

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672
7591 SENATE LABOR & COMMERCE

H B

3 1 3

STATE OF ALASKA

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

WALTER J. HICKEL, GOVERNOR

REPLY TO:

1021 W 4TH AVENUE, SUITE 200
ANCHORAGE, ALASKA 99501-1894
PHONE: (907) 289-5100
FAX: (907) 276-3697

KEY BANK BUILDING
100 CUSHMAN ST., SUITE 400
FAIRBANKS, ALASKA 99701-4679
PHONE: (907) 452-1588
FAX: (907) 468-1317

P.O. BOX K - STATE CAPITOL
JUNEAU, ALASKA 99811-0300
PHONE: (907) 465-3600
FAX: (907) 463-6295

March 9, 1992

Senator Virginia Collins
Alaska State Legislature
State Capitol
Juneau, Alaska 99801-1182

Re: HB 313

Dear Senator Collins:

This letter responds to your request for comments on HB 313, familiarly known as the "softball bill". The bill is now before the Senate Labor and Commerce Committee. I understand the bill was intended to reverse a decision by the Alaska Supreme Court in LeSuer-Johnson v. Rollins Burdick Hunter of Alaska, Op. No. 3681 (April 12, 1991). A little background on that case may be helpful to understanding the legal and drafting issues raised below.

The present Alaska Workers' Compensation Act provides that injuries "arising out of and in the course of employment" will be covered by workers' compensation. Some of the injuries which arise out of and in the course of employment are listed at AS 23.30.265(2). Covered activities include "employer sanctioned activities at employer provided facilities." Activities performed at the direction of or under the control of the employer are covered, regardless of where they take place, because those activities are not tied to "employer-provided facilities". Only "employer-sanctioned activities" must also take place at an "employer-provided facility" for coverage.

Judy LeSuer injured her knee playing on a softball team in an "insurance league" made up of teams gathered from various brokerages and adjustors. The teams included members not employed by the insurance industry. They played on public city fields; in order to obtain scheduled times on the fields, the league paid a nominal "league fee" to the city. Judy LeSuer's employer paid part of the league fee, posted a sign up sheet and otherwise encouraged participation on the team.

The Supreme Court found that the softball team was an activity "sanctioned" by the employer and, by paying part of the league fee, the employer "provided" the facility at which the

activity took place. This decision was widely criticized as tending to inhibit employer or business support of various recreational and charitable activities, such as softball or bowling leagues and charity balls or auctions.

This bill seeks to exclude certain recreational activities from coverage by the Workers' Compensation Act. However, the bill would not necessarily exclude the very activity Judy LeSuer performed when injured. Judy LeSuer's team was "sanctioned" by her employer, that is, permitted or approved. Permission to form a team or even approval of the activity, as a level of employer involvement, will not always rise to the level of sponsorship^{1/}. As presently worded, the HB 313 leaves intact language including "employer-sanctioned activities at employer-provided facilities" and excludes only "recreational activities sponsored by the employer". By excluding only employer sponsored recreational activities, the bill creates a potential whereby the employer who financially supports a team is excused from liability while the employer who merely permits his employees to form a team is subject to liability should a team member be injured in practice. If the intent is to reverse LeSuer-Johnson, it is advisable to use language parallel to that interpreted by the court.

The use of the phrase "nonremote facility not owned or leased by the employer" presents another problem of interpretation. A combination of negatives, as this exclusion from an exclusion, often creates confusion. For example, does "nonremote facility" mean "not at a remote job site" or "recreational facility readily accessible to the employment site" or "recreational facility accessible to the general public in large cities"? Is "nonremote facility" to be defined in relationship to Alaska as a whole or to the employer's usual place of business? Are "facilities" defined differently in terms of remoteness than job sites?

The concept of "remote job sites" is well understood in Alaska law and practice. Remote job sites are, in mathematical terms, a subset of all Alaska job sites. On the other hand, "non remote facilities" implicitly establishes two subsets of facilities: nonremote and remote, leaving the rest of Alaska in an uncertain relationship to the two subsets. Because there is no

^{1/} Perhaps the drafters felt that "providing" a facility was sufficient to establish employer sponsorship of a team; however, given the attenuated connection between the employer and the city fields on which Judy LeSuer was injured, it may well be that an employer could "provide" a facility without actually sponsoring the activity which takes place. Employee participation in charity games and similar recreational activities sponsored by nonprofit organizations is an example.

standard against which the remoteness of a recreational facility can be measured, it is impossible to tell whether many activities are covered. If an Anchorage employer sponsors a fly-in fishing trip to Lake Iliamna, is he liable for compensation? Since the exclusion is only for "non-remote facilities" it may be that he is liable for workers' compensation - but the same employer paid fishing trip on the Susitna River is not. Would a King Salmon employer's fishing trip to Lake Iliamna be covered?

"Owned or leased by the employer" presents similar interpretive problems. I assume the intent was that employer sponsored activity on real property controlled by the employer should be covered. However, does this extend to the private homes of employers, their officers, or agents? In the case of public employers, of course, recreational activity of many kinds take place on property "owned" by the employer. An example is, of course, the Miners' and Trappers' Ball held in the municipally owned warehouse. Is the bill intended to cover city employees engaged in city-sponsored recreational activity at city gyms and recreation centers? And, returning to the fishing example, is an employer's charter of a vessel a "lease" sufficient to give rise to liability? What about a picnic site in a public park?

I do not know what recreational activities the House intended to cover and which they did not. The present statute specifically covers all activities (recreational or otherwise) "under the direction or control" of the employer. It is not clear if the drafter of HB 313 intended to include or exclude recreational activities actually done under the direction or control of the employer, regardless of where such activities occur. The present bill excludes all recreational activities at nonremote facilities unless such participation is a condition of employment. The double exclusion method of drafting creates a conflict in any case involving recreational activity performed at the direction of the employer, as it needs to be determined whether the employer's direction created a "condition of employment".

This method of drafting also creates the implication that all employer-sponsored recreational activity at remote facilities (not job sites) or facilities owned or leased by the employer (whether remote or otherwise) will be covered by the employer's workers' compensation coverage. Thus, by implication, an employer who sponsors an employee on the Iditarod Race, for example, extends workers' compensation coverage for the entire journey to Nome.

I feel the intent of this legislation is perhaps unartfully expressed. Assuming the drafter wanted to exclude from coverage recreational activities unless the activity occurs (1) anywhere if under the direction or control of the employer (as would be the case now), (2) at remote job sites if merely sanctioned by the employer, or (3) on the employment premises if

merely sanctioned by the employer (an office party at the office, for example), I feel there is a better means of expressing this concept. I suggest that a single sentence be substituted for the exclusionary phrase added by HB 313:

"Employer-sanctioned activities" do not include recreational activities unless (1) the activity occurs at a remote job site or (2) the activity occurs on the employment premises.

This narrowed exclusion is aimed ONLY at refining "employer sanctioned activities"; any activity undertaken at the employer's direction remains covered. Thus recreational activities engaged in at the employer's direction (e.g., a welcome party at a sales convention) are covered -- regardless of where they occur. It is the voluntary, undirected, recreational activity that is excluded UNLESS it occurs (1) at a remote job site (a long established rule in Alaska) or (2) on the employment premises. This covers office parties which occur on the employment premises, but excludes city workers' voluntary basketball games after work hours at the local city gym.

The Legislature may choose, as a policy, to include in coverage other forms of employer sanctioned recreational activity. In regard to employer sanctioned (but not directed) trips to remote recreational locations, such as fishing lodges, I would point out that it is a well-established in law ("going and coming rule") that workers' compensation does not cover the employee's journey to work UNLESS it is employer required or supplied travel to a remote job site. It would be inconsistent with this rule if voluntary, employee supplied travel for recreational purposes was covered by workers' compensation but the mandatory employee travel to work was not. If the legislature intends that travel to remote recreational facilities, and the activities performed thereat, should be covered by workers' compensation, I would suggest adding to the above a subsection (3) "the activity takes place at a remote site provided by the employer for the employee's recreation if travel thereto is supplied by the employer." This would cover trips to fishing lodges provided by employers as "incentive awards". This additional third clause is perhaps unnecessary; in the event of receiving a fully employer-paid trip to Hawaii there is inherent "direction" by the employer to go on the trip.

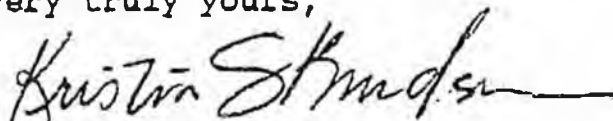
If travel to a remote site is NOT supplied by the employer, the facility is not practically "provided" by the employer for employment related purposes; instead it is really personal activity at an employer's facility. The situation would be analogous to a worker's after hours visit to the office to type a personal letter. The coverage of "personal activities" at employer-provided facilities is the realm of much and varied case

law, based on weighing a number of factors balancing the employment connection and the personal nature of the activity.

AS 23.30.265(2) itself was enacted in response to a series of workers' compensation decisions by the Supreme Court extending coverage to, e.g., a pipeline camp employee traveling by motorcycle to cash his payroll check at a bank in town, M-K Rivers v. Schleifman, 599 P.2d 132 (1979), or injured while returning to a remote job site from a village tavern, Anderson v. Employers Liability Assurance Corp., 498 P.2d 288 (1972). The current statute does not attempt to define every inclusion and exclusion, for what activity arises out of and in the course of employment is the subject of many volumes of jurisprudence. An excluded "frolic and diversion" is, after all, a recreational activity. It may be inferred that the Legislature wished to leave the Board sufficient room to exercise its discretion as the facts of each case demand.

In suggesting the above language, I have tried to more clearly express the intent of the drafters of HB 313 without in any way varying that intent. It is not my desire to intrude on considerations of public policy. Nothing in my comments should be taken as a statement of position by this administration or the Department of Law.

Very truly yours,



Kristin S. Knudsen
Assistant Attorney General

KK:reb

cc: Deborah E. Behr, Assistant Attorney General
Brad Thompson, Deputy Director



alaska women's run

3605 Arctic #AA, Anchorage, Alaska 99503 ■ (907) 562-2161 ext. AA

March 13, 1992

Senator Drue Pearce
Chair, Senate Labor and Commerce Committee
Alaska State Senate
Juneau, Alaska

Dear Senator Pearce:

I urge your support of HB313, a bill relating to workers' compensation as applied to recreational activities. In my opinion the present state of the common law in Alaska, in light of the recent Alaska Supreme Court decision, serves as an impediment in the contractual bargaining process between special events/recreational activities and potential sponsors of these events/activities. Psychologically, potential sponsors view this court decision as adding a significant cost to their sponsorships, due to increased perceived risk. The statutory effect of HB313 will be to remove this obstacle, and ensure free and open negotiation between events/activities such as the Alaska Women's Run and commercial sponsors, based upon the true sponsorship costs and benefits of these events/activities.

I appreciate the job you are doing in Juneau, and look forward to your attention to the passage of HB313.

Sincerely yours,

Larry L. Ross
President and
Racc Director

SENATE CONCURRENT RESOLUTION NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - SECOND SESSION

BY

Introduced:

Referred:

A RESOLUTION

1 Suspending Uniform Rules 42(e), 41(b), 24(c), and 35 of the Alaska State Legislature
2 concerning House Bill No. 313, relating to excluding certain recreational activities from
3 coverage provided under workers' compensation.

4 BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

5 That under Rule 54 of the Uniform Rules of the Alaska State Legislature, the provisions of Rule
6 42(e), Rule 41(b), Rule 24(c), and Rule 35 of the Uniform Rules, regarding changes to the title of a bill,
7 are suspended in consideration of House Bill No. 313, relating to excluding certain recreational activities
8 from coverage provided under workers' compensation.

A M E N D M E N T

OFFERED IN THE SENATE

BY SENATOR COLLINS

TO: CSHB 313 (2d JUDICIARY)

Page 1, line 1, after "excluding":

Insert "certain"

Page 1, lines 1 - 2:

Delete "that are performed at nonremote facilities not owned or leased by the employer"

Page 1, lines 9 - 11:

Delete "recreational activities sponsored by the employer that are performed at nonremote facilities not owned or leased by the employer, unless participation is required as a condition of employment, and"

Page 1, line 12, after "facilities;":

Insert "employer-sanctioned activities" do not include recreational activities unless

(1) the activity occurs at a remote job site; or

(2) the activity occurs on the employment premises;"

FISCAL NOTE

No. 2
 Bill Version: CSHB 313(2d JUL)
 (H) Publish Date: 2/12/92

STATE OF ALASKA
 1992 LEGISLATIVE SESSION

Revision Date: _____
 Title: "An Act excluding certain recreational activities...from ... workers' compensation"
 Sponsor: Navarre, C. Davls
 Requestor: House Judiciary

Department Affected: Labor
 BRU: Workers' Compensation
 Component: _____
Workers' Compensation
 COMPONENT SERIAL NO. 344

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND&STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL						
---------	--	--	--	--	--	--

REVENUE FUND SOURCE:						
-------------------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)

Prepared by: Linda Rexwinkel, Director *LR* Phone: 465-2790
 Division: Workers' Compensation Date: 1/29/92
 Approved by Commissioner: John Abshire, Acting Commissioner
 Agency: Department of Labor Date: 1/29/92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

AMATEUR SOFTBALL

ASSOCIATION



PATRICIA A. LILLIAN
Alaska State Commissioner
2950 Drake Drive
Anchorage, Alaska 99508
(907) 272-7683

March 12, 1992

Senator Drus Pearce
Chairman, Senate Labor & Commerce Commission

Dear Senator Pearce:

HB 313 is scheduled to come before your committee early next week. I am writing to you to urge your support and positive action on this bill.

The local sports organizations in the state, particularly Anchorage and Fairbanks, have experienced significant concern by sponsors regarding the court decision on workers compensation for sports' injuries. Fairbanks had a major tournament sponsor drop the program as well as sponsorship of several teams. Anchorage Sports has received approximately 12 calls from sponsors voicing their concern and reluctance to sponsor summer softball teams. The Sheraton Hotel and USKH Architects and Engineering are two specifically who feel they cannot sponsor without direct reassurance regarding workers compensation responsibility.

