Senate bill # 237 (child-leaving-at-home). If this bill were enacted it would set a dangerous precedent with regard to my right for freedom to choose.

Please, let's have a public tele-conference on the subject. Those doctors don't have the right to force us into their mold!

Sincerely,
Beth Davis

FAIRBANKS INTERNAL MEDICINE

and

DIAGNOSTIC CENTER, INC.

1519 LATHROP STREET
FAIRBANKS, ALASKA 99701

(907) 452-4769

INTERNAL MEDICINE

WILLIAM H. DOOLITTLE, M.D. F.A.C.P.
JEFFREY A. PARTNOW, M.D.

March 23, 1981

INTERNAL MEDICINE, HEMATOLOGY & ONCOLOGY
J. MICHAEL CARRCLL, M.D.

INTERNAL MEDICINE & AVIATION MEDICINE
DAVID S. GRAUMAN, M.D. F.A.C.P.

Honorable Charles Parr
Alaska State Senate
Pouch V
Juneau, AK 99811

Dear Senator Parr:

As I indicated to your staff today by telephone, I will be in Juneau on April 6 and 7 for purposes of testifying concerning Senate Bill 237. I appreciate the opportunity to do so.

I am somewhat amazed to find that the bill has become a matter of controversy. Apparently, those people advocating Home Birth of babies feel that it violates their right. Hopefully this letter will serve to allay some of the controversy and prevent the creation of yet another emotional issue.

As you are no doubt aware from our previous conversations, the Alaska State Medical Board is charged by statute with the regulation and supervision of the practice of medicine. It is almost a truism that such supervision and regulation is to be carried out in the public interest. When looked at in this way, one of the Board's functions is clearly that of Consumer Protection. The Medical Board is not a Doctor's Protective Organization; that function is performed, among others, by the Alaska State Medical Association, the local affiliate of the AMA.

In reviewing the difficulties which we have had in carrying out our functions effectively (I call your attention to the Legislative budget and audit "Sunset Review" of the Medical Board), it became quite clear to the Board members individually and collectively, that the current definition of the practice of medicine was vague and difficult to interpret. Therefore, one of the major goals which the Medical Board has had is to sponsor legislation to improve the definition of practice of medicine. It is from this effort that SB237 arose. The intent of the legislation, quite simply, is to allow the Board to have more clear-cut guidelines from which to work.

The issue of obstetrical care is secondary. SB237 does not purport to be "the Child Birth Bill" which a reporter from the Alaska Radio Network called it.

The Board has received several complaints, and a number of inquiries including the practice of "lay midwifery". Basically, this consists of the rendering of childbirth services, usually in the home, by lay midwives - frequently people without any formalized training. In an effort to see whether or not the Board had any jurisdiction, we sought an attorney general's opinion as to whether or not the delivery of childbirth services constituted in any fashion "the practice

of medicine". For reasons unclear, we got two separate responses. The first said, essentially, that "since obstetrics does not deal with an illness or condition, it is not legally the practice of medicine". The second said essentially "everyone knows that obstetrics is a medical activity, and therefore it falls under the purview of the Medical Board". A third, formal opinion was sought and this time the response was that the Department of Law was not sure, and the statute probably ought to be changed in order to clarify the issue. Therefore, this was also included in the draft of SB 237.

The current medico-political climate concerning home birth and the use of lay midwives has taken on many of the trappings of a religious war. The "medical establishment", generally speaking, desires to have nothing to do with those people who elect home delivery with a lay midwife, a feeling which is more than reciprocated by the people who "opt out of the medical system" to have their children. As a result, a potentially dangerous situation has arisen in which there is little or no communication between the two camps. The ultimate losers in this situation are potentially the mothers and their newborn children, since, should complications arise, they are virtually excluded from access to the medical system.

