

ALASKA LEGISLATURE COMMITTEE FILES 1983-1984 86 / 2

2399 SHESS HB 270 - HB 347

2399



ADMINISTRATIVE OFFICES
325 WEST POTTER DRIVE, ANCHORAGE, ALASKA 99502

RECEIVED

MAY 05 1983

Josephson,

Committee on Health Education & Social Services April 30, 1983
Alaska State Senate:
Pouch V
Juneau, Alaska 99811

Further reference Senate Bill #221.
This is addendum to Book Cache packet dated April 23, 1983.

Attached is a copy of page S 316 of The Congressional Record of January 26, 1983 containing S.57, A bill to amend title 18 of the United States Code relating to the sexual exploitation of children; to the Committee on the Judiciary in the United States Senate.

I have highlighted that portion of the Congressional Record that deals with the reference we have made in our letter of April 23 regarding Senator Spector's proposal for an affirmative defense.

We continue to be concerned about protection of children. We are also concerned about the protection of the First Amendment rights of all citizens. Since it appears that the amendment proposed to the U.S. Senate will be adopted, it would seem appropriate that similar language be included in either SB 221 or HB 270.

If further information can be of assistance please call.

Sincerely,

Russ Riemann
President

See —
This is the additional
material I spoke of the
other day

(2) thousands of children including large numbers of runaway and homeless youth are exploited in the production and distribution of pornographic materials; and

(3) the use of children as subjects of pornographic materials is harmful to the physical, emotional, and mental health of the individual child and to society.

Sec. 3, Chapter 110 of title 18, United States Code, is amended to read as follows:

"CHAPTER 110—SEXUAL EXPLOITATION OF CHILDREN

"Sec. 2251. Definitions for chapter.

"Sec. 2252. Sexual exploitation of children.

"Sec. 2253. Certain activities relating to material involving the sexual exploitation of minors.

"Sec. 2254. Defense.

"§ 2251. Definitions for chapter

"For the purposes of this chapter, the term—

"(1) 'minor' means any person under the age of eighteen years;

"(2) 'sexually explicit conduct' means actual or simulated—

"(A) sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

"(B) bestiality;

"(C) sado-masochistic abuse (for the purpose of sexual stimulation);

"(D) masturbation; or

"(E) lewd exhibition of the genitals or public area of any person;

"(3) 'simulated' means the explicit depiction of any conduct described in clause (2) of this section which creates the appearance of such conduct and which exhibits any uncovered portion of the genitals or buttocks;

"(4) 'producing' means producing, directing, manufacturing, issuing, publishing, or advertising; and

"(5) 'visual or print medium' means any film, photograph, negative, slide, book, magazine, or other visual or print medium.

"§ 2252. Sexual exploitation of children

"(a) Any person who knowingly employs, uses, persuades, induces, entices, or coerces any minor to engage in, or who has a minor assist any other person to engage in, any sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, shall be punished as provided under subsection (c), if such person knows or has reason to know that such visual or print medium will be transported in interstate or foreign commerce or mailed, or if such visual or print medium has actually been transported in interstate or foreign commerce or mailed.

"(b) Any parent, legal guardian, or person having custody or control of a minor who knowingly permits such minor to engage in, or to assist any other person to engage in, sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct shall be punished as provided under subsection (c) of this section, if such parent, legal guardian, or person knows or has reason to know that such visual or print medium will be transported in interstate or foreign commerce or mailed or if such visual or print medium has actually been transported in interstate or foreign commerce or mailed.

"(c) Any person who violates this section shall be fined not more than \$75,000 or imprisoned not more than 10 years, or both, but, if such person has a prior conviction under this section, such person shall be fined not more than \$150,000 or imprisoned not less than 2 years nor more than 15 years, or both.

"§ 2253. Certain activities relating to material involving the sexual exploitation of minors

"(a) Any person who—

"(1) knowingly transports or ships in interstate or foreign commerce or mail; any visual or print medium, if—

"(A) the producing of such visual or print medium involves the use of a minor engaging in sexually explicit conduct; and

"(E) such visual or print medium depicts such conduct; or

"(2) knowingly receives any visual or print medium that has been transported or shipped in interstate or foreign commerce or mailed, if—

"(A) the producing of such visual or print medium involves the use of a minor engaging in sexually explicit conduct; and

"(B) such visual or print medium depicts such conduct;

shall be punished as provided in subsection (b) of this section.

"(b) Any person who violates this section shall be fined not more than \$75,000 or imprisoned not more than 10 years, or both, but, if such person has a prior conviction under this section, such person shall be fined not more than \$150,000 or imprisoned not less than two years nor more than 15 years, or both.

"§ 2254. Defense

"In any prosecution brought under this chapter for the production or distribution of a visual or print medium depicting sexually explicit conduct as defined in section 2251 (1)(2)(D) or (E), it shall be an affirmative defense that the medium, when taken as a whole, possesses serious literary, artistic, scientific, social, or educational value."

Sec. 4, Section 1981 of title 18, United States Code, is amended in clause (1)(B) by inserting after "section 1955 (relating to the prohibition of illegal gambling businesses)," the following: "sections 2252 and 2253 (relating to the sexual exploitation of children)."

Sec. 5, Section 1984 of title 18, United States Code, is amended in subsection (c) by striking out "his business or" and inserting in lieu thereof "his person, business, or".

By Mr. SPECTER:

S. 58. A bill to authorize incarceration in Federal prisons of convicts sentenced to life imprisonment under the habitual criminal statute of a State; to the Committee on the Judiciary.

S. 58—INCARCERATION UNDER HABITUAL OFFENDER STATUTES

Mr. SPECTER. Mr. President, I now send to the desk two bills which are meant to supplement the Armed Career Criminal Act of 1983, which I just introduced.

The first of these bills, S. 58, grants the Attorney General authority to incarcerate in Federal facilities persons convicted and sentenced to life imprisonment in State courts under their habitual offender statutes.

Permitting these persons to be transferred to Federal prisons will encourage more prosecutions under State career-criminal statutes. These statutes normally allow judges to sentence habitual offenders for significant periods in order to keep them from engaging in further criminal activity. Often, local district attorneys have task forces specially created to target career criminals. Unfortunately however, long-term incarceration of these criminals is nearly impossible due to already crowded State prison conditions. Prisoners are sometimes set free early to

make room for the continuing stream of newly convicted persons.

By holding persons sentenced to life imprisonment under a State's career criminal statute, the Federal Government is reducing the burden of overcrowding caused by prisoners serving long sentences.

Recent statistics show that the State prison population continues to increase at an alarming rate. Since 1975 the total U.S. prison population grew by only 1.2 percent. In the first 9 months of 1982, the State prison population exploded with a 10.4-percent rate of increase over 1981 prison population figures. Over the same 9 month period, the Federal prison population increased only 4.5 percent, much of that attributed to unsentenced prisoners under the jurisdiction of the U.S. Immigration and Naturalization Service.

The States need help from the Federal Government to reduce overcrowded conditions. This bill provides this assistance by allowing special targeting efforts to be directed at career criminals.

I ask unanimous consent that the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 58

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) Congress finds that—

(1) career criminals commit a large percentage of the violent and major felonies afflicting society, causing immeasurable physical injury to innocent persons and damage, destruction, or loss to their property estimated at billions of dollars annually, thereby terrorizing law-abiding citizens, disrupting the community, and undermining respect for law;

(2) the continuing criminal activity of career criminals adversely affects interstate commerce;

(3) despite prior convictions for serious offenses, many repeat offenders are placed on probation or sentenced to unduly short terms of imprisonment by State judges, to the detriment of public safety;

(4) many repeat offenders cannot reasonably be rehabilitated and, unless incarcerated for life, will commit further felonies;

(5) many States have "habitual criminal" statutes providing for life sentences for repeat offenders, upon subsequent felony convictions;

(6) many State prison systems are severely overcrowded, understaffed, and unable to confine convicts sentenced to life imprisonment under such statutes in a safe, secure, and humane manner;

(7) State judges may be deterred by the lack of sufficient prison space, staff, and funding from imposing life sentences for repeat offenders as provided by State law, and the legislatures in those States without habitual criminal statutes may be dissuaded by such considerations from enacting such statutes;

(8) the interests of justice and public safety would be served if State authorities felt free to impose life sentences for repeat major offenders unrestrained by such considerations;

H B

291

COMMITTEE REPORT
SENATE

FURTHER:

5/14/53

Date: MAY 14 1953

Mr. President:

The Committee on HECS has had RD 291

Providing for tuberculosis examinations and quarantines.

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

[Handwritten signatures]

MEMBERS HAVING
OTHER RECOMMENDATIONS:

CHAIRMAN

POSITION PAPER/Department of Health and Social Services

POSITION PAPER
HOUSE BILL NO. 291

For an Act entitled: "An Act providing for tuberculosis examinations and quarantines."

This Bill provides the Department of Health and Social Services with authority to require an individual suspected of having an active case of pulmonary tuberculosis to submit to an examination and to order the quarantine of a person with active pulmonary tuberculosis for a period of six months, when such action is necessary to preserve and protect public health.

While tuberculosis is not the enormous health problem it was in the 1950s, a large number of persons infected in earlier years are at risk of re-activation of their disease and of being capable of spreading the disease to others. Over the past ten years, new active cases have numbered between 75 and 100 cases per year, placing Alaska among the five states with highest incidence.

Most persons with active tuberculosis are highly motivated to comply with treatment recommendations intended to render them non-infectious and to inactive their infections. A very few people, however, refuse to submit to examination or to accept treatment recommendations. Such individuals are a hazard to themselves, their families, communities and the general public.

The existing authority of the Department to require examination, isolation or treatment of individuals with communicable disease who may threaten the health of the public is not clear.

It is expected that the authority contained in this Bill would be exercised infrequently. Based on past experience, the estimate is that orders for examination may be required three times per year. Quarantine orders would be used even less frequently, perhaps not even one per year as the public becomes aware of a statutory provision which could compel quarantine.

The Department anticipates that on the rare occasions when quarantine may be required, it would be accomplished by restricting the individual's movements within his or her own home.

The Department supports passage of this Bill. Over the past few years, many cases of tuberculosis could have been avoided, including one near-fatal infection, had the source of infection been prevented from spreading the disease to others.

Recommended by: E. S. Rabeau
E. S. Rabeau, M.D., Director

Date: March 31, 1983

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health & Social Services

Date: 4/4/83

I. REQUEST
 Bill/Resolution No.: House Bill No. 291
 Title: "Tuberculosis examinations & treatment"
 Sponsor: Harbert
 Requestor: House LESS

II. FISCAL DETAIL
 Agency Affected: Health & Social Service
 Program Category Affected: Health
 ECU, Program of Subprogram(s) Affected:
 Communicable Disease Control

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
OPERATING	0	0	0	0	0	0
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Dean F. Tirador, H.D. Phone: 465-2113
 Division: Public Health Date: 3/30/83
 Approved by Commissioner: [Signature] Date: 4/4/83
 Department: Health and Social Services

Distribution:

- Original to Legislative Finance
- Copy to Office of Management and Budget (for Legislature introduced bills)
- Copy to Department (for Governor introduced bills)
- Copy to Sponsor
- Copy to Requestor (if different from Sponsor)

3/8/83

HOUSE BILL 291

MY NAME IS JIM FARMER, AIDE TO REPRESENTATIVE HURLBERT.

THIS LEGISLATION WAS INTRODUCED BY REQUEST.