There may be many others who simply have not made contact, but just are not sponsoring because of the workers compensation issue.

Softball may be the first of many recreation activities to feel the effects of the court decision. Sponsors are the life line of recreational programs. There is a need to reassure these folks in order to keep them involved in these programs and I would urge you to support HB 313 and recommend its passage.

If I can provide any additional information, please contact me by telephone at 271-3496 (Work) or 271-5020 (FAX).

Sincerely,

A handwritten signature in cursive script that reads "Pat Lillian".

Pat Lillian
ASA Commissioner
Alaska

ALASKA STATE LEGISLATURE
REPRESENTATIVE MIKE NAVARRE

Co-Chair
House Finance Committee
P.O. Box V
Juneau, Alaska 99811
(907) 465-3779

March 13, 1992

To: Senator Drue Pearce, Chair
Senate Labor and Commerce Committee

From: Representative Mike Navarre 

Subject: House Bill 313, "the softball bill"

This measure was introduced to address a problem in Alaska's Worker's Compensation laws, demonstrated in the case of Lesuer v. Rollins-Burdick-Hunter of Alaska. A copy of the State Supreme Court Decision is attached. Attached also are some newspaper articles from last year outlining the potential impact of the Supreme Court decision.

HB 313 bill clarifies that recreational activities sponsored by an employer that are conducted at non-remote facilities are not covered by worker's compensation insurance, unless participation in those activities are required as a condition of employment.

As you are aware, the substance of HB 313 was included in SB 219, which passed the Legislature last session. SB 219 was vetoed by Governor Hickel for reasons unrelated to this particular statute change.

I respectfully urge your support of HB 313.

DISTRICT 5

34824 K-Beach Road • Soldotna, Alaska 99669 • (907) 262-7842



PRINTED ON RECYCLED PAPER

CS FOR HOUSE BILL NO. 313 (2d JUDICIARY) (efd add)

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - SECOND SESSION

BY THE HOUSE JUDICIARY COMMITTEE

Amended: 2/12/92

Offered: 2/12/92

Referred: Today's calendar

Sponsor(s): REPRESENTATIVES NAVARRE, C.Davis, R.Phillips, Sharp, Zawacki, Moyer, M.W.Miller, Donley, Baker, Leman, Bruckman

A BILL

FOR AN ACT ENTITLED

1 "An Act excluding recreational activities sponsored by an employer that are performed at
 2 nonremote facilities not owned or leased by the employer from coverage provided under
 3 workers' compensation, unless participation is required as a condition of employment; and
 4 providing for an effective date."

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

6 * Section 1. AS 23.30.265(2) is amended to read:

7 (2) "arising out of and in the course of employment" includes employer-required
 8 or supplied travel to and from a remote job site; activities performed at the direction or under the
 9 control of the employer; and employer-sanctioned activities at employer-provided facilities; but
 10 excludes recreational activities sponsored by the employer that are performed at nonremote
 11 facilities not owned or leased by the employer, unless participation is required as a
 12 condition of employment, and activities of a personal nature away from employer-provided
 13 facilities;

14 * Sec. 2. This Act takes effect April 1, 1992.

Notice This is subject to formal correction before publication in the Pacific Reporter. Readers are requested to bring typographical or other formal errors to the attention of the Clerk of the Appellate Courts, 303 K Street, Anchorage, Alaska, 99501, in order that corrections may be made prior to permanent publication.

THE SUPREME COURT OF THE STATE OF ALASKA

JUDI J. LESUER-JOHNSON,)	
)	Supreme Court No. S-3493
Appellant,)	
)	Trial Court No.
v.)	JAN-88-9367 Civil
)	
ROLLINS-BURDICK HUNTER)	<u>O P I N I O N</u>
OF ALASKA and NATIONAL)	
UNION FIRE INSURANCE CO.,)	
)	(No. 3681 - April 12, 1991)
Appellees.)	
<hr/>		

Appeal from the Superior Court of the State of
Alaska, Third Judicial District, Anchorage,
Ralph Stemp, Judge.

Appearances: Chancy Croft, Anchorage, for
Appellant. Patricia L. Zobel, Deirdre D.
Ford, Staley, DeLisio, Coch. & Sherry,
Anchorage, for Appellees.

Before: Matthews, Chief Justice, Rabinowitz,
Burke, Compton, and Moore, Justices.

PER CURIAM

Appellant Judy LeSuer-Johnson (LeSuer) was injured on
June 4, 1986, while playing softball at an Anchorage ballpark for
the Rollins-Burdick Hunter (RBH) team against an "insurance league"
opponent. The injury occurred after work hours, on a field rented
by the insurance league. LeSuer, an employee of RBH, filed a claim
for workers' compensation, alleging that the injury arose out of
and in the course of her employment. An Alaska statute enacted

in 1982 defines "arising out of and in the course of employment" to include

employer-required or supplied travel to and from a remote job site; activities performed at the direction or under the control of the employer; and employer-sanctioned activities at the employer-provided facilities; but excludes activities of a personal nature away from employer-provided facilities.

AS 23.30.265(2).

LeSuer's argument that her injury arose out of and in the course of her employment is based on her employer's connection to the softball team. RBH provided balls, bats, T-shirts and caps for the team members. It paid \$250 to the league's organizers who rented the ballfield and purchased bases. RBH encouraged its employees to either play on the team or attend the game as spectators. In her job interview LeSuer was asked if she played softball and if she would like to play on the company team. She stated that joining the team was voluntary, but she personally felt pressured to play by co-employees who wanted to be sure that RBH had enough players to field the team each week.

The Workers' Compensation Board found for LeSuer. The board concluded that participation on the softball team was both employer-sanctioned and that it occurred at an employer-provided facility:

We find RBH gave support and encouragement for their employees to participate on the team. By paying the league fee, providing part of the uniform, providing bats and balls and permitting employees to perform activities such as picking up the T-shirts and hats as part of their work duties RBH sanctioned the activity. . . .

Next we consider whether the injury occurred at an employer-provided facility. Defendants argued that the injury was not on Employer's premises. However, the legislature chose to use the term "facility" and not premises. We find this terminology distinction is important. Thus the injury does not have to occur on an employer's property to be compensable.

The term "provide" is defined in Webster at 1144 as "to make available, supply, afford; furnish with" We find that paying the league fee RBH made available to its employees a field on which to play softball. We conclude that the softball game was at an employer-provided facility.

RBH appealed the board's decision to the superior court. The court held that where, as here, a remote job site was not involved, a four-part test rather than the two-part test set out in the statute was appropriate. The court stated:

The criteria analyzed in Larson, 1A The Law of Workman's Compensation § 22.24(a)-(f), for determining whether an injury on a company team is compensable are the appropriate factors to weigh in deciding this case. They are primarily the time and place of the recreation, the degree of the employer initiative and encouragement, the financial support and equipment furnished, and the benefit to the employer.

The court remanded this case to the board for an analysis using these factors. On remand, the board found in favor of RBH with one member dissenting.

LeSuer then appealed to the superior court, which affirmed the board's decision on remand. LeSuer now appeals this decision.

3531

In our view, the first decision of the board was correct. That portion of AS 23.30.265(2) which pertains to employer-sanctioned activities at employer-provided facilities is not limited to remote job sites as the statute is written. If the legislature had intended such a limitation it could have easily been expressed. The board's conclusions that playing for the RBH softball team was employer-sanctioned and that the injury occurred at an employer-provided facility are supported by substantial evidence.

For the above reasons, the decision of the superior court is REVERSED and this case is REMANDED to reinstate the first decision of the board.

3531

SPORTS

SUNDAY

SECTION D April 28, 1991

Ruling rattles Alaska softball

Supreme Court rules some injured players eligible for workman's comp

By BETH BRAGG

Daily News assistant sports editor

The Alaska Supreme Court threw a curve at softball when it ruled this month that players are entitled to workman's compensation if they are injured while playing for a team sponsored by their employer.

The ruling could mean increased insurance rates for a majority of the companies that sponsor Alaska's nearly 1,000 softball teams, which in turn could mean fewer sponsors.

"This could be kind of scar-

said state softball commissioner Pat Lillian. "Sponsors are the life-line of the whole amateur sports organization."

Of the estimated 15,000 people who play softball in Alaska, only those who are employed by the same company that sponsors their team would be eligible for workman's comp. Lillian estimated that at least 50 percent of the teams in Alaska feature at least one player who is employed by the sponsor.

"Nobody has a crystal ball, but I think it has a substantial potential to discourage team sponsors,"

said Ben Esch, who is the attorney for the Anchorage Sports Association, the organizing body for more than 400 Anchorage softball teams. "(And) if the sponsors back out, if there's no sponsor's fee, you can only increase players' fees."

The Alaska Supreme Court ruled earlier this month in favor of Judi LeSuer-Johnson, who was injured in a 1986 softball game in Anchorage while playing for Rollins-Burdick Hunter, her employer and the sponsor of an Insurance League softball team.

LeSuer-Johnson filed a claim for

workman's comp, and the Workers' Compensation Board ruled in her favor. After appeals, the state Supreme Court upheld the original ruling, which was based on a 1982 statute that says work-related injuries include those occurring at "employer-sanctioned activities at the employer-provided facilities."

Although Anchorage Sports Association teams play on municipal fields, they are maintained by the association, which collects entry fees to help pay for their maintenance. "My belief is that simply paying a league fee would be ade-

quate (evidence that an employer is providing facilities)," Esch said.

Chancy Croft, the attorney who represented LeSuer-Johnson, said Saturday that by paying a team entry fee, Rollins-Burdick Hunter helped make a softball field available to its team. Without entry fees, "they wouldn't have had a regular field at the time they had it," he said. "They wouldn't have been able to play the schedule."

Though the ruling was the result of an accident in the loosely orga-

Please see Page D-4, SOFTBALL.

SOFTBALL: Supreme Court ruling could scare off team sponsors

Continued from Page D-1

nized Insurance League, the Supreme Court's ruling is expected to affect almost all recreational sports leagues.

Lillian, Esch and others hope to amend the law before the effect is widespread.

"There's less than a month left in the (legislative) session, so it's not possible at this date to introduce a new bill," Esch said. "So the question would be, is there an existing vehicle that could be amended? The next question is, what is the likelihood of it passing?"

Esch thinks the answer to both questions is yes. He said there is a bill pending in the Senate Labor and Commerce committee that could be amended to prevent sponsors of recreational sports teams from being

held liable for workman's comp claims. Esch thinks getting an amendment introduced and passed this session "is within the realm of possibility."

If it isn't, sponsors who might be affected by the supreme court decision have a handful of options. One is to not let any of their employees play on their team. Another is to pay higher insurance rates, although companies whose insurance is paid through this summer shouldn't have to worry about rates increasing for the current softball season, which begins next weekend. With any luck, said Esch, the issue will have been resolved by next summer.

Another option is to pull out of the league, although Anchorage Sports Association director Rod Hill said



chances are slim those who do will get their entry fee refunded. "We tell people all the time if somebody wants to take your (team's) place, we'll gladly refund your money," he said. "Otherwise it's out of the question. We'd be tearing schedules apart all season."

Just how many sponsors will back out of their commitment to sponsor teams is critical to the future of recreational sports in Alaska.

"It wouldn't change my attitude about having a team," said Rick Nerland of Nerland/Mystrom Associates, which sponsors a coed team that includes several of

his employees. "I would probably have to check and see what the stipulations of our workman's comp policy would be. (But) the bottom line is, I believe it's a worthwhile enough activity that we will ... resolve the issue and play ball."

Dr. Jay Caldwell, who sponsors a coed team that involves several of his employees at the Alaska Sports Medicine Clinic, said much the same thing.

"It wouldn't stop me from sponsoring a team, but I can see that more prudent employers than I would," he said.

Jerry Grilly, publisher of the Anchorage Daily News, counts himself as one of the prudent ones. The News sponsors a team that is almost entirely made up of employees of the newspaper.

"My reaction is I'm probably going to talk to my lawyer and (the personnel office) and reconsider," Grilly said. "We're just trying to do something recreationally for our employees, and all of a sudden it gets complicated and complex."

"It's not like (playing softball) is a job. It's recreational. They're doing it in their own time. It's real unfortunate. You're just trying to be a good employer and support employees. We're really reaping nothing in this endeavor."

Croft disagrees. "I think a lot of times companies sponsor teams because they get a lot of benefit from it — increased morale, advertising, increased efficiency, more stability in the work force," he said.

SPORTS

W E D N E S D A Y

SECTION C May 1, 1991

Softball ruling reaches Senate

By BETH BRAGG

Daily News assistant sports editor

A recreational athlete's right to claim workman's compensation benefits is expected to be officially discussed in a Senate committee meeting today, but Juneau is already abuzz about the issue.

"The story broke on the same day as the legislative softball tournament, and seven people were taken to the hospital with injuries," said lobbyist Jack Heesch. "It became a joke. Everyone

was walking around wanting to know if they'd get workman's comp.

"Everybody's real aware of what's going on."

The state Supreme Court recently ruled that athletes who are injured while playing for a team sponsored by their employer are eligible for workman's compensation benefits.

Reaction has been mixed, although as of Tuesday, teams wanting into the Anchorage Sports Association's softball league have outnumbered those wanting out.

"Since this happened we've lost one team, and since then five teams have called and said they want into the association, so we're 5-to-1," said Rod Hill, director of the association, which governs more than 400 local softball teams.

Katy Castillo, the head of the Fairbanks softball association, said two sponsors have pulled out of that city's 130-team league.

As of Tuesday afternoon, the Westmark Hotel was the

only Anchorage business to drop out of the softball league because of concerns over workman's comp, but there may be more defections to come.

Mike Buza, the head of Spenard Builders Supply, said he will no longer sponsor adult teams as long as the threat of workman's comp claims exist.

