

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1496 SHESS SB 237 - SB 238 1990

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

Dear Mr. Pava

March 22

As a childbirth educator from Takketra
I would like to say I am very opposed
to Senate Bill #237. It's just not practical to put
legal limitations on childbirth, when there are
so many birth communities in this state.

When you realize that only 2% of the total
population have been born in the hospital it might
cause one to have a different perspective about
preference or necessity. Usually a hospital birth is
necessity assisted is a preference. The women
in the bush, who out of necessity must have their
children at home.

Childbirth is a personal matter. I don't believe
we need more legislation controlling childbirth. I
wouldn't want a law that made everyone feel
they must have their baby at home. Neither do I want
a law that would limit one to make the choice per
hospital birth.

It is usually not the women who have given
birth at home, that would complain and want legislation
controlling that practice. Nor would it be the women who
gave birth in the hospital. I'm inclined to believe it's
some of the health professionals. Some out of good
motives I'm sure. But there are a few who are primarily
concerned about the revenue. Unfortunately there are
several very qualified nurse midwives, who could be
of tremendous use to the people of Alaska, who are not
allowed to deliver outside of the hospital. Why?

Under legislation, they will lose their license just as
Nurse midwife pregnant women who refuse to deliver
in a nurse midwife delivery when having at home or the
hospital since every one in the pregnant community needs
to have a choice. Please don't give Alaska

to be tied up this way. There is enough
of it.

Sincerely,
Roy Eustice

Dear Mr Charles Parr,

I have been informed by concerned friends about the efforts of trying to pass a law making home births illegal. You not being a woman I can't expect you to sympathise with me all the way - but having a home birth was one of the most joyous experiences of my life. Have you or the person(s) who introduced that bill had or attended a home birth. I don't think so I've talked to people who've had a hospital delivery + home birth + most would never have a hospital delivery again. The relaxing atmosphere of a home birth is not the only advantage. Hospital costs are outrageous + still soaring. And for

a middle income family not
able to get welfare assistance
& not covered or fully
covered by medical insurance,
the cost ~~is~~ ^{is} a
burden. I hope you people
think about that side of it
also - though most of you
are pretty well off so I don't
think you can understand.
And the dangers of having
a home birth are not any more
than at a hospital. My
sister ~~was~~
a homebirth & the dr. told
her she would have to have
a cesarean so she went to
the hospital. Have you talked
to Drs & Midwives? I hooked
at statistics? I realize ^{mum.} hospital
have an alternative birth
program but its still costly

2

+ not the same as homebirth.
Why can't the decision on
homebirth be left to the individual?
It's a very private matter. Why
do more laws have to be
made to interfere with our
personal freedom? I would
think there were more pressing
& less outrageous decisions
to be made. Thankyou for
your consideration in this
matter.

A concerned
Alaskan,

3/26/81

MR. PARR,

I AM WRITING IN REGARD TO SENATE BILL #237 PERTAINING TO REGULATION OF THE PRACTICE OF MEDICINE, IN PARTICULAR, THE RIGHT TO ASSIST AT CHILD BIRTH.

I FEEL THIS BILL INFRINGES UPON MY FREEDOM OF CHOICE AS TO WHETHER I CAN HAVE A HOME BIRTH OR NOT.

MANY WOMEN CHOOSE TO HAVE THEIR BABIES BORN IN HOSPITALS. I CHOOSE TO HAVE MINE AT HOME AND PLAN TO AGAIN IF THE SITUATION ARISES. NO PRACTICING M.D. WOULD HELP ME WITH A HOME BIRTH. WHETHER THEY ARE AFRAID OF MALPRACTICE SUITS OR THE LACK OF MONEY THEY COULD RECEIVE WITHOUT HOSPITAL COSTS.

WE NEED THE BIRTH ATTENDANTS WE HAVE HERE IN ALASKA. IT IS TIME WE TEACH THE PHYSICIANS THAT TOO MUCH

MEDICINE IS AS BAD AS TOO LITTLE. THE BIRTH OF A CHILD IS A VERY NATURAL OCCURANCE. THERE IS DEFINETLY A TIME FOR HOSPITAL BIRTHS BUT WE SHOULD HAVE THE RIGHT TO MAKE OUR OWN DEBISION.

I RESENT THE FACT THAT A PIECE OF LEGISLATION RESTRICTS THAT RIGHT OF CHOICE. I BELIEVE WE SHOULD BE ABLE TO PARTICIPATE IN THE PUBLIC HEARING IN JUNEAU BEFORE A FINAL DECISION IS MADE. A TELECONFERENCE WOULD ONLY BE FAIR.

THANK YOU FOR YOUR TIME.

Anne Dawson

3-23-81

Dear Mr. Parr,
this letter is in regard to senate
bill # 237.

please do not force my husband
and I to bring our children
to the world in a hospital if we
don't have to.

the infant mortality rate is
much lower in home births than
in hospital births even with all of
the modern technology available in
our hospitals today.

Sweden & Holland have the lowest
infant death rates, yet 7 out of 10
babies are born at home in those
countries.

pregnant women are not sick.
85% of them have normal labors and
deliveries and hospitals aren't
needed at all. In fact a lot of the
time, hospital procedures tend to make

②

the mother tense & uncomfortable which results in prolonged labor and complications that wouldn't arise at home in comfortable and relaxed surroundings.

If I am a low risk mother-to-be, able to get good prenatal care, I feel that I have the right to choose a competent naturopathic physician and a lay midwife (neither of which the state will license at this time) to assist me and my husband in the normal birth of our child in the privacy and security of our own home. In case of complications, I will be pre-registered at the hospital and will gladly receive their care if needed.

If this bill is passed it will force us to have our children in the hospital because we are responsible people and wouldn't attempt a home birth without

③

good prenatal care and an experienced birth attendant. (possibly unlicensed)

bill # 237 would make it impossible to do so because only one physician in all of alaska will provide prenatal care and attend births at home.

I personally prefer to be under the care of a naturopathic physician because he uses no drugs in his treatment. I don't have to remind you of the many problems this country has because of the overprescribed drugs and surgeries of the medical profession.

forcing people to have their children in hospitals turns an act of nature into a medical procedure.

there is no problem with infant deaths in alaskan home births that would even warrant the introduction of this bill. So Please:

vote

④

NO!

on

SB# 237

thank you, Doris Palmer

3-20-81

DEAR MR FARR,

I'VE JUST BEEN MADE AWARE OF A NEW SENATE BILL THAT WAS RECENTLY SUBMITTED TO THE LEGISLATURE REGARDING REGULATIONS INVOLVED FOR PEOPLE ASSISTING IN HOME BIRTHS. THE BILL WOULD REQUIRE ANY HOME BIRTH ASSISTANTS TO BE UNDER THE DIRECT SUPERVISION OF A PHYSICIAN.

FIRST OF ALL, HOW MANY PHYSICIANS ARE THERE IN ALASKA, (AND SPECIFICALLY IN ALECH), THAT WOULD OVERSEE A HOME BIRTH? I DO NOT KNOW THE FACTS THROUGH MY OWN RESEARCH, HOWEVER I HAVE BEEN TOLD BY SEVERAL OTHERS WHO BELIEVE IN HOME BIRTHS AS AN ALTERNATIVE THAT NO PHYSICIANS IN THIS AREA ARE WILLING TO BE PRESENT AT A HOME BIRTH. THIS MEANS THAT LEGAL & KNOWLEDGEABLE ASSISTANCE WOULD NOT BE AVAILABLE TO MOTHERS INTENDING TO GO AHEAD WITH HOME BIRTHS. FURTHERMORE, BASED UPON THE CHOICES I HAVE SEEN FAMILIES ^{MAKE} THAT I HAVE PERSONALLY KNOWN IN THE PAST, HOME BIRTHS WILL STILL TAKE PLACE. DO WE HAVE A RIGHT TO TAKE THIS OPTION AWAY? AND DO WE NOT HAVE THE OBLIGATION TO SEE THAT ALL BABIES HAVE THE BEST CARE POSSIBLE? I BELIEVE SO.

I AM WRITING, NOT BECAUSE I HAVE HAD OR WILL NECESSARILY CHOOSE TO HAVE A HOME BIRTH, BUT BECAUSE I BELIEVE THE OPTION SHOULD BE AVAILABLE & WITH THE BEST CARE POSSIBLE. I DO NOT BELIEVE THAT BIRTHING SHOULD BE CONSIDERED A

HOSPITAL PROCEDURE, BUT A NATURAL PROCESS
WHERE BOTH HOME ENVIRONMENT & MODERN
SCIENCE PLAY A LARGE ROLE. MEDICINE
SHOULD SERVE THE PEOPLE'S NEEDS, NOT
VISA VERSA. WE NEED TO GIVE SUPPORT
TO HOMEBIRTHS IF THEY ARE TO REMAIN
AN OPTION, & I BELIEVE THAT NO MATTER
WHAT THE LEGISLATURE DECIDES, PEOPLE
WILL STILL CONSIDER IT AS AN OPTION.
HOW SAD THAT THEN THEY WILL NOT
HAVE THE BEST, EXPERIENCED CARE
POSSIBLE.

THE BILL I'M REFERRING TO IS #237.
I AM REQUESTING A TELECONFERENCE
IN MY SUPPORT OF HOMEBIRTHING AS
AN OPTION TO ALL.

SINCERELY,
ANISEN JAY

P.O. Box 3-858 ECB

Anchorage, Alaska 99501

March 17 1981

Mr. Pass

Senate Health & Social Services

Pouch V

Juneau, Alaska 99811

Dear Mr. Pass:

It has been brought to our attention about senate bill # 237 concerning home births. We would like to see this bill stopped. There are several personal reasons for the way we feel about home births. 1) I have no medical problems that would necessitate a hospital delivery. 2) I have a very rapid labor and delivery. I much prefer having my children born at home where I know it is clean rather than on the back seat of a car where anything can be picked up.