IN YOUR PACKET IS A LETTER AND RESOLUTION FROM THE CITY OF GALENA OUTLINING THEIR PROBLEM. I'M HAPPY TO SAY THE INFECTED PERSON WAS FINALLY PERSUADED TO ENTER A COURSE OF TREATMENT, BUT THIS DOES NOT RELIEVE THE UNDERLYING PROBLEM OF SEGREGATING THE INFECTED FROM THE UNINFECTED. AS THE POSITION PAPER FROM DEPARTMENT OF HEALTH AND SOCIAL SERVICES SHOWS THE INCIDENCE OF NEW ACTIVE TB CASES IN ALASKA APPEARS TO BE CLIMBING. THE ONE INDIVIDUAL IN GALENA CAUSED ABOUT 39 OTHER PEOPLE TO NEED EXAMINATION OR TREATMENT.

MOST OF YOU MAY REMEMBER OR MAY HAVE HEARD OF THE MASSIVE PROBLEM ALASKA HAD IN THE PAST WITH TUBERCULOSIS. WE CANNOT ALLOW THIS TO HAPPEN AGAIN.

THIS LEGISLATION WILL HELP ENSURE THE MEDICAL PEOPLE A TOOL THAT MAY BE NEEDED TO SLOW OR REDUCE THE INCIDENCE OF TB WITHIN THE STATE.

THANK YOU.



City of Galena

Antoski Hall • P.O. Box 149 • Galena, Alaska 99741 • Telephone (907) 656-1281

December 20, 1982

Rep. Vernon Hurlbert
Pouch V
Mailing Stop 3100
Juneau, AK 99811

Dear Rep. Hurlbert,

The City Council of Galena is very concerned about the lack of legislation to control communicable disease in Alaska. Here in Galena we have currently and have had in the recent past outbreaks of tuberculosis. The problem becomes particularly serious when an individual refuses treatment. This individual can then infect others, and the community has no protection as there is currently no law to force the individual to seek treatment (according to our attorney, Mary Nordale, and as we understand it from the opinions of the State Attorney General's office).

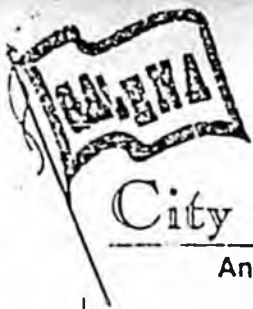
Tuberculosis is a disease that can be eliminated if infected individuals follow-through on treatment. We urge the State to provide legislation to give the necessary basis to force individuals with communicable diseases, particularly tuberculosis, to seek treatment.

Enclosed is a resolution from the Galena City Council supporting this issue.

We appreciate your attention to this problem and interest.

Sincerely,

Pat Myers
City Manager



City of Galena

Antoski Hall • P.O. Box 149 • Galena, Alaska 99741 • Telephone (907) 656-1281

Resolution 82-22

A RESOLUTION ENCOURAGING LEGISLATION SUPPORTING ENFORCEMENT OF TREATMENT OF COMMUNICABLE DISEASES, PARTICULARLY TUBERCULOSIS, IN ALASKA.

WHEREAS, the City Council of Galena is the duly authorized governing body of the City of Galena, and;

WHEREAS, the City of Galena has experienced an ongoing problem with tuberculosis and a recent outbreak of the disease, and;

WHEREAS, the City is experiencing an incident where one individual who has active tuberculosis is refusing treatment, and;

WHEREAS, the nature of the tuberculosis disease is that it can be highly contagious and endanger a whole community, and;

WHEREAS, the disease can be prevented with adequate treatment, and;


WHEREAS, there is no legislation to enforce treatment, and;

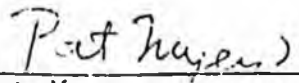
WHEREAS, the City of Galena has a strong committment to protect the citizens, and;

NOW, THEREFORE, Be It Resolved That the City Council of Galena requests the legislators to enact legislation to require individuals to obtain treatment for tuberculosis and other communicable disease.

PASSED AND APPROVE this 16th day of December ,1982

ATTEST:


Vernon White
Mayor


Pat Myers
City Manager

18.35.135 INVESTIGATION AND EXAMINATION OF SUSPECTED TUBERCULOSIS
CASES - ISOLATION - QUARANTINE.

(1) Whenever the Public Health Medical Officer shall determine on reasonable grounds that an examination of any person is necessary for the preservation and protection of the public health, he shall issue a written order directing said medical examination, setting forth the name of the person to be examined, the time and place of the examination, and such other terms and conditions as he may deem necessary. A copy of such an order shall be served upon the patient. Such an examination shall be made by a licensed physician of the examinee's own choice under such terms and conditions as the health officer may specify.

(2) Any person who depends exclusively on prayer for healing in accordance with the teachings of any well recognized religious sect or denomination, and claims exemption on such grounds shall nevertheless be subject to examination and provisions of this article concerning isolation and quarantine which apply when there is probable cause to suspect such a person is infected with tuberculosis in a communicable stage. Such person shall not be required to submit to any medical treatment or be confined in a hospital or other medical institution if he can safely be quarantined or isolated in his own home or other suitable place of his choice.

18.35.136 QUARANTINE OR ISOLATION ORDER

(1) Whenever a Medical Officer of the Division of Public Health shall determine that quarantine or isolation in a particular case is necessary for the preservation and protection of the public health, he shall make an isolation or quarantine order in writing, setting forth the name of the patient to be isolated and the initial period of time, not to exceed six months, during which the order shall remain effective; the place of isolation or quarantine; and such other terms and conditions as may be immediately necessary to protect the public health. A copy of such order shall be served upon the patient. The patient shall be re-examined at the time the initial order expires, or at any other time the patient so requests, to ascertain whether his tuberculosis continues to be infectious. Whenever it shall be medically determined that the patient is no longer infectious and communicable and that the patient has received sufficient treatment of his disease, the patient shall be relieved from all further liability or duty imposed by this article.

(2) Upon the receipt of information that any examination, quarantine, or isolation order, made and served as herein provided, has been violated, the Public Health Medical Officer shall advise the District Attorney of the pertinent facts relating to the violation.

18.35.137 VIOLATION AND PENALTY

(1) Any person who, after service upon him of an order of the Division of Public Health Medical Officer directing his isolation or examination as provided in 18.35.135 and 18.35.136, violates or fails to

comply with same or any provisions thereof is guilty of a misdemeanor and in addition to any penalties which may be imposed by law upon such convictions, the court may now make an appropriate order providing for isolation, quarantine or treatment.

November 1, 1979

DIVISION OF PUBLIC HEALTH
STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
EPIDEMIOLOGY OFFICE
3601 - C Street
Anchorage, Alaska 99502-0333
(907) 561-4406

BULLETIN # 10 WEEK ENDING MAY 20, 1983
TUBERCULIN CONVERSIONS AMONG STAFF OF AN INTENSIVE CARE UNIT

On September 16, 1982, the Epidemiology Office was asked by the infection control committee of an Alaskan hospital to investigate the tuberculin-PPD conversion of four intensive care unit staff members who had been in contact with a known tuberculosis patient two months before. The four converters had been identified on screening tests performed by the hospital infection control nurse on all staff members thought to have been in contact with the known case.

Our initial recommendation included:

1) additional case finding by retesting all tuberculin negative ICU staff members 90 days after exposure to the tuberculosis patient, and 2) environmental sampling to determine direction and extent of air flow from the ICU room occupied by the patient with active tuberculosis - the presumed source of tubercle bacilli.

The patient who was the presumed source of the five tuberculin conversions was admitted on July 1, 1982 with an initial diagnosis of "sepsis". Although initially dehydrated, with intravenous rehydration her general condition improved considerably, and she began to cough copiously. Chest X-Ray taken on admission showed bilateral cavitary disease, and sputum smears showed tubercle bacilli too numerous to count. Sputum culture grew Mycobacterium tuberculosis. The concentrations of tubercle bacilli in her sputum fell rapidly within three days of the start of anti-tuberculous chemotherapy.

On the second round of skin tests, one more ICU nurse was identified as a tuberculin converter. All five converters had worked in the intensive care unit during the July stay of the sputum-positive patient. Four were nurses; one was a ward clerk. When compared to non-converters, the five tuberculin converters had worked shifts during the earlier part of the patient's stay in the ICU - before and during treatment with antituberculosis chemotherapy. The ward clerk claimed never to have been in direct contact with the patient. Three of the four nurses were said to have been wearing masks during direct patient contact.

In the intensive care unit, a central nursing desk is surrounded by individual patient rooms. The room occupied by the tuberculosis patient was directly opposite and about 15 feet away from the seat occupied by the ward clerk. Testing conducted by the hospital confirmed that air pressure was greater inside the patient's room than in the central ICU corridor. Air flow studies using the tracer gas, sulphur hexafluoride, were conducted by engineers from the University of Alaska, Fairbanks. These tests showed that tracer gas released in the patient's room flowed towards the nursing desk with the room door closed or open. With the door open, 66% of the gas released was measured at the nursing station after only twenty minutes.

In this outbreak, the vigilance of an infection control committee and an infection control nurse detected tuberculin conversions among exposed intensive care unit staff before pulmonary disease had time to develop. All converters were treated with isoniazid (INH).

Recommendations

Based on this investigation of tuberculin conversions among ICU staff, we recommend that:

- 1) sputum-positive tuberculin patients should be cared for in a room at negative or neutral pressure with respect to the corridor until adequate therapy renders them noninfectious, and
- 2) on the identification of a sputum positive patient, the tuberculin status of attendants should be reviewed and skin tests should be performed 30 and 90 days after exposure.

2601 - C Street
Anchorage, Alaska 99502-0333
(907) 561-4406

BULLETIN # 11 Week Ending May 27, 1983
Typhoid Fever--Kobuk River Valley

In late December, 1982, the Epidemiology Office was informed by Chris Swartz, RN, Infection Control Nurse, Alaska Native Medical Center that an inpatient was passing copious amounts of Salmonella typhi in his urine. This patient was a cousin of a 32-year old man who died at ANMC six months before with the post-mortem diagnosis of typhoid fever. Both patients were residents of communities in the Kobuk River Valley east of Kotzebue. The patient from whose urine Salmonella typhi was identified is a 62 year-old trapper who lives alone. He claimed never to have had symptoms of typhoid fever. Longstanding renal calyceal damage was thought to represent a focus for continued carriage of Salmonella typhi. This patient was treated with long-term trimethoprim-sul hamethoxazole; so far, urine has been negative on follow-up.

The 32-year old cousin of this patient had been admitted to Alaska Native Medical Center in April-May 1982. Initial symptoms included lower gastrointestinal bleeding, and daily fever spikes to 101°F. Blood and stool cultures did not grow Salmonella. Rose spots were not observed. About four weeks after onset of illness, the patient developed fever to 104°F., severe abdominal pain, and died with fulminant hepatitis. Massive liver necrosis was demonstrated at autopsy as were Peyer's patches and generalized lymphadenopathy. The post-mortem diagnosis was typhoid fever, without bacteriologic confirmation.

In association with Marcha Stewart, PHN, Manilaq Association, and Nellie Griest, and May Bernhart, health aides from Shungnak and Kobuk, an epidemiologist interviewed friends and close associates of these two patients and secured samples of their stool for bacteriologic culture. Review of medical records revealed four individuals who between April 1981-October 1982 suffered clinical illness characterized by fever, but without specific diagnosis. These four were considered to have been possible cases of typhoid fever, and each had some connection with either the 32 year-old or 62 year-old identified patients. A program of surveillance was initiated in Kobuk River communities and in Kotzebue to detect expeditiously possible future cases of typhoid fever so as to offer the maximum chance of cure.