"I have sent out a memo. We will not be sponsoring any teams," said Buza, who said Spenard Builders Supply sponsors about six adult

teams, including ones in softball, hockey, basketball and bowling.

"It was pretty much a no-brainer for us. We just can't afford to take the risk."

But if supporters of softball and other recreational sports have their way, there won't be a risk for much longer.

An omnibus bill on workman's compensation is among those expected to be discussed today by the Senate committee on Labor and

Commerce. And when it is, "there's no doubt (softball) will be brought up in that conversation," a committee aide said Tuesday.

Heesch, a lobbyist for the State Softball Association, plans to meet with committee chairwoman Sen. Drue Pearce before today's meeting. Heesch is hopeful that legislation will be introduced to make the recent Supreme Court ruling moot.

The Supreme Court ruled

Page 666 Page C-2, RULING

RULING: Reaction mixed; several sponsors pull out

Continued from Page C-1

April 12 that Judi J. LeSuer-Johnson was eligible to receive workman's comp benefits for an injury she suffered in a 1986 softball game. LeSuer-Johnson was playing on a team sponsored by her employer, Rollins-Burdick Hunter.

The decision was based on a 1982 statute that defines work-related injuries to include "... employer-sanctioned activities at the employer's provided facilities..."

Heesch's proposed amendment would add these words: "... but excludes recreation activity sponsored by the employer, unless participation is required as a condition of employment."

Heesch claims that softball has many friends in Juneau, although those numbers may have dropped since Sunday, the final day of the 12-team legislative softball tournament. Besides the seven who were hospitalized, a total of 20 players were injured — including Rep. Mike Miller of North Pole, who broke his ankle.

"The thing we've got going here is everybody's aware of it," Heesch said. "So many people here are personally involved. Everyone wants to fix it."

At risk, potentially, is the structure of the state's recreational sports leagues. Pat Lallian, the state commissioner of softball, calls sponsors "the lifeline of amateur sports."

At risk for sponsors is the threat of higher insurance rates. Though no one's insurance is likely to go up this year — insurance salesman Kirk Ledbetter said most premi-



6 The thing we've got going here is everybody's aware of it. So many people here are personally involved. Everyone wants to fix it. 9

— SSA lobbyist Jack Heesch

ums are purchased for an entire year, and do not come up for renewal in the summer — they could next year. Rates are based partly on something called an experience modification, which is dependant on the number and types of claims made. If the experience modification goes up, so do the rates.

"If you had one big claim it could have a definite effect, or if you have a multiple amount of small claims," Ledbetter said.

Ledbetter said workman's comp benefits have been paid in the past to employees injured while participating on teams sponsored by the employers. Usually, though, people make medical claims through their primary provider of health insurance benefits.

Ledbetter thinks the significance of the Supreme Court ruling is that the regular provider of health insurance might refuse to pay claims for injuries that meet workman's comp criteria.

HB

336

APR 8 1992

Boley - bill file

KENNETH T. RICHARDSON, M.D., F.A.C.S.
OPHTHALMOLOGY AND OPHTHALMIC SURGERY

April 3, 1992

*plus share w/ Adams -
Senate version is his.*

The Honorable Drue Pearce
House of Representatives
State Capitol
Juneau, Alaska 99801-1182

Dear Ms. Pearce:

I oppose House Bill 336.

Maintaining a Consistent Standard of Health Care.

I'm certain you have heard arguments pro and con as to the qualification of optometrists to prescribe drugs. I'll not address this issue. However, should the legislature decide to pass this bill it is their responsibility to include in the bill a statement that *optometrists will be held to the same standards of care as ophthalmologists and other physicians.* To fail to do so is playing politics with health care and will set a dangerous precedent for the future.

The Importance of Cost Containment in Health Care.

The increased health care costs that will result from creating more physicians by legislation is important to consider. This is of particular relevance now, as health care costs threaten the budgets of Country and State, and as most legislative bodies are searching for ways to contain these costs.

This bill adds to the cost of health care in Alaska without improving health care.

That increasing doctors increases both testing and treatment is accepted and understood. Health care is not responsive to usual market dynamics, the reasons for which have been written about extensively.

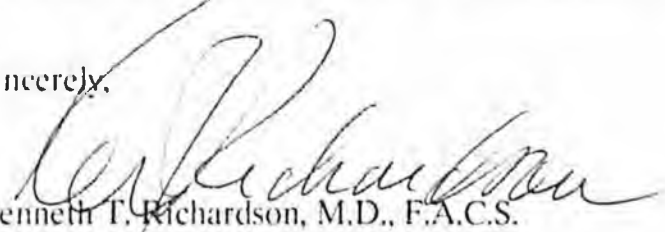
Tripling the number of eye care practitioners prescribing drugs is predictably very costly.

The cost for Glaucoma, within Alaska, can be expected to increase by \$400,000 yearly, if the number of treating practitioners increases threefold. This is just one common eye disease.

Since the number of eyedocs (Optometrists/Ophthalmologists) will not be increased by this bill, just the number of treaters, it isn't that more glaucoma cases will be discovered and thereby more vision saved. The more likely consequence is obvious.

Perhaps it's fortunate that all of us, including legislators, must begin to look at health care in all of its aspects. It is a complicated area from its reality to its politics.

Sincerely,


Kenneth T. Richardson, M.D., F.A.C.S.

H B

3 5 6

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

3111 C STREET
ANCHORAGE, ALASKA 99503
(907) 561-2034

WHILE IN SESSION
STATE CAPITOL
JUNEAU, ALASKA 99801-1182
(907) 465-4843



LABOR & COMMERCE

STATE AFFAIRS

REPRESENTATIVE BETTY BRUCKMAN

MEMORANDUM

TO: SENATOR PEARCE, CHAIR LABOR & COMMERCE
COMMITTEE

FROM: REPRESENTATIVE BETTY BRUCKMAN *B*

DATE: MAY 10, 1992

SUBJECT: HB 356, REFRIGERANT GASES SAFETY TRAINING

Please schedule HB 356, "An Act relating to refrigerating systems;
and providing for an effective date" as soon as is possible.



FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL No. 1
Bill Version: CSHB 356 (L&C)
(H) Publish Date: 4-27-92

Revision Date: _____
Title: " An Act relating to construction
involving freon systems..."
Sponsor: Representative Bruckman
Requestor: House Labor & Commerce

Department Affected: Labor
BRU: Labor Standards & Safety
Component: Occupational Safety & Health
COMPONENT SERIAL NO. 970

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	8.6	32.1	32.1	32.1	32.1	32.1
TRAVEL	3.6	4.0	4.0	4.0	4.0	4.0
CONTRACTUAL	14.0	6.5	6.5	6.5	6.5	6.5
SUPPLIES	0.3	0.9	0.9	0.9	0.9	0.9
EQUIPMENT	1.3					
LAND&STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	27.8	43.5	43.5	43.5	43.5	43.5

CAPITAL						
---------	--	--	--	--	--	--

REVENUE		45.5	45.5	45.5	45.5	45.5
FUND SOURCE:		PR #1005	PR #1005	PR #1005	PR #1005	PR #1005

FUNDING: (Thousands of Dollars)

GENERAL FUND	27.8					
FEDERAL FUNDS						
PROGRAM RECEIPTS		43.5	43.5	43.5	43.5	43.5
TOTAL	27.8	43.5	43.5	43.5	43.5	43.5

POSITIONS:

FULL-TIME						
PART-TIME	0.25	0.5	0.5	0.5	0.5	0.5
TEMPORARY						

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)

See attached

Prepared by: Richard Arab, Deputy Director

Division: Labor Standards & Safety

Phone: 465-4855

Date: 4/14/92

Approved by Commissioner: E. W. Mahlen

Agency: Department of Labor

Date: 4/14/92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

CSHB 356 (LFC)
no. 1

Fiscal Note Analysis for:
"An Act relating to construction involving freon systems..."

This bill would place additional responsibilities on the Occupational Safety & Health (OSH) component of the Department of Labor. OSH would be required to develop a training and certification program for persons who construct, install, alter, maintain, or repair refrigerating systems. The department would contract with the University of Alaska's Mining and Petroleum Training Service to assist in developing the training program at a cost of \$10,000.

During the first year, this bill would require the addition of a part time Data Processing Clerk for six months (\$8,600). The Data Processing Clerk would provide needed clerical support during development of the program.

Additional travel funds would also be required. We estimate an existing Regulation Specialist would be required to make four trips around the state at a cost of \$900 per trip (\$3,600) to work with the University of Alaska's Training Service in development of the training program and to hold hearings regarding the program.

Additional contractual (\$4,000) and commodity (\$300) expenses would also be incurred for printing of training applications and certification forms, advertising, postage, phones, space rent, and other average per employee costs.

Equipment consisting of a desk and chair (\$1,300) would also be required and would be a one time cost.

In the second year existing staff would perform the certification inspections. This would entail costs for: inspector and supervisory time (\$15,000), travel (\$4,000), contractual (\$500), and supplies (\$300). The Data Processing Clerk will be required part time for twelve months to provide clerical support and perform the data entry involved with tracking the inspections and certifications.

Program receipts would be generated as a result of charging a fee for the training and certification, the department estimates that 650 certifications would be issued at a cost of \$70. This would fund the program from the second year on. During the first year development period of the program no certifications would be issued so that general funds are required.

An effective date of July 1, 1992 is assumed.

Position Title Data Processing Clerk II			No. of Positions 1	Range/Step 9A	Barg. Unit GGU
Time Status Part Time	Staff Months 3		Location Anchorage		Election District 7
Type of Expenditure			Amount		
1	2	3			
Salary	\$5,900				
Benefits	2,700				
Premium Pay					
Other					
Total Personal Services			\$8,600		
Travel					
Contractual			2,000		
Comunodities			300		
Equipment			1,300		
Other					
Total Cost			\$12,200		
Funding Source for Total Cost					
Federal Receipts	1002				
G. F. Match	1003				
General Fund	1004		12,200		
GF Program Receipts	1005				
Other					

Justification

This position will provide the data entry and clerical support for this program.

Contractual costs include postage, phone, space rent, and other average per employee costs.

Commodities cover normal office supplies for this position.

Equipment is for a desk and chair and is a one time cost.

COMMITTEE COPY

CSHPB 356 (c) No. 1

**Request For
New Position**

Agency Labor
 BRU Labor Standards & Safety
 Component Occupational Safety & Health

Page 3 of 3
 Revised Date

FY 92

ALASKA STATE LEGISLATURE
HOUSE BILL NO. 356

HISTORY IN THE HOUSE

1991
5/21 Read first time and referred to:
L&C JUD

1992
4/27 L&C RPT CS(L&C) New Title
5 DP A DNP A NR 0 AM
1 FN OFN Previous FN

5/6 JUD RPT CS(L&C) New Title
4 DP 0 DNP 1 NR 0 AM
 FN OFN 1 Previous FN

 RPT CS() New Title
 DP DNP NR AM
 FN OFN Previous FN

5/8 Read second time
CS(L&C) Adopted

Amended

5/8 Failed to advance 2502

5/9 Advanced

5/9 Read third time

Return to second for specific amendment

5/9 PASSED EFD Same
Yeas 35 Yeas
Nays 1 Nays
Excused 4 Excused
Absent 0 Absent

 Intent adopted

5/9 Reconsideration by G. Phillips
5/10 Reconsideration ~~not~~ taken up

5/10 PASSED ON RECON. EFD Same or
Yeas 28 Yeas
Nays 1 Nays
Excused 1 Excused
Absent 10 Absent

 Intent adopted

5/10 Reported correctly engrossed
Signed by Speaker, to the Senate
Kristin Gray
Chief Clerk of the House

HISTORY IN THE SENATE

1992
5/10 Read first time and referred to:
L&C, FIN

 RPT() CS DP NR DNP AM
New Title Same Title Previous FN
 FN OFN To

 RPT() CS DP NR DNP AM
New Title Same Title Previous FN
 FN OFN To

 RPT() CS DP NR DNP AM
New Title Same Title Previous FN
 FN OFN To

 Rules Calendar() CS AM Other
 New Title Same Title Previous FN
 FN OFN

Read second time

 CS Adopted () New Title
 Amended Advanced

Read third time

 Letter of Intent adopted
 Return to second for specific amendment

PASSED EFD Same or
Yeas Yeas
Nays Nays
Excused Excused
Absent Absent

Reconsideration
Reconsideration not taken up

PASSED EFD Same or
Yeas Yeas
Nays Nays
Excused Excused
Absent Absent

Reported correctly engrossed
Signed by President, to the House

Secretary of the Senate

H B

3 8 2

Alaska Legislators
Judiciary Committee
Alaska State Legislature
POB V
Juneau, Alaska 99811

Dear Legislator:

I write in support of passage of HB 382, An Act Relating to Regulating the Practice of Midwifery.

For many reasons I support this legislation for licensed midwifery. Birth is a normal event, not a medical event or a pathology to be diagnosed and treated. In the U.S.A. and Alaska, because we have medicalized the birthing process, we rank 23rd in infant mortality - a shameful statistic. We need competent midwives assisting women during their childbearing years to assure safe, accessible and affordable prenatal, labor, delivery and postpartum services. The World Health Organization supports midwifery care during the normal pregnancy and since nurse midwives do not practice in the home setting due to their restrictive collaborative arrangements, licensed midwifery should be a safe choice for Alaskan women seeking a home birth. HB382 will provide for the much needed establishment of a Midwifery Board to regulate the safe practice of midwifery.

As an Advanced Nurse Practitioner in Women's Health Care in my own private practice, I daily encounter women who could benefit from midwifery services. Let's offer to Alaskan women the same safety and comfort enjoyed by European women during their childbearing years. I urge you to support passage of this bill so that Alaskan women can have a safe choice.

Sincerely,

C. Trollan 3/3/52

Constance Trollan, RNC, ANP
Immediate Past President
Alaska Nurses' Association

February 10, 1992

Dear *Representative Koppman,*

I am writing this in regards to HB 382, establishing the licensing of midwives in the state of Alaska and a designated Midwifery Board to write the regulations that will then govern the licensed Midwife.