By preventing us from receiving good prenatal and delivery care the rate of complications and possible deaths will increase. Because of the doctors attitudes here in Anchorage

I feel like they are more interested in my money than really caring about me and the children!

Also, as I read the constitution of these United States, the basis for all our laws, we are guaranteed the right of personal choice. So why should one group, whether it be the A.M.A or just a lazy bunch of money grubbing local doctors, tell us how and where we should have our children born. With the rising costs of hospital care, why should one who neither can afford nor needs to take up the space, have their personal rights legislated away at the insistence of a bunch of M.D.'s who are afraid of losing a few dollars.

We strongly urge the stoppage of this bill (#237). We want to live our life our way and not always have someone tell us what is "best" for us.

Linda L. Borer
Hazel Borer

Carolyn Elder

SRA Box 19

Prichard, AK 99587

March 30, 1981

Sen. Charles Parr-

Chairman, Senate Health, Education & Social Services
Committee

Panel V

Juneau, AK 99801

Dear Sen. Parr,

I wish to state my opposition to the provision in Senate Bill #237 relating to childbirth. Homebirth assisted by practiced midwives has been shown to be a very safe alternative; it is the alternative that I have chosen for myself and I feel it is every woman's right to do so. Physician supervised birth is especially unrealistic in Alaska, with its large rural population.

Many states have active training and licensing programs for midwives; I don't see why Alaska has to be so backward in this regard. I don't like having to feel like a

criminal" or an irresponsible person because I have chosen this course — I am taking the birth of my child very seriously and very responsibly. That is why I want it in my own home. I just wish that doctors and midwives would work together on this, so that there would be reliable medical back-up in the unlikely event of an emergency.

Homebirth for low-risk and informed parents, with adequate medical back-up for emergencies — that is the most rational set-up for births in the opinion of a great many Alaskans.

I am a registered Alaskan voter, and resident of 12 years.

Sincerely,
Carolyn Elder

Vivian Cook

3535 W 36th

Anchorage, Ak 99503

3-30-81

Dear Mr. Parr,

I am deeply disturbed about Senate Bill #237 concerning the regulation of childbirth assistance.

Besides my personal convictions that a woman can have a safer more pleasant delivery experience at home I am also concerned about the attitude the legislative body is attempting to make in regulate" our rights away.

It is my belief that a woman has the right to determine in what manner, at what location and with whom she will deliver her child.

Now I know people could jump

on that statement and say that the only safe place to give birth is in a hospital under doctor

supervision. Well, may I show from my personal experience -

I had ^{very} ^{fine} ^{care} with a doctor's prenatal care and typical hospital birth experiences.

I might add that this meant impersonal nursing care from strangers during this time when I needed support.

I came through the experience with a 3 inch episiotomy and the ~~incision~~ which he discovered - no later & had to come to my room to remove.

My second experience was in 1974 with a different doctor caring for me. I might add I never received any advice or concern

2

About my diet, exercise, or
birth preparation! with either
doctor! Only the most routine
attention given to weight, blood
pressure etc.

Again I had a less than
satisfying hospital experience.
Nothing negligent, just no thought
for me as an individual & how
to make this experience the best it
could be for me as a person.

Again I had an episiotomy —
which is a cut on the woman's
perineum and doesn't feel so
good as we were left inside.
Again the temps were left inside
me but this time I didn't find
that out until 10 days after the
delivery!!

Then in 1979 I had a home
delivery after 9 months of expect
care from a midwife who was

only a registered nurse but who
had done 150 births, & had
more concern, and eyes. I'd
say practical knowledge than
any doctor I have had in my
28 years.

I was given advice on
nutrition, exercise, birth preparation,
post natal care, childcare and
a very important aspect totally
ignored by doctors on the whole,
the emotional side of pregnancy -
how to cope, & make the most
of this experience.
Home births were present.

My labor was very comfortable
& short. My delivery was smooth -
no episiotomy after this my
largest baby. The midwife had
equipment to monitor head feet,

3

blood pressure + fetal heart tones. She ascertained that the baby was in head down position everything normal both now in delivery & during my 9 months of care. So everything was safe for a home delivery as far as we could tell.

Now I have been with her when she transported women to the hospital as I know she knows her limitations.

As you can see I am very much in favor of home birth but not ^{sure} ^{enough} to carry out of people being able to carry out their lifestyle with as little infingment from the govt as possible. I believe I share this view with our country's forefathers.

Now I have in contact with many birth attendants in Alaska

and all are in favor of seeing
they will never be licensed in
Alaska - having a state board
& personal interview. Besides
we are all concerned with
seeing that home birth and all
for a woman necessary specialty
qualified line of first licensing
should be a way of instituting
this.

Thank you

Yours truly

March 18, 1981
Wednesday

Dear Mr. Fair,

I am writing to you as a concerned citizen of Alaska. It has just come to my attention that there is presently a bill before the state senate (it will be in the very near future) pertaining to the regulation of home child birth.

I have felt very fortunate to live in a state where my husband and myself have been able to receive qualified attendants in the recent birth, at home, of our daughter.

Having worked in hospitals as a licensed practical nurse for the past 10 years, I feel qualified to make an intelligent decision as to where and how I wish to deliver my child. I feel that every woman should be assured of the right to make their choice and not be restricted to any one type of care in any area affecting their health and the health of their families.

It seems to me that the passing of this bill would be doing a great disservice to the state of Alaska.

I have read many books on the subject of home birth, and the statistics do not warrant the alarm that it is unsafe. It is certainly

Home birth with qualified attendants,
has proven to have a lower infant
and maternal mortality rate than
hospital birth. I realize that there
are many factors affecting the
statistics involved.

In states where home birth is
illegal, it has not put a stop to
people choosing to have their children
born at home. But it has made it
very difficult, if not impossible, to
obtain qualified birth attendants.
This, naturally, results in a dangerous
situation where people choose to give
birth at home, with no skilled assistants
present. I feel that this legislation
will greatly increase the risk for
those parents who do not choose to have
their children born in the hospital.

I thank you for reading my letter
and ask that you please consider the
wishes of those who feel that home
birth is a safe and desirable
alternative to hospital birth.

Sincerely
Mrs. Debra T. Stevens

RE Bill # 237

4321 RENDEZVOUS CIRCLE
FRODOARCE AR 95514
MARCH 24 89.

WATOR CHARLES PARR, CHAIRMAN
STATE HEALTH, EDUCATION, & SOCIAL SERVICES COMMITTEE
ROOM V,
DEPT. AR 99801

MR. SENATOR PARR:

I AM DEEPLY CONCERNED ABOUT STATE SENATE BILL 237 PENDING
CURRENTLY BEFORE YOU. IT IS OF THE UTMOST IMPORTANCE IN REGARDING
THIS BILL, THAT YOU AND YOUR COMMITTEEMEMBERS KEEP IN MIND THAT ONE
THE MOST PRECIOUS FREEDOMS WE HAVE IN THE USA IS THE RIGHT TO DECIDE
OUR LIFESTYLES, OUR PRIORITIES, AND OUR RELIGIOUS BELIEFS. THIS BILL
WOULD CURTAIL ALL OF THESE BASIC CONSTITUTIONAL RIGHTS. OUR QUALITY OF
LIFE IS BEING THREATENED. THIS BILL IS BUT ANOTHER EXAMPLE OF THE
GOVERNMENT IN THIS COUNTRY TRYING TO UNDERMINE AND REPLACE
FAMILY AND DESTROY FAMILY LIFE.

WE CHOSE TO HAVE OUR CHILDREN AT A HOSPITAL BECAUSE WE FOUND
ONE NEARBY WITH THE FACILITIES WE NEEDED AND A STAFF AND DOCTOR
WHO WERE WILLING TO FOLLOW OUR GUIDELINES AND LET US CONTROL OUR
BIRTH SITUATION. THIS IS NOT ALWAYS THE CASE, EVEN IN THE SAME HOSPITAL.

IT IS NEVER UP TO THE GOVERNMENT TO FORCE MEDICAL TREATMENT
ON A CITIZEN OF THIS COUNTRY. IT IS PARTICULARLY CRUCIAL THAT WE BE
ALLOWED TO SET THE STAGE FOR OUR OWN PREGNANCIES & DELIVERIES FOR
PERSONAL REASONS.

FIRST, IF WE ARE NOT ALLOWED TO CHOOSE OUR BIRTH SITUATIONS FOR OUR
FAMILIES ACCORDING TO OUR OWN RELIGIOUS BELIEFS, SOON WE WILL NOT BE
ABLE TO CHOOSE WHAT OUR CHILDREN ARE TAUGHT, HOW WE ARE TO BE BURIED,
WHERE WE CAN LIVE. FOLLOWING THAT, THE STATE WILL WANT CONTROL OVER
WHO MAY LIVE AND WHO MUST DIE. ALREADY THEIR POLICE FORCES AT WORK
STRUCK APPROX TO DEATH IN OUR HOSPITALS IF THESE CHILDREN ARE SEEN
LESS THAN "PERFECT".

SECOND, MEDICAL PROCEDURES ARE PUSHING UNNATURAL & DANGEROUS
MEDICAL PROCEDURES SUCH AS DRUGS AND HORMONAL TREATMENTS WHEN THEY
ARE UNNECESSARY, IT TAKES A STRONG WILL, A LOT OF COURAGE, &
A LOT OF FIGHTING TO STAND UP AGAINST THESE THINGS SUCH AS STRONG

MAKES FOR A UGLY TENSE AND UNHAPPY BIRTH SITUATION - AND SO, A
MERE CARELESS ONE FOR BOTH MOTHER AND CHILD.