Typhoid fever is an illness characterized by sustained fever, headache, malaise, anorexia, and relative bradycardia, along with enlargement of spleen, and lymphoid tissue, and constipation more commonly than diarrhea. Many mild and atypical infections occur. Complications include ulceration of Peyer's patches of the large bowel producing intestinal hemorrhage or perforation, and hepatitis. The usual fatality rate was 10% in the era before antibiotic treatment, and with antibiotics is considered to be 1% or less. Infection can be transmitted by acute cases, and by the 3-5% of those acute cases who become chronic carriers of Salmonella typhi. The incidence of cases of typhoid fever, and the prevalence of Salmonella typhi carriers have both declined considerably in Alaska in recent years. The last clinical cases of typhoid fever were reported in 1973.

Scombroid Fish Poisoning Alert

In Bulletin No. 17 (Week ending September 10, 1982), we reported on two outbreaks of hives, nausea, and tachycardia occurring 30-60 minutes after eating raw fish. While this syndrome, known as scombroid fish poisoning, has been well documented in southern waters, these were the first such outbreaks reported after the consumption of Alaskan fish (in this case raw cod, flounder, and salmon). Since the publication of Bulletin No. 17, we have heard of similar illness which occurred last summer in patients who ate raw fish from Prince William Sound. In order that illness related to scombroid fish poisoning can be characterized, we ask that physicians seeing patients who develop symptoms of histamine release after eating raw fish contact the Epidemiology Office at 561-4406 and urge their patients to refrigerate samples of the fish eaten until samples of the fish for scombrotoxin can be arranged.

H B

292

POSITION PAPER
SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 292

For an Act entitled: "An Act relating to tuberculosis screening of school employees."

This Bill amends AS 18.15 by adding a new section which requires annual testing of public and private elementary and secondary school employees for tuberculosis.

Currently, 4 AAC.06.050 requires a physical examination including testing for tuberculosis upon employment and every third year thereafter. Local school districts may require more frequent examinations. Costs of the examinations are borne by the school districts and are not covered by insurance.

The Department of Health and Social Services is in favor of more frequent tuberculosis testing. During the past year, two school employees with minimal active tuberculosis have been detected in Alaska. Early detection will minimize spread. In Denver, over 100 tuberculosis infections in school children were traced to a teacher with undetected active disease.

Recommended by:

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

Date:

April 15, 1983

Approved by:

Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health & Social Services

Date:

4/19/83

STATE OF ALASKA
FISCAL NOTE

Revision Date _____, 1983

I. REQUEST

Bill/Resolution No.: SSHB 292
 Title: Tuberculosis screening of school employees
 Sponsor: Rep. Hurt by request
 Requestor: House HESS

II. FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected: Health
 BRU, Program of Subprogram(s) Affected: Communicable Disease Control

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
OPERATING	0	0	0	0	0	0
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

III. SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

IV. ANALYSIS: Attach a separate page for any Analysis

Prepared By: Dean Tirador *DT* Phone: 465-2113
 Division: Public Health Date: 4-14-83
 Approved by Commissioner: Robert London Smith, Ph.D. Date: 4/18/83
 Department: Health and Social Services

Distribution:

Original to Legislative Finance
 Copy to Office of Management and Budget (for Legislature introduced bills)
 Copy to Department (for Governor introduced bills)
 Copy to Sponsor
 Copy to Requestor (if different from Sponsor)

3/8/83

Analysis

In 1983, there are approximately 16,500 public school employees in the State. The number of private school employees is not systematically reported. The following assumptions have been made:

1. The number of private school employees is 1,500 in 1983.
2. The growth rate in school employment will be 3% per year.
3. The proportion of employees requiring chest x-rays is 5%.
4. 60% of employees will be located in areas where x-ray facilities operated by a municipality are available. Cost per film is estimated to be \$15.00 in 1984 and is inflated at 5% per year.
5. 40% of employees will be located in areas where x-ray service will have to be purchased from the private sector at a cost of \$25.00 per film and inflating at a rate of 5% per year.
6. Costs of skin testing will be negligible since school district nurses or Division of Public Health nurses will provide the services.

SPONSOR SUBSTITUTE HOUSE BILL 292

MY NAME IS JIM FARMER, AIDE TO REPRESENTATIVE HURLBERT.

THIS LEGISLATION WAS INTRODUCED BY REQUEST.

IT WAS FELT THAT DUE TO THE CONTINUING INCREASE IN INCIDENCE OF TUBERCULOSIS WITHIN THE STATE THAT WE SHOULD DO OUR BEST TO INSURE THE PROTECTION OF OUR MOST VALUABLE ASSET, OUR CHILDREN.

CHILDREN ARE AT HIGH RISK FOR TB AND PEOPLE WHO, THROUGH THEIR JOBS, ARE AROUND THEM A LOT SHOULD BE CHECKED OFTEN FOR EXPOSURE TO THIS UNNEEDED BURDEN.

THIS WILL PROVIDE NEEDED PROTECTION.

THANK YOU.

BILL SHEFFIELD, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

**DIVISION OF PUBLIC HEALTH
SECTION OF COMMUNICABLE DISEASE CONTROL**

3601 "C" STREET, SUITE 576
POUCH 6333
ANCHORAGE, AK 99502-0333
(907) 561-4235

March 3, 1983

Vernon L. Hurlbert, Representative
State of Alaska
Juneau, AK 99811

Dear Representative Hurlbert:

Enclosed is a draft of quarantine legislation which we prepared in 1978, which still seems appropriate.

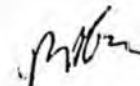
Regarding a statute concerning teachers and other personnel in contact with school children, we certainly feel the younger population of Alaska is at significant risk of getting infected with tuberculosis. We further emphasize that if this population can be protected from getting infected with TB germs, tuberculosis can eventually disappear. The one place in our society where a predominance of susceptible young people is together and at risk of being infected with tuberculosis is if there is exposure to a source during their school environment. The development, then, of a non-TB-infected population certainly merits some assurance that they are not going to be exposed to active tuberculosis in the school environment. With this in mind I would propose the following regulation - which will need to be polished into appropriate terminology.

Teachers and other school employees in contact with school children are required to have annual screening to assure that they do not have active pulmonary tuberculosis.

For individuals with previously negative tuberculin skin tests, a tuberculin test is adequate. If the tuberculin skin test is positive or if the person has a history of a positive skin test, a chest x-ray will be required. Failure to comply with this regulation would necessitate suspension from activities in the school environment.

Requests for exceptions must be referred to the State of Alaska DH&SS Division of Public Health, Section of Communicable Disease Control for review.

Sincerely,



Robert I. Fraser, M.D.
Chief, Section of Communicable
Disease Control

RIF/cfe

H

B

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COMMITTEE REPORT
SENATE

FURTHER: ET ALIO

3/11/83

Date: 4/15/83

Mr. President:

The Committee on HEALTH has had CS 3 (P)

Professional licensing and the regulation of the practice of medicine,
and recording the nomination date of the State Medical Board w. T. Galt.

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 CS 115 same title
- new title
- and recommends to pass
- 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:

[Signature]

Joe Joseph

CHAIRMAN

May 23, 1983

Joe Paul Pappy

CSHB 332 - medical board

Pappy - move to eliminate binding orb clause
sec. 7 subsec (3) pg 3 lines 2-4.

Rick Urim

In House Finance, use this bill as a
forum for complaint

many rights are available

STR 26

WAMI - increase to 15 positions
for Ak. Medical Students

Anna Kertula

Students pay regular tuition on
top of \$30,000 per yr. State subsidy.
42% of WAMI students in Alaska

via no qualified teaching corp. in Ak.

Kerry Roushberg

WICHE } 2 programs for medical school.
WAMI }

state pays fee & student prep in state
fee. Under WAMI, there are guaranteed
slots for Ak students.

CSHB 332 - RELATING TO THE STATE MEDICAL BOARD

THIS BILL IS ALMOST IDENTICAL TO THE SENATE VERSION (SB 164) WHICH PASSED OUT OF THE HESS COMMITTEE APRIL 4, 1983.

CHANGES:

SENATE LABOR AND COMMERCE COMMITTEE - SECTION 17, PAGE 10, LINES 4-6

DELETED LANGUAGE THAT WOULD HAVE REQUIRED A PHYSICIAN TO GET A LICENSE BY COURT ORDER. THIS LANGUAGE WAS FROM CURRENT STATUTE.

HOUSE FINANCE COMMITTEE - SECTION 7, SUBSECTIONS (2) AND (3)

ADDED THESE TWO NEW SECTIONS TO DUTIES OF THE BOARD:

- (2) THE BOARD SHALL DEVELOP WRITTEN GUIDELINES TO INSURE THAT LICENSING REQUIREMENTS ARE NOT UNREASONABLY BURDENSOME AND THE ISSUANCE OF LICENSES IS NOT DELAYED.

- (3) THE BOARD SHALL ESTABLISH A PROCEDURE FOR BINDING ARBITRATION TO RESOLVE APPLICANT/BOARD DISPUTES.

H B

3 4 7

May 14, 1984

Joe, Rick, Paul, Pappy

OSHB 347 - Licensing Naturopaths.

Joe - intro on bill

Terry Martin - sponsor.

major concern - consumer protection.
widespread support of Naturopaths.
Cannot get third party payment w/o
licensure.

Pettyjohn amendments - no problem.
Midwifery - educational criteria - no -
Should separate the professions.

Rick what does a naturopath do? Why license
prevention or minor medical concerns.

Consumer protection; people more
comfortable having choice; insurance
coverage.

Jennifer Strickler - C.L.; management analyst
opposes

- 1) Admin policy on boards
- 2) Not demographically feasible for
three people.

Chiropractors may want licensing also;
So fight may happen soon

pg 3. - line 2 - internship - not state
responsibility to demand internship.

pg 3 temp. permit (a)(2) Confusing
language - a person w/ temporary permit

can practice under someone with a temporary permit. Other chapters require internship under a licensee.
O.L. can license w/o Board

Dr. Patton Perryjohn - N.D. Anchorage.
As resident, Astoria Oregon, practicing 5 years.

Cease & desist from O.L. from practicing medicine.

A.C. opinion that naturopathy is practice of medicine - broad definition.

license to practice in Oregon.

In favor of amendments submitted so that N.D.'s can practice as trained. New were in original bill - Milo Fritz amended.

Some things classified as drugs - oxygen, sterile water, vitamins and minerals - R means they are medical grade.

appear bill values amended.

Dr. Scott Jamison - N.D.

in favor of licensure and amendments approved.

Net? Callup in Portland.
2 yr. courses in X-Ray.

Q: Homeopathy different?

One system of treatment N.D.s use

un-trained in. *Miss Chiu* (acupuncture)
neurology etc.