Currently I am employed as a doctor's assistant, a volunteer for a borough ambulance squad with EMT II certification, and a student of Via Vita Missions School of Midwifery. I am in full support of this bill.

My husband and I used the services of midwives in Fairbanks for my prenatal care and the delivery of our third child and I would fully recommend such care for other expecting mothers. I feel that women in the state of Alaska would greatly benefit from such services and would at last have confidence in their choice of whether to have a hospital or a home birth.

To assure that a high standard of care would exist, HB 382 would establish a Midwifery Board consisting of 3 midwives, a certified nurse-midwife and one person from the general public. The Board would then screen potential applicants of their knowledge in both clinical and practical aspects of midwifery. A standardized test from the Midwives Alliance of North America (MANA) would then be used to test these skills. I feel a great sense of importance in providing a uniform standard of care throughout the state of Alaska and this bill would provide such a standard.

I urge you to support HB 382, considering the professional standard of care this would provide to our communities along with an underwritten statement of support by our Alaskan legislators.

I would also like to state my support for HB 381 allowing midwives to accept medicaid. There are many women who cannot afford the services of a midwife but would prefer this service as opposed to the services a hospital would provide. Many expecting mothers with low incomes contact our clinic in regarding our acceptance of medicaid. At this time we are unable to accept medicaid because of the lack of a midwifery licensing program in Alaska.

I urge you to support HB 381. Remember, the services of midwives cost considerably less to both the client and the state of Alaska.

Thank you for your time and your support

Sincerely,

Kathie L. Gettinger

Kathie L. Gettinger, EMT II
Doctor's Assistant, Student Midwife

1628 Market St.

Fairbanks, AK 99709



DAVID M. CAMMACK, M.D.

3040 Riverview Drive
Fairbanks, AK 99709
Telephone: (907) 452-3117

February 11, 1992

To All Legislators;

I support HB 381 and HB 382; midwives in Alaska need licensing, their own regulating board, and medicaid provider status. I know and work with several midwives and find them to be very well qualified to handle the birth process, and in many ways are better than traditional doctor care.

All boards should be independent politically and should be self-supporting financially. By this I mean that physicians should not have regulating power over midwives; nor should midwives have regulatory power over physicians. Each board should regulate its own members and require its own members to support its costs at no cost to state funds. This should be a pattern for all boards including medical, nursing, dental, etc.

Please expedite these bills; this issue has languished in the "Black Hole" of Juneau for many years - way too long. The health of Alaskan women is being compromised because of inaction!

Sincerely,

David M. Cammack, M.D.

February, 18 1992

Mark Restad
Emergency Medical Technician III
P.O. Box 3975
Palmer, Ak 99645

Dear House *Hess Committee*

I am writing you to inform you of the importance of House Bill 381. This bill creates a License board for the Midwives of Alaska to work under. It is currently legal for Lay midwives to practice in the state of Alaska. This license would:

1. Legislate a safe and prudent standard of midwifery in the state.
2. Create a mechanism to update midwives in developments of new advances in their field.
3. Encourage the development of options in obstetric care, which is scarce and costly to access.

The midwives in the state have created an association that promotes the safe and prudent practice of midwifery in the state. This organization also maintains members skills through continuing education for its members. Yet all of the midwives in the state are not members of this organization. Licensing is required to insure quality of this profession in the state.

May I also remind you of the growing need for the State's health care system to address current and future needs. There is a shortage of available obstetric care in the state. This shortage is even evident in Anchorage. The need to encourage mid-level health care in the state is a current need that will grow increasing strong if not addressed.

Sincerely,

Mark Restad

Mark Restad
Emergency Medical Technician III



Womens Bay Midwifery

Comprehensive Maternity Service for Kodiak Island

February 19, 1992

Hello:

My name is Kathleen Short, Certified Childbirth Educator, E.M.T., and Midwife. I began attending births and midwifery trainings here in Alaska in 1982, and opened my practice in Kodiak in 1987. This was after 5 years of intensive learning situations, hundreds of hours in classes and workshops, 2 months plus in a midwifery school in Texas, and a years apprenticeship with another midwife in Kodiak, followed by a 3-month internship in advanced midwifery at a birth center in Texas. In my work as a midwife, I have attended more than 250 births, including the 100 or so homebirths in my practice in Kodiak. I can document attendance at thousands of prenatal and postpartum checkups, in the home and clinic, and in the hundreds of childbirth classes that I have taught. The statistics I keep from my practice are consistent with other midwives, including C.M.M.s, in Alaska, and essentially reflect low rates of complications and problems for the mothers and babies of the families we serve.

I am asking you, our representatives, to listen to the voices of these people, through teleconferences, and through the letters and public opinion messages you receive. Let them speak to you of wanting to make their best choices for maternity care. Let them tell you about their needs met by the midwifery standard of care. Let me write to you, as a mother; as an Alaskan, as a midwife, of the need in our state to bring the traditional practice of midwifery, married as it now is, with the tools and knowledge of modern medicine, into step with the 21st century; this means creating a measureable and defined standard of care for the purpose of regulation, including licensure, of Alaska's non-nurse midwives. I support House Bill #381, and House Bill #382, as the means to that end. I also firmly believe that our goals, the best care for our clients, will best be served with a highly motivated board governing the process, like, possibly, the other boards governing health care providers in Alaska through occupational licensing. I'd like to add, that in the last few years, I have had many women approach me as their choice for maternity care-giver, only for them to discover that could not be an eligible care-giver for reimbursement by Medicaid because of existing lack of recognition for any midwife, other than C.M.M.'s. Many have gone away to see a doctor, resigning themselves to "2cd best choice," 2cd best to them, but which cost the state 2-4 times more than the same basic care with a midwife. Other of my clients in the low-income bracket, have gone to great lengths with me making "barter arrangements," rather than settle for their 2cd best. Licensure should be available for the midwives of this great state, and licensed midwives should be designated caregivers for clients receiving state assistance through

Thank you for receiving my words,

Kathleen Short

Kathleen Short, Certified Midwife and Certified Childbirth Educator
Box 831, Kodiak, Alaska 99615 (907) 487-4028

486-6169

February 26, 1992

Diane Fuller, RN, BSN
PHS Hospital
Barrow, Ak 99723

RE: House Bill 382

Dear Legislator:

I am writing in reference to the above bill regarding the licensing of midwives. I am wholly agree that midwives assisting in home or birth center deliveries should be licensed and practice under safe standards of care. I encourage you to support this bill and see that it passes through this legislative session.

I am a registered nurse, having completed the four year BSN program at the University of Alaska almost three years ago. Prior to that I was a midwife, assisting women who chose to deliver outside of the hospital setting. With these two experiences, I feel qualified to comment on this issue.

I feel very strongly that the midwives effected by this bill should not be titled "lay midwives", as they truly are not. While most of these midwives have not been through traditional American educational systems, they have gone to great lengths to obtain academic and clinical knowledge in order to provide safe care. The midwives to be regulated by this bill are in no way "lay" practitioners. You should be aware that in the United States there are several two and three year training programs for direct entry midwives. One of these being located in Fairbanks. The College of Midwifery in New Mexico offers degree programs for direct entry midwives. These type of programs have been used successfully in many European countries, and I believe are becoming more acceptable in the U.S. The programs have a didactic component to guide the midwifery student in obtaining the academic knowledge necessary to plan and provide health care individualized to each woman's unique needs, as well as the knowledge necessary to screen for high risks indicators. The clinical portion of these programs are based on the apprenticeship model. This is very important because it provides for learning and performing clinical skills under the supervision of a skilled midwife.

It is my understanding that there is some discussion of calling the midwives licensed under this bill, "non nurse midwives". I find that ridiculous and offensive. For one thing no license should carry a title discribing what the holder is not. The license should state what the licensee is doing. Secondly, there are many nurses currently and futuristically who may choose to be licensed and practice under this bill. They may also be licensed as a nurse. This title would definitely not be applicable in such a case. As in my case, a person can be a nurse and a midwife, without being a certified nurse midwife (CNM).

In my opinion, the correct title for these direct entry midwives who will be effected by this bill is Licensed or Registered Midwife.

I would like to place strong emphasis on my belief that a midwife does not have to be a nurse to be a competent and qualified practitioner. In fact, most of what I learned in my nursing education is not applicable to being a midwife. This is why I feel that midwives should have their own board. Nursing has its own licensing board because we realize that physicians do not really understand what the profession of nursing is all about. I fully believe that nursing does not understand the full scope of what the profession of midwifery is all about. Therefore, they should not be given the task of licensing and supervising direct entry midwives.

GLENNA WILDE, N.D.
DOCTOR OF NATUROPATHIC MEDICINE
369 S. FRANKLIN SUITE 300, JUNEAU, AK. 99801, 907-586-6810

March 10, 1992

To all Legislators

Re: House Bill 382

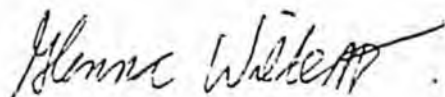
Dear Legislator,

I have had the occasion to work with several midwives in the Juneau area as part of my professional practice. I understand that House Bill 382, introduced by Rep. Nilo Kopenon, will initiate a midwifery board consisting of two licensed midwives, a public member, a health care professional, and certified nurse midwife.

I would like to voice my complete support for HB 382. The patients that I serve as a naturopathic doctor are generally that segment of the community that choose and support freedom of choice in health care. This is our right as citizens of the United States, and as long as the midwives are regulated by their own profession and other health care providers, I feel it is essential that Alaska continue to be a frontrunner in providing freedom of choice in health care options for the people that live here.

I urge you to support this HB 382. Please do not hesitate to contact me if I may give any supporting information to you regarding this bill.

My kinds regards,



Glenna Wilde, N.D.

GW/ed

PRIMAL HEALTH RESEARCH CENTRE

HEAD OF RESEARCH

Dr Michel Odent
59 Roderick Road
LONDON NW3 2NP

Tel. (071) 485 0095
Fax (071) 267 5123

Trustees :
Yvonne Moore
Judy Taylor

Auditors :
Scodie Deyong

Attention: Sherry Paul
Representative Niilo Koponen
Pouch V
Juneau
Alaska 99811

11 March 1992

Dear Niilo Koponen

Alaska is one of the American states I visited in 1987 when preparing a report to be published by the World Health Organization (1).

One of the conclusions of my report is that the higher ratio of midwives to obstetricians, the better the outcomes, and the lower the rates of cesarean sections and other interventions. Also the management of childbirth is more cost effective in countries where there is a great number of midwives and where midwifery is a well established professional body.

That is why I endorse the House Bill No 382 and indeed any legislation that can open the way for midwifery to grow.

Yours faithfully

Dr Michel Odent



(1) Odent Michel, Planned Home Birth in Industrialized Countries, W H O, 1991, 4977B, Copenhagen

Registered Company No. 2323676
Registered Charity No. 328090

April 2-92

Dear Legislator,

I am writing to support House Bill 381-382 concerning the Midwifery Laws. The midwives have been important to myself and the birth of my son, and to many friends. They have given us the best care possible. It was complete, personal (and the best deal in town!) Many of us had unhappy hospital birth experiences and turned to the midwives for help. At the time I was pregnant I had no insurance and little money. In order to pay for my prenatal visits I modeled my nude belly for a group of women artists. This worked out fine for myself but many women have a hard time with the financial end. Again, I support the midwives and I know they need support too.

Sincerely,

Nancy King
Mile 1414 Alaska Hwy
Delta, Alaska

99737

Alaska State Legislature

Mike Navarre
Co-Chair
(907) 465-3706

Eileen MacLean
Co-Chair
(907) 465-3722



INTERIM ADDRESS
34824 Kalifornsky Beach Rd.
Soldotna, Alaska 99669
(907) 262-7842

INTERIM ADDRESS
P.O. Box 290
Barrow, Alaska 99723
(907) 852-7111

House of Representatives

Committee on Finance
P.O. Box V, Juneau, Alaska 99811

April 21, 1992

Bobbie Behrens, M.D.
35251 Kenai Spur Hwy., Suite 3
Soldotna, AK 99669

Dear Dr. Behrens:

Thank you for your letter regarding your opposition to HB 382 and to the proposed elimination of the Alaska State Medical Board. I appreciate your taking the time to comment about these issues; however, HB 382 passed the House on Friday, April 10, and, regrettably, I only received your letter today. However, I will send a copy of your letter to the Senate Labor and Commerce Committee where the bill has been referred, so that they may take your concerns into consideration when the bill is heard.

I share your concern about the Governor's Task Force on Boards and Commissions' recommendations as, I believe, do many other legislators. Any recommendations pertaining to statutorily created boards will have to pass legislative approval, and I believe some of these recommendations will run into some problems. I will certainly keep your comments in mind.

Sincerely,

A handwritten signature in cursive that reads "Mike".

Representative Mike Navarre, Co-Chair
House Finance Committee

cc: Senator Drue Pearce, Chair
Senate Labor and Commerce Committee w/encl.

MN:lsg

Dr. Bobbie Behrens, M.D.

35251 Kenai Spur Hwy., Suite 3 • Soldotna, AK. 99669 • (907) 262-2602

7 April, 1992

Mike Navarre
Alaska State Capitol
House of Representative
Juneau, Ak 99801-1182

Dear Mr. Navarre,

This is a letter in reference to House Bill 382 concerning the practice of midwives.

I am a physician practicing OB-GYN and I have concerns about this bill because it doesn't really regulate lay midwives. I have had exposure to a lay midwife in this area and I have had some bad experiences. There does need to be some regulation of lay midwives and enclosed is a copy of the standards for the practice of nurse midwifery which was written by the American College of Nurse Midwives. There is also a statement policy from the American Obstetrics and Gynecology which is also enclosed. Nurse midwives are required to have a physician back-up and, in fact, I am a physician back-up for Cat Shackleton, who is a nurse midwife in the area. She provides excellent care for patients and follows the standards for the practice of nurse midwifery. Maybe the standards that are enclosed would aid in developing a bill to establish a board for the lay midwives.