To illustrate this point, recently a physician in the state, one who did home deliveries, was found to have waited an inexplicably and inordinately long time at the site of a home delivery prior to taking a critically ill child to the hospital at which he had staff privileges. His only explanation of his action was that he feared he would "get a lot of noise" from the hospital staff about participating in home deliveries in general, and about this case in particular. That the child subsequently died is irrelevant; what is clear is that the physician involved, a man who had full hospital privileges at the time, was reluctant to bring the child to the hospital because of the circumstances of its birth. It is easy to imagine this situation being made even worse if the birth attendant has no access whatever to the potentially life-saving services which might be needed. As I stated, the polarized and poisoned atmosphere may well result in denial of appropriate and necessary medical services to the detriment of both mother and child.

The Board has taken no formal position concerning home birth nor has it ever taken any position concerning the activities of lay midwives. Our only interest in this matter is to establish an atmosphere in which some communication is possible.

The legislation as proposed does not abolish home deliveries, nor does it really speak to the activities of lay midwives. What it does is give the Board the regulatory powers in this area. In general, it has been the feeling of the Board that it would be neither feasible or desirable to regulate the practice out of existence, inasmuch as there will always be some percentage of the population which is disenchanted with medical care in general and will elect not to enter what they conceive to be the relatively normal, impersonal, mass-production medical system to have their children. The "legalization" of this service would serve only to further widen an already huge communications gap with consequences as outlined above.

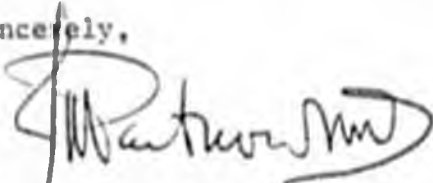
Basically, the Legislature has three choices in this matter. First, to continue the status quo, a situation which may not be working very well. This won't ruffle any feathers and a controversy may be avoided. Second, to establish yet another bureaucracy, a "Board of Lay-Midwives". Since there are no formalized educational criteria for lay-midwives, I would ultimately envision a pissing contest of the highest order and major "turf protection" issues arising as such a Board attempted to establish regulations. Third, basically is that contained in SB 237, which is to give the Medical Board regulatory authority by considering childbirth services to be a part of the practice of medicine. The Medical Board has had a fair amount of experience in dealing with non-physician medical care providers (paramedics, physician assistants, advanced nurse practitioners, and nurse anesthetists) and would, I feel, be able to come up with satisfactory guidelines which would insist on some plan of collaboration or referral which would insure the availability of medical services if needed and not hold a collaborating physician financially responsible for problems which arose beyond his control. As I said, the choice is the Legislature's. I do not personally feel (nor does the Board) that the obstetrical issue is worth sacrificing the rest of the bill over.

I would like to respond to two other issues which have been raised. The first is that of "turf protection". It is not the desire of the Medical Board to enrich physician's financially by insisting that all births be handled within the hospital setting. The second is that organized medicine has sunk millions of dollars into this "battle". The Board has received not one penny of support by the AMA or Alaska State Medical Association in the establishment of the language or intent of SB 237. In fact, I am informed by Dr. Johnson, the president of the Alaska State Medical Association, that they do not like the obstetrical provisions in SB 237 feeling that it somehow cheapens the Medical Board to deal with non-medical people, and stating in general that it is an issue in which they do not wish to become involved. I might add that the Board of Nursing is also unwilling to tackle the problem.

Finally, and much more important from the Medical Board standpoint, I wish to reiterate our request for the reinsertion into SB 237 of the executive officer position (reference my earlier letters) and the designated investigator for the Medical Board. The need for this sort of administrative support is really what SB 237 is all about, and we seek your assistance in helping to make Alaska "a safer place to get sick". As I have stated, the obstetrical issue is secondary to the intent of SB 237, and it seems to me a shame that such a relatively narrow issue has commanded so much attention, particularly in view of the clearcut lack of understanding which has been shown by those who have most vociferously attacked the "Childbirth Bill".

I look forward to meeting with you on April 6 and hope that I will be able to provide useful information to you and the Committee in your deliberations. I appreciate having the opportunity to appear before you.

Sincerely,



Jeffrey A. Partnow, M.D.
Chairman
State Medical Board

March 18, 1981

Dear Mr. Parr,

I am deeply concerned about senate bill #237, which has recently been submitted to the legislature regarding the regulation of the practice of medicine.

If this bill passes, no one will be allowed to assist at childbirth in the state of Alaska unless authorized and licensed by the State or under the direct supervision of a physician.