IT IS KNOWN THAT SOMETIMES A LABORING MOTHER CAN DISRUPT LABOR
AND EVEN KILL OFFSPRING. FOR THIS REASON CHAMPION DOGS ARE
NEVER MILED DURING LABA, NO MATTER HOW UNCOMFORTABLE OR UN-
DESIRABLE THEIR LOCATIONS. YET HUMAN MOTHERS ARE EXPECTED
TO BE TRANSPORTED, SOMETIMES THOUSANDS OF MILES! AND WHEN
AT THE HOSPITAL AND IN THE MOST CRUCIAL STATE, WOMEN ARE
TOSSED ONTO A COLD TABLE AND RUSHED TO A DIFFERENT
ROOM, A DIFFERENT ATMOSPHERE, THIS IS NOT ONLY UNPLEASANT,
IT IS DOWN RIGHT DANGEROUS. A WOMAN SHOULD HAVE A
RIGHT TO STAY HOME WHERE A NORMAL BIRTH IS SAFER IF
SHE CHOOSES. SHE SHOULD ALSO HAVE THE RIGHT TO HAVE
THOSE SHE TRUSTS AND LOVES PRESENT SUPPORTING HER.

IT MAKES LABOR GO MORE QUICKLY AND MORE SMOOTHLY AND MORE
EASILY WHEN PEOPLE ONE LOVES AND TRUSTS ARE PRESENT WITH
ENCOURAGEMENT AND LOVE AND WHEN ONE HAS RELAXING SURROUNDINGS
THEN THESE THINGS ARE FORBIDDEN IN HOSPITALS!

ALL OF THESE FACTORS MAKE THIS A BAD BILL. BUT MOST
IMPORTANTLY, WE MUST PRESERVE OUR RIGHTS TO CHOOSE OUR OWN
LIFESTYLES, OR WE WILL BE IN DANGER OF LIVING IN ANOTHER
SLIPPING HAZ, GERMANY. PLEASE DO ALL IN YOUR POWER TO KILL
THIS BILL NOW.

THANK YOU.

SINCERELY,

Ruth Marie Marchetti

RUTH MARIE MARCHETTI
VOTER # 01157375

SB 237 file

7

MSG 81-00011514 PRTY 1 04/07/81 15:45:11 ORIG: 1400 INA: 0001 OUT: 00
FROM: LOU TARGET: LHM2 SUBJ: POM

TO: SENATORS FARR, STIMSON, COLLETTA, FISCHER, KELLY
FROM: MONA RAVIN, 2401 CAPTAIN COOK DRIVE, APO 96307 240 3000

PLEASE CONFINE THE DEFINITION OF MEDICAL PRACTICE IN SB-237 TO THE DIAGNOSIS AND TREATMENT OF DISEASE, WHICH IS THE BASIS OF MEDICAL EDUCATION. A BROAD DEFINITION ENLARGES THE TERRITORY OF MEDICINE AND DENIES CONSUMER CHOICE & ACCESS TO OTHER PROFESSIONALS WHO SUSTAIN OR IMPROVE HEALTH AND WELL-BEING

SR 237 file

MSG 81-00011547 PRTY 1 04/07/81 17:49:46 ORIG: 1A03 IN: 0007 OUT: 0000
FROM: EFFIE TO: P.O.M.
TARGET: LJM2 SUBJ: P.O.M. PAGE 0001

TO: SENATE MESS ⁷
SENATORS PARR, SIMMONS, COLLETTA, FISCHER, AND KELLY

FR: MARY DOLIN
801 W. FIREWEED LANE
SUITE 101, ANCHORAGE 99503 272-4743

RE: SB 237 SECTION 15. AS 08.64.300
PLEASE EXAMINE CLOSELY THE WORDING FOR THE STATED DEFINITION OF PRACTICE
OF MEDICINE. SUCH WORDS AS 'ADMINISTER TO', 'ANY HUMAN AILMENT',
'OTHER MENTAL OR PHYSICAL CONDITIONS', JEOPARDIZE FOR ALL OF US OUR RIGHT TO
EXERCISE JUDGEMENT OVER OUR OWN BODIES AND PRECLUDES THE CHOICE OF NON-
MEDICAL SERVICES FOR CARE.

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT

Charlie -
Bill Berrier called re
SB 580 -

House adopted HCS
Then adopted ^{floor} amendments
to the HCS

Then they recided from
floor amendments

They returned HCS to
Senate -

It died there.

Vi,

The first FCC on SB 240 was
disbanded without offering a
FCCS -- so there is only the
2nd FCCS.

Looks like SB 580 may be the
one you are looking for.

Send us from indexes!!!

Jennie

SB 580

(H) received from AM

Introduced: 3/4/81
Referred: Health, Education &
Social Services and Judiciary

1 IN THE SENATE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 SENATE BILL NO. 237

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to professional licensing and to the
7 regulation of the practice of medicine."

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

9 * Section 1. AS 08.64.010 is amended to read:

10 Sec. 08.64.010. CREATION AND MEMBERSHIP OF STATE MEDICAL BOARD.

11 The governor shall appoint a board of medical examiners, to be known as
12 the State Medical Board, consisting of five [LICENSED] physicians li-
13 censed in the state and [,] residing in as many separate geographical
14 areas of the state [ALASKA JUDICIAL DISTRICTS] as possible, and two
15 persons with no direct financial interest in the health care industry.

16 * Sec. 2. AS 08.64.020 is amended to read:

17 Sec. 08.64.020. [STATE MEDICAL BOARD] TERM OF OFFICE. Members
18 shall be appointed for staggered terms [A TERM] of four years, subject
19 to confirmation by a majority of the members of the legislature in
20 joint session, and shall hold the office until their successors are ap-
21 pointed and qualified. A person who has served two successive complete
22 terms may not be reappointed until four years after the expiration of
23 the second term [THE TERMS OF THE PUBLIC MEMBERS OF THE BOARD SHALL BE
24 STAGGERED SO THAT THEY DO NOT EXPIRE AT THE SAME TIME].

25 * Sec. 3. AS 08.64.040 is amended to read:

26 Sec. 08.64.040. REMOVAL OF MEMBERS. The governor may remove a
27 member of the board for cause. The board may by regulation provide
28 that unexcused absences from meetings is cause for removal.

29 * Sec. 4. AS 08.64 is amended by adding new sections to read:

Deletion from
SB 580, 1980

1 Sec. 08.64.085. MEETINGS OF THE BOARD. The board shall meet at
2 least four times a year.

3 Sec. 08.64.101. DUTIES. The board shall

4 (1) examine and issue licenses to applicants;

5 (2) submit an annual report of its proceedings to the gover-
6 nor, including a statement of money received and disbursed;

7 (3) after a hearing, impose disciplinary sanctions on per-
8 sons who violate this chapter, or the regulations or orders of the
9 board;

10 (4) adopt regulations insuring that renewal of licenses is
11 contingent upon proof of continued competency on the part of the licen-
12 see.

13 * Sec. 5. AS 08.64.170 is amended to read:

14 Sec. 08.64.170. LICENSE TO PRACTICE MEDICINE OR OSTEOPATHY OR AS-
15 SIST AT CHILDBIRTH. (a) No person may practice medicine, podiatry,
16 osteopathy, [OR] acupuncture, or for a fee, donation, or other compensa-
17 tion assist at childbirth in the state unless he is licensed under this
18 chapter, except that

19 (1) a physician assistant may examine, diagnose or treat
20 persons under the supervision, control, and responsibility of either a
21 physician licensed under this chapter or a physician exempted from li-
22 ensing [LICENSURE] under AS 08.64.370;

23 (2) a physician-trained mobile intensive care paramedic may
24 render emergency lifesaving service; [AND]

25 (3) a person licensed under AS 08.36 may perform acupuncture
26 in the regular practice of dentistry, subject to the regulations of the
27 Board of Dental Examiners;

28 (4) a person may assist at childbirth if authorized under
29 regulations of the board or if licensed or subject to regulations

Not
in
SB 237
1980

1 adopted under AS 08.68; and

2 (5) a person who is licensed or authorized under another
3 chapter of this title may engage in a practice which is authorized un-
4 der that chapter.

5 * Sec. 6. AS 08.64.240 is repealed and reenacted to read:

6 Sec. 08.64.240. LICENSE REFUSED. (a) The board shall refuse to
7 grant a license if

8 (1) the applicant fails or cheats during the examination;

9 (2) the board determines that the applicant is professional-
10 ly unfit to practice medicine or osteopathy in the state; or

11 (3) the applicant fails to comply with a requirement of this
12 chapter.

13 (b) The board may refuse to grant a license to any applicant for
14 the same reasons that it may impose disciplinary sanctions under AS 08.-
15 64.325.

16 * Sec. 7. AS 08.64.250 is amended to read:

17 Sec. 08.64.250. LICENSE BY CREDENTIALS [ENDORSEMENT]. The board
18 may waive the examination requirement and license by credentials [EN-
19 DORSEMENT] if the physician or podiatry applicant meets the require-
20 ments of AS 08.64.200 or 08.64.209, submits proof of continued compe-
21 tence as required by regulation, pays the required fee and has

22 (1) an active license from a board of medical examiners ex-
23 tablished under the laws of a state or territory of the United States
24 or a province of Canada issued after thorough examination; or

25 (2) passed an examination given by the National Board of
26 Medical Examiners or the Federation of State Medical Boards of the
27 United States if the applicant is a physician, or passed an examination
28 given by the National Board of Podiatry Examiners if the applicant is a
29 podiatrist.

not in SB 580
1980

not in SB 580
1980

same as
SB 580
1980

* Sec. 8. AS 08.64.270(a) is amended to read:

(a) The board may issue a temporary permit to an applicant who meets the requirements of AS 08.64.200, [OR] 08.64.205, or 08.64.209 and pays the required fee.