Another concern I have is the proposed elimination of the Alaska State Medical Board. I understand that there is a Governor's Task Force on boards and commissions that has recommended eliminating the Alaska State Medical Board. If this comes to be, a Citizen's Health Board was recommended which includes pharmacists, nurses, physical therapists, optometrists, dentists, and chiropractors. Physicians in this state would lose the ability to conduct their own peer review and if physicians decide to become licensed in other states, and if the licensure in Alaska is not done by a state medical board comprised of physicians, it would become difficult for physicians to become licensed in another state via reciprocity. The State Medical Board is self supporting through the licensure fees and I do not feel that by eliminating this board the state would save any money. Physicians need to be able to police themselves, to provide the best medical care possible for the people in the state of Alaska.

In conclusion, I would strongly urge you to vote against House Bill 382 until some better standards can be employed for the practice of midwifery. I would also urge you vote against eliminating the Alaska State Medical Board.

Sincerely,

Bobbie Behrens
Bobbie Behrens, M.D.

mab



STANDARDS

FOR THE

PRACTICE OF

NURSE-MIDWIFERY



American College of
Nurse-Midwives

- c) medications/solutions used during labor and birth.
- d) management of the birth.
- e) methods to facilitate the newborn's adaptation to extrauterine life.
- f) significant deviations from normal and appropriate interventions.
- g) parameters and methods for assessing the immediate well-being of the newborn.

Postpartum/Newborn

- a) parameters and methods for assessing the postpartum status of the mother.
- b) parameters and methods for assessing the well-being of the newborn.
- c) medications used in the puerperium.
- d) significant deviations from normal and appropriate interventions.

Family Planning/Gynecology

- a) parameters and methods for assessing general physical and emotional status of the client.
 - b) medications and devices used.
 - c) significant deviations from normal and appropriate interventions.
2. Defines nurse-midwifery management, collaborative nurse-midwife/physician management, and physician management for the nurse-midwifery service/practice.

STANDARD V

NURSE-MIDWIFERY CARE IS PROVIDED IN A SAFE ENVIRONMENT.

The certified nurse-midwife:

1. Assesses the practice setting for reasonable freedom from environmental hazards.
2. Promotes adequate staffing in the clinical setting where the nurse-midwife practices.
3. Knows the location and use of emergency equipment.
4. Uses infection control procedures.
5. Demonstrates accessibility to an emergency transport system appropriate for the practice setting.

STANDARD VI

NURSE-MIDWIFERY CARE OCCURS INTERDEPENDENTLY WITHIN THE HEALTHCARE SYSTEM OF THE COMMUNITY, USING APPROPRIATE RESOURCES FOR REFERRALS TO MEET PSYCHOSOCIAL, ECONOMIC, AND CULTURAL OR FAMILY NEEDS.

The certified nurse-midwife:

1. Demonstrates an agreement with a physician for a safe mechanism of obtaining medical consultation, collaboration, and referral.
2. Uses community services.
3. Demonstrates knowledge of psychosocial, economic, cultural, and family factors that may affect care.

STANDARD VII

NURSE-MIDWIFERY CARE IS DOCUMENTED IN LEGIBLE, COMPLETE HEALTH RECORDS.

The certified nurse-midwife:

1. Uses records that facilitate communication of information to consultants and institutions.
2. Facilitates clients' access to their records.
3. Provides written documentation of risk assessment, course of management, and outcome of care.
4. Provides for prompt entry on the health record of laboratory tests, treatments, and consultations.
5. Provides a mechanism for sending a copy of the health record on referral or transfer to other levels of care.
6. Treats records as confidential documents.

STANDARD VIII

NURSE-MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY ASSESSMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.

The certified nurse-midwife:

1. Participates in a program of quality assurance for the evaluation of nurse-midwifery practice within the setting in which it occurs and within legal requirements.

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

STANDARDS

FOR THE

PRACTICE OF

NURSE-MIDWIFERY



American College of
Nurse-Midwives

STANDARDS FOR THE PRACTICE OF NURSE-MIDWIFERY

Nurse-midwifery practice is based upon academic preparation in the sciences and upon clinical skills necessary for the management and care of essentially normal women and newborns. The care, as defined by the American College of Nurse-Midwives (ACNM), includes the antepartum, intrapartum, and postpartum/newborn periods and family planning/gynecology. The nurse-midwife is committed to maintaining a high standard of professional care, to participating in the education of nurse-midwives, and to promoting the concepts of nurse-midwifery practice in the community.

STANDARD I NURSE-MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS.

The practitioner:

1. Is certified by the American College of Nurse-Midwives.
2. Shows evidence of continuing competency as required by the American College of Nurse-Midwives.
3. Is in compliance with the legal requirements of the jurisdiction where the nurse-midwifery practice occurs.

STANDARD II NURSE-MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY

The certified nurse-midwife:

1. Supports the **Philosophy of the American College of Nurse-Midwives**.
2. Provides clients with a description of the scope of nurse-midwifery services and information regarding the client's rights and responsibilities.
3. Provides clients with information on other providers and services when requested or when care required is not within the scope of practice of the individual nurse-midwife.
4. Promotes involvement of support persons in the practice setting.

STANDARD III NURSE-MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE AND SATISFYING CARE.

The certified nurse-midwife:

1. Collects and assesses client care data, develops and implements a plan of management, and evaluates the outcome of care.
2. Demonstrates the clinical skills and judgments described in **Core Competencies in Nurse-Midwifery**.
3. Practices in accord with the **Standards for the Practice of Nurse-Midwifery** of the American College of Nurse-Midwives.
4. Practices in accord with the policies of the nurse-midwifery service/practice that meet the requirements of the particular institution or practice setting.
5. Expands clinical practice in accordance with **ACNM Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice**.

STANDARD IV NURSE-MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN POLICIES.

The certified nurse-midwife:

1. Establishes policies for each practice area, which include but are not limited to:

Antepartum

- a) criteria for admission to the nurse-midwife service.
- b) parameters and methods for assessing the progress of pregnancy.
- c) parameters and methods for assessing fetal well-being.
- d) indicators of risk in pregnancy and appropriate intervention.
- e) medications used during pregnancy.

Intrapartum

- a) parameters and methods for assessing progress of labor and birth.
- b) parameters and methods for assessing maternal and fetal status.

- c) medications/solutions used during labor and birth.
- d) management of the birth.
- e) methods to facilitate the newborn's adaptation to extrauterine life.
- f) significant deviations from normal and appropriate interventions.
- g) parameters and methods for assessing the immediate well-being of the newborn.

Postpartum/Newborn

- a) parameters and methods for assessing the postpartum status of the mother.
- b) parameters and methods for assessing the well-being of the newborn.
- c) medications used in the puerperium.
- d) significant deviations from normal and appropriate interventions.

Family Planning/Gynecology

- a) parameters and methods for assessing general physical and emotional status of the client.
 - b) medications and devices used.
 - c) significant deviations from normal and appropriate interventions.
2. Defines nurse-midwifery management, collaborative nurse-midwife/physician management, and physician management for the nurse-midwifery service/practice.

STANDARD V

NURSE-MIDWIFERY CARE IS PROVIDED IN A SAFE ENVIRONMENT.

The certified nurse-midwife:

1. Assesses the practice setting for reasonable freedom from environmental hazards.
2. Promotes adequate staffing in the clinical setting where the nurse-midwife practices.
3. Knows the location and use of emergency equipment.
4. Uses infection control procedures.
5. Demonstrates accessibility to an emergency transport system appropriate for the practice setting.

STANDARD VI

NURSE-MIDWIFERY CARE OCCURS INTERDEPENDENTLY WITHIN THE HEALTHCARE SYSTEM OF THE COMMUNITY, USING APPROPRIATE RESOURCES FOR REFERRALS TO MEET PSYCHOSOCIAL, ECONOMIC, AND CULTURAL OR FAMILY NEEDS.

The certified nurse-midwife:

1. Demonstrates an agreement with a physician for a safe mechanism of obtaining medical consultation, collaboration, and referral.
2. Uses community services.
3. Demonstrates knowledge of psychosocial, economic, cultural, and family factors that may affect care.

STANDARD VII

NURSE-MIDWIFERY CARE IS DOCUMENTED IN LEGIBLE, COMPLETE HEALTH RECORDS.

The certified nurse-midwife:

1. Uses records that facilitate communication of information to consultants and institutions.
2. Facilitates clients' access to their records.
3. Provides written documentation of risk assessment, course of management, and outcome of care.
4. Provides for prompt entry on the health record of laboratory tests, treatments, and consultations.
5. Provides a mechanism for sending a copy of the health record on referral or transfer to other levels of care.
6. Treats records as confidential documents.

STANDARD VIII

NURSE-MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY ASSESSMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.

The certified nurse-midwife:

1. Participates in a program of quality assurance for the evaluation of nurse-midwifery practice within the setting in which it occurs and within legal requirements.

2. Collects client care data systematically and is involved in analysis of that data for the evaluation of the process and outcome of care.
3. Seeks consultation to review problems identified by the quality assurance program.
4. Acts to resolve problems that are identified.
5. Participates in peer review.

GUIDELINES FOR THE INCORPORATION OF NEW PROCEDURES INTO NURSE-MIDWIFERY PRACTICE

Nurse-midwifery practice will continue to evolve, depending on the needs of the client, the needs of the site, the expectations of the institution, and the nurse-midwife's desire to improve care to women and their families. Procedures incorporated into the practice of nurse-midwifery should be in concert with the **Philosophy of the American College of Nurse-Midwives** and the **Standards for the Practice of Nurse-Midwifery** of the American College of Nurse-Midwives (ACNM) and should not conflict with any current clinical practice statements of the ACNM.

While the ACNM does not approve or disapprove the incorporation of new clinical procedures into nurse-midwifery practice, the following guidelines were developed by the Clinical Practice Committee and approved by the Board of Directors to assist the nurse-midwife in expanding clinical practice:

1. Identify need for the procedure, taking into consideration:
 - a) consumer demand
 - b) safety considerations
 - c) institutional request
 - d) lack of other appropriate personnel
 - e) interest of nurse-midwives
2. Cite relevant statutes/documents that would constrain or support procedure, including:
 - a) Statutes and regulations
 - b) institutional bylaws
 - c) legal opinions

3. Evaluate procedure as a nurse-midwifery function, including:
 - a) relevant literature
 - b) use by other nurse-midwives
 - c) risks/benefits
 - d) management of complications
4. Develop process for educating nurse-midwives to perform this procedure, using:
 - a) bibliography
 - b) formal study
 - c) supervised practice
 - d) protocols
 - e) evaluation of learning
5. Evaluate use of procedure, documenting:
 - a) outcome statistics
 - b) satisfaction with procedure
 - consumer
 - institution
 - nurse-midwifery practice
 - c) maintenance of competency

Standards for the Practice of Nurse-Midwifery, 1987, Supercedes Functions, Standards, and Qualifications, 1983.

©4/87, American College of Nurse-Midwives
Reprinted 5/89

Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice, 1987 Supercedes Guidelines for Evaluation of Nurse-Midwifery Procedural Functions, 1979



statement of policy

AS ISSUED BY THE EXECUTIVE BOARD OF ACOG

JOINT STATEMENT OF PRACTICE RELATIONSHIPS BETWEEN OBSTETRICIAN/GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES*

It is critical that obstetrician/gynecologists and certified nurse-midwives have a clear understanding of their individual, collaborative and interdependent responsibilities. As agreed upon in previous Joint Statements by the American College of Nurse-Midwives, the American College of Obstetricians and Gynecologists, and the Nurses Association of the American College of Obstetricians and Gynecologists, the maternity care team should be directed by a qualified obstetrician/ gynecologist. The American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives believe that the appropriate practice of the certified nurse-midwife includes the participation and involvement of the obstetrician/gynecologist as mutually agreed upon in written medical guideline/protocols. The American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives also believe that the obstetrician/gynecologist should be responsive to the desire of certified nurse-midwives for the participation and involvement of the obstetrician/ gynecologist. The following principles represent a joint statement of the American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives and are recommended for consideration in all practice relationships and agreements.

1. Clinical practice relationship between the obstetrician/ gynecologist and the certified nurse-midwife should provide for:
 - a. mutually agreed upon written medical guidelines/protocols for clinical practice which define the individual and shared responsibilities of the certified nurse-midwife and the obstetrician/gynecologist in the delivery of health care services;
 - b. mutually agreed upon written medical guidelines/protocols for ongoing communication which provide for and define appropriate consultation between the obstetrician/ gynecologist and the certified nurse-midwife; and other health care providers in the services offered;



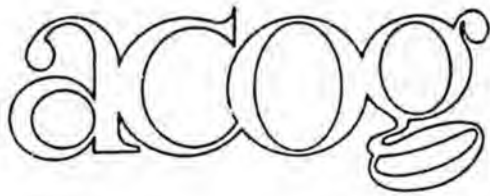
THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
409 12th STREET, SW • WASHINGTON, DC 20024-2188 • (202) 638-5577

- c. informed consent about the involvement of the obstetrician/gynecologist, certified nurse-midwife, and other health care providers in the services offered;
 - d. periodic and joint evaluation of services rendered, e.g. chart review, case review, patient evaluation, review of outcome statistics; and
 - e. periodic and joint review and updating of the written medical guidelines/protocols.
2. Quality of care is enhanced by the interdependent practice of the obstetrician/gynecologist and the certified nurse-midwife working in a relationship of mutual respect, trust and professional responsibility. This does not necessarily imply the physical presence of the physician when care is being given by the certified nurse-midwife.
 3. Administrative relationships, including employment agreements, reimbursement mechanisms, and corporate structures, should be mutually agreed upon by the participating parties.
 4. Access to practice within the hospital setting for the obstetrician/gynecologist and the certified nurse-midwife who have a practice relationship in concurrence with these principles is strongly urged by the respective professional organizations.

The American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives strongly urge the implementation of these principles in all practice relationships between obstetrician/gynecologists and certified nurse-midwives, and consider the preceding an ideal model of practice.