Thus birth is categorized as a medical procedure, rather than the normal process of life that it is. In addition, the rights of parents to choose the place they desire for their birth experiences and the people they wish to have assist at the births is infringed upon.

I am strongly in favor of home birth attendants as an option for Alaskans in health care.

I request that a teleconference be held, in order that myself and other concerned citizens in the Anchorage area may take part in this hearing.

I appreciate your attention on this matter.

Sincerely,

Rhoda Anderson

Rhoda Anderson
3525 W. 73rd Ave.
Anchorage, AK 99502

Memory

MSG 81-00009325 PRTY 1 03/23/81 13:34:04 ORIG: LM00 IN= 0003 OUIT= 0025
FROM: MARY/MATSU TO: JUNEAU INFORMATION
TARGET: LJH2 SUBJ: P.O.M. PAGE 0001

TO: SENATOR KERTTULA
REP. CARNEY
SENATOR PARR, CHAIRMAN. S HESS
FR: LISA SANDVIK, SR B BOX 7480, PALMER 97645
I WOULD LIKE TO REQUEST A STATEWIDE TELECONFERENCE ON SB237. MY OBJECTION
TO THIS BILL IS THAT IT GOES AGAINST BASIC HUMAN RIGHTS TELLING INDIVIDUALS
WHO THEY HAVE TO HAVE AT THEIR BIRTH. THE A.M.A. IS SUPPOSE TO LICENSE
ACCORDING TO THE BILL AND THEY HAVE FOUGHT MIDWIVES TOOTH AND NAIL. IT
IS RIDICULOUS TO MAKE A LAW FINING AN ATTENDANT AT A BIRTH IN THE RUSH
AREAS WHERE THERE ARE NO PHYSICIANS AVAILABLE.

Dear Mr. Pass:

I'm writing in response to Bill #237. I'd like to request a teleconference so that supporters of home birth can participate in this hearing.

Sincerely,
Mollie Wilson

3-19-81

Mr. Law:

Sir I am deeply concerned in regard to Senate bill # 237 which would prohibit visiting attendants from assisting at births taking place outside of hospital. I am 7 months pregnant and am under wonderful care of a Naturopath here in Anchorage. I do plan on having my baby in my home where my husband, baby and I would be most comfortable. I am in perfect health and we can foresee no complications to this birth. With the current hospital conditions in Anch, overcrowding, understaffed due to financial problems, why must women be stuffed into maternity wards like cattle to perform a natural act of childbirth. Must take remedial time after time that God created women to have children and that this process has been taking place for millions of years, in fields, in huts, in homes with the assistance of a dear friend, a mother, or an educated person in attendance? Please, let this miracle of birth take place wherever & with whomever the mother chooses. Pregnancy & birth is not a disease. Do not let this bill pass. Thank you for your time & consideration.

Ellen Wickell Anch AK

March 18, 1981

Senator Charles Parr, Chairman
Senate Health, Education and Social Services Committee
Pouch V
Juneau, Alaska 99801

Dear Senator Parr:

I have just, tonight, learned of Alaska Senate Bill 237, submitted to the Senate Health, Education and Social Services Committee on March 4. Tomorrow I will contact Wally Richardson of our Legislative Affairs Office and request a copy of the bill in its entirety. I am requesting, in this letter, that a local teleconference be held on this bill that I might testify rather than a public hearing in Juneau which would be impossible for me to attend. I will follow-up on this request by contacting Wally Richardson and ask that I be notified well in advance of the teleconference date. If there is something further I can do to stress my position, I ask you to advise me. I realize an individual has little hope of an effective stand when the opposition is the powerful Alaska State Medical Association, but I am hoping that members of the Senate Health, Education and Social Services Committee will not make a decision without accurate statistics and information, nationally and internationally, on the many safe alternatives in childbirth and that each of you is fully acquainted with the many controversies in modern obstetrics. I hope the committee will not simply bow to the authority of the Alaska State Medical Association without considering that it is a union as much as a professional organization and financial gain is as much a factor in their position on this bill as the interest of maternal and child health.