NATUROPATHY

BOARD	LICENSING REQUIREMENTS			SCOPE OF PRACTICE				
	EDUCATION	HOURS OF STUDY	EXAM	BIRTH/DEATH CERTIFICATES	CHILD BIRTH	X-RAY	SURGERY	Rx Drugs
Hawaii	3 members all Naturopaths	H.S. Graduate 2yr. Liberal Arts degree graduate school OF NATUROPATHY	YES - BOARD	YES		UNKNOWN		
Oregon	3 members all Naturopaths	H.S. graduate. 2yr. liberal arts degree graduate school of Naturopathy	YES - BOARD	YES		YES	NO	MINOR (DEFINED IN STATUTE) NO EXCEPT ANTISEPTIC ANESTHETIC
Nevada	5 members 3 Naturopaths 1 physician 1 lay person	U.S. CITIZEN 21 yrs of age graduate school OF NATUROPATHY	YES - BOARD	* MUST WORK UNDER M.D. SUPERVISION YES IF CO-SIGNED BY PHYSICIAN.		NO	NO	NO DRAW BLOOD FOR DIPNOSIS
Arizona	3 members all Naturopaths	HS Graduate graduate of school OF Drugless Therapists	YES - BOARD	YES		YES	NO	NO EXCEPT DRAW BLOOD W/IC LABORATIONS/LESION (DRAW BLOOD VITAMINS/H
Connecticut	3 members all Naturopaths	H.S. Graduate. BOARD approved college School of Naturo- pathy graduate	4 weeks → 4 years (36 wks/ea.)	YES - Dept. HEALTH	YES	YES	NO	MINOR DRAW BLOOD TESTS/DIAG.
Washington	Department OF Licensing	HS graduate. graduate school OF Naturopathy	YES - Director OF Licensing	NO		NO unless a licensed midwife SUPERVISES	NO	NO

* RECIPROCALITY IN LICENSING IS NOT ALLOWED IN NEVADA,
WASHINGTON, CONNECTICUT AND HAWAII

HB 347 (as introduced)

Title:
relating to licensing
practitioners of naturopathic
medicine.

Section 1:
adds regulation of naturopathy
or naturopathic medicine to
AS 08.45

Section 2:

Creates a new Chapter 45,
"Naturopaths".

HB 347 (HESS)

Title:
Same.

Section 1:
Same.

Section 2:
Chapter title remains the same.

HB 347 (L&C)

Title: changed to read:
"An Act relating to the
licensing of naturopaths"

Section 1: changed to
"regulation of naturopaths"
(rather than regulation of
naturopathy or naturopathic
medicine).

Section 2: Chapter title
remains unchanged.

HB 347 (Proposed Compromise)

Same as L&C CS.

Same as L&C CS.

Section 2: Chapter title
remains unchanged.

HB 347 (Naturopath Proposal)

Same as L&C CS.

Same as L&C CS.

Section 2: Chapter title
remains unchanged.

HB 347 (as introduced)

Article 1:
"Regulation of Naturopathy"

This section details the duties and powers of the department to evaluate qualifications of applicants for licenses; conduct hearings; license naturopaths and renew licenses; and provide for temporary permits to persons apparently qualified to practice until certification of the results of the next examination.

HB 347 (HESS)

Article 1:
Remains the same.

HB 347 (L&C)

Article 1: Entirely new Article 1, entitled "Board of Naturopathic Examiners". (The previous subject of this chapter, "Regulation of Naturopathy", is moved to Article 2.)

08.45.010: creates a Board of Naturopathic Examiners consisting of three licensed naturopaths, one doctor and one public member.

08.45.030: states that members shall serve staggered three-year terms, and that a member may be appointed to no more than two consecutive full terms.

08.45.040: these new sections (08.45.010-040) will come into effect after the first eight licenses are issued under this chapter, after which the board shall exercise the powers and duties of the department under this chapter.

HB 347 (Proposed Compromise)

Article 1: Same as L&C CS.

HB 347 (Naturopath Proposal)

Article 1: Unchanged except for:

08.45.010: same as L&C CS, except that reference is made to three "naturopathic physicians", instead of three naturopaths.

Balance of Article 1 is the same as L&C CS.

HB 347 (as introduced)

HB 347 (HESS)

HB 347 (L&C)

HB 347 (Proposed Compromise)

HB 347 (Naturopath Proposal)

Article 2:
Licensing of Naturopaths

08.45.100 Requires a person to have a license or permit before being allowed to practice naturopathy or naturopathic medicine.

Article 2:
Same.

08.45.100:
same.

Article 2:

"Regulation of Naturopathy". Subsections (a)(1)-(3) correspond exactly to previous Article 1, subsections (1)-(3) (which state that the department will evaluate qualifications of applicants, conduct hearings, and license naturopaths and renew licenses).

Subsection (b) states that the department may establish educational requirements for licensure in addition to requirements under AS 08.45.110(2) that are equivalent to or higher than requirements in other states that license naturopaths, and identify schools that provide courses of study that satisfy the requirements.

Deleted from the previous article dealing with regulation is former Article 1, subsection (4), which provided for temporary permits to engage in the practice of naturopathy.

08.45.100: Same, except reference to "naturopathic medicine" is deleted.

Article 2

Same as L&C CS.

New Article 2 (previous Article 2 is now Article 3, see below).

Article 2: Council of Naturopathic Advisors.

Sec. 08.45.050 Creation and Membership of Council: establishes a council of three naturopathic physicians licensed to and actively practicing in the state, to service without pay.

08.45.060 Term of Office: members will serve staggered 3 year terms. A member may be appointed to no more than 2 consecutive full year terms.

08.45.070 Duties and Purpose: the council will advise the department, and help develop educational standards and criteria, examinations, and other regulations. Council will serve as a peer review board to hear and make recommendations to the department in cases involving naturopaths subject to or considered for disciplinary sanctions.

HB 347 (as introduced)

HB 347 (HESS)

HB 347 (L&C)

HB 347 (Proposed Compromise)

HB 347 (Naturopath Proposal)

New Article 3 corresponds to former Article 2:
 08.45.090 is same as L&C CS, except for a new subsection (a)(4), Temporary Permits: persons who meet the requirements for licensure shall be eligible for temporary permits until the results of the next examination given; or persons working as interns supervised by a naturopath who holds a license or permit, shall be given permits until the completion of their 1 year internship if they meet all other requirements for licensure.

(b) remains the same as the L&C CS.

08.45.100: Same as L&C CS.

HB 347 (as introduced)

08.45.110 Sets out requirements for eligibility to be licensed, which include: a high school diploma; two years of postsecondary education; graduation from a college of naturopathic medicine which requires for graduation completion of a course of resident instruction of at least nine months actual attendance in each of four years and successful completion of a course of instruction totaling 4,000 hours or more. (The required courses of instruction are set out in the statute.)

Requires successful completion of an examination given by the department; not have a license anywhere else that is suspended or revoked; be a citizen or person lawfully admitted to the country; and be of good moral character.

HB 347 (HESS)

08.45.110: Same, except that under subsection (3), after "completion of a course of instruction totaling 4,000 hours or more", requirement is added: "of which at least 1,500 hours is clinical experience".

HB 347 (L&C)

08.45.110: Previous subsections (1) and (2) are deleted and replaced by a new subsection (1), which states an applicant shall "hold a bachelor's degree from an accredited college of liberal arts or sciences".

Previous (3) is now (2), in which references to "naturopathic medicine" are deleted; the school of naturopathy must be approved by the department; and the list of courses of instruction is deleted.

Previous (4) is now (3).
Previous (5) is now (4).
Previous (6) is now (5).

Previous (7) is deleted (be of good moral character).

New (6) requires that, upon graduating from a school of naturopathy, a one-year internship with a licensed naturopath must be completed.

HB 347 (Proposed Compromise)

08.45.110: Same as L&C CS, except in (2), where the Commission on Postsecondary Education would approve schools of naturopathy, rather than the department.

HB 347 (Naturopath Proposal)

08.45.110: Same as L&C CS.

HB 347 (as introduced)

08.45.120 Authorizes the department to hold examinations for licensing, which examinations shall be limited to the subjects listed in 08.45.110(3). Exam will be in writing, but may be supplemented by oral examination. Applicant must receive an overall average of 75% and no less than 70% in more than two sections.

HB 347 (HESS)

08.45.120:
Same.

HB 347 (L&C)

08.45.120:
(a) adds that examinations will be held at least twice each year. Deletes sentence limiting examination to the subjects listed in 08.45.110(3).

(b) adds that an applicant may apply to be reexamined if the applicant fails the examination.

HB 347 (Proposed Compromise)

Same as L&C CS.

HB 347 (Naturopath Proposal)

08.45.120: Same as L&C CS.

HB 347 (as introduced)

HB 347 (HESS)

HB 347 (L&C)

HB 347 (Proposed Compromise)

HB 347 (Naturopath Proposal)

08.45.130 This section sets up a reciprocal arrangement; it allows the department to license without examination a person currently licensed in another state or in a province of Canada if the state's or province's licensing standards are equivalent or higher than those in this chapter; the state or province offers reciprocity to those licensed in Alaska; and the person demonstrates satisfactorily to the department qualifications equal to those licensed under this chapter.

08.45.130:
Same.

08.45.130:
Title is changed from "Endorsement" to "Temporary Permit".

A new (a) is created, which encompasses the previous language of this entire section with the following changes:

Rather than licensing a person who meets the following qualifications, the department may issue a temporary permit to practice naturopathy.

New (1), (1)(a) and (1)(b) correspond to previous introductory language, (1) and (2), with the addition of the word "territory".

Previous (3) now appears as (a)(1)(C).

A new subsection (a)(2) is added, which reads, "qualifies for a license under AS 08.45.110(1)-(5) and is working as an intern supervised by a naturopath with a license or temporary permit issued under this chapter."

A new subsection (b) is added, which says that a temporary permit is valid under the date on which the results of the next examination offered are

Same as L&C CS.

08.45.130: Entirely different section entitled, "Licensure by Credentials":

The department may license a person as a naturopath if the person is currently licensed by examination as a naturopath in another state or in a province of Canada and 1) that state or province maintains professional licensing standards equal to or higher than those in this chapter; 2) extends the same licensing privilege to those holding a license in this state; and, 3) the person demonstrates to the department's satisfaction qualifications at least equal to those required of persons licensed under this chapter.

HB 347 (as introduced)

HB 347 (HESS)

HB 347 (L&C)

HB 347 (Proposed Compromise)

HB 347 (Naturopath Proposal)

08.45.140 The department may deny, suspend or revoke the license of a person or applications who: obtains license by fraud or deceit; wilfully violates a provision of the chapter; is an alcoholic; abuses controlled substances; impersonates another physician; practices under an assumed name; or is convicted of a crime involving moral turpitude.

08.45.140:
Same.

released, and that a temporary permit is valid for one year.

08.45.140:
Title is changed to "License Renewal", and provides that a license expires unless renewed every four years.

08.45.140: Same as L&C CS.

08.45.140: Same as L&C CS.

A section similar to previous 08.45.140 can now be found under 08.45.210.

08.45.150 Sets up fees: \$25 for examination, \$10 for reexamination; \$100 for license or biennial renewal; \$25 for temporary permit.

08.45.150: fees are changed as follows: examination, \$50; license or biennial renewal, \$200; temporary permit, \$50. The \$10 reexamination fee remains the same.

08.45.150:
Same as HESS committee substitute.

08.45.150: Same as HESS CS.

08.45.150: Same as L&C CS.

HB 347 (as introduced)

08.45.160 Details scope of naturopathic practice.
a) A naturopath may:
1) perform physical examinations; write prescriptions for substances authorized; sign birth and death certificates;
2) use systems of diagnosis for which naturopathic physician has been trained;
3) treat patients by physiological, nutritional, psychological, mechanical, electrical, manual, hydrotherapeutic, phytotherapeutic, mineral and organic substances and agencies, including acupuncture;
4) draw blood for laboratory purposes and use electrical and other methods for repair and care of superficial lacerations and abrasions, benign superficial lesions, and removal of foreign bodies located in superficial structures;
5) practice natural childbirth in obstetrics, including related minor surgical procedures.

HB 347 (HESS)

08.45.160: Remains the same except under subsection (2), where a statute reference is added, so that the section now reads, "use systems of diagnosis for which the naturopathic physician has been trained under AS 08.45.110(3)".

HB 347 (L&C)

08.45.160: Changes words "naturopathic medicine" to "naturopathy".

Deletes previous (1), which allowed naturopaths to perform physical exams, write prescriptions and sign birth and death certificates.