* This statement supersedes previous Joint Statements of Maternity Care by the American College of Obstetricians and Gynecologists, the American College of Nurse-Midwives, and the Nurses Association of the American College of Obstetricians and Gynecologists dated 1971 and 1975.

The American College of Nurse-Midwives
The American College of Obstetricians and Gynecologists
November 1, 1982



statement of policy

AS ISSUED BY THE EXECUTIVE BOARD OF ACOG

Statement on Maternity Care as Provided by the Obstetrician-Gynecologist and Nurse-Midwife*

Certain basic principles are essential to the professional practice relationship of the obstetrician-gynecologist and the nurse-midwife to assure quality of care as defined in medical terms. The principles which follow maintain and promote such quality of care.

1. A most critical element in providing quality care is the continued sharing of information on the progress of the patient by chart review and direct communication between the obstetrician-gynecologist and the nurse-midwife as part of their written protocol. The important provider/patient relationship is enhanced when all members of the maternity health care team are known to the patient. Physician/patient encounters are strongly encouraged.
2. Optimum quality of care is assured only when the physician maintains a degree of professional responsibility for progress and outcome of care that cannot be delegated to or assumed by a non-physician; at all times during the progress of patient care, the physician must be able to reassert his or her authority as that individual bearing final responsibility for the outcome.
3. The ACOG is strongly opposed to the independent practice of obstetrics and/or gynecology by non-physicians.
4. No physician should be compelled to practice with a non-physician.
5. The employment relationship is not relevant to a determination of quality of care and therefore is to be established as mutually agreeable to the participating parties.



THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
409 12th STREET, SW • WASHINGTON, DC 20024-2188 • (202) 638-5577

6. Reimbursement policy is not relevant to a determination of quality of care and therefore is to be established as mutually agreeable to the participating parties, within the structure of the prevailing reimbursement system.
7. While recognizing the authority of the hospital administration to establish conditions for access to the hospital setting, the ACOG encourages extension of such access to all members of the maternity health care team.

* Qualified persons fulfill the education and training requirements of the ABOG and ACNM.

Approved by the Executive Board
April 23, 1982



statement of policy

AS ISSUED BY THE EXECUTIVE BOARD OF ACOG

THE RESPONSIBILITIES OF THE HEALTH TEAM IN MATERNITY CARE

The American College of Obstetricians and Gynecologists reaffirms its policy that the health team necessary to provide optimal maternity care must be directed by a qualified obstetrician-gynecologist. Fully recognized in this policy is the role of the certified nurse-midwife who, as a member of this team, may assume responsibility for the complete management of the uncomplicated pregnant woman.

The ACOG supports the worldwide standards endorsed by the World Health Organization concerning the education of midwives. Midwives should have a minimum of three years of formal training, including at least one year of nursing. For those midwives who have already completed nursing education, two years of midwifery education is the minimum requirement. The American College of Nurse-Midwives has set comparable additional standards in the United States which are also supported by The American College of Obstetricians and Gynecologists. The certified nurse-midwife meets these standards. Lower standards are unacceptable for the care of women in the United States.

The ACOG supports actions and programs which encourage family-centered maternity care while continuing to provide the mother and her infant with the accepted standards of safety available only in a hospital setting.

The ACOG supports regional planning which provides for easy access to quality care at the primary level and the availability of more specialized care at regional centers when necessary. This planning should provide continuity of care for the individual women throughout pregnancy and the interconceptional period.



THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
409 12th STREET, SW • WASHINGTON, DC 20024-2188 • (202) 638-5577

The ACOG supports the right of the pregnant woman to informed consent while recognizing that at the same time the woman assumes responsibility for decisions which she makes in the interest of her own health and the health and welfare of her infant. Government and its agencies have a responsibility to insure that inadequately trained personnel and unsafe facilities are not approved.

Approved by the Executive Board
December, 1977
Amended April, 1978



AMERICAN COLLEGE OF NURSE-MIDWIVES

PHILOSOPHY
OF THE
AMERICAN COLLEGE OF NURSE-MIDWIVES

Nurse-midwives believe that every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations. We further support each person's right to self-determination, to complete information and to active participation in all aspects of care. We believe the normal processes of pregnancy and birth can be enhanced through education, health care and supportive intervention.

Nurse-midwifery care is focused on the needs of the individual and family for physical care, emotional and social support and active involvement of significant others according to cultural values and personal preferences. The practice of nurse-midwifery encourages continuity of care; emphasizes safe, competent clinical management; advocates non-intervention in normal processes; and promotes health education for women throughout the childbearing cycle. This practice may extend to include gynecological care of well women throughout the life cycle. Such comprehensive health care is most effectively and efficiently provided by nurse-midwives in collaboration with other members of an interdependent health care team.

The American College of Nurse-Midwives (ACNM) assumes a leadership role in the development and promotion of high quality health care for women and infants nationally and internationally. The profession of nurse-midwifery is committed to providing certified nurse-midwives are provided with sound educational preparation, to expanding knowledge through research and to evaluating and revising care through quality assurance. The profession further ensures that its members adhere to the Standards of Practice for Nurse-Midwifery in accordance with the ACNM philosophy.

Revised and approved October, 1989



AMERICAN
COLLEGE OF
NURSE-MIDWIVES

CODE OF ETHICS FOR CERTIFIED NURSE-MIDWIVES

A Certified Nurse-Midwife has professional moral obligations. The purpose of this code is to identify obligations which guide the nurse-midwife in the practice of nurse-midwifery. This code further serves to clarify the expectations of the profession to consumers, the public, other professionals and to potential practitioners.

1. Nurse-midwifery exists for the good of women and their families. This good is safeguarded by practice in accordance with the ACNM Philosophy and ACNM Standards for the Practice of Nurse-Midwifery.
2. Nurse-midwives uphold the belief that childbearing and maturation are normal life processes. When intervention is indicated, it is integrated into care in a way that preserves the dignity of the woman and her family.
3. Decisions regarding nurse-midwifery care require client participation in an ongoing negotiation process in order to develop a safe plan of care. This process considers cultural diversity, individual autonomy, and legal responsibilities.
4. Nurse-midwives share professional information with their clients that leads to informed participation and consent. This sharing is done without coercion, or deception.
5. Nurse-midwives practice competently. They consult and refer when indicated by their professional scope of practice and/or personal limitations.
6. Nurse-midwives provide care without discrimination based on race, religion, life-style, sexual orientation, socio-economic status or nature of health problem.
7. Nurse-midwives maintain confidentiality except when there is a clear, serious and immediate danger or when mandated by law.
8. Nurse-midwives take appropriate action to protect clients from harm when endangered by incompetent or unethical practices.
9. Nurse-midwives interact respectfully with the people with whom they work and practice.
10. Nurse-midwives participate in developing and improving the care of women and families through supporting the profession of nurse-midwifery, research, and the education of nurse-midwifery students and nurse-midwives.
11. Nurse-midwives promote community, state, and national efforts such as public education and legislation, to ensure access to quality care and to meet the health needs of women and their families.

Source: Ad Hoc Committee on Code of Ethics

Approved by Board of Directors May 18, 1990



AMERICAN COLLEGE OF NURSE-MIDWIVES

FACIS

NURSE-MIDWIFERY PRACTICE

Nurse-Midwifery practice is the independent management of care of essentially normal newborns and women, —anteperially, intraperially, postperially, and/or gynecologically—occurring within a health care system which provides for medical consultation, collaborative managements, or referral and is in accord with the Standards for the Practice of Nurse-Midwifery as defined by the American College of Nurse-Midwives.

Accepted January, 1978
Revised August, 1987



AMERICAN
COLLEGE OF
NURSE-MIDWIVES

STATEMENT ON UNIVERSAL ACCESS TO CARE FOR
WOMEN AND INFANTS

The American College of Nurse-Midwives believes that all women and infants should have equal access to health care, especially prior to conception, during pregnancy and birth, and during the first year of life. Access to health care is highly dependent on the availability of providers and reimbursement of appropriate services. Certified Nurse-Midwives have been recognized as effective providers of both maternity and gynecologic care. Therefore, the American College of Nurse-Midwives advocates legislation that guarantees comprehensive health care coverage for all women and infants and supports the role of the Certified Nurse-Midwife as a provider of these services.

Source: Board of Directors
Approved by: Board of Directors, June 21, 1990

1522 K STREET, NW
SUITE 1000
WASHINGTON, DC 20005
202-239-0171
FAX 202-239-4395



AMERICAN
COLLEGE OF
NURSE-MIDWIVES

ACNM POSITION STATEMENT
ON
NURSE-MIDWIFERY EDUCATION

The American College of Nurse-Midwives (ACNM) reaffirms its commitment to nursing as the foundation for nurse-midwifery education in the United States. The ACNM does not intend to develop a non-nurse direct-entry professional midwifery program. However, the ACNM is committed to sharing its expertise and resources in working with others who are developing an alternate educational route to professional midwifery.

Source: ACNM Board of Directors

Approved: ACNM Board of Directors, 7/30/90



AMERICAN
COLLEGE OF
NURSE-MIDWIVES

ACNM POSITION ON PROFESSIONAL MIDWIFERY

In August 1989, the Board of Directors of the American College of Nurse-Midwives adopted the following position on direct entry professional midwifery:

"The ACNM will actively explore, through the Division of Accreditation, the testing of non-nurse professional midwifery educational routes."

Explanation:

For many years there has been discussion within and outside the ACNM about ways to increase the number of qualified nurse-midwives. Several of these discussions also extended into the preparation of non-nurse, direct entry professional midwives. In July 1989, at the request of interested nurse-midwives and with funding from the Carnegie Foundation for Higher Education, a group of certified nurse-midwives, licensed midwives, educators and clinicians met in Princeton, New Jersey. One result of that meeting was near unanimous agreement that we should have one standard of professional midwifery in the United States, and that the ACNM has set that standard. However, an important part of that agreement was recognition that there are several ways to meet the standard for professional midwifery. Nursing has worked well in the United States and elsewhere as one base for that standard.

In recognition of the tremendous need for more health professionals to care for women and childbearing families, in recognition that nurse-midwives alone will never be able to meet all those needs, and in recognition that professional midwifery is a viable and important profession worldwide, ACNM is willing to review proposals from groups interested in defining the core competencies in health skills analagous to nursing that are needed in order to prepare individuals with the core competencies in midwifery already defined by ACNM. These are currently titled Core Competencies in Nurse-Midwifery, but since nursing is prerequisite, the "core competencies" are really for professional midwifery. Trusting in the standards for accreditation of nurse-

BOARD OF DIRECTORS

PRESIDENT

E. Thompson, CNM, DrPH, FAAN

VICE-PRESIDENT

Mary Alice Johnson, CNM, MSN

SECRETARY

Jeanne L. Brinkley, CNM, MPH

TREASURER

Barbara C. Vaughey, CNM

REGION I REPRESENTATIVE

Jan M. Kriebel, CNM, MSN

REGION II REPRESENTATIVE

Karen A. Baldwin, CNM, MS

REGION III REPRESENTATIVE

Linda T. May, CNM

REGION IV REPRESENTATIVE

Margaret A. Taylor, CNM, MS

REGION V REPRESENTATIVE

Ruth Ann Price, CNM, MS

REGION VI REPRESENTATIVE

Juanice Sack-Orr, CNM

1522 K STREET, NW

SUITE 1000

WASHINGTON, DC 20006

202/339-0171

FAX 202/339-4306

midwifery educational programs, it seems logical and wise to have the Division of Accreditation be responsible for the review of direct entry midwifery programs applying for recognition.

Therefore, the ACNM Board of Directors, with support from the Division of Accreditation, has charged the DOA to explore for possible review and accreditation proposals from schools intending to prepare professional midwives. The DOA has already begun this exploration. It is the Board's hope that such programs will meet the standards of DOA with core competencies in health skills reviewed and accepted by them. It is expected that this exploration and testing of core competencies will take a minimum of one year.

It is also expected that these new educational programs will take some time to develop and test, and for graduates to become certified. The Board appreciates the efforts of all nurse-midwives working together with others in order to maintain one standard of professional midwifery in the United States.

3/1/90 Proposed by ACNM President, J. Thompson

3/26/90 Approved by the ACNM Board of Directors



AMERICAN
COLLEGE OF
NURSE-MIDWIVES

GUIDELINES FOR EXPERIMENTAL EDUCATION PROGRAMS

DIRECT ENTRY MIDWIFERY PROGRAM

These criteria do not negate the existence of the Criteria for the Evaluation of Educational Programs in Nurse-Midwifery as set forth by the ACNM Division of Accreditation. In fact the criteria here may be a reiteration of DOA criteria verbatim or at least in the spirit of that document. The Education Committee members who worked on these guidelines felt that the criteria listed below warranted special attention to insure that the outcome be a safe competent beginning professional midwife. The committee further believes that this is not a definitive document and that further study be given to insure that all aspects of this experimentation be considered. It is expected that in addition to DOA criteria that the following criteria be considered in the evaluation of a direct entry program.

Criteria for Site

1. Affiliated with a recognized institution of higher learning.
2. Has an established midwifery service and/or contracts to insure adequate clinical experiences for students.
3. Services/practices adequately staffed with CNMs and other professional midwives.
4. Sufficient clinical experience available to educate the number of students in that site within the established time limits of the educational program for achieving objectives.
5. Sufficient space provided to utilize the learning resources.

Criteria for Faculty

1. No discrimination as to age, sex, race, ethnic origin, religion, sexual orientation, etc.
2. Majority of faculty are CNMs and other professional midwives with graduate degrees and legally recognized to practice in jurisdiction.
3. Demonstrates evidence of competence for assigned program responsibilities (e.g., curriculum development, education administration, classroom and clinical teaching and evaluation).
4. The faculty as a group meets requirements for practice in the program's clinical sites.

