

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

550 West 7th Ave
Atwood Building Room 1860
Anchorage, AK

February 23-24, 2012

By authority of AS 08.065.020 and in compliance with the provision of AS 44.62, Article 6, a scheduled meeting of the Board of Certified Direct-Entry Midwives was held September 8-9, 2011 in the Atwood Building, 550 West 7th Ave Suite 1860 Anchorage, AK

February 23, 2012

Agenda Item 1 Call to Order

The meeting of the Board of Certified Direct-Entry Midwives was called to order by Cheryl Corrick, CDM Chair on February 23, 2012 at 9:11 a.m. This meeting was public noticed in the Anchorage Daily News on December 15, 2011.

Present, constituting a quorum of the board were:

Cheryl Corrick, CDM, Chair, Fairbanks
Mary 'Jennie' Grimwood, Public Member, Secretary, Cordova
Holly Steiner, CDM, Wasilla
Barbara Norton, ANP, CNM, Anchorage
Peggy Downing, MD, Wasilla

Present from the Division of Corporations, Business & Professional Licensing:

Connie Petz, Licensing Examiner
Margo Mandell, Investigator

Public Members present on February 23, 2012:

Onica Sprokkreeff	Lena McGinnis-Kilic	Sue Armstrong	Kaye Kanne
Deborah Schneider	Dana Brown	Sharon Evans	Laura Gore
Susie Terwilliger	Stella Lyn	Autumn Loken	

Public Members present on February 24, 2012:

Deborah Schneider Felicity Smith Dana Brown Kaye Kanne

Agenda Item 2 Review / Agenda

ON A MOTION MADE BY BARBARA NORTON, SECONDED BY DR. DOWNING IT WAS RESOLVED TO APPROVE THE AGENDA. ALL IN FAVOR, NO NAYS.

No further discussion.

Agenda Item 3 Review / Approve Minutes

February 17-18, 2011 minutes reviewed by board.

ON A MOTION MADE BY DR. DOWNING, SECONDED BY JENNIE GRIMWOOD; IT WAS RESOLVED TO APPROVE THE FEBRUARY 17-18, 2011 MINUTES. ALL IN FAVOR, NO NAYS.

No further discussion.

September 8-9, 2011 minutes reviewed by board.

ON A MOTION MADE BY HOLLY STEINER, SECONDED BY BARBARA NORTON, IT WAS RESOLVED TO APPROVE THE SEPTEMBER 8-9, 2011 MINUTES AS WRITTEN. ALL IN FAVOR, NO NAYS.

No further discussion.

Agenda Item 4 Ethics Reporting

There were no ethics violations to report by Holly Steiner, Jeannie Grimwood, Barbara Norton, Dr. Downing or Cheryl Corrick. No ethics violations to report by staff.

Staff explained 'Ex-Parte' communication to the board. Board members should not hold conversation with applicants prior to licensure and should not discuss any type of a licensing violation concerns with a licensee. Both of these situations limit the board in their ability to perform board business, to be included in future discussions and could hinder the board with the risk of not having a quorum of the board to make a determination or decision.

A draft ex-parte communication letter was shown to the board. It addressed avoiding discussion related to board business between applicants/licensees and board members.

Avoiding the risk of Ex-Parte communication with other board members is also important as any conversation between members could be considered an ethical violation and a violation of the open meetings act.

Agenda Item 5 Investigative Report

Staff introduced the board to their new investigator Margo Mandel. She has 10 years experience with the division and is replacing Jo Anna Williamson who has been assigned to the board of nursing.

The Board of Certified Direct-Entry Midwives had ten open complaints and/or cases and one case closure since the last Board meeting.

OPEN COMPLAINTS/CASES:

Number:	Alleged Violation:	Status:
2010-000966	Standard of Care	Ongoing
2011-000479	Violating of Licensing Reg.	Ongoing
2011-000576	Standard of Care	Ongoing
2011-000766	Unlicensed Practice	Ongoing
2011-000767	Violating Licensing Reg.	Ongoing
2011-000769	Violating Licensing Reg.	Ongoing

CLOSED:

Number:	Alleged Violation:	Closure Status:
3400-08-001	Violating Prof. Ethics	Advisement Letter
2011-000161	Negligence	License Action/Consent Agreement
2011-000770	Violating Licensing Reg.	Compliance
2011-000771	Violating Licensing Reg.	Compliance

Ms. Mandel said that there are six active investigations and apparently there are four open intake complaints. She also explained investigations' has instituted a new process. When someone calls with a complaint, investigations' opens it as an intake complaint, they mail the person a complaint packet and allow 30 days for it to be returned. If it is not returned, the intake complaint is closed, if it is returned and the complaint falls within the jurisdiction guidelines, then a complaint is opened as an investigation.