I am opposed to SB237. I understand this bill will allow the State Medical Board to authorize who shall assist at childbirths. I would not be averse to this if the State Medical Board were moving in the direction of expanding safe alternatives in childbirth through the certification of lay midwives, with criterion to be met determined by skilled midwives rather than obstetrical surgeons, but I have no doubt the intent of this bill is to restrict rather than expand safe birthing options for the people of Alaska.

I am 32 years old, an education administrator and the mother of an eleven-month-old daughter. My master's degree is in education of the severely and profoundly retarded, with particular interest in the multiply handicapped. I am quite familiar with the many events which may occur during pregnancy, childbirth and the neonatal period which can damage the body and mind of an infant.

I approached pregnancy as I would any new experience in my life, by educating myself as completely as possible to be sure I made the best decision for my baby, my husband and myself. In the three years prior to my pregnancy and the subsequent nine months, I read countless texts and articles on pregnancy and childbirth. I talked with several doctors, nurses, midwives and parents and went through the standard hospital prepared childbirth course. I feel I am as competent as anyone on your committee to know what constitutes a safe alternative in childbirth.

I spent the first several months of my pregnancy trying to find a doctor who was not patronizing, but truly believed a normal, healthy birth is the rule and not the exception; one who believed it the woman's responsibility to prepare her body and

mind for the experience and believed in her ability to do so; one whose ego would allow him or her to "attend" a birth, yet maintain control over the desire to medicate, monitor and otherwise intervene unless it was medically necessary. I know such physicians exist, but I did not find one. In the seventh month of my pregnancy, following-up on a number of names I had encountered, I found a lay midwife with whom, after one afternoon's meeting, I knew I had found the person to attend the birth of my child.

After thoroughly educating myself, working hard to maintain a healthy, complication-free pregnancy, selecting a skilled birth attendant and preparing for emergency back-up, I chose a homebirth with a lay midwife. I do not, in any way, feel my choice was irresponsible; on the contrary, I did more research and gave more thought to this decision than most women give to a hospital birth. From all I have learned, I also believe my healthy ~~and normal delivery would have been a good idea had~~ I subjected myself and my child to a "normal hospital birth". Most medical personnel would say my choice was foolish. One doctor told me it was "stupid to even consider a homebirth", yet statistics prove the opposite: a well-planned, well-screened homebirth, attended by a skilled midwife with arrangements for good emergency back-up is as safe as any hospital birth with the added benefits to homebirth of shorter labor, less complications and the opportunity for immediate family bonding with its long-term psychological advantages. From a very personal standpoint, it provides a feeling of such great joy and accomplishment, I cannot possibly describe it well enough and can only feel terrible sadness and a sense of loss for those who recall only an unpleasant birth experience.

What SB237 is really about is not safer births because statistics do not support physician-supervised births as being necessarily safer; rather, this bill is really about money.

The birth of my daughter cost \$350. Had I elected a routine hospital birth in Anchorage, the bill would have been \$2,000 to \$3,000 and would likely have included IV's, amniotomy, fetal monitors, episiotomy, labor room charges, delivery room charges, newborn nursery charges, an unnecessarily long hospital stay and perhaps, if I really went first class, a C-section -- they seem to be excessively popular these days. It is certainly to the doctor's economic benefit to have all births required, by law, to fall under his or her supervision. This is, I believe, the basis of the Alaska State Medical Association's request to the State Medical Board and to the Governor for the passing of SB237, and does, by virtue of the obvious financial gain to be had, present a question regarding the objectivity and sincerity of the request. I, on the other hand, experienced no financial gain through my deliberate and well-planned choice of a lay midwife, and my desire to have safe alternatives expand is based entirely on what I have learned about current obstetrical trends and what I believe to be good physiological and psychological health care and basic common sense. Had I delivered under a physician's supervision, regardless of the cost, my insurance company would have covered the birth. Because I elected an alternative other than the AMA approved method of giving birth, the insurance company denied my claim stating it did not coincide with their list of "reasonable, necessary and customary" maternity services. I am well aware of how the medical community manipulates private medical coverage -- will it now manipulate and dictate to the State of Alaska how and under what circumstances a woman may give birth?