Previous (2) is new (1); statute reference is deleted.

Previous (3) is new (2); deleted from list of authorized practices is treating patients by psychological and electrical means, or with acupuncture.

Previous (4) is deleted (which authorized drawing blood and repairing lacerations and abrasions and removal foreign bodies).

Previous (5) is deleted (authorizing practicing natural childbirth in obstetrics, including related minor surgical procedures).

HB 347 (Proposed Compromise)

08.45.160: Same as L&C CS, except adds a new subsection (a)(3), which authorizes naturopaths to practice natural childbirth in obstetrics.

HB 347 (Naturopath Proposal)

08.45.160: Added to the L&C CS are the following provisions:

(a)(1): a naturopath may also draw blood for laboratory purposes and use x-ray equipment for diagnostic purposes.

(a)(1): add repair and care of superficial lacerations and lesions to scope of naturopath's practice, and delete accupressure.

HB 347 (as introduced)

HB 347 (HESS)

HB 347 (L&C)

HB 347 (Proposed Compromise)

HB 347 (Naturopath Proposal)

b) Naturopath may not:
1) perform surgery except as provided in this chapter;
2) use controlled substances;
3) use radiation therapy;
4) use drugs except antiseptics, local anesthetics, minerals and extracts, compounds or concentrates obtained from plants or animals.

(b) remains the same.

(b) (1) New language prohibits any surgery;

(2) cannot use or prescribe controlled substances;

(3) previous subsection banned use of radiation therapy; new language bans use of x-ray equipment, radium or irradiation for diagnosis or therapy.

Previous (4) is deleted.

Same as L&C CS, except (b)(3): a naturopath may not use x-ray equipment for therapeutic purposes or radiation therapy.

08.45.170 The department may prescribe continuing education requirements. Before a license may be renewed, the licensee shall submit evidence of completion of continuing education requirements to the department. The department may exempt a licensee from the continuing education requirement in extenuating circumstances. No more than one exemption in a five year period.

08.45.170: Same.

08.45.170: Same. Minor language change in subsection (b), which does not change the effect.

08.45.170: Same as L&C CS.

08.45.170: (a) change word "persons" licensed to "physicians" licensed.

Balance of this section remains the same as L&C CS.

Article 3.
General Provisions

No change in title of Article 3.

No change in title of Article 3.

No change in title of Article 3.

Previous Article 3 is now Article 4 (General Provisions).

HB 347 (as introduced)

HB 347 (HESS)

HB 347 (L&C)

HB 347 (Proposed Compromise)

HB 347 (Naturopath Proposal)

08.45.200 Titles and Abbreviations:

08.45.200: Same.

08.45.200: Same, except that provisions now apply to those holding permits under this chapter, as well as those licensed under the chapter.

08.45.200: Same as L&C CS.

08.45.200: Same as L&C CS, except that "Naturopathic Physician" is added to the list of authorized titles.

a) authorized titles are: Naturopath, Doctor of Naturopathy, or N.D. May not use a title that suggested a form of medicine or healing art other than naturopathy. b) may not use a title or abbreviation listed herein unless licensed under this chapter.

08.45.205

08.45.205: Same.

08.45.205 is deleted; similar provisions now appear at 08.45.220.

a) Defines as a Class B misdemeanor: fraudulently obtaining a permit, license, renewal or required record; or wilfully violating a provision of law or a regulation. b) Defines as a Class A misdemeanor practicing naturopathy or naturopathic medicine without a permit or license.

HB 347 (as introduced)

HB 347 (HESS)

HB 347 (L&C)

HB 347 (Proposed Compromise)

HB 347 (Naturopath Proposal)

08.45.210: New section entitled, Imposition of Disciplinary Sanctions:

08.45.210: Same as L&C CS.

08.45.210: Same as L&C CS.

Provides that after a hearing, the department may limit, deny, suspend or revoke a license or temporary permit, or censure a licensee or permittee if the person 1) secured the license/permit through deceit, fraud or intentional misrepresentation; 2) engaged in deceit, fraud, misrepresentation in the course of providing professional services; 3) advertised services in a false or misleading manner; 4) has been convicted of a felony or other crime that affects ability to practice competently; 5) fails to comply with this chapter or a regulation adopted; 6) continues to practice after becoming unfit due to a) professional incompetence, b) addiction or severe dependency on alcohol or other drugs, or c) physical or mental disability; or 7) engages in lewd or immoral conduct in connection with delivery of service to a patient.

HB 347 (as introduced)

08.45.220
defines department as C&ED; and
naturopathy and naturopathic
medicine as "a system of
healing the human body that
includes diagnosis and
treatment through the use of
natural agencies, forces,
processes, and products with
emphasis on the response of the
individual to the disease
rather than its treatment in
isolation".

HB 347 (HESS)

08.45.220: Same.

HB 347 (L&C)

08.45.220: Title is changed
from "Definitions" to
"Violations".

a) except as provided in (b)
herein, it is a class B
misdemeanor to intentionally
violate a provision of this
chapter or a regulation
adopted;

b) a person practicing
naturopathy without a valid
license or permit is guilty of
a Class A misdemeanor.

08.45.900 New section entitled
"Definitions".

1) definition of "department"
remains C&ED.

2) definition of naturopathy is
redefined to "a system of human
health care that promotes good
health through the prevention
and treatment of illness by the
use of educational, physical,
nutritional, botanical,
hygienic and other methods, and
without the use of prescription
drugs, surgery, x-ray equipment
or radium therapy".

(Compare to definition under
08.45.220, above, under HB 347
column.)

HB 347 (Proposed Compromise)

08.45.220: Same as L&C CS.

08.45.900: Same as L&C CS.

HB 347 (Naturopath Proposal)

08.45.220: Same as L&C CS.

08.45.900: definition of
department is same as L&C CS.

Definition of naturopathy and
naturopathic is expanded to
include assisting in
childbirth; after "without the
use of prescription drugs" is
added "except for that which is
allowed by 08.45.160(1) and
(2); and reference to x-ray
equipment is deleted.

HB 347 (as introduced)

Section 3

Licensing of Practitioners of Naturopathy or Naturopathic Medicine Without Examination:

States that the commissioner shall license all persons who meet the qualifications of 08.45.110(1)-(3) and (5)-(7) who apply for license no later than 6/30/84.

Section 4:

Effective date is 7/1/83.

HB 347 (HESS)

Section 3:

Same, except last date on which a person may apply for licensure is extended one year to 6/30/85.

Section 4:

Effective date is extended one year to 7/1/84.

HB 347 (L&C)

Section 3:

Title is changed to: Temporary Permits for Practitioners of Naturopathy.

States that a) the Department shall issue a temporary permit to practice naturopathy to a person who is 1) practicing naturopathy in the state; 2) meets the qualifications of 08.45.110 or 08.45.130(a)(2), except of 08.45.110(3) and 3) applies for the permit; and,

b) a temporary permit issued under this section is valid until the date on which the results of the first examination offered are released.

Section 4: New language setting terms for the first Board members: one 1-year term; two 2-year terms; two 3-year terms.

Section 5: New effective date of 1/1/85.

HB 347 (Proposed Compromise)

Section 3: Title changed to: Licensing of Practitioners of Naturopathy or Naturopathic Medicine Without Examination Or Internship.

States that the department shall license a person who (a) on the effect date of this Act, (1) is residing and practicing naturopathy in the state; 2) is licensed by examination to practice naturopathy in another state, territory or province; 3) has graduated from a school of naturopathy that has as a requirement for graduation successful completion of a course of resident instruction of at least nine months actual attendance in each of 4 years and successful completion of a course of study totaling at least 4,000 hours; and b) applies for licensure under AS 08.45 no later than 6/30/85.

Section 4: Same as L&C CS.

Section 5: Immediate effective date.

HB 347 (Naturopath Proposal)

Section 3: Same as proposed "Compromise" CS.

Section 4: Same as L&C CS.

Section 5: Immediate effective date.

CSHB 347 (Finance)am - An Act relating to the licensing of naturopaths.

BOARD

The board of Naturopathic Examiners is created one year after eight people are issued licenses by the Division of Occupational Licensing. The board will consist of three naturopaths, one physician and a public member who serve three year staggered terms.

POWERS AND DUTIES OF THE BOARD

The board will evaluate qualifications of applicants, hold hearings, keep records, issue licenses and license renewals. The Department may establish educational requirements and identify schools acceptable for licensing purposes.

ELIGIBILITY FOR LICENSURE

A person must have a bachelor's degree, graduated from a school of naturopathy approved by the Postsecondary Education Commission (four years of study with 4,000 hours of instruction, of which 1,500 hours are clinical), passed an examination, not have a revoked or suspended license in another state, be a U.S. citizen, and have practiced for one year under supervision.

EXAMINATION

The Department shall administer the exam at least twice a year. It is to be in writing but may be supplemented by oral and practical tests. An applicant must have an average of 75% and not less than 70% in more than two sections.

TEMPORARY PERMITS

A temporary permit may be given to a person licensed as a naturopath in another state if the standards are equivalent and the person proves qualifications required under this chapter. A person practicing as an intern under supervision qualifies for a temporary license for one year; otherwise a temporary permit is good until the results of the exam are published.

LICENSE

A license is good for four years and fees are listed in the bill.

SCOPE OF PRACTICE

Systems of diagnosis for which the naturopath has been trained, natural childbirth and treatment by physiological, nutritional, mechanical, manual, hydrotherapeutic and phytotherapeutic means with accupressure and with minerals, extracts, compounds, and concentrates from plants and animals. A NATUROPATH MAY NOT perform surgery, use of prescribe controlled substances or use x-rays, radiation or irradiation for diagnosis or therapy.

CONTINUING EDUCATION

The Department shall require continuing education proof for re-licensure but may waive the requirements.

DISCIPLINARY SANCTIONS AND VIOLATIONS

A person licensed under this chapter may not:

obtain a license through deceit or fraud or engage in deceit or fraud in their practice.

Advertise in a false or misleading manner

Have been convicted of a felony or other crime inhibiting their ability to practice

Continue to practice after becoming unfit or engage in lewd or immoral conduct in the delivery of services.

A person practicing without a license under this chapter is guilty of a class A misdemeanor, other violations constitute a class B misdemeanor. Midwifery is not prohibited by this act.

DEFINITION OF NATUROPATHY

A system of health care that promotes good health through prevention and treatment of illness by educational, physical, nutritional, botanical, hygienic and other means without using prescription drugs, surgery, x-ray equipment or radium therapy.

GRANDFATHER CLAUSE

The Department shall issue a license, without examination or internship, to any person who, on the effective date of the act:

Resides and practices naturopathy in the state

Has passed an exam and is licensed in another state

Has graduated from a school of naturopathy, taken a four year course and completed 4,000 hours in their study.

Applies for a license by June 30, 1985.

NOTE: subsection (b) implies that the grandfather license is a temporary permit to practice and that the license is good only until the results of the first examination are released.

EFFECTIVE DATE

The effective date did not pass the House.

Callie Middleton - Naturopath bill.

Pettyjohn - 4 yrs - admitted in Oregon.

Case & assist/practice of medicine

Stay from Superior Court on order. - would
let drift until legislature makes a decision.

he does do some minor surgery

(epiostomy/lance cyst etc)

trained w/ X Ray.

⊗ drawing blood - should be covered pg 4, line 15

⊗ (trained to draw blood / use diagnostic
X Ray) thinks it's covered under the
definition language - what they are
trained to do.

Dr. Jamison N.D. - Jmo at hearing
Dr. Peter Pettyjohn ND - phone connection / Arch.