* Sec. 9. AS 08.64.311 is amended to read:

Sec. 08.64.311. [BIENNIAL] LICENSE RENEWAL. Licenses shall be renewed four years after the date of issue [BIENNIALY].

Sec. 10. AS 08.64.315 is amended to read:

Sec. 08.64.315. FEES. The following fees are imposed under this chapter:

- (1) application \$ 50 (\$25)
- (2) license by examination 200 (125)
- (3) license by credentials [ENDORSEMENT] or waiver of examination 200 (100)
- (4) temporary permit 50 (25)
- (5) locum tenens permit 50 (25)
- (6) license renewal [, BIENNIAL], active . . . 600 (100)
- (7) license renewal [, BIENNIAL], inactive . . 200 (25)
- (8) license by reexamination 150 (75)

* Sec. 11. AS 08.64.325 is repealed and reenacted to read:

Sec. 08.64.325. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS.

(a) The board may impose a sanction if the board finds after a hearing that a licensee

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation while providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading

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ing manner;

(4) has been convicted, including conviction based on a guilty plea or plea of nolo contendere, of (A) a felony or other crime if the felony or other crime is substantially related to the qualifications, functions, or duties of the licensee; or (B) a crime involving the unlawful procurement, sale, prescription or dispensing of drugs;

(5) has procured, sold, prescribed or dispensed drugs in violation of any law, regardless of whether there has been a criminal action;

(6) intentionally or negligently permitted the performance of patient care by persons under his supervision which does not conform to minimum professional standards even if the patient was not injured;

(7) failed to comply with this chapter, a regulation adopted under this chapter, or with an order of the board;

(8) has demonstrated

(A) professional incompetence, gross negligence or repeated negligent conduct;

(B) addiction to, severe dependency on, or habitual overuse of alcohol or other drugs which impairs his ability to practice safely;

(C) unfitness because of physical or mental disability;

(9) engaged in unprofessional conduct or in low or immoral conduct in connection with the delivery of professional services to patients;

(10) has violated AS 18.16.010;

(11) has violated any code of ethics adopted by regulation by the board;

(12) has denied care or treatment to a patient or person seeking assistance from the physician if the only reason for the denial

expanded from SB 580 1980

wording change from SB 580 1980

dropped one section from SB 580 1980

not in SB 580, 1980

1 is the failure or refusal of the patient to agree to arbitrate as pro-
2 vided in AS 09.55.535(a);

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6
7 (13) has had his license or certificate to practice medicine
8 in another state, territory of the United States or a province or Can-
9 ada suspended or revoked unless the suspension or revocation was caused
10 by the failure of the licensee to pay fees to that state, territory or
11 province.

12 (b) In any case involving (a)(13) of this section, the final
13 findings of fact, conclusions of law and order of the authority which
14 suspended or revoked a license or certificate constitutes a prima facie
15 case that the license or certificate was suspended or revoked and the
16 grounds under which the suspension or revocation was granted.

17 * Sec. 12. AS 08.64.330 is repealed and reenacted to read:

18 Sec. 08.64.330. DISCIPLINARY SANCTIONS. (a) If the board finds
19 that a licensee has committed an act set out in AS 08.64.325(a), the
20 board may

- 21 (1) premanently revoke a license to practice;
22 (2) suspend a license for a determinate period of time;
23 (3) censure a licensee;
24 (4) issue a letter of reprimand;
25 (5) place a licensee on probationary status and require him

26 to

27 (A) report regularly to the board on matters involving
28 the basis of probation;

29 (B) limit practice to those areas prescribed;

(C) continue professional education until a satisfac-
tory degree of skill has been attained in those areas determined
by the board to need improvement;

- (6) impose limitations or conditions on the practice of a

Handwritten: 1980
1980

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as
SB 237
1980

1 licensee; or

2 (7) impose one or more of the sanctions set out in (1) --
3 (6) of this subsection.

4 (b) The board may end the probation of a licensee if it finds
5 that the deficiencies which required this sanction have been remedied.

6 (c) The board may summarily suspend a license before final hear-
7 ing or during the appeals process if the board finds that the licensee
8 poses a clear and immediate danger to the public health and safety if
9 he continues to practice. A person whose license is suspended under
10 this section is entitled to a hearing by the board no later than seven
11 days after the effective date of the order. He may appeal the suspen-
12 sion after a hearing to a court of competent jurisdiction.

13 (d) The board may reinstate a license which has been suspended or
14 revoked if the board finds after a hearing that the applicant is able
15 to practice with reasonable skill and safety.

16 (e) A license may be suspended upon receipt of a certified copy
17 of evidence that the licensee's license to practice medicine in another
18 state or territory of the United States or province of Canada has been
19 suspended or revoked. The suspension remains in effect until a hearing
20 can be held by the board.

21 (f) The board shall be consistent in the application of disci-
22 plinary sanctions. A significant departure from earlier decisions of
23 the board involving similar situations must be explained in findings of
24 fact or orders made by the board.

25 * Sec. 13. AS 08.64.360 is amended to read:

26 Sec. 08.64.360. PENALTY FOR PRACTICING WITHOUT A LICENSE OR IN
27 VIOLATION OF CHAPTER. Except for a physician assistant, AND a physi-
28 cian-trained mobile intensive care paramedic under AS 08.64.170, or a
29 person licensed or authorized under another chapter of this title who

Amend at
SB 580
1980

Exception
added in
SB 580
1980

1 engages in practices for which he is licensed or authorized under that
2 chapter, a person practicing medicine or osteopathy in the state with-
3 out a valid [OBTAINING AND FILING AN APPROPRIATE] license or permit is
4 guilty of a class B misdemeanor [AND UPON CONVICTION IS PUNISHABLE BY A
5 FINE OF NOT LESS THAN \$50 NOR MORE THAN \$100, OR BY IMPRISONMENT FOR
6 NOT LESS THAN 10 DAYS NOR MORE THAN 90 DAYS, OR BY BOTH]. Evidence
7 that the defendant has failed to file a license with the clerk of the
8 court is prima facie evidence that the defendant is not licensed. Each
day of illegal practice is a separate offense.

9 *delete*
10 *from SB*
11 *520* * Sec. 14. AS 08.64 is amended by adding a new section in art. IV to

read:

12 Sec. 08.64.369. ASSISTANCE AT CHILDBIRTH. The board shall adopt
13 regulations regarding the authorization under this chapter of a person
14 who assists at childbirth for a fee, donation, or other compensation,
15 and the medical services the person may perform, including but not lim-
16 ited to (1) qualifications, (2) application and authorization proce-
17 dures, (3) the scope of activities authorized, and (4) the supervisory
18 relationship, if any, between the person and a practicing physician.

19 * Sec. 15. AS 08.64.380(2) is repealed and reenacted to read:

20 (2) "practice of medicine" or "practice of osteopathy"

means:

21 *not in SB 180*
22 *SB 180*
23 (A) for a fee, donation or other consideration, to di-
24 agnose, treat, operate on, prescribe for, or administer to, any
25 human ailment, blemish, deformity, disease, disfigurement, disor-
26 der, injury, or other mental or physical condition; or to attempt
27 to perform or represent that a person is authorized to perform any
28 of the acts set out in this subparagraph;

29 (B) to use or publicly display a title in connection
with a person's name including "doctor of medicine," "M.D.," or

not in
SB 580

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"doctor of osteopathic medicine" or "D.O." or a specialist designation including "surgeon," "dermatologist," or a similar title, or any title which tends to show that the person is willing or qualified to diagnose or treat the sick or injured;

* Sec. 16. AS 08.64.380(5) is amended to read:

(5) "department" means the Department of Commerce and Economic Development.

* Sec. 17. AS 08.64.030, 08.64.110, 08.64.140, 08.64.200(1), and 08.64.-380(3) are repealed.

one difference
from SB 580

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

Dear Mr Charles Parr,

I have been informed by concerned friends about the efforts of trying to pass a law making home births illegal. You not being a woman I can't expect you to sympathise with me all the way - but having a home birth was one of the most joyous experiences of my life. Have you or the person(s) who introduced that bill had or attended a home birth. I don't think so. I've talked to people who've had a hospital delivery + home birth + most would never have a hospital delivery again. The relaxing atmosphere of a home birth is not the only advantage. Hospital costs are outrageous + still soaring. And for

a middle income family. not
able to get welfare assistance
& not covered or fully
covered by medical insurance,
the costs can really be a
burden. I hope you people
think about that side of it
also - though most of you
are pretty well off so I don't
think you can understand.
And the dangers of having
a home birth are not any more
than at a hospital. My
sister ~~was~~ was prepared for
a homebirth & the dr. told
her she would have to have
a cesarean so she went to
the hospital. Have you talked
to Drs & Midwives? Looked
at statistics? I realize ^{many} hospitals
have an alternative birth
program but it's still costly

& not the same as homebirths.
Why can't the decision on
homebirth be left to the individual?
It's a very private matter. Why
do more laws have to be
made to interfere with our
personal freedom? I would
think there were more pressing
& less outrageous decisions
to be made. Thankyou for
your consideration in this
matter.