The intent of my letter is not to encourage homebirth, lay midwifery, or any particular birthing alternative. I refer to these approaches because it was what I chose, as it was my right to choose, and that, Senator Farr, is the point of this correspondence, to stress the right of the individual to choose from a wide spectrum of safe

alternatives. Highly sophisticated modern obstetrical care must continue to be available for it sometimes becomes very necessary, but necessary, too, is the availability of the family doctor, the certified nurse midwife and the certified lay midwife, for somewhere in this range is the skill and philosophy which meets the needs of each family.

I am enclosing several recent, brief and informally written articles from a variety of sources which support points on which I have generalized. I would also like to recommend the following books as essential. They provide an in-depth statistical look at childbirth in this country and how we compare with other countries, as well as a good review of obstetrical history in the United States and a discussion on current controversies. Perhaps the committee is already familiar with this literature. If not, and if these titles are unavailable to you, I will send my own copies of those I presently have at hand, if you request.

Benefits and Hazards of the New Obstetrics, Tim Chard and Martin Richards

Lying-In: A History of Childbirth in America, Richard and Dorothy Wertz

The Cultural Warping of Childbirth, Doris B. Hairo

Immaculate Deception: A New Look at Women and Childbirth in America,
Suzanne Arms

To attend a birth is a privilege, not a right to be determined by Alaska State Law; rather, an honor which should only be granted by the birthing parents, the ones who, let us not forget, must also pay for the service. Please acknowledge the individual intelligence and right of Alaskan families to plan their own birth experience; defeat Senate Bill 237. Help us expand safe alternatives in childbirth, not restrict them.

This has been a lengthy letter. Thank you for your time and patience. I can provide much more information if you feel it would be useful. You need only ask.

Sincerely,



Julie Gorhan
Box 1037
Bethel, Alaska 99559

Enclosures: Five articles

cc: Representative Tony Vaska
Senator George Hohman

*Julie has just reviewed SB 237
and SB 4. I'm pleased to
see one of my concerns
addressed in SB 4.*

3-18-81

Dear Mr. Parr,

I protest Bill 237.

What right does the State have
deciding where or how we should
birth our babies?

I believe it infringes upon my
Civil Rights.

Why is abortion moral and
homebirth immoral? Perhaps
homebirth doesn't pay enough?
Whatever the reason, you cannot
stop homebirth and are only forcing
people to be more secretive and
perhaps not prepare properly for
their birth. This Bill is not well
prepared or thought out for mans
benefit.

Jean A Simich
2831 Concord
Anch. AK 99502

Mrs. Bryan Clarke
4840 Kuntle Lane
Anch., AK 99507

Dear Mr. Law,

I'm writing this letter with regard to the bill that is being considered against home birth and those who would assist with them.

I feel, from personal experience, that having the choice of having your baby at home is a fine and safe alternative to having your baby in a hospital. We had our first child at home with the help of a capable & competent midwife. We all enjoyed the experience and felt very safe and pleased at the way every thing was handled. We are now looking forward to the birth of our second child in April and hope to have this one at home also. We realize that home births are not appealing or feasible for all people but we also feel that it is a safe alternative to giving birth in hospitals and that we should have the freedom to choose for ourselves.

I hope the State of Alaska will
take the time to make an unbiased look
into the statistics of the satisfactory
results of home births and make a
fair decision before passing any bills
which prohibit home births and condemn
those who would assist with them.

Thank you very much for your
time and help.

Sincerely,

Mrs. Clarke

3/19/81

Dear Mr. Farn,

In regard to a bill now being considered about ruling home child birth to be illegal, I entreat you to consider my sentiments.

My wife and I were fortunate to have had our daughter at home. We enjoyed the comforts of a competent mid-wife as well as personal friends who helped with this birth.

We had made all the necessary arrangements for being admitted to the hospital should that prove necessary. All went well and it was natural and right.

It disturbs me to think that such a privilege should be possibly ruled illegal. It contradicts my constitutional rights. It is pursued, not to

look after mankind's welfare, not
for the people's benefit, but, because
of selfish monetary greed.