Ms. Mandel explained complaints come from many sources; medical providers, co-workers, public, etc. A complaint is not open to the public, both to protect the public (person filing the complaint) and the licensee. This is to avoid misinformation about a licensee who may not have done anything wrong. The investigator interviews everyone involved, all relevant parties to the allegation. If through the investigative process, it is determined that a violation has occurred, they try to handle the case informally first, before proceeding to any litigation. This is where a consent agreement (a formal document) that is between the division and the licensee. It outlines the circumstances and the disciplinary sanctions. If the parties do not come to a resolution then the complaint proceeds to a hearing. The investigator may work with a board member to work out the agreement, unless there has already been a clear cut precedent set for a similar violation.

Cheryl Corrick asked Ms. Mandel if the board members could see a complaint packet.

TASK: Ms. Mandel will forward to staff and staff will forward to board members.

Ms. Mandel said she had two complaints to present later in the day. The board amended the agenda by tabling agenda item 6 Application Review to 2:45p.m. and deviated to agenda Item 11 Regulation project.

**ON A MOTION BY BARBARA NORTON, SECONDED BY DR. DOWNING.
AMEND THE AGENDA, SWITCH AGENDA ITEM 6 APPLICATION REVIEW WITH
AGENDA ITEM 11 REGULATION PROJECT. ALL IN FAVOR, NO NAYS.**

Break Off Record at 9:50 a.m. Back on record at 10:00 a.m.

Deviated to Agenda Item 11 Regulation Project

The board reviewed regulations and asked that staff forward to the below to regulations specialist to draft before the August 16-17, 2012 board meeting.

1: Add regulation to reinstatement regulation requiring applicant verifies current certification in a Neonatal Resuscitation Program to be consistent with licensing regulations 12 AAC 14.110, 12 AAC 14.120 and 12 AAC 14.400.

12 AAC 14.470(b)(4)

(D) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics, or neonatal resuscitation from the Midwives' Association of Alaska (MAA);

2: Add a regulation to establish disciplinary guidelines. The board would like stronger regulations for applicants for Certified Direct-Entry Midwives in the event there may be criminal violations. The board reviewed and discussed the **establishment of disciplinary guidelines** in view of the board of nursing guidelines as outlined in 12 AAC 44.700-710. In addition to the nursing regulations the board wanted to include reference to the barrier crimes matrix and reflect authority for AS 08.65.110 and AS 08.65.120.

In the interest of public safety and to ensure the certified direct-entry midwives provide the highest standard of care the board has developed this regulation to allow the board the option to deny a permit or a license to an individual with a history of criminal background.

Entire NEW regulation to be added to 12 AAC 14 for criminal violations:

12 AAC 14.??? (number (???) to be assigned) PURPOSE OF DISCIPLINARY GUIDELINES. To ensure that the board's disciplinary policies are known and are administered consistently and fairly, the disciplinary guideline in 12 AAC 14.??? – 12 AAC 14.??? are established. Authority: AS 08.65.050, AS 08.65.110, AS 08.65.120

12 AAC 14.??? GROUNDS FOR IMPOSING DISCIPLINARY SANCTIONS AND DENIAL OF A LICENSE FOR CRIMINAL HISTORY. (a) As used in AS 08.65.050, AS 08.65.110, AS 08.65.120, and this chapter, crimes that are substantially related to the qualifications, functions, or duties of a certified direct-entry midwife, apprentice direct-entry midwife or applicant for certified direct-entry midwife or applicant for apprentice direct-entry midwife include

- (1) murder;**
- (2) manslaughter;**
- (3) criminally negligent homicide;**
- (4) assault;**
- (5) sexual assault;**
- (6) sexual abuse of a minor;**
- (7) unlawful exploitation of a minor, including possession or distribution of child pornography;**
- (8) incest;**
- (9) indecent exposure;**
- (10) robbery;**
- (11) extortion;**

- (12) stalking;
- (13) kidnapping;
- (14) theft;
- (15) burglary;
- (16) forgery;
- (17) endangering the welfare of a child;
- (18) endangering the welfare of a vulnerable adult;
- (19) unlawful distribution or possession for distribution of a controlled substance; for purposes of this paragraph, "controlled substance" has the meaning given in AS 11.71.900
- (20) reckless endangerment.
- (21) Those listed as permanent barrier crimes in the barrier crimes matrix listed in 7 AAC 10.905

(b) Convictions of an offense in another jurisdiction with elements similar to an offense listed in (a) of this section are substantially related to the qualifications, functions, or duties of a certified direct-entry midwife or apprentice direct-entry midwife or applicant for certified direct-entry midwife or applicant for apprentice direct-entry midwife.

(c) Nothing in the guidelines set out in 12 AAC 14.??? prohibits the board from issuing a certified direct-entry midwife license or apprentice direct-entry midwife permit except for a permanent barrier crime according to 12 AAC 14.??? (21).