A concerned
Alaskan

3-17-81

Mr. Law:

Sir I am deeply concerned in regard to Senate bill # 237 which would prohibit birthing attendants from assisting at births taking place outside of hospitals. I am 7 months pregnant and am under wonderful care of a Matron's twin 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 I be reminded 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 friend, a mother, or an educated person in attendance? Please, let this mirical of birth take place whenever & with whom ever the mother chooses. Pregnancy & birth is not a disease. Do not let this bill pass. Thank you for your time & consideration.

Sarah Kavashanof

Rocky - PLS call

Tam Cook

4996 - ref

medical practice
act

pg 8, line

sic . 1.5 bill -

repeals + reinstates

the "practice of

med." in a

very interesting way
"physical conditions"

except assisting?
at childbirth

psychologists
are licensed

delete " or other
mental or physical
condition; "

SAME

don't broaden

Tam & Sarah

4-10
1-5

835-4811 WORK
835-4200 home

Kathleen Todd - M.D. Valdez

SB 237 - Med. Pract. Act

1) sec 10 - page 4, line 8 -> 19
sec on fees -



fees should not be raised
(that cost would be passed
on to patients) why does
the state need the \$?
this hurts small towns especially
the cost to keep a license
active will be too high - it
will be hard to get filled in
in small towns (for doc's incisions)

Clinics/health centers

LEVEL I

77 - no water

21 - no elect. 2 PART TIME

average:

1978 - \$109/day newborn care
 \$369/day inpatient care \$397 non-Fed. Hosp.
 (81% higher than national average \$197.90/day)

1969-1976 - COST of semi-private room inc.: 211%

" " physicians rate INCREASE: 92%

SEMI-PRIVATE ROOM RATE.

Bartlett	150	Kodiak	145
Ketchikan	145	Nome	306
Petersburg	145	Palmer	130
Sitka	155	Seward	150 175
Wrangell	145	Soldotna	175
Arch. H&M	193	Valdez	138
Prov. Arch	188	FBKs	165
API	180		
Cordova	140		
Clinalden	80		
Homer	190		

SB 237

Dr. Partnow will send a letter
@ SB 237 for Friday hearing,
then he will be here on
Monday, April 6th (prior to
teleconference)

the midwife section is not
a big deal

wants a practice of medicine
definition -

452-4769 - work

456-4724 - home

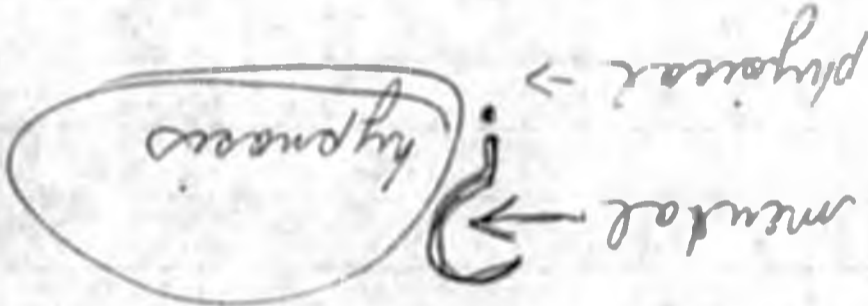
intent of bill is not to
limit home births - this
has got all out of proportion
parpartion

gets in Sunday night
April 5

labor room
delivery room
nursery room (after delivery)
nursery
incubator
supplies used

shave
episiotomy

you - this is parallel
the scope of activity!



board expand ^{def} practice of medicine

air. is treated
physical condition? Calyamaidao

SB 237 -

Stephanie Smith -
Sarah Kawachary -

Amy Stephson - 276-8550

S

B

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COMMITTEE REPORT

SENATE

FURTHER: Finance

3/4/81

Date: _____

Mr. President:

HEALTH, EDUCATION AND

The Committee on SOCIAL SERVICES has had SB 238

practice of nursing

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
- and recommends _____ new title
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Tom Kelly

Charles P. ...

CHAIRMAN

A M E N D M E N T

OFFERED IN THE SENATE:

By: Senate HESS

To: SB 238 SENATE BILL No. 238

HOUSE BILL No. _____

PAGE: 5

LINE: 23

- 1) delete "AS 08.68.180"
- 2) insert "AS 08.68.170"

<u>Section</u>	<u>Provision</u>	<u>Rationale</u>
Sec. 08.63.010 Creation & Membership of the Board	Composition of Board is changed to include a licensed practical nurse Deletes service categories for membership.	To reflect those the Board regulates. In the past this has proved cumbersome in appointing or maintain- ing members on the Board (existing members often changed from one category to another while serving their terms). Leaving these categories open affords needed flexibility in appointing members whose expertise can be best utilized to deal with nursing issues.
Sec. 08.68.060 Qualifications of Registered Nurse & LPN Board Members	States nurses appointed to Board must be involved in nursing for three years within 5 years of appointment.	Ensures currency and awareness of issues
Sec. 08.68.070 Election of Officers	Elects a chairman and secretary	"Secretary-treasurer" was misleading. Board members have no treasury duties.
Sec. 08.68.080 Meetings	Board shall have 4 meetings/ year.	The board has always needed 4 meetings/year to accomplish the large volume of work for which it is responsible. (This will ensure that the Division of Occupational Licensing's budget will reflect this need.) It will assure completion of the goals and objectives for the required performance report.
Sec. 08.68.100 Duties & Powers of the Board	Affirms the Board's responsi- bility to promulgate regulations for the advanced nurse practitioner and the nurse anesthetist without mandatory joint promulgation with the State Medical Board.	Reflects how board actually functions and reflects responsibilities required by Sunset review.
Sec. 08.68.111 Executive Secretary of Board	"Executive Officer" changed to "Executive Secretary"	The use of the word "Secretary" instead of "Officer" in the Title, "Executive Officer" more accurately describes the responsibilities and functions of the position as prescribed by the Board.

**THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE**

FISCAL NOTE

I. REQUEST

Bill/Resolution No. _____ Senate Bill No. 238
 Title "An act relating to the practice of nursing; and providing for an effective date."
 Requested by Commissioner's Office Date March 13, 1981

II. FISCAL DETAIL

Agency Affected Department of Health & Social Services
 Program Category Affected Public Health
 BRU, Program, or Subprogram(s) Affected Nursing
 (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 March 13, 1981 PREPARED BY Lois M. Bergerson, Chief
 AGENCY Department of Health & Social Services
 Original: Legislative Finance PHONE 465-3150
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) N&B Approval Date 3/13/81

<u>Section</u>	<u>Provision</u>	<u>Rationale</u>
<p>Sec. 08.63.010 Creation & Membership of the Board</p>	<p>Composition of Board is changed to include a licensed practical nurse</p> <p>Deletes service categories for membership.</p>	<p>To reflect those the Board regulates.</p> <p>In the past this has proved cumbersome in appointing or maintaining members on the Board (existing members often changed from one category to another while serving their terms). Leaving these categories open affords needed flexibility in appointing members whose expertise can be best utilized to deal with nursing issues.</p>
<p>Sec. 08.68.060 Qualifications of Registered Nurse & LPN Board Members</p>	<p>States nurses appointed to Board must be involved in nursing for three years within 5 years of appointment.</p>	<p>Ensures currency and awareness of issues</p>
<p>Sec. 08.68.070 Election of Officers</p>	<p>Electsirman and secret</p>	<p>"Secretary-treasurer" was misleading. Board members have no treasury duties.</p>
<p>Sec. 08.68.080 Meetings</p>	<p>Board have 4 meetings/year.</p>	<p>The board has always needed 4 meetings/year to accomplish the large volume of work for which it is responsible. (This will ensure that the Division of Occupational Licensing's budget will reflect this need.) It will assure completion of the goals and objectives for the required performance report.</p>
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<p>Sec. 09.68.111 Executive Secretary of Board</p>	<p>"Executive Officer" changed to "Executive Secretary"</p>	<p>The use of the word "secretary" instead of "Officer" in the Title, "Executive Officer" more accurately describes the responsibilities and functions of the position as prescribed by the Board.</p>

SectionProvisionRationale

2

Sec. 08.68.170
Qualifications of
Registered or Practical
Nurse Applicants

When referring to Registered
Nurses the word professional is
deleted throughout the bill.

The term "professional" is unnecessary in identifying "Registered
Nurse" Includes both R.N. and L.P.N. in same section

Sec. 08.68.190
License by Examination

Provides for examination in
different areas of state

Demanded by public because of the expense of traveling to
Anchorage (each region of state needs defining?)

Sec. 08.68.200
License by Endorsement

Specifically names CNATS
(Canadian Nurses Association
Testing Service Exam) as being
able to be considered by the Board
as an acceptable licensing exam-
ination.

Updates statute to reflect current Board policy in accepting
this examination which is comparable to the recognized American
exam.

Section AS 08.68.210
Temporary Permits

Recognizes COGFNs (Commission or
Graduates of Foreign Nursing
Schools)

This will allow foreign nurse graduates to be granted a temporary
permit, (as recommended by the Sunset Review committee) until
they complete the required nursing exam.

Sec. 08.68.0220

Raises fees

Fee schedule was last revised 1970

Sec. 08.68.270
Grounds for Denial
Suspension or Revocation

Explicitly delineates grounds for suspension, denial or
revocation of a license as requested by Sunset Review
"The Board of Nursing, in conjunction with the Attorney General,
should compose formal regulations which define and list examples
of license violations." The Board will find this most
helpful in substantiating its decisions on violations.

(2) substituted for moral
turpitude

Explicitly delineates grounds for suspension, denial or
revocation of a license as requested by Sunset Review
"The Board of Nursing, in conjunction with the Attorney General,
should compose formal regulations which define and list examples
of license violations." The Board will find this most
helpful in substantiating its decisions on violations.