May 6, 1984

RECEIVED

MAY 10 1984

Josephson,

Senator Joe Josephson
Alaska State Legislature
Fouch V (MS 3100)
Juneau, Alaska 99811

Dear Senator Josephson

The Alaskan members of the American College of Nurse-Midwives cannot support House Bill 347 (Finance version) "An Act relating to the licensing of naturopaths" for the following reasons:

1. The inclusion of section 08.45.160 (a) (3) page 4 "practice natural childbirth in obstetrics" necessitates the inclusion of minimum educational and clinical standards in obstetrics. We recommend specific clinical requirements such as pages 10-11 of the attached New Mexico regulations governing the practice of lay midwifery and specific educational requirements such as pages 9-12 in the New Mexico document. Additional ideas for clinical and educational requirements can be found in the attached document from the state of Washington.

2. We note that the proposed Board of Naturopathic Examiners would include three practicing naturopaths, one physician, and one public member. To our knowledge there are only three practicing naturopaths in this state, hence all would be members of the examining board? We would also like to point out that there is no provision for representative professionals currently practicing obstetrics i.e. a certified nurse-midwife and/or an obstetrician both of whom should be licensed in the state of Alaska.

Since naturopaths have not graduated from an obstetrical program recognised by the American College of Obstetricians and Gynecologists or the American College of Nurse-Midwives they are essentially practicing lay midwifery. We would like to point out that there are a number of important differences between certified nurse-midwives and lay midwives.

Certified nurse-midwives are registered nurses who have obtained additional training in obstetrics and gynecology and whose major scope of practice is the management of the essentially normal woman and newborn. This training is regulated on a national level by the American College of Nurse-Midwives and graduates must pass a national certifying examination in order to practice. In addition, nurse-midwives in Alaska are licensed under the Advanced Nurse Practice Act and are subject to the Rules and Regulations of the Board of Nursing.

The certified nurse-midwife's philosophy, standards, and scope of practice is defined by the American College of Nurse-Midwives document "Functions, Standards, and Qualifications". This

document clearly articulates the certified nurse-midwife's (CNM) role within the obstetrical community. Additionally, we are sanctioned by the American College of Nurse-Midwives (ACNM) to practice within a variety of settings including the hospital, out-of-hospital birth center, and home. A formally negotiated joint practice statement between ACNM and the American College of Obstetricians and Gynecologists (ACOG) further identifies and describes the role of the CNM in relation to the entire OB care team i.e. Obstetricians, Pediatricians, Neonatologists, nurses, etc.

In contrast, lay midwives have no nationally recognized professional organization which sets minimum educational and clinical standards or which defines their scope of practice (and limits). Their practice is therefore not represented to governmental bodies or other professional organizations. Lay midwives in Alaska do not function within the health care delivery system. They do not have mechanisms for consultation and/or referral of high risk, complicated or emergency cases. This is primarily because they lack minimum standards of education and a well defined scope of practice. No member of the recognized obstetrical community can assume safe clinical practice on the part of these individuals, therefore, they have not chosen to work with them.

According to the National Center for Health Statistics, over 9% of the births in Alaska occur out of the hospital. Many of these births are attended at home by lay midwives and/or naturopaths. Obviously, there is likely to be a continued demand for home birth services by consumers. It is of utmost importance that the issues of consumer protection and safe practice by lay midwives (and naturopaths) be addressed. We, therefore, recommend that all references to childbirth be removed from this bill and that efforts be made to regulate the practice of lay midwifery in a future legislative session.

Sincerely,

Marilyn Pierce-Bulger, CNM
Box 9416 Hiland Road
Eagle River, AK 99577
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mb

Carolyn Aoyama, CNM
6308 Regent Drive
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Verona Gentry, CNM
3140 Ambergate Drive
Anchorage, AK 99504
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Enclosures (2)

cc: Members,
Senate Health Education & Social Services Committee
Representative Niilo Koponen
Representative Don Clocksin
Hedric Hanson, M.D.
Jack Jacobs, M.D.
Margaret Crawford, CNM (Juneau)

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HEALTH AND ENVIRONMENT DEPARTMENT
HEALTH SERVICES DIVISION
725 Saint Michael's Drive
Post Office Box 968
Santa Fe, New Mexico 87504-0968

RECEIVED

APR 12 1982

FAMILY HEALTH
CONSULTANT

HED-82-1 (HSD)

REGULATIONS GOVERNING THE PRACTICE OF LAY MIDWIFERYGeneral Provisions

100. LEGAL BASIS: The regulations set forth herein are promulgated by the Secretary of Health and Environment by authority of 9-7-6(F) NMSA 1978 and 24-1-3(R) NMSA 1978. Administration and enforcement of these regulations is the responsibility of the Health Services Division of the Health and Environment Department. Enforcement is provided by 24-1-21 NMSA 1978.
101. PURPOSE: These regulations establish policies, standards and criteria relating to registration, practice and continuing education of persons who practice lay midwifery. These regulations do not apply to any licensed medical or osteopathic physician, certified nurse-midwife, or certified nurse practitioner specially qualified by the Board of Nursing.
102. GUIDELINES: In the absence of specific direction in these regulations as to standards of practice or ethics, the Standards of Care of the American College of Obstetricians and Gynecologists and procedures and policies of the Health and Environment Department and Health Services Division are established as guidelines.
103. OTHER LAW AND REGULATIONS: These regulations are subject to the provisions of the Health and Environment Department's Regulations Governing Promulgation of Regulations and Regulations Governing Public Access to Department Records. In addition, department regulations on related subjects include: registration of nurse-midwives; prevention of infant blindness; newborn screening for phenylketonuria and other congenital malfunctions; registration of births, deaths and fetal deaths, and control of diseases and conditions of public health significance. Copies of regulations may be obtained by writing to the Health Services Division, Post Office Box 968,

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- 104.07. "Midwifery instructor" means a person as listed in section 602 who has a formal training and supervisory relationship with an apprentice lay midwife.
- 104.08. "Physician" means a person licensed to practice medicine or osteopathy in the state in which he practices.
- 104.09. "Provisional lay midwife" means a person who has completed the provisional permit requirements of sections 600 and 601 and is in good standing on the registry of lay midwives maintained by the Division.
- 104.10. "Registered lay midwife" means a person who has completed all the requirements of sections 600 and 601, has successfully completed the examination process, and is in good standing on the registry of lay midwives maintained by the Division.
- 104.11. "Registration" means a document issued by the Division identifying a legal privilege and authorization to practice within the scope of these regulations. Registration under these regulations is not transferable.
- 104.12. "Registration period" means the period from April 1 of any year through March 31 of the following year; registration or permits may be issued at any time but shall expire on March 31 of the following year.
- 104.13. "Supervision" means the coordination, direction and continued evaluation at first hand of the person in training and obtaining clinical experience as an apprentice lay midwife within the scope of these regulations.

APPLICABILITY

200. LIMITATION: Lay midwifery in New Mexico is limited in scope to practice as outlined in these regulations.

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REGISTRATION OF LAY MIDWIVES

300. TYPES OF PERMITS AND FEES: Upon application, meeting the requirements and payment of fees, a person subject to these regulations may be issued an apprentice permit, a provisional permit, or a registration permit, as applicable and in accord with these regulations.
301. APPRENTICE PERMIT: Upon application, an apprentice permit may be issued which authorizes the person to obtain the required clinical experience under the supervision of a licensed physician, certified nurse-midwife, certified nurse practitioner specially qualified by the Board of Nursing, provisional or registered lay midwife. The applicant must provide verification of apprentice/supervisor relationship from the person or persons supervising the applicant. The permit is valid only so long as the verified relationship(s) exist(s).
302. PROVISIONAL REGISTRATION PERMIT: Upon application a provisional registration permit may be issued to:
- 302.01. Any person who under former regulations of the Division is currently permitted to engage in lay midwife practice under the supervision of the District Health Officer, or,
- 302.02. Any person who presents satisfactory evidence of education, training and experience; such person shall submit:
- 302.02.01. Evidence of completion of high school or its equivalent as determined by the Division;
- 302.02.02. Evidence of satisfactory completion of areas of study and required clinical experiences as cited for provisional permits in sections 600 and 601.

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306. EXAMINATION REQUIRED: Registration as a lay midwife in New Mexico is by examination only; there is no reciprocity with other jurisdictions.
307. RENEWAL OF PERMITS: Every lay midwife permit must be renewed every two years. An applicant for renewal shall submit to the Department:
- 307.01. A renewal application on the form prescribed by the Department;
 - 307.02. Evidence of completion of sixteen (16) contact hours of continuing education as required by Section 603;
 - 307.03. Evidence of current certification in cardiopulmonary resuscitation of the adult and newborn, and
 - 307.04. Renewal fee as prescribed by the Division.
308. GRACE PERIOD: Delinquency in renewal of registration of 30 days or greater shall result in termination of registration.
309. INACTIVE STATUS Any lay midwife registered in New Mexico who is not practicing lay midwifery in New Mexico may be placed on inactive status by requesting such status in writing and filing an annual report. There is no fee for inactive status. Active status may be renewed by fulfilling the requirements of section 307. Any registered lay midwife who does not seek inactive status and allows her permit to expire must apply for a registered lay midwife permit as prescribed in section 303 and must pass the qualifying examination.
400. FEES: All initial applications must be accompanied by a money order payable to the Division in the amount of fifty dollars (\$50.00). Such fee provides for initial registration for the registration period or part thereof remaining.
- 400.01. Fee for change of registration status or renewal of registration shall be \$25.00.
 - 400.02. Fee for examination shall be \$25.00 and is not included in change of status or registration fee.

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EDUCATION

600. COURSE OF STUDY: The Division shall, on the advice of the Lay Midwifery Advisory Board, periodically maintain and periodically revise a list of approved courses, texts, and trainers covering at least the following subject matters. The Division may use the list as a guideline in determining the acceptability of a non-listed educational source which an applicant submits as complying with any educational experience requirement. A course of study in theory of pregnancy and childbirth must include the following:

In each category applicant shall cite approved training source or indicate reasons why source should be approved.

		<u>Provisional Permit Requirements</u>	<u>Registered Permit Requirements</u>
600.01.	Basic aseptic techniques	Required at application	Required at application
600.02.	Basic Observation skills	Required at application	Required at application
600.03.	Basic prenatal nutrition		Required at application
600.04.	Basic parent education for prepared childbirth		Required at application
600.05.	Provision of care during the antepartum, intrapartum, postpartum and newborn periods	Required at application	Required at application
600.06.	Management of birth and immediate care of the mother and the newborn	Required at application	Required at application

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- 603.01. In each registration period, sixteen contact hours of continuing education must be obtained. Suitable topics include midwifery management in the antepartum, intrapartum, postpartum and newborn periods; risk assessment, early recognition of potential problems; midwifery management of emergency situations; ethics, legal aspects of practice.
- 603.02. Continuing education may be obtained through organized courses, conferences, area midwives meetings or other mechanism as approved by the Division.
- 603.03. In any calendar year the Department may require specific topics for continuing education based upon any problem areas indicated by lay midwives' quarterly reports.

EXAMINATION

700. REQUIREMENTS OF EXAMINATION: Any person applying for a registered lay midwife permit must pass a qualifying examination administered under the auspices of the Division. The Division shall offer the examination at least twice a year.
701. FIELDS TESTED: The examination shall consist of two parts:
- 701.01. A written examination designed to test knowledge of theory regarding pregnancy and childbirth and to test clinical judgment in lay midwifery case management.
- 701.02. A practical examination designed to demonstrate the mastery of skills necessary for the practice of lay midwifery.
702. SCOPE OF WRITTEN EXAMINATION: The written examination shall cover:
- 702.01. Theory regarding pregnancy and childbirth including but not limited to:

- 702.02.02. Early recognition of abnormalities in the antepartum, intrapartum, postpartum, and newborn periods, their significance and possible sequelae if untreated;
- 702.02.03. Recognition and management of emergency situations.