Please consider what such a
law is really going to do. The
same persons who rule that to
about millions of children are
now to consider the legality,
the safety of home child birth.

I appreciate your considering
my concerns. I make request
that both sides of such a law
to be ruled on be considered publicly.

Sincerely,

Bryan Clark

Mr Parr
Senate Health, Education and Social Services
Pouch V
Juneau, Alaska 99811

Dear Sir,

I am writing to you with great concern, in reference to a senate bill #237 submitted by the Rules Committee to the legislature pertaining to regulation of the practice of medicine.

I understand that if this bill were passed, no one will be allowed to assist at childbirth in the home unless authorized and licensed by the State, or under the direct supervision of a physician, who will not come to your home. This move will infringe upon the rights of responsible parents who choose to give birth at home rather than going to the hospital. It will also deprive these people of the services of caring and knowledgeable people able to assist in this natural process. How does childbirth come under the category of the practice of medicine? I thought the days were gone when a woman was considered "sick" to be pregnant and give birth to a child. Childbirth is not a "medical procedure" but a normal body function which can be safely monitored in the home, more so today than in the past, with the increase in knowledge and the preparation process parents can undergo. Candidates for home birth are very carefully screened and if any possible complications arise they are referred to a physician to deliver in a hospital, where, if it is an emergency situation, the parents are subjected to much scolding and harassment from the medical profession. Statistics prove that in fact, newborns and mothers do better in the home environment than in the stressful surroundings of the hospital. I can personally testify to this fact having undergone both experiences, and I found, having warm, caring attendants present who watched and stayed with me throughout my labor was much more satisfactory to me. The same applies to the pre-natal and post-natal care I have received. I felt my home birth attendants were much more professional and thorough in their procedures than the "professionals" who were not even there to deliver my other children in the hospital.

If it is the welfare of the new-born and the laboring mother the State is worried about, why then is it legal for women to murder their unborn babies, by having an abortion payed for by the Federal Government? And why is the possession and use of marijuana in the home legal, yet the state is taking away the rights of those wishing to give birth at home with people attending them whom the parents feel comfortable with? Should we not be able to choose whomever we please to deliver our babies, even the babies father, without possible legal entanglements from the State and/or scolding from the medical profession and hospital staff?

Why don't the State recognize the credentials of Naturopath Physicians, Midwives (certified or lay) and Home Birth Attendants? Many States in the lower 48 do. Why isn't the State make it possible for these people to act within the law. If this bill were passed Alaska would be placing itself behind other States who are supplying alternate childbirth possibilities. Surely the very fact that bill #237 is being presented to the legislature is proof that the demand for safe alternatives other than hospitals, is on the increase. More and more parents

are choosing to have their babies at home, or to use a Birthing Center. Birthing Centers are a single step in the right direction, but patients are still tied to many routine and in many cases unnessesary procedures. Also, the demand is so great for these alternatives, that only a very small percentage of parents applying for a Birthing Center actually get to use it - they end up in the regular hospital.

Alaska, being the "last frontier" with so many people living great distances from a hospital or medical help surely, has a great need for more Midwives, Naturapath Physicians and Birth Attendants who will take the time and come to your home and who are capable of assisting in this way.

Sincerely,
Mrs Anne Venie.

Eugene & Anne Venie
P. O. Box 6513
Anchorage, AK 99502
Tel. 376-5045

6

MSG 81-00010723 PRTY 1 04/02/81 09:56:24 ORIG: LM00 IN= 0002 OUT= 0016
FROM: MARY/MATSU TO: JUNEAU INFORMATION PAGE 0004
TARGET: LJH2 SUBJ: P.O.M.

TO: SENATE H.E.S.S. COMMITTEE
SENATOR PARR, SENATOR STIMSON, SENATOR COLLETTA, SENATOR FISCHER, S
SENATOR KELLY

FR: DIANA GARDINER, BOX 1074, WASTILIA 99607
I AM PREGNANT AND DUE IN JULY. I WANT TO HAVE A HOMEBIRTH WITH MEDICAL
ATTENDANCE AND I BELIEVE WHOLEHEARTEDLY IN MIDWIFERY. PLEASE PASS THIS MESSAGE
AS SOON AS POSSIBLE TO LICENSE MIDWIVES.