~~(4) substituted for moral
turpitude~~

Sunset view committee recommended clarification of moral
turpitude

Sec. 08.68.276
Continuing Competence
Required

Continuing Competence requirement
which may be established by the
Board by regulation

Continuing competence is a concern for all professionals today.
The Board is studying various methodologies for ensuring
competence. These include recent work experience, continuing
education, and testing. Each of these areas are being researched
in terms of impact on health care in the State, cost to the
consumer, availability, and overall relation to the ongoing
competency of the nurse to provide quality of care. While
the Board is not ready to make a statement in relation to the
best method(s) for insuring the competency of the Alaskan nurse,
and much more time needs to be devoted to researching this area,
it does feel it should have the authority to address ongoing
competency. The Board was asked to address this by the legisla-
ture during Sunset Review.

SectionProvisionRationale

3

Sec. 08.68.340
Violations

Violations

Classifies violations according to the new criminal code

Sec. 08.68.400 (a) (4)

Exempts inactive nurses
enrolled in an approved
"refresher" program from
licensure

Added to enable nurses to gain clinical experience in an
approved program to satisfy requirements for licensure and
re-enter the work force

Sec. 08.68.400
Exemptions

Exempts consultants from
licensure requirements

Allows nursing consultants to visit Alaska and provide
consultative service or education without having to
obtain Alaska licensure

Sec. 08.68.410
Definitions

Definitions

Updates the definition of the practice of registered nursing

Sec. 28

Merely clarifies the legal
status of regulations adopted
jointly by the Board of Nursing
and the State Medical Board.

POSITION PAPER

SENATE BILL NO. 238

"An act relating to the practice of nursing; and providing for an effective date."

Analysis

Sections 1, 2, 3, 4 and 5 of this bill are being amended; 1) to broaden the membership of the board to include representation from the licensed practical nurse group; 2) to increase the number of at large members who are appointed by the Governor; 3) to provide for removal of board members by the Governor for just cause; 4) to delete the term 'professional nurse' and use terms which identify their practice, i.e., registered nurse and licensed practical nurse. This change is made in all sections that the term 'professional nurse' occurs.

Sections 9 - 16 amendments clarify and outline the process for individuals to become a licensed practical nurse and a registered nurse in Alaska, other states and places the same regulation requirements on graduates from foreign schools of nursing. These regulations are for the protection of the consumer.

Amendments to Section 16 - 18 clarifies the process and the board's responsibility in the denial of licensure which is for the safety and protection of the consumer.

Amendments in Section 21 clearly defines the board's responsibility in the accreditation of nursing education programs.

Department's Position

The Department supports the amendments in the bill as it clarifies the process for different levels of nurses in the state and from other states and countries to become licensed to practice and protects the consumer and the employer.

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

Date: March 1981

Approved by: Helen O. Beirne
Helen O. Beirne
Commissioner

Date: 3-18-81

Beth Ennis
Box 1216
Kodiak, Alaska 99615

April 8, 1981

Senator Charles Parr, Chairman
Senate Health, Education and Social
Services Committee
Room 209 Behrends
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

I have attached a copy of my oral testimony given at the HESS Committee teleconference April 6, 1981 regarding SB 238. I believe Senator Colletta was not present at the hearing and I would like him to have the opportunity of easy access to the information, as well as providing those who were present with a quick review.

Please review your copies of SB 238, as I detect a typographical or admendment error. In Section 12 AS 08.68.210b. line 23 reads ". . . of AS 08.63.180; I believe this should read ". . . of AS 08.68.170; as 170 has been retained and 180 has been incorporated in 170 and has been recommended for repeal.

I appreciate the opportunity to participate in the hearings of the HESS Committee via the teleconference system, but request that all testimony be aired in future hearings for the benefit of those who are present, but not physically located in Juneau.

Sincerely,

Beth W. Ennis

Beth Ennis
Registered Nurse

cc: Senators:
Terry Stimson
Mike Colletta
Vic Fischer
Tim Kelly
Bob Mulcahy - District : L

My name is Beth Ennis and I have been licensed and have practiced as a Registered Nurse for 15½ years, the past 7 of which have been in the State of Alaska. Therefore SB 238 is of prime importance and relevance to me, in that it pertains directly to my personal and professional existence. In addition, my evaluation and remarks are based on personal experience of a significant degree.

I speak in favor of SB 238 which proposes changes in the statutes referred to as the Nurse Practice Act. As proposed, this bill provides for the control and regulation of nursing practice and education by nursing thru the Board of Nursing. It provides for a continuum approach to nursing practice and education by putting all aspects of regulation from the LPN thru the Advanced Nurse Practitioner and Nurse Anesthetist levels under one Board. Consistency of education content and practice performance can be achieved in this way, with the end result being uniform delivery of service at a designated standard level.

Periodically hospitals and the medical profession across the nation attempt to gain control of self-interest areas of nursing by promoting such means as institutional licensure, institutional education and licensing of advanced practitioners. This serves only to threaten the uniform standard of nursing care as institutions will educate and license nurses to meet their particular needs, as will the medical profession license only those advanced nurse practitioners with the education that meets the medical profession's needs, and in the numbers they desire. Only nursing should define and control its own education and practice, which SB 238 guarantees.

The editing and amending of the Nurse Practice Act makes it a more useful reference guide to nurses and the public. The definition of nursing practice addresses the current and potential scope of nursing practice and the sections on violations are more definitive as to what type of actions are contrary to the profession. Delegation to regulations of the more dynamic portions of the Board's responsibility allows for flexibility in keeping practice, education, and standards current.

I most heartily approve of the language that reserves for the Board the prescription of requirements for competence to continue practice, but which does not stipulate mandatory regulations at this time. I am a firm supporter of the responsibility of each individual to maintain his own competence, but I have many questions as to whether legislating regulations will accomplish the intended result. Leaving the wording as it is will give Alaskan nurses a chance to research what will work best for them.

I thank you for the opportunity to express my views and urge each of you on this committee and your fellow legislators to pass SB 238 in its entirety, without changes.



Fairbanks District IV Alaska Nurses' Association

Post Office Box 2836 • Fairbanks, Alaska 99707

We the undersigned urge your support of the revised Nurse Practice Act, which is to be introduced to the legislature this session:

Name	Address
1 Doris Southall	2-B-7 Dixon Apts 100-1026 9th
2 Dorothy Sugg	330 Thines - Flrs
3 Leona Bauler	141 Duval Pl. Po Box 79132
4 Christine Wallell	1A4 Dixon
5 Stella S. Peterson	201 st Winton Fairbanks ⁹⁹⁷⁰¹
6 Bessie Iney	123- 5th ave. Flrs. B
7 Ida Watt	1271 9th ave. Apt 209. FBK 201
8 Florence Wilson	330- 3rd Ave. Unit 316
9 Fern Walburn	330 3rd Ave #119
10 R. L. Jensen m.d.	406 Woodlawn Ave
11 James H. Savage	759- 8th Avenue Flrs.
12 Samuel Backlund	1902 Thines, #21
13 Willis J. Cr 727 101	310-3011
14 John G. Dickey	1000 Stryker Flrs
15 Jimmie M. Hunter 330	3.4th Ave. Apt 302
16 Charlie Deter	P. Rich Park Flrs
17 Maurice S. Bruck	
18 Marnie E. Carlson	5000 11th Ave. Flrs
19 Gene Everette	202 Berkeley Flrs



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Name	Address
20. <u>Helma Austin</u>	330 3 rd Ave Apt 512 Fairbanks
21. <u>Helen Beringer</u>	2113 LATHROP ST.
22. <u>Brian Wright</u>	51 Anderson
23. <u>Pauline Waltuch</u>	307 Bentley Dr. East
24. <u>Pauline Bulmer</u>	636 Noyes St Fairb. AK 99701
25. <u>Helena Schuler</u>	1510 Valley St Fairb. AK 99701
26. <u>Frances ...</u>	1184 ...
27. <u>David ...</u>	5720 ...
28. <u>Edward ...</u>	2032 ...
29. <u>Harry ...</u>	34 ...
30. <u>William ...</u>	1658 ...
31. <u>SBA William ...</u>	51475 ...
32. <u>Emily ...</u>	113 ...
33. <u>Ethel Edwards</u>	
34. <u>Dr. R. ...</u>	1531 ...
35. <u>Mildred ...</u>	PO Box 708 Fairb. AK.
36. <u>Katherine ...</u>	1521 ...
37.	
38.	