Criteria for Student Admission

1. No discrimination as to age, sex, race, ethnic origin, religion, sexual orientation, etc.
2. * Baccalaureate degree required. (Will be viewed as equivalent to nursing preparation plus experience)

Criteria for Student Evaluation and Competency

1. Evaluation to be performed by qualified faculty.
2. Evaluation based on performance of midwifery core competencies according to the most recent revision of the ACNM Core Competencies Document.

Criteria for Annual Review and Evaluation of the Program

1. Mechanism in place for analysis of attrition or failure of the ACNM Certification process that includes a review of criteria for admission in relation to outcome.
2. Clear statement of program objectives.
3. Curriculum is clearly outlined with philosophy, purpose and objectives which reflect the ACNM Core Competencies Document.

Source: Education Committee

Approved: ACNM Board of Directors May 19, 1990

1522 K STREET, NW

SUITE 1000

WASHINGTON, DC 20005

202-239-0171

FAX 202-239-4395

Robert G. Thompson, M.D., F.A.C.O.G.
Reproductive Surgeon — Society of Reproductive Surgeons
Diplomate — American Board of Obstetrics and Gynecology

APR 27 1992

April 22, 1992

The Honorable Drue Pearce, Chairperson
Labor and Commerce Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Re: House Bill 382, "An Act Relating to the Practice of Midwifery"

Dear Senator Pearce:

I am deeply concerned about the wisdom of House Bill 382, "An Act Relating to the Practice of Midwifery" as sponsored by Representative Niilo Koponen (D-Fairbanks) which in its present form appears to be an extremely dangerous bill and an example of very poorly drafted legislation.

I recently received a copy of "Alaska Vital Signs" (produced by the Alaska Bureau of Vital Statistics), summarizing the goals and objectives for health indicators in Alaska and year 2000 national health objectives. This document calls for public health objectives which would reduce infant mortality, reduce the incidence of low-birth-weight infants, and reduce the incidence of complications of labor and delivery, including infant mortality rates. While there are many problems associated with these goals and objectives, they are noble and place a tremendous burden on obstetricians and gynecologists to provide leadership and guidance with regard to legislation which may impact the public health and well-being as it pertains to obstetrics and gynecology in the State of Alaska. I believe that the legislators of the State of Alaska are also responsible for ensuring that these goals are achieved.

I have carefully reviewed the regulations pertaining to midwifery registration in the State of Alaska, as drafted by Dr. Peter M. Nakamura, Director of the Department of Health and Social Services, and find these regulations to be very thorough and well-written with very minor changes.



CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

Robert G. Thompson, M.D., F.A.C.O.G.

Reproductive Surgeon — Society of Reproductive Surgeons
Diplomate — American Board of Obstetrics and Gynecology

APR 27 1992

April 22, 1992

The Honorable Drue Pearce, Chairperson
Labor and Commerce Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Re: House Bill 382, "An Act Relating to the Practice of Midwifery"

Dear Senator Pearce:

I am deeply concerned about the wisdom of House Bill 382, "An Act Relating to the Practice of Midwifery" as sponsored by Representative Niilo Koponen (D-Fairbanks) which in its present form appears to be an extremely dangerous bill and an example of very poorly drafted legislation.

I recently received a copy of "Alaska Vital Signs" (produced by the Alaska Bureau of Vital Statistics), summarizing the goals and objectives for health indicators in Alaska and year 2000 national health objectives. This document calls for public health objectives which would reduce infant mortality, reduce the incidence of low-birth-weight infants, and reduce the incidence of complications of labor and delivery, including infant mortality rates. While there are many problems associated with these goals and objectives, they are noble and place a tremendous burden on obstetricians and gynecologists to provide leadership and guidance with regard to legislation which may impact the public health and well-being as it pertains to obstetrics and gynecology in the State of Alaska. I believe that the legislators of the State of Alaska are also responsible for ensuring that these goals are achieved.

I have carefully reviewed the regulations pertaining to midwifery registration in the State of Alaska, as drafted by Dr. Peter M. Nakamura, Director of the Department of Health and Social Services, and find these regulations to be very thorough and well-written with very minor changes.



The Honorable Drue Pearce
Re: House Bill 382
Page Two
April 22, 1992

The conception of a bill which would create a "State board for lay-midwives" as established under Bill 382 is asking for this splinter group of "health care personnel" to achieve a status which is beyond their scope and is, in my opinion, poor judgment for a responsible Legislator entrusted with responsibility for public health and well-being. As a Senator in the State of Alaska, you should be aware of the fact that statistics generated by articles and information collected by lay-midwives on their behalf and to support their cause are largely unreflective of their practice as we as obstetricians view it.

Lay-midwives' complications are referred to hospitals, frequently necessitating medical intervention for serious complications or problems which have developed due to their lack of training, lack of experience, and their misdirected or over-zealous actions on behalf of their unsuspecting patients. This frequently involves medical judgement which can only be achieved after a great deal of experience, education, and training. The regulations drafted by Dr. Nakamura would at least allow for a sense of responsibility in this arena, would provide guidelines for the continuing education of these individuals, and would allow for a review of adverse actions of lay-midwives "medical care" which may have placed an individual patient or infant at inappropriate risk.

The seriousness of this legislation and the impact on public health in this regard cannot be underestimated. I hope you will reevaluate your position in this matter and act appropriately in the interest of public health and maternal and infant health and well-being.

Sincerely,



Robert G. Thompson, MD, FACOG
Reproductive Surgeon

RGT:sd

cc: Governor Hickel
Alaska Senate
Alaska Senate Labor and Commerce Committee
Alaska House Labor and Commerce Committee
Peter M. Nakamura, MD, MPH
Alaska State Medical Association
Anchorage Times Editorial Desk
Wendy Thon, Section Maternal, Child and Family Health
Representative Bettye Davis
Representative Fran Ulmer, sponsor
Representative Kay Brown, sponsor
Representative Kevin Parnell

April 14, 1992

APR 21 1992

Drue Pearce
Rm. 510, Capitol
P.O.Box V
Juneau, Alaska 99811

Dear Drue Pearce,

As a health care consumer and homebirth advocate, I would like you to support HB 382.

Midwives are essential to homebirth families. I had my last three children at home. Practicing midwives understand their unique role in homebirth. They are best able to create their own regulations for the special circumstances of homebirth. For this reason HB 385 needs to be passed so midwives will have a licensing board made up of practicing midwives. Presently Health and Social Services is playing a political game with the midwifery regulations by trying to create regulations that would make midwife attended homebirths impossible. This department is ignoring the intent of the midwifery legislation passed in 1985.

Once again please support HB 382 to create a midwifery board and the best licensing procedures for midwives and homebirth families.

Thank you for your attention.

Sincerely,



Heather Muench
Box 6811
Ketchikan, Alaska 99901

Via Vita Health Project, Inc.



"The Way to Life" through health ministries worldwide.

Headquarters: 600 3rd Street, Fairbanks, Alaska 99701 • USA • (907) 456-3719

April 23, 1992

Dear Senator

Drue Pearce,

I am writing in strong support of House Bill 382. This bill just passed the House unanimously, and I now ask you to give it your full support in the Senate.

I have been a midwife in Alaska for the past 11 years, although I did go to New Mexico for a period of time to get a license as a midwife. It is long overdue to license midwives in Alaska.

In spite of some opposition from the nursing professionals in this state, consumers desire midwife care in this state, and midwives have a long history of good outcomes and satisfied families.

I do feel that it would be best if the "prohibited" section was taken out of the bill and put in regulations. I do not feel that regulations should be in the law.

Governor Hickel has written a letter in strong support of this bill. Please help House Bill 382 to get through the committee and onto the Senate floor for a vote this session. Thank you.

Vicki Penwell

Vicki Penwell

New Mexico Licensed Midwife
Vice President- Midwives Association of Alaska
Executive Director-Via Vita Health Project, Inc.



Alaska Family Health & Birth Clinic

600 3rd Street, Fairbanks, Alaska 99701 • (907) 456-3719

April 23, 1992

Dear Senator *Drue Pearce,*

I am writing to express my strong support of House Bill 382.

I urge you to pass HB 382 this session. The licensing of midwives in Alaska is long overdue. Please put this legislation through.

I have practiced midwifery in Alaska for 8 years and obtained a New Mexico License while waiting for Alaska to license the profession. Licensing will up-grade the profession and give mothers a health care option that they seek out and desire. Alaska Licensed Midwives for a healthy future!

Sincerely,

Dana Everson

Dana Everson
New Mexico Licensed Midwife

Kaija Anderson
1725 University Ave. #D48
Fairbanks, AK 99701
907-474-8076

April 23, 1992

Dear Senator *Drue Pearce,*

I am writing in regards to House Bill 382, licensure of midwives. I believe that midwives serve a vital role in Alaska. Not only are they willing to do home births for families, unlike 99% of the medical profession, but also the price to see a midwife is usually half the cost of a hospital delivery. I believe that healthy women who are experiencing a normal uncomplicated pregnancy should have the right to choose whether or not to have their babies in a hospital. Please calendar and pass this bill this session. I ask you as a voter and as a person who will never have a baby in a hospital.

Make it legal and keep midwifery alive in Alaska.

Kaija Anderson
Kaija Anderson

April 23, 1992

Dear Senator *Due Pearce,*

I am writing this in regards to HB 382, establishing the licensing of midwives in the state of Alaska and a designated Midwifery Board to write the regulations that will then govern the licensed midwife.

Currently I am employed as a doctor's assistant, a volunteer for a borough ambulance squad with EMT II certification, and a student of Via Vita Missions School of Midwifery. I am in full support of this bill.

To assure that a high standard of care would exist, HB 382 would establish a Midwifery Board consisting of 3 midwives, a certified nurse-midwife and one person from the general public. The Board would then screen potential applicants of their knowledge in both clinical and practical aspects of midwifery. A standardized test from the Midwives Alliance of North America (MANA) would then be used to test these skills. I feel a great sense of importance in providing a uniform standard of care throughout the state of Alaska and this bill would provide such a standard.

I urge you to support HB 382, considering the professional standard of care this would provide to our communities along with an underwritten statement of support by our Alaskan legislators.

Please calendar this bill and pass it this session. Thank you for your time and your support.

Sincerely,



Kathie L. Gettinger, EMT II
Doctor's Assistant, Student Midwife

1628 Market Street
Fairbanks, AK 99709

Dear Legislator,

I am writing to you to ask that you vote to pass HB's 381 & 382 supporting Alaska's Midwives.

I am currently under the care of a Midwife and am very pleased with the care I receive. I am also very fortunate to have an insurance company that will cover their services. Unfortunately not all women have this privilege. I know that if Midwives could be licensed in this State that more women with insurance would be able to have the choice of having their prenatal & childbirth care done by a Midwife.

From what I understand women with Medicaid do not have the option of using a Midwife's services either. I think this is very unfortunate and would like to see this changed.

Again I urge you to support Alaska's Midwives and allow them to have their own licensing board. Please support HB's 381 & 382.

Thank you for your time & support!

Merida Pederson

PO Box 73635
Fairbanks, AK 99707

Dear Legislator,

I am writing in support of HB 381 and HB 382.

Our Midwives are truly an asset to our Communities. They are professional and for many Women and Families provide affordable care.

With our first child we wanted to go with the midwives but could not afford it. We had our child on Medicaid, which was a very hard decision. Medicaid does not cover midwives so we had no choice but to go to the Doctors and then the Hospital. However we could not spend thousands just because it was there and we qualified. So I went to the Dr. a total of 3 times and refused such superfluous procedures as ultrasound (ect, ect, ect) and only stayed at the Hospital for 12 hours.

Our second child was born in the same scenario. With our third child we went again to the Midwives and we were able to afford their tender services.

Our Midwives were licenced by one of the Lower 48 States. I find it hard to believe that the State of Alaska does not already licence these women of vocation that provide such an affordable and needed alternative to the Doctors and Hospitals (who soak the system by ordering unnecessary and expensive procedures.)

The Midwives and the Women and Families of this State deserve a Midwifery Board to govern this vital group of care takers for those of us who chose this alternate, but truly more traditional path.

We the expectant Mothers and Families also deserve a free and equitable choice. Medicare and Insurance companies ought to cover this service. So we who might choose the midwives care are not forced out through a lack of legislative action on these Bills.

Once again please Pass

HB 381 and HB 382!

P.S. Please confirm Dr. Rowen to the State Medical Board. One appointee representing a large group of citizens who believe there are alternatives is long overdue!

Sincerely Lorraine L. Fabrizio
registered voter
Lorraine Fabrizio

H.C.-1 Box 3957
Healy AK 99743-9502

April 24, 92

Dear Senator,

I am writing to express my support of HB 382. As you know, it recently passed the house with a vote of 37-0. As the remaining time in this year's session is growing short, I urge you to calendar and pass this bill immediately!

This bill would establish safe standards for midwifery in Alaska. It is also a good protection for consumers and midwives alike.

Midwives presently provide safe, professional and personalized care for 10% of the babies born in Alaska, and should be licensed by the state. The demand will continue.

Again I urge you to support this bill, and see that it is passed this session.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Dinnel".

Bridget Dinnel
PO Box 73515
Fairbanks, AK 99707

April 24, 92

Dear Senator,

I am writing to you concerning the passage of HB 382. As a mother & a student of midwifery I urge you to support this bill, which would provide a means for the practice of midwifery to be governed by a board, and also a means by which midwives may be licensed in our state.

The practice of midwifery & the need for midwives is growing both in Alaska & many other states as well. Women are asking for the quality, compassionate, individualized care that a midwife can provide, and have a right to be able to choose who their health care provider will be. It is an ancient art that has only recently been usurped by the pathologically oriented medical community.

Licensing of midwives would protect both the midwife and the consumer.

I must remind you that this bill has recently passed the House 37-0, an indication of the consumer demand in the state! Please schedule this bill for hearing & pass it "unscathed" this session!

Sincerely,

Cindy Weis
745 Bennett
Fairbanks, Ak
99712

APR 29 1992

Alaska Used
Computer Source

Date: 4-27-92

To: All Senators

From: Ak. Used Computer Source, Inc.; Harry Davidson, Pres.