703. SCOPE OF PRACTICAL EXAMINATION: The practical examination shall cover basic management skills:

- 703.01. Obtaining a complete client history;
- 703.02. Performing a client examination including:
 - 703.02.01. Temperature, pulse, respiration
 - 703.02.02. Blood pressure.
 - 703.02.03. Fundal height
 - 703.02.04. Abdominal palpation for uterine muscle tone or tenderness
 - 703.02.05. Leopold's maneuvers to determine fetal lie, presentation, position
 - 703.02.06. Fetal heart tones;
 - 703.02.07. Vaginal examination to determine location, condition of the cervix;
 - 703.02.08. Edema
- 703.03. Interpreting the historical and physical findings; describing their significance, and any needed follow up.

DUTIES AND RESPONSIBILITIES

- 800. COVERAGE: The lay midwife must assure that all women she plans to deliver receive required tests.

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809. HOME VISIT: For home births, the lay midwife will make a home visit 3-5 weeks prior to the EDC to assess the physical environment, to ascertain whether the woman has all necessary supplies, to prepare the family for the birth, and to instruct the family to correct problems or deficiencies.
810. NORMAL DELIVERY: The lay midwife must remain with the mother and infant for at least two hours postpartum, or until the mother's condition is stable and the infant's condition is stable, whichever is longer. Maternal stability is evidenced by normal blood pressure, pulse, respirations, fundus firm and lochia normal. Infant stability is evidenced by established respirations, normal temperature, and strong sucking.
811. HOSPITALIZATION: The lay midwife must accompany to the hospital any mother or infant requiring hospitalization, giving any pertinent written records and verbal report to the physician assuming care. If possible, she should remain with the mother and/or infant to ascertain outcome.
812. PHYSICIAN EVALUATION OF NEWBORN: The lay midwife must recommend that any infant delivered by the midwife be evaluated by a physician within 3 days of age, or sooner when it becomes apparent that the newborn needs medical attention.
813. POSTPARTUM VISITS: The lay midwife shall make postpartum visits to evaluate the condition of mother and infant at least twice - once within 36 hours of birth and once on the fourth or fifth postpartum day. Additional visits shall be made as indicated.
814. RH BLOOD FACTOR: In case of an unsensitized Rh negative mother, the lay midwife shall:
- 814.01. Obtain a sample of cord blood from the placenta and arrange for testing within 24 hours of the birth.
- 814.02. Be certain that the mother receives Rh immunoglobulin as indicated within 72 hours of delivery.

- 819.09. Has rupture of membranes prior to 37 weeks gestation.
 - 819.10. Has marked decrease in or cessation of fetal movement.
 - 819.11. Has inappropriate gestational size.
 - 819.12. Has demonstrated anemia by blood test (hematocrit less than 30%).
 - 819.13. Has a fever of 100.4 degrees F. or 38 degrees C for 24 hours.
 - 819.14. Has effacement and/or dilatation of the cervix prior to 36 weeks gestation.
 - 819.15. Has polyhydramnios or oligohydramnios.
 - 819.16. Has excessive vomiting or continued vomiting after 24 weeks gestation.
 - 819.17. Is found to be Rh negative.
 - 819.18. Has severe, protruding varicose veins of extremities or vulva.
820. INTRAPARTUM: The lay midwife shall obtain medical consultation or refer for medical care any woman who during the intrapartum period:
- 820.01. Develops a blood pressure of 140/90 or an increase of 30 mm Hg systolic or 15 mm Hg diastolic over her normal blood pressure.
 - 820.02. Develops severe headache, epigastric pain or visual disturbance.
 - 820.03. Develops proteinuria.
 - 820.04. Develops a fever over 100.4 degrees F. or 38 degrees C.
 - 820.05. Develops respiratory distress.

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- 821.03. Bleeds in an amount greater than normal lochial flow.
- 821.04. Does not void within 6 hours of birth.
- 821.05. Develops a fever greater than 100°F . or 38°C on any 2 of the first 10 days postpartum excluding the first 24 hours.
- 821.05. Develops foul smelling lochia.
822. NEWBORN PROBLEMS: The lay midwife shall obtain medical consultation or refer for medical care any infant who:
- 822.01. Has an Apgar score of 7 or less at 5 minutes.
- 822.02. Has any obvious anomaly.
- 822.03. Develops grunting respirations, retractions or cyanosis.
- 822.04. Has cardiac irregularities
- 822.05. Has a pale, cyanotic or grey color.
- 822.06. Develops jaundice within 48 hours of birth.
- 822.07. Has an abnormal cry.
- 822.08. Weighs less than $5\frac{1}{2}$ pounds or 2500 grams or weighs more than 9 pounds or 4100 grams.
- 822.09. Shows signs of prematurity, dysmaturity or postmaturity.
- 822.10. Has meconium staining.
- 822.11. Does not urinate or pass meconium in the first 12 hours after birth.
- 822.12. Is lethargic or does not feed well.
- 822.13. Has edema.

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- 900.10. Smokes 20 cigarettes or more, per day, and is not likely to cease in pregnancy.
- 900.11. Has a multiple gestation.
- 900.12. Has a fetus of less than 37 weeks gestation at the onset of labor.
- 900.13. Has a gestation beyond 42 weeks by dates and examination.
- 900.14. Has a fetus in any presentation other than vertex at the onset of labor.
- 900.15. Is a primigravida with an unengaged fetal head in active labor, or any woman who has rupture of membranes with unengaged fetal head, with or without labor.
- 900.16. Has a fetus with suspected or diagnosed congenital anomalies that may require immediate medical intervention.
- 900.17. Has preeclampsia.
- 900.18. Has a parity greater than 5.
901. EXAMINATION IN LABOR: The lay midwife will not perform any vaginal examinations on a woman with ruptured membranes and no labor, other than an initial examination to be certain there is no prolapsed cord. Once active labor is assuredly in progress, exams may be made as necessary.
902. OPERATIVE PROCEDURES: The lay midwife will not perform routinely any operative procedure other than: artificial rupture of membranes at the introitus; clamping and cutting the umbilical cord; repair of first or second degree perineal lacerations or repair of episiotomy, if done.
903. MEDICATIONS: The lay midwife will not administer any restricted drugs or medications except when specifically ordered to do so by a physician or when administering medication in accordance with Regulations Governing the Prevention of Infant Blindness.

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The Lay Midwifery Advisory Board will meet at least annually to evaluate the practice of lay midwifery as reflected in the annual reports and conduct other relevant business.

1101. QUARTERLY REPORTS: The lay midwife shall submit quarterly to the Health Services Division, Health and Environment Department, a summary report in a form prescribed by the Division. This report must be submitted within 30 days of the end of the quarterly period. Individually identifying information shall not be required.
1102. MORTALITY: IMMEDIATE REPORTING: In addition to reports required for birth and death registration, the lay midwife must report within 48 hours to the Health Services Division any fetal, neonatal or maternal mortality in patients for whom she has cared.
1103. FORMS SUPPLIED: The Division will send to each lay midwife an ample supply of quarterly report forms.
1104. STATISTICS: The Division will compile annual lay midwifery statistics and make them available to lay midwives and other interested groups or persons.
1105. PREVENTION OF INFANT BLINDNESS: The Division will provide necessary supplies for prophylactic treatment of infant eyes as required by these regulations.
1106. REPEALER: These regulations supersede the Regulations Governing the Practice of Midwifery adopted by the State Board of Public Health, May 4, 1944, and No. HED-80-3 (HSD) filed on February 5, 1980, and No. HED-80-3A (HSD) filed on March 12, 1980.

The Law
Relating To
MIDWIFERY



Department of Licensing
DIVISION OF PROFESSIONAL LICENSING

P.O. BOX 9649

OLYMPIA, WA 98504

206 753 6838

DECEMBER 1981

Chapter 18.50 RCW MIDWIFERY

Sections	
18.50.005	Definitions.
18.50.010	Practicing midwifery defined—Gratuitous services—Duty to consult with physician.
18.50.020	License required.
18.50.030	Exemptions—Practice of religion—Treatment by prayer.
18.50.032	Exemptions—Registered nurses and nurse midwives.
18.50.034	Exemptions—Persons enrolled in midwifery programs.
18.50.040	Candidates for examination—Application—Eligibility, training, and education requirements—Student midwife permits.
18.50.045	Midwifery education programs—Accreditation.
18.50.050	Admission of candidate to examination—Fee—Recexamination.
18.50.060	Examinations—Times and places—Subjects—Issuance of license—Drugs and medications.
18.50.100	Refusal, suspension, or revocation of license—Reprimand or censure—Grounds—Complaints—Hearing—Appeal.
18.50.102	Annual registration—Renewal fee—Delinquent renewals.
18.50.105	Form to inform patient of qualifications of midwife.
18.50.108	Written plan for consultation, emergency transfer, and transport.
18.50.120	Unlawful practice—Penalties.
18.50.130	"Certificate" and "license" synonymous.
18.50.135	Rules.
18.50.140	Midwifery advisory committee—Created—Members—Appointment—Terms—Travel expenses.
18.50.150	Midwifery advisory committee—Advice and recommendations—Transmittal to legislature.
18.50.900	Repeal and saving.

Abortion: Chapter 9.02 RCW.

Actions for injuries resulting from health care: Chapter 7.70 RCW.

Adoption of children through hospitals, doctors, midwives, etc.: RCW 26.36.040.

Crimes relating to pregnancy and childbirth: RCW 9A.32.060.

Filing certificate of birth: RCW 70.58.080.

Record as to patients or inmates for purposes of vital statistics: RCW 70.58.270.

RCW 18.50.005 Definitions. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter:

- (1) "Department" means the department of licensing.
- (2) "Director" means the director of licensing.
- (3) "Midwife" means a midwife licensed under this chapter.

[1981 c 53 § 2.]

Effective date—1981 c 53: "Sections 1, 2, 5, 6, 8, 9, 10, 11, and 13 through 17 of this act shall take effect January 15, 1982." [1981 c 53 § 19.] This applies to RCW 18.50.005, 18.50.032, 18.50.034, 18.50.102, 18.50.108, 18.50.135, to the amendments to RCW 7.70.020, 18.50.010, 18.50.040, 18.50.060, 18.50.100 and 43.24.085 by 1981 c 53, and to an uncodified appropriation section.

RCW 18.50.010 Practicing midwifery defined—Gratuitous services—Duty to consult with physician. Any person shall be

RCW 18.50.040 Candidates for examination—Application—Eligibility, training, and education requirements—Student midwife permits. (1) Any person seeking to be examined shall present to the director, at least forty-five days before the commencement of the examination, a written application on a form or forms provided by the director setting forth under affidavit such information as the director may require and proof the candidate has received a high school degree or its equivalent; that the candidate is twenty-one years of age or older; that the candidate has received a certificate or diploma from a midwifery program accredited by the director and registered under chapter 28B.05 RCW, when applicable, or a certificate or diploma in a foreign institution on midwifery of equal requirements conferring the full right to practice midwifery in the country in which it was issued. The diploma must bear the seal of the institution from which the applicant was graduated. Foreign candidates must present with the application a translation of the foreign certificate or diploma made by and under the seal of the consulate of the country in which the certificate or diploma was issued.