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Name	Address
39 Muriel Swindell	80 Box 1754 Fairbanks, Ak.
40 John M. Murphy	547-33rd St Fairbanks
41 Dick Barry	137 2nd St
42 Estlin + Dorian	1041 2nd Ave Fairbanks, Ak.
43 Lena Evans	SR BOX 20589 Fairbanks
44 Ed Higgins	1424 3rd St
45 Charles D. Morse	#202 Golden Towers
46 Mary Salathur	330 3rd Ave, 515
47 John De	Gen. Del. 96
48 Don Wheat	312 Minnie St.
49 Beverly L. Scott	P.O. Box 73812 Fairbanks 99707
50 Jeanne Scholz	Box 1365, Fairbanks 99707
56 Ray L. Myers	330 Third Ave Fairbanks
57 [unclear]	F7 [unclear]
54	
55	



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<u>Name</u>	<u>Address</u>
<i>Orlene Orbeck</i>	<i>1735 Budgewater Dr. 46K5, AK. 99701</i>
<i>Carol Johnson</i>	<i>211 East 500th Fairbanks AK 99701</i>
<i>Jennifer Westrich</i>	<i>S.R. # 40579 Fairbanks AK 99701</i>
<i>Donna Dyer Long</i>	<i>4114 Fairbanks II Fairbanks Alaska 99701</i>
<i>Ann Smith</i>	<i>108 East 304th Fairbanks AK 99701</i>
<i>Lillian J. Galvan</i>	<i>713 7th Ave Fairbanks AK 99701</i>
<i>Judith Ann Moore</i>	<i>426 5th Ave St. Fairbanks Alaska 99701</i>
<i>Suzette E. Ray</i>	<i>100 East 54th Fairbanks, AK 99705</i>
<i>Walter Peterson</i>	<i>1009A 30215 (Ch. Sumner Loop) Fairbanks, Alaska 99701</i>



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<u>Name</u>	<u>Address</u>
Eppie Ruyper Patricia Nelson	2352 Broadman Fairbanks 99701 P.O. Box 80893, Fairbanks, AK 99708
Cynthia Lind	2517 River View Dr. Fairbanks, 99701
Rebecca Foss	311 Waldenwood Dr. 37-C Fairbanks, AK 99701
Judi Evans	20 Ave 55019 Fairbanks 99705
Patricia Manning	1404 40th St Fairbanks, AK 99701
Susan Bentley	317-17th St #103 Fairbanks AK 99701
Barbara McCurdy	1554 21st Ave Apt 4 Fairbanks, AK 99701
Karin Criss	926 6th Ave Fairbanks, AK 99701
Judi Flary	156 Poppendine Fairbanks AK 99701
Shirley Johnson	4005 21st Ave S Fairbanks, AK 99705
Marisa K. Hall	5404 11551 F Fairbanks, AK 99701
Patricia A. Rymkiewicz	5200 15061 F Fairbanks AK 99701
Cathy Morgan	P.O. Box 2072 Fairbanks, AK 99701

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hospital
association

Rocky

members
SB 238

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

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Sister Barbara Haase
Ketchikan General Hospital
Ketchikan

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Fairbanks

Secretary/Treasurer
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Alaska Hospital & Medical
Center
Anchorage

Immediate Past President
Al Cameron
Providence Hospital
Anchorage

Executive Director
Dennis L. Davis
Juneau

MARCH 31, 1981

THE HONORABLE CHARLES PARR
ALASKA STATE SENATE
POUCH V
JUNEAU, ALASKA 99811

DEAR SENATOR PARR:

THE ALASKA STATE HOSPITAL ASSOCIATION HAS REVIEWED SB 238, RELATING TO THE PRACTICE OF NURSING AND WOULD LIKE TO OFFER THE FOLLOWING COMMENTS:

SECTION 8-6B.010 CREATION AND MEMBERSHIP OF BOARD OF NURSING

1. THE MAKE UP OF THE BOARD OUGHT TO BE EXPANDED TO INCLUDE TWO LICENSED PRACTICAL NURSES. WE BELIEVE THAT THE RATIO OF L.P.N.'S TO RN'S OUGHT TO BE 2:4 RATHER THAN 1:4. THIS WOULD PERMIT REAL INPUT FROM LICENSED PRACTICAL NURSES. WITH BUT ONE REPRESENTATIVE ON THE NURSING BOARD, WE BELIEVE THAT THE PRACTICAL NURSES WOULD HAVE DIFFICULTY IN ARTICULATING THEIR CONCERNS.

2. THE REQUIREMENT THAT THE NURSE EDUCATOR MUST BE ENGAGED IN BACCALAUREATE NURSING EDUCATION IS, IN OUR OPINION, INAPPROPRIATE AND UNNECESSARILY PREJUDICES ASSOCIATE DEGREE AND PRACTICAL NURSING PROGRAMS. IT WOULD SEEM THAT THE DESIRE IS TO SECURE THE EXPERTISE OF AN EDUCATOR, NOT TILT THE BOARD TOWARD A SPECIFIC PROGRAM.

3. THE NURSES APPOINTED AT LARGE SHOULD BE REQUIRED TO BE CURRENTLY PRACTICING AND AT LEAST TWO SHOULD BE EMPLOYED IN HEALTH FACILITIES.

SECTION 08.68.251 LAPSED LICENSES

WE STRONGLY SUGGEST THAT SUBSECTION (B) NOT BE AMENDED TO REPLACE "MAY" WITH "SHALL". WHILE WE SHARE THE CONCERN ABOUT NURSES WHO HAVE BEEN OUT OF PRACTICE AND AGREE THAT THEY NEED TO BE BROUGHT "UP TO SPEED", WE ARE NOT AWARE OF A PROPOSED REGULATORY MODEL WHICH WILL IN FACT ACCOMPLISH THE GOAL. A PERMISSIVE STATUTE ALLOWS THE BOARD TO ADDRESS THE PROBLEM AND WORK TOWARDS A SOLUTION. MANDATORY LANGUAGE COULD WELL LEAVE US IN A QUANDRY SHORTLY AFTER PASSAGE OF THIS LEGISLATION. WHAT WOULD A PERSON DO IF THE BOARD HAD NOT DEVELOPED A COURSE OF STUDY OR HAD NOT YET APPROVED A COURSE IN NOME OR KETCHIKAN OR CORDOVA? WOULD THE NURSE AND FACILITY SIMPLY BE OUT OF LUCK? IF THE NURSING BOARD CONSIDERS THIS A PRIORITY AREA, THERE IS NO NEED FOR A MANDATORY LANGUAGE. IF IT IS NOT A PRIORITY THEN THE PROBABILITY OF AN IMPENDING PROBLEM IS HIGH IF SUCH LANGUAGE IS ADOPTED. THUS, WE RECOMMEND THAT THIS SECTION REMAIN PERMISSIVE AND THAT THE LEGISLATURE REVIEW THE ACTIVITIES OF THE BOARD ON THIS ISSUE NEXT YEAR.

SECTION 08.68.265 SCOPE OF PRACTICE OF PRACTICAL NURSES

THIS SECTION, WHILE ITS CONTEXT IS NECESSARY TO MAINTAIN CURRENT LAW, IS OUT OF PLACE, ITS CONTENT OUGHT TO BE WRITTEN INTO PROPOSED SECTION 410. (7) WHERE WE FIND OTHER DEFINITIONAL INFORMATION AND PRACTICE

SB 238

PARAMETERS OF REGISTERED NURSES. WE ARE CONCERNED THAT THIS PROPOSED CHANGE MIGHT GIVE RISE TO AN INAPPROPRIATE NOTION THAT THE LEGISLATURE, BY CHANGING THE SECTION OF LAW DEALING WITH THE DEFINITION OF PRACTICAL NURSING INTENDED TO ALTER THE SCOPE OF PRACTICE FOR PRACTICAL NURSES.

SECTION 08.68.270 GROUNDS FOR DENIAL, SUSPENSION OR REVOCATION

page 8, line 4.

WE BELIEVE THAT SUBSECTION (6) OUGHT TO BE MODIFIED TO READ "HAS ESTABLISHED A PATTERN OF INTENTIONAL OR NEGLIGENT CONDUCT WHICH HAS RESULTED IN A SIGNIFICANT RISK TO THE HEALTH OR SAFETY OF A PATIENT OR IN INJURY TO A PATIENT". LIABILITY MAY ARISE AS THE RESULT OF AN INTENTIONAL ACT WHICH MIGHT WITHOUT INTENTION INJURE A PATIENT OR AS THE RESULT OF A NEGLIGENT ACT, AN ACCIDENTAL ERROR, WHICH CAUSES INJURY. SUCH CIRCUMSTANCES OUGHT NOT PER SE BE GROUNDS FOR DISCIPLINE.

SECTION 08.68.276 CONTINUING COMPETENCE REQUIRED

WE OPPOSE A MANDATORY CONTINUING EDUCATION REQUIREMENT. THERE ARE FEW WHO CONTENT THAT CONTINUING EDUCATION, AS WE KNOW IT TODAY, IS ANY GUARANTEE OF CONTINUED COMPETENCE. THE NOTION THAT SOMEONE WHO ATTENDS THE SPECIFIED NUMBER OF LECTURE HOURS WHETHER AWAKE OR ASLEEP PROVIDES BETTER PATIENT CARE IS UNSUPPORTABLE. WE WILL CONTINUE IN-SERVICE TRAINING AND ENCOURAGEMENT TO OUR STAFFS TO TAKE ADVANTAGE OF EDUCATIONAL OPPORTUNITIES, HOWEVER, MANDATION IN THIS AREA HAS NO DEMONSTRATED SUCCESS. WE SUGGEST THEREFORE THAT THIS SECTION BE DELETED AND THAT CONTINUING EDUCATION BE DEALT WITH AS A PROFESSIONAL

MARCH 31, 1981
THE HONORABLE CHARLES PARR
PAGE FOUR

RESPONSIBILITY RATHER THAN A MATTER OF LAW.

SECTION 08.68.280 NURSING EDUCATION PROGRAM PROHIBITED UNLESS ACCREDITED

THIS SECTION PRECLUDES THE POSSIBILITY OF DEVELOPING A "DIPLOMA SCHOOL" WHICH COULD BE HOSPITAL BASED. THE SECTION SHOULD BE REWRITTEN SO AS NOT TO PRECLUDE ANY POTENTIAL FOR GOOD QUALITY NURSE TRAINING PROGRAMS. THE QUALITY OF THE PRODUCT OUGHT TO BE THE CONCERN OF THE BOARD, NOT WHETHER IT IS ESTABLISHED THROUGH AN ACCREDITED POST SECONDARY EDUCATIONAL INSTITUTION. ACCREDITATION OUGHT TO BE BASED ON ABILITY TO SATISFY THE CRITERIA FOR ACCREDITATION FOUND IN ARTICLE 3 SECTION 280-330 AND THE QUALITY OF THE PROGRAM, NOT WHAT TYPE OF ORGANIZATION CONDUCTS THE PROGRAM.