Re: H.B.382, Licensing of Certified Direct Entry Mid-Wives.

Dear Senator,

I am asking for your support of H.B.382. Please give this bill your immediate attention. This is an excellent piece of legislation that will help assure quality alternative maternal health care for Alaskan women that choose to deliver their babies with an Alaskan Mid-wife. This bill has under gone scrutiny by the Alaska Nurse Practitioner Association and the Alaska Chapter of the American College of Midwives with their concerns being met and incorporated into the bill. Direct Entry Mid-wives are legal in the state of Alaska but are currently unregulated. This legislation will provide for that regulation. The Mid-Wives will have a Board comprised of health care professionals. They will draft regulations and review procedures that will help assure a professional level of health care Alaskan women deserve.

Vocal resistance from a limited number of health care providers is to be expected, but this bill is widely supported by the women that prefer to use a mid-wife for their maternal health care needs. Please remember that Direct Entry Midwifery has been legal in the State of Alaska since 1985, and this is not a bill to legalize the practice of Midwifery. This is a bill to license and regulate Direct Entry Mid-Wives. This bill deserves your support, Alaskan women deserve your support, and Alaskan Mid-Wives deserve your support. Thanks for your thoughtful consideration of this important bill.

Sincerely,

Harry Davidson



WORLD HEALTH ORGANIZATION
 ORGANISATION MONDIALE DE LA SANTE
 WELTGESUNDHEITSORGANISATION
 ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
 REGIONAL OFFICE FOR EUROPE
 BUREAU REGIONAL DE L'EUROPE
 REGIONALBÜRO FÜR EUROPA
 ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

11 July 1990

Date:

Governor Cowper
 PO Box A
 Juneau
 Alaska 99811
 USA

MCHB/NR

Our reference
 Notre référence
 Unser Zeichen
 См. наш номер

Your reference
 Votre référence
 Ihr Zeichen
 На Ваш номер

Dear Governor Cowper,

We have been informed that the State of Alaska is considering new legislation with regard to midwifery. The purpose of this letter is to inform you that there is strong evidence worldwide, most especially in the highly industrialized countries, that midwifery is an essential profession in the care of the woman during pregnancy and at birth. Therefore, this profession needs to be strengthened and supported in every way possible. This profession would be particularly important in a state such as yours where there are long geographical distances and small isolated groups of people. Indeed, I visited Alaska last year and met with doctors and midwives both in Anchorage and in Fairbanks and it is clear that there is an urgent need to expand and strengthen midwifery in Alaska.

Unfortunately, the proposed regulations contain certain aspects which would not support and expand midwifery in your state, but rather do the opposite. Every birthing woman in Alaska should have the freedom of choice with regards to birth attendants. This means that your legislation should do nothing to inhibit this free choice. Insisting on requiring 25 births a year for midwives is unheard of in any of the health professions in any of the industrialized countries and is certainly totally inappropriate for a state such as Alaska. Furthermore, all of the countries in the world have the regulating board for midwifery with a majority of midwives and a minority of physicians or nurses.

For all of the above reasons we would strongly urge that the proposed regulations not be approved but that new legislation be drafted that would truly provide the women of Alaska with freedom of choice in their own birthing.

Yours sincerely,

Marsden G. Wagner
 Responsible Officer, Maternal and
 Child Health

cc: Lieutenant Governor McAlpine, PO Box AA, Juneau, Alaska 99811

170 PUBLIC OPINION MESSAGES IN SUPPORT OF CS HB 382

Melissa Allsup
8941 Mast Circle
Anchorage AK 99502

Kaija Anderson
1725 University Ave.
Fairbanks AK 99709

Kaya Anderson
1725 University Ave. S. #D48
Fairbanks AK 99709-4931

Karen Audett
Girdwood AK 99587

Janet Axell
Box 3895
Kodiak AK 99615

Terri Elock
HC 04 Box 9042
Palmer AK 99645

Jeanie Boddy
102 Kelly
Sitka AK 99835

Kate Boesser
Box 47
Gustavus AK 99826

David Cammack
3040 Riverview Drive
Fairbanks AK 99709

Amy Carroll
P.O. Box 1640
Two Rivers AK 99716

Donna Catkin
1921 Raven Driven Drive
Fairbanks AK 99709

Beverly Chalmers
8 Scherfigvej DK-2100
Copenhagen Den

Kayheym Cirdell
P.O. Box 874753
Wasilla AK 99687

Rebecca Conner
P.O. Box 81521
Fairbanks AK 99709

Linda Corey
326 4th St. #402
Juneau AK 99802

Duncan, David and Crawford
P.O. Box 475
Tok AK 99780

Pam Cure
5045 N. Douglas
Juneau AK 99801

William and Mary Dalton
Box 2240
Kodiak AK 99615

William and Mary Dalton
P.O. Box 2240
Kodiak AK 99615

David Dargif
P.O. Box 520827
Big Lake AK 99652

Amy Daugherty
P.O. Box 20261
Juneau AK 99802

Harry Davidson
601 W. 36th Ave. Suite 15
Anchorage AK 99503

Shirley Davis
AK Professional Midwifery Services
Anchorage AK

Darcy Davis
P.O. Box 204
Girdwood AK 99587

Karen and Robert Day
2220 Second Ave.
Ketchikan AK 99901

Casandra Days
P.O. Box 33716
Juneau AK 99803

Elizabeth Demar
2022 Turner
Fairbanks AK 99701

Lois Deraadp
P.O. Box 2666
Fairbanks AK 99707

Bridget Dinnel
4126-2 8th St.
Ft. Wainwright AK 99703

Carolyn Dixon
846 Warren
Ketchikan AK 99901

Paul Dozier
1316 Gilmore Trail
Fairbanks AK 99712

William Eissler
9499 Brayton Drive #14
Anchorage AK 99507

Dalena Englund
2550 Cushman
Fairbanks AK 99701

Heather Eversmayer
3944 Julep
Juneau AK 99801

Teri Firor
P.O. Box 81792
Fairbanks AK 99708

Warren Flynn
1030 Baneberry
Fairbanks AK 99712

Tamara Fondell
Box 1771
Sitka AK 99835

Kathie Gettinger
1628 Market St.
Fairbanks AK 99709

Mary Gray
P.O. Box 3687
Kodiak AK 99615

Anne-Marie Hain
P.O. Box 5495
Ketchikan AK 99901

Kathy Duprey-Ford
SR 1250
Kodiak AK 99615

William Eissler
9499 Brayton Drive #14
Anchorage AK 99507

Sharon Evans
P.O. Box 3224
Kenai AK 99611

Dana Everson
600 Third Street
Fairbanks AK 99701

Teri Firor
P.O. Box 81792
Fairbanks AK 99708

Joyce Foley
3760 Carefree Drive
Wasilla AK 99654

Diane Fuller RN
PHS Hospital
Barrow AK 99723

Ken and Janet Gibbs
P.O. Box 113
Graying AK 99590

Kris Grose
1111 Eliz
North Pole AK 99705

Tom Harrison
P.O. Box 876426
Wasilla AK 99687

Jim Eichner
1030 2nd Ave.
Fairbanks AK 99701

Shari Ellis
P.O. Box 82877
Fairbanks AK 99708

Christine Everett
2308 Robinson Circle
North Pole AK 99705

Beth Fields
Box 1691
Kodiak AK 99615

Sidney Flint
2228 Mercier
Fairbanks AK 99701

Mary Lou Follett
10224 Heron Way
Juneau AK 99801

Cindy Gentz
P.O. Box 216
Delta Junction AK 99737

Caryn Giliam
2538 Porter
Anchorage AK 99508

Kay Hackney
P.O. Box 10314
Fairbanks AK 99710

Aileen Hediger
413 Cedar Street
Kodiak AK 99615

Linda Helfrick
1171 Ballina Road
Fairbanks AK 99709

D.J. Herron-Webb
3605 Arctic Blvd. #531
Anchorage AK 99503

Raymond Holmsen
HC 78-2343 Birchwood
Chugiak AK 99567

Kathleen Hovda
1089 Oakcrest Court
North Pole AK 99705

Molly Jacobson
1107 A. Edgcumbe Drive
Sitka AK 99835

Kerry Jenkins
P.O. Box 81506
Fairbanks AK 99708

Joan Junge
P.O. Box 981
Dillingham AK 99576

Cindy Klinger
3550 Airport Way Suite 3
Fairbanks AK 99701

Beth Landveiter
502 West 10th
Juneau AK 99801

Cynthia Helms
P.O. Box 875443
Wasilla AK 99687

Nancy Holland
463 Fleshman Street
Fairbanks AK 99712

Misti Hook
11301 Hidaway Trail
Anchorage AK 99516

Al Huber
P.O. Box 876962
Wasilla AK 99687

Mary Jacobson
P.O. Box 191
Denali Park AK 99755

Heather Jinks
3815 Tanda Road
North Pole AK 99705

Kay Kanne
P.O. Box 22624
Juneau AK 99802

Shannon Kohler
Box 1746
Soldotna AK 99569

Jean Lebaron
Box 230414
Anchorage AK 99523

Judith Helzer
4230 Endeavor Circle
Anchorage AK 99515

Mariyn Holmes
969 Goldbelt
Juneau AK 99801

Bette House-Myers
P.O. Box 46
Tanana AK 99777

Deidre Hyde
863 Delphinium Lane
Fairbanks AK 99712

Lsuts Jankowski
1721 University Ave. Apt. c-40
Fairbanks AK 99709

Pam Jones
16121 Terracewood Lane
Anchorage AK 99516

Kathleen Kelley
1451 Farmers Loop Road
Fairbanks AK 99709

Kathleen Kraemer
P.O. Box 520654
Big Lake AK 99652

Pauline Lerma
Juneau Midwifery Service
3240 Foster Ave.
Juneau AK 99801

Irma and Anna Liebhaber
P.O. Box 58196
Fairbanks AK 99711

Kim Long
7922 E. 11th Ct.
Anchorage AK 99504

Donna Malone
2108B McCullam
Fairbanks AK 99701

Kimberly Maxwell
P.O. Box 210993
Auke Bay AK 99821

Glendora McCarthy
P.O. Box 5984
Ketchikan AK 99901

Kay Mell
Box 218918
Juneau AK 99802

Lonnie Miller
8707 Gail
Juneau AK 998801

Heather Muench
Box 6811
Ketchikan AK 99901

Lisa Nelson
HC 32 Box 6700-A
Wasilla AK 99654

Lori Ostrosky
423 E. 12th Ave.
Anchorage AK 99501

Marsha Linden
2910 Brookridge
Anchorage AK 99504

Sharon Long
P.O. Box 8308
Fairbanks AK 99707

Scherill Malone
4002 Barbara Drive
Anchorage AK 99517

Sheryl Mayo
244 Kogwanton
Sitka AK 99835

Jerri McDonald
P.O. Box 58362
Fairbanks AK 99711

Cheryl Michael
P.O. Box 772662
Eagle River AK 99577

Vickie Mitchell
2265 Nickerson Court
Fairbanks AK 99709

Cindy Nafplotis
P.O. Box 71715
Fairbanks AK 99707

Dawn Nelson
P.O. Box 670123
Chugiak AK 99567

Tamara Parker
3091 Longspur Drive
Wasilla AK 99654

Theresa Logan
15 Farewell #313
Fairbanks AK 99701

Marie Lovo
351 Cloudberry
Fairbanks AK 99709

Liz Marantz
Box 6083
Sitka AK 99835

Kathleen McCann
Box 254
Ninilchik AK 99636

Meins
3020 Davis Road D51
Fairbanks AK 99709

Milam
P.O. Box 84644
Fairbanks AK 99708

Virginia Morton
HC 83, Box 206
Eagle River AK 99577

Lisa Nelson
HB32 Box 6700-A
Wasilla AK 99654

Ian and Thomas Newman
Box 3745
Palmer AK 99645

Vicki Penwell
P.O. Box 81242
Fairbanks AK 99708

Jeanne Pepper
Box 211043
Auke Bay AK 99821

Larae Pepper
P.O. Box 874521
Wasilla AK 99687

Jackie Pflaum
Alaska Nurses' Assoc.
237 East Third Ave.
Anchorage AK 99501

Susan Pollard
314 Goldbelt
Juneau AK 99801

Sandy Pollen
HC01 Box 6005D
Palmer AK 99645

Glenn Prax
1015 Meadow Rue
North Pole AK 99705

John Prewett
P.O. Box 73223
Fairbanks AK 99707

Karen Reeves
P.O. Box 49
Denali Park AK 99775

Ann and Mark Restad
P.O. Box 3975
Palmer AK 99645

Suzanne Rich
1243 McCarty Ave.
Fairbanks AK 99701

Tara Riordan
HC 85 Box 13737 Savage Drive
Eagle River AK 99577

Ymara Roachell-Perez
4401 Reka Drive Apt. #1
Anchorage AK 99508

Michael Roonar
P.O. Box 4487
Kodiak AK 99615

Robert Rowen
615 E. 82nd Ave. Suite 300
Anchorage AK 99518

Sherri Runyan
Route 1
Nanana AK 99760

Hild Sandsted
P.O. Box 82067
Fairbanks AK 99708

Beverly Scaggs
709 Gold Street
Juneau AK 99801

Kelly Schactler
P.O. Box 2254
Kodiak AK 99615

Kelly Schactler
P.O. Box 2254
Kodiak AK 99615

Cristina & Joe Schneider
163 Syracuse #4
Fairbanks AK 99709

Deborah Schneider
P.O. Box 67147
Chugiak AK 99567

Penny Schrader
2149 Lawsen Creek Road #5
Douglas AK 99824

Penny Schrader
2149 Lawson Creek Road
Juneau AK 99801

Kathleen Short
Box 831
Kodiak AK 99615

Vera Sidoreuhi
1466 W. Lakeridge Drive
Eagle River AK 99577

Darcie Sjoblom
1239 Lakloey Drive
North Pole AK 99705

Nancy Slayton
5595 Old Ridge Trail
Fairbanks AK 99709