(2) The candidate shall meet the following conditions:

(a) Obtaining a minimum period of midwifery training for at least three years including the study of the basic nursing skills that the department shall prescribe by rule. However, if the applicant is a registered nurse under chapter 18.88 RCW, a licensed practical nurse under chapter 18.78 RCW, or has had previous nursing education or practical midwifery experience, the required period of training may be reduced depending upon the extent of the candidate's qualifications as determined under rules adopted by the department. In no case shall the training be reduced to a period of less than two years.

(b) Meeting minimum educational requirements which shall include studying obstetrics; neonatal pediatrics; basic sciences; female reproductive anatomy and physiology; behavioral sciences; childbirth education; community care; obstetrical pharmacology; epidemiology; gynecology; family planning; genetics; embryology; neonatology; the medical and legal aspects of midwifery; nutrition during pregnancy and lactation; breast feeding; nursing skills, including but not limited to injections, administering intravenous fluids, catheterization, and aseptic technique; and such other requirements prescribed by rule.

(c) For a student midwife during training, undertaking the care of not less than fifty women in each of the prenatal, intrapartum, and early postpartum periods, but the same women need not be seen through all three periods. A student midwife may be issued a permit upon the satisfactory completion of the requirements in (a), (b), and (c) of this subsection and the satisfactory completion of the licensure examination required by RCW 18.50.060. The permit permits the student midwife to practice under the supervision of a midwife licensed under this chapter, a physician licensed

The examination shall be sufficient to test the scientific and practical fitness of candidates to practice midwifery. All application papers shall be deposited with the director and there retained for at least one year, when they may be destroyed.

(3) If the examination is satisfactorily completed, the director shall issue to such candidate a license entitling the candidate to practice midwifery in the state of Washington.

(4) A midwife licensed under this chapter may obtain and administer prophylactic ophthalmic medication, postpartum oxytocic and local anesthetic; and may administer such other drugs or medications as prescribed by a licensed physician. A pharmacist who dispenses such drugs to a licensed midwife shall not be liable for any adverse reactions caused by any method of utilization by the midwife. [1981 c 53 § 8; 1979 c 158 § 43; 1917 c 160 § 4; RRS § 10177.]

Effective date—1981 c 53: See note following RCW 18.50.005.

RCW 18.50.100 Refusal, suspension, or revocation of license—Reprimand or censure—Grounds—Complaints—Hearing—Appeal. The director may refuse to grant or may suspend or revoke any license, may reprimand or censure a license holder, or may place on probation subject to reasonable remedial conditions a license holder for any of the following reasons: Persistent inebriety; the practice of criminal abortion; the commission of any crime involving moral turpitude relevant to the practice of midwifery; presentation of a certificate or diploma for registration or license illegally obtained; application for examination under fraudulent misrepresentation; mishandling drugs authorized by this chapter; neglect or refusal to make proper returns to the department of social and health services of births or of puerperal contagion or infectious diseases within the required limit of time; failure to consult with a physician in a case of significant deviations from normal in either the mother or the infant.

In complaints of violations of the provisions of this section, the accused shall be furnished with a copy of the complaint and be given a hearing before a hearing examiner, with right of appeal to the director. Any midwife refused admittance to the examination or whose license has been revoked who shall attempt or continue the practice of midwifery shall be subject to the penalties prescribed under this chapter. [1981 c 53 § 9; 1917 c 160 § 7; RRS § 10180. Formerly RCW 18.50.100 and 18.50.110.]

Effective date—1981 c 53: See note following RCW 18.50.005.

Abortion: Chapter 9.02 RCW.

RCW 18.50.102 Annual registration—Renewal fee—Delinquent renewals. Every person licensed to practice midwifery

RCW 18.50.130 "Certificate" and "license" synonymous. The words "certificate" and "license" shall be known as interchangeable terms in this chapter. [1917 c 160 § 11; RRS § 10184.]

RCW 18.50.135 Rules. The director shall promulgate rules under chapter 34.04 RCW as are necessary to carry out the purposes of this chapter. [1981 c 53 § 15.]

Effective date—1981 c 53: See note following RCW 18.50.005.

RCW 18.50.140 Midwifery advisory committee—Created—Members—Appointment—Terms—Travel expenses. The midwifery advisory committee is created.

The committee shall be composed of one licensed physician who is a practicing obstetrician; one practicing licensed physician; one certified nurse midwife licensed under chapter 18.88 RCW; three midwives licensed under this chapter; and one public member, who shall have no financial interest in the rendering of health services. The committee may seek other consultants as appropriate, including persons trained in childbirth education and perinatology or neonatology.

The members are appointed by the director and serve at the pleasure of the director but may not serve more than three consecutive years or more than five years in total. The terms of office shall be staggered. Members of the committee shall be reimbursed for travel expenses as provided in RCW 43.03.050 and 43.03.060 as now or hereafter amended. [1981 c 53 § 3.]

RCW 18.50.150 Midwifery advisory committee—Advice and recommendations—Transmittal to legislature. The midwifery advisory committee shall advise and make recommendations to the director on issues including, but not limited to, continuing education, mandatory reexamination, and peer review. The director shall transmit the recommendations to the social and health services committee of the senate and the human services committee of the house of representatives on an annual basis. [1981 c 53 § 4.]

RCW 18.50.900 Repeal and saving. All acts or parts of acts inconsistent with the provisions of this chapter may be and the same are hereby repealed: *Provided*, This chapter shall not repeal the provisions of the vital statistics laws of the state, but shall be deemed as additional and cumulative provisions. [1917 c 160 § 10.]

CSHB 347 (Finance)am - An Act relating to the licensing of naturopaths.

BOARD

The board of Naturopathic Examiners is created one year after eight people are issued licenses by the Division of Occupational Licensing. The board will consist of three naturopaths, one physician and a public member who serve three year staggered terms.

POWERS AND DUTIES OF THE BOARD

The board will evaluate qualifications of applicants, hold hearings, keep records, issue licenses and license renewals. The Department may establish educational requirements and identify schools acceptable for licensing purposes.

ELIGIBILITY FOR LICENSURE

A person must have a bachelor's degree, graduated from a school of naturopathy approved by the Postsecondary Education Commission (four years of study with 4,000 hours of instruction, of which 1,500 hours are clinical), passed an examination, not have a revoked or suspended license in another state, be a U.S. citizen, and have practiced for one year under supervision.

EXAMINATION

The Department shall administer the exam at least twice a year. It is to be in writing but may be supplemented by oral and practical tests. An applicant must have an average of 75% and not less than 70% in more than two sections.

TEMPORARY PERMITS

A temporary permit may be given to a person licensed as a naturopath in another state if the standards are equivalent and the person proves qualifications required under this chapter. A person practicing as an intern under supervision qualifies for a temporary license for one year; otherwise a temporary permit is good until the results of the exam are published..

LICENSE

A license is good for four years and fees are listed in the bill.

SCOPE OF PRACTICE

Systems of diagnosis for which the naturopath has been trained, natural childbirth and treatment by physiological, nutritional, mechanical, manual, hydrotherapeutic and phytotherapeutic means with accupressure and with minerals, extracts, compounds, and concentrates from plants and animals. A NATUROPATH MAY NOT perform surgery, use of prescribe controlled substances or use x-rays, radiation or irradiation for diagnosis or therapy

CONTINUING EDUCATION

The Department shall require continuing education proof for re-licensure but may waive the requirements.

DISCIPLINARY SANCTIONS AND VIOLATIONS

A person licensed under this chapter may not:

obtain a license through deceit or fraud or engage in deceit or fraud in their practice.

Advertise in a false or misleading manner

Have been convicted of a felony or other crime inhibiting their ability to practice

Continue to practice after becoming unfit or engage in lewd or immoral conduct in the delivery of services.

A person practicing without a license under this chapter is guilty of a class A misdemeanor, other violations constitute a class B misdemeanor. Midwifery is not prohibited by this act.

DEFINITION OF NATUROPATHY

A system of health care that promotes good health through prevention and treatment of illness by educational, physical, nutritional, botanical, hygienic and other means without using prescription drugs, surgery, x-ray equipment or radium therapy.

GRANDFATHER CLAUSE

The Department shall issue a license, without examination or internship, to any person who, on the effective date of the act:

Resides and practices naturopathy in the state

Has passed an exam and is licensed in another state

Has graduated from a school of naturopathy, taken a four year course and completed 4,000 hours in their study.

Applies for a license by June 30, 1985.

NOTE: subsection (b) implies that the grandfather license is a temporary permit to practice and that the license is good only until the results of the first examination are released.

EFFECTIVE DATE

The effective date did not pass the House.

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST Bill/Resolution No.: CS HB 347 (F) FISCAL DETAIL Agency Affected: Commerce
 Title: Relating to Naturopaths Program Category Affected: _____
 Sponsor: Martin BRU, Program or Subprogram(s) Affected: _____
 Requestor: House Finance _____
 Date of Request: 4/23/84 _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		0	0	0	0	0
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

~~SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:~~

No funds are needed to implement this bill. The board does not go into effect until 8 licenses are issued, and there are only 5 naturopaths in the state at present. It is the intent of the committee that the cost of licensing be absorbed in the Department's existing budget.

ANALYSIS: Attach a separate page for analysis

Prepared By: Rep. Al Adams, Chair *APA* Phone: 465-3706
 Division: House Finance Committee Date: 4/23/84

Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

MEMORANDUM

TO: Ann Griggs, Director
Division of Occupational Licensing
Department of Commerce &
Economic Development

DATE: March 25, 1980

FILE NO: J-66-509-80

TELEPHONE NO: 465-3675

FROM: AVRUM M. GROSS
ATTORNEY GENERAL

SUBJECT: Patton D. Pettijohn's
right to practice
medicine in an un-
licensed capacity.

By: *Leslie J. Ludtke*
Leslie J. Ludtke
Assistant Attorney General

You have requested this department's advice as to whether Mr. Pettijohn is practicing medicine in an unlicensed capacity. It is our view that providing obstetric care and performing home deliveries constitutes the practice of medicine and requires licensure. You have also stated that Mr. Pettijohn is representing himself as a "doctor equivalent"; this is also prohibited by statute.

AS 08.64.380(2)(C) defines the practice of medicine or the practice of osteopathy as "the assumption or promulgation of a title which tends to show that the person is willing or qualified to diagnose or treat the sick or injured." By representing to patients that he has received "all the training of other doctors" and by practicing obstetrics, Mr. Pettijohn is engaging in the practice of medicine. Although obstetrics does not technically involve the treatment of the "sick or injured," it is, as a matter of common understanding and knowledge, an important and accepted branch of medicine.

Mr. Pettijohn does not have the requisite qualifications for licensure as a physician, an osteopath, or a podiatrist. There currently are no licensing provisions pertaining to naturopaths. It is our understanding that Mr. Pettijohn completed the course of study at the National College of Naturopathic Medicine in Portland, Oregon. That program is not equivalent for the purposes of the licensing provisions of AS 08.64.200, to that offered by an accredited medical school, and therefore may not be used to qualify Mr. Pettijohn for licensure as a physician.

CORRECTION

CORRECTION

MEMORANDUM

TO: Ann Griggs, Director
Division of Occupational Licensing
Department of Commerce &
Economic Development

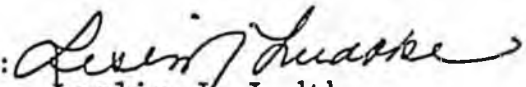
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Ann Griggs

-2-

March 25, 1980

It may also interest you to know that recently the United States District Court for the District of Maryland, in multidistrict litigation concerning the State of Alaska, entered judgment for the state against the claims of naturopaths that they were being denied constitutional rights by not being allowed to practice "naturopathy" within the state.

LJL/ab