SECTION 08.68.340 VIOLATIONS

Pg. 9, line 29

SUBSECTION (3) MAKES IT A VIOLATION TO EMPLOY A PERSON AS A NURSE WHO IS NOT LICENSED AS A NURSE EVEN IF THE PERSON PRESENTS VALID LOOKING FORGED DOCUMENTS. IN SUCH AN INSTANCE, THE EMPLOYER COULD HARDLY BE EXPECTED TO ACT OTHERWISE. BEFORE A VIOLATION COULD OCCUR UNDER THIS SECTION, KNOWLEDGE OF LACK OF LICENSURE MUST EXIST.

SECTION 08.68.410 DEFINITIONS

1) THE SUPERVISION LANGUAGE FOUND IN SECTION 265 SHOULD BE INSERTED IN SUBSECTION (7). THIS WOULD HELP IN UNDERSTANDING THE PARAMETERS OF PRACTICE FOR L.P.N.'S AND WOULD BE MORE CONSISTANT WITH THE GENERAL DRAFTING OF THIS ACT.

2) THE CHANGES IN SUBSECTION (7) "PRACTICE OF PRACTICAL NURSING" ACCOMPLISH LITTLE IF ANYTHING IN OUR JUDGEMENT. WHILE WE BELIEVE THAT FLEXIBILITY OUGHT TO BE GRANTED TO PRACTICAL NURSING IN THE SAME FASHION THE BOARD IS PROPOSING EXPANSION OF REGISTERED NURSING, WE ARE CONTENT AT THIS TIME TO LIVE WITH THE CURRENT DIFINITION. SO AS TO INSURE THAT THERE IS NO MISCONSTRUCTION OF LEGISLATIVE INTENT TO RESTRICT PRACTICAL NURSING, WE SUGGEST THAT THE DEFINITION CURRENTLY FOUND IN SECTION 410 (6) BE MAINTAINED. PERHAPS NEXT YEAR WE CAN TACKLE THE DEFINITION OF PRACTICAL NURSING.

3) WE ARE PREPARED TO SUPPORT THE REDEFINITION OF REGISTERED NURSING AS FOUND IN SUBSECTION (8). WE HOWEVER, DO NOT BELIEVE IT IS AS BROAD AS IT MIGHT BE. WHILE WE ARE NOT PREPARED TO SUGGEST FURTHER EXPANSION THIS YEAR, THE LEGISLATURE SHOULD NOT BE SURPRISED TO SEE A MORE SUBSTANTIVE RECOMMENDATION FROM THE ALASKA STATE HOSPITAL ASSOCIATION WITHIN THE NEXT FEW YEARS.

MARCH 31, 1981
THE HONORABLE CHARLES PARR
PAGE SIX

WITH THE ABOVE MENTIONED AMENDMENTS, THE ALASKA STATE HOSPITAL
ASSOCIATION WOULD BE PREPARED TO CONSIDER SUPPORTING SENATE BILL
238.

SINCERELY,

DENNIS L. DEWITT
EXECUTIVE DIRECTOR

CC: SENATE HESS COMMITTEE MEMBERS

Apt. 2-B-7
Dixon Apartments
100-10th Avenue
Fairbanks, Alaska 99701
January 14, 1981

Senator Parr
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

The Alaska Board of Nursing will introduce a revised Nurse Practice Act to the 1981 Legislature. It has been submitted through the Governor.

The revised Nurse Practice Act accomplishes the following:

1. Changes the composition of the Board to include a licensed practical nurse
2. Updates the definition of the practice of nursing
3. Adds, under duties and powers of the Board, "The board may prescribe requirements for competence to continue practice."
4. Enables foreign graduates to obtain a temporary permit by passing the newly developed examination administered by the Commission on Graduates of Foreign Nursing Schools
5. More explicitly defines grounds for denial, suspension or revocation of a license
6. Enables the Board to define unprofessional conduct by regulation
7. Describes violations and classifies them according to class A or class B misdemeanors in compliance with the new criminal code
8. Affirms the Board's responsibility to promulgate regulations for the advanced nurse practitioner and the nurse anesthetist without mandatory joint promulgation with the State Medical Board

Last year this act, in similar form, was introduced to the House HESS Committee where it was placed on low priority status, and died in committee. The Board was also concerned with the many changes the committee wanted to make. It was particularly concerned for the consumer when the committee wished to delete the Board's power to prescribe requirements for competence to continue practice. Another area the committee did not approve of was continuing to enable the Board to deny, suspend or revoke a license if a nurse was addicted to narcotics. The rationale for each of these is fairly obvious.

Continuing competence is a concern for all professionals today. The Board is studying various methodologies for assuring competence. These include recent work experience, continuing education, and testing. Each of these areas are being researched in terms of impact on health care in the State, cost to the consumer, availability, and overall relation to the ongoing competency of the nurse to provide quality of care. While the Board is not ready to make a statement in

relation to the best method(s) for insuring the competency of the Alaskan nurse, and much more time needs to be devoted to researching this area, it does feel it should have the power to address ongoing competency.

Some legislators objected to the Board's power to deny, suspend or revoke a license of a nurse addicted to narcotics. They felt that the nurse's individual rights could be violated if the narcotic addiction did not interfere with her nursing duties. The Board remains adamant that any nurse addicted to narcotics is a very real threat to her clients. In most cases, the desperate narcotic addict will eventually take medication intended for patients. This usually means substituting water for narcotic injections. This can be quite cleverly done to escape notice and can persist for a long time before detected. Even if detected, it often goes unreported. Several states who have recently revised their Nurse Practice Acts have continued to include this provision, and the Alaskan legislature should weigh this heavily before attempting to delete it.

Because I am a consumer, as well as a nurse, I do agree with this new proposed legislation. I am hopeful that you will give it your utmost support when it comes before the legislature.

Sincerely,

Doris Southall R.N.

Doris Southall, R.N.



Fairbanks District IV Alaska Nurses' Association

Post Office Box 2836 • Fairbanks, Alaska 99707

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Name	Address
1. Doris Southell	2-B-7 Dixon apt 100-10th Flk
2. Dorothy Sugg	330 Fairview - FRS
3. Leina Baulea	141 Summit, P.O. Box 73132
4. Christine Waldell	1A4 Dixon
5. Stella S. Peterson	901 ⁹⁹⁷⁰¹ Admiral Fairbanks
6. Bessie Swaney	923-5th ave FRS. A
7. Edna Matt	12713th ave apt 209, FRS. A
8. Blanche Wilson	330-3rd Ave apt 316
9. Fern Walburn	330 3rd ave #119
10. R. Thomas	206 Woodlawn
11. James H. Savage	759-8th Avenue FRS.
12. Samuel Baskant	1902 Mercier #21
13. Willis J. Crumley	310-3rd Ave
14. John H. Packer	1011 Smyth St Fairbanks
15. Jimmie M. Hunter	330 G. Ave Apt 302
16. Charles L. Lister	P. Lister Park FRS -
17. Maurice S. B. G.	
18. Maurice T. Carlson	Soldier Field #1
19. Gene Overette	202 Bentley Dr. A



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21	Stellen Bawinger	2113 LATROOP ST.
22	Birney Wright	51 Anderson
23	Pauline Valtuch	307 Bentley Dr. East
24	Pauline Bullock	636 Meyer St Fairb. AK 99701
25	Liliana Schultz - 511	1540 College Hill Fairb. AK 99701
26	Lucas ... Johnson	1189 Winne
27	Harold W. Dwyer	2720 Pinnerin Dr
28	Edward P. Munkin	1/4 N. Hwy 2032 Fairb. AK
29	Fanny Rasmus	Box 10111 - Fairb. AK 99701
30	Wilma M. Anderson	1658 Bridgeway Fairb.
31	SRA William E. Helleberg	5147F Kuyuk Eirikson St Fairb.
32	Emma E. ...	113 Pearl St - Fairb. AK
33	Ethel Edwards	
34	Jack R. Ferguson	1537 Curtis St Fairb.
35	Bledye Coston	P.O. Box 708 Fairb. AK.
36	William E. Ferguson	1537 Curtis St Fairb.
37		
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46 Mary Salisbury	330 8th Ave. S15
47 John De...	Ham. Val. 90
48 Don Wheat	312 Minnie St.
49 Beverly L. Scott	P.O. Box 73812 Ft. Reliance
50 Gianni Scholz	Box 1305, Fairbanks 99707
51 Ray L. Myers	330 Third Ave Fairbanks
52 [unclear]	F7 South Fair
53	
54	
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<u>Name</u>	<u>Address</u>
Orlene Orbell	1735 Bridgewater Dr. Fairbanks, AK. 99701
Ann LeFevre	1134 V. S. 0693 Fairbanks, AK. 99701
Jennifer Westwick	S.R. #40579 Fairbanks AK 99701
Ann Jorgensen	414 Fairbanks St. Fairbanks, Alaska 99701
Ann Swift	SR Box 30448 Fairbanks, AK 99701
LSusan J. Palmer	913 9th Ave. Fairbanks, Ak. 99701
Judith Ann Prosser	426 Jennie St. Fairbanks Alaska 99701
Louise E. Ray	PO Box 51924 Fairbanks, Ak. 99708
Ruth Wilson	Box 30218 (6 mi. Farmers Loop) Fairbanks, Alaska 99701