Dear Senator Parr,

I'm writing to let you know just one of the noting public's opinion about bill # 237. I'm the mother of a ten year old daughter and a ten month old son. My first child was born in a hospital at public expense. I was forced flat upon a table, strapped down by the arms, I.V.'s were inserted without my permission, my baby had a fetal monitor screwed into the top of her head, and no one was allowed into the room with me...needless to say for a first birthing experience, I was terrified. For 3 days in the hospital the government paid upwards of \$1500. I only had a 3 hour labor.

My second child was born right here at home not 4 blocks from Providence Hospital, I had my husband, girlfriend, sister, Dr. Pettijohn and his nurse. I thank God there was someone I could ask to help us with our home delivery, because there was no way in hell I was going into another hospital to be put through another experience like that. If it hadn't been for an excellent attendant like Dr. Pettijohn and his kind to resort to I would have been forced to have my baby at home alone without a knowledgeable person in attendance in the case of an emergency. The cost was \$300. The pain was negligible. I was relaxed in my own home with friends and confident that all was well. Not once did anyone try to force anything on me. Alternative birthing centers inside hospital facilities are fine to have when there is the chance that a woman might develop some kind of complications. But for a healthy woman with a well monitored pregnancy it is a waste of money, time, and the chance of added infection for the new baby from hospital germs. I'd rather have my baby at home and do it with the law and my midwife. But I hope that the governor doesn't try to take my right to decide how to birth my children from me or any of the other women that feel the way I do. It's a totally personal choice and as long as we are all adult, responsible parents I believe you should do your part to see that the law should be left as it is so that we may make our own choices.

Thank you for your time
Sincerely, Linda Lewis

March 30, 1981

1103 C St.
Anchorage, AK 99501

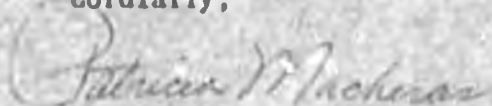
Mr. Parr
Senate Health, Education and Social Services
Pouch V
Juneau, AK 99811

Dear Mr. Parr:

I don't like your senate bill No. 237 at all. As an expectant mother, I feel it is my right to decide where I will have my baby and who should be with me. Being determined a low-risk, healthy person, I feel giving birth is not an illness and should not be treated as such.

I do not appreciate having another of my rights, being an American Citizen, taken away from me and dictated by government.

Cordially,


Patricia Macheras

March 13, 1981

The Honorable Charles H. Parr
Chairman
Senate H.E.S.S. Committee
Pouch V
Juneau, Alaska 99811

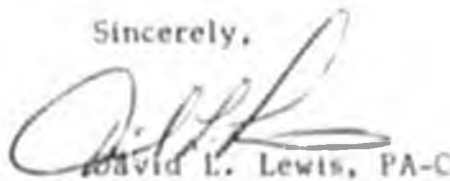
Dear Senator Parr:

The Senate Health, Education, and Social Services Committee is presently considering SB-237, which relates to licensing and regulations of the Practice of Medicine.

As the representative of the 120 Physician Assistants who compromise approximately 19% of the practitioners in the State of Alaska, I would like to address the Health, Education, and Social Services Committee and present pertinent testimony regarding this bill when it comes up for consideration.

Thank you in advance for your consideration of my request.

Sincerely,



David L. Lewis, PA-C
Chairman
Legislative Affairs Committee

D.L.:mb

AIKSETMA, HH
99676

Pouch V
Jureau, AK
99811

Dear Mr. Park,

This letter is in regards to S.B. #237,
which makes it illegal to assist in a
childbirth unless authorized or licensed.

I am a mother who had my ^{HEALTHY} first
(and only) child at a homebirth as-
sisted by a person who was not
a licensed midwife or doctor. I
would have had my child at home
regardless of whether I had found
someone who would have helped me.

As it was, I had the baby in
Anchorage with a back up OB-GYN,
who would have taken care of me
if complications had ~~arisen~~ arisen.

There are many, many families
like ours who prefer the private and
natural, independent setting for our
birthings.

I empathize with the current
distress of the medical association