Authority: AS 08.65.050, AS 08.65.110, AS 08.65.120

12 AAC 14.???. VIOLATIONS. (a) A certified direct-entry midwife or apprentice direct-entry midwife, who after a hearing under the Administrative Procedure Act (AS 44.62), is found to have violated a provision of AS 08.65 or 12 AAC 14, is subject to the disciplinary penalties listed in AS 08.65.110, AS 08.65.120, including public notice of the violation and penalty in appropriate publications.

(b) Nothing in the guidelines set out in 12 AAC 44.720 prohibits the board from imposing greater or lesser penalties than those described in 12 AAC 44.720 or restricting the practice of a certified direct-entry midwife or apprentice direct-entry midwife depending upon the circumstances of a particular case.

Authority: AS 08.65.050, AS 08.65.110, AS 08.65.120

3: The board recognized that there is a missing component to regulation 12 AAC 14.110. CERTIFICATION BY EXAMINATION (a) as it does not provide a reference to the statute and it should include the qualifications for license 08.65.050.

The Board approves for consideration of a regulation change by adding the reference **08.65.050** to the regulation to provide clear directions for the applicant. **12 AAC 14.110. CERTIFICATION BY EXAMINATION.** (a) The board will issue a certificate as a direct-entry midwife to an applicant who meets the requirements of 08.65.050 and this section and passes the examination required in 12 AAC 14.300.

4: Require reinstatement applicant to request verification of licensure from any jurisdictions which the applicant may be practicing or any other active license held while licensed was lapsed in the state of AK.

This would be inserted between regulation 12 AAC 14.470 (b) 3 and (b) 4. Without requiring this information the board would not have a complete picture of the applicants practice history.

ADD to Reinstatement of a lapsed certificate 12 AAC 14.470 and insert below

12 AAC 14 14.470 (b) (3) Verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; the verification must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked.

5: Add to **12 AAC 14.990. DEFINITIONS** regulation to provide clear direction for the reinstatement applicant.

Add under 12 AAC 14.470 (6)(B) Supervised deliveries must meet the definition of 12 AAC 14.990(4) and 12 AAC 14.990(5)

6: add the reinstatement regulation to the definition regulation.

Add under 12 AAC 14.990. DEFINITIONS. (4) "preceptor" means a person qualified under AS 08.65.090(b) or 12 AAC 14.210(a) who supervises a person training to be a direct-entry midwife **or supervises a lapsed certificate holder in process of reinstatement per 12 AAC 14.470 (6)(B).;**

7: Clarify 10 supervised deliveries in 12 months preceding the date of application in the reinstatement regulation 12 AAC 14.470 (B).

(B) at least 10 supervised deliveries in the year immediately preceding the application for reinstatement in **which the applicant was the primary or assisting midwife. In at least five of these deliveries, the applicant must be the primary midwife.**

8: Change regulation 12 AAC 14.570 (4) the word Rhogam to - Rh immune globulin because the word rhogam is actually a brand name and it may no longer be available.

The regulation should now read: 12 AAC 14.570 (4) **Rh immune globulin, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease;**

9: The board held discussion with Kaye Kanne, representing the Midwives Association of Alaska. Ms. Kanne asked the board to create a regulation by moving the entire statute 08.65.140. Required Practices into regulation 12 AAC 14. Ms. Kanne said that MAA has a goal to open the law at sunset and intends to ask the legislature to remove the required practices from statute. MAA believes the board of certified direct entry midwives will then have the ability to regulate required practices. Ms. Kanne also said that when the initial law was created, the required practices were never intended to be left as a statute. MAA also recognizes that before the legislature would ever consider removing the required practices from statute then the public would need to be protected under the regulations.

Staff advised that repeating a statute in the regulations is not allowed. The board decided that in this case, moving the statute into regulation was a process that was necessary. The entire required practice statute needs to be a regulation. Then when the statute is repealed the new regulation would define the scope of practice and this will protect the public. The board reviewed the statute and made amendments to meet current standards of care.

The board said, add an entire new regulation by moving Sec. 08.65.140. REQUIRED PRACTICES into the regulation project with some changes.

Take 08.65.140 out of statute and put it into regulations so that the board can update and make changes as needed to keep with current standards of care and practice guidelines. Before making the legislative changes the board said they need to adopt these into regulation with the changes outlined below.

12 AAC 14.???. Scope of Practice: A certified direct-entry midwife may, with a physician, advanced nurse practitioner, or certified nurse midwife, who is licensed in this state consult, care for and, with a physician's, advanced nurse practitioner, or certified nurse midwife approval, may deliver, a woman who has or has a history of:

- (1) a positive titer, epilepsy, heart abnormality, herpes in the 1st trimester or active herpes;
- (2) psychiatric illness;
- (3) a fetus with suspected or diagnosed congenital anomalies;
- (4) a chronic maternal medical condition;
- (5) is less than 16 years of age at the time of delivery;

A certified direct-entry midwife may provide co-management or co-care for, but may not deliver, a woman who:

- (1) has a dichorionic diamniotic twin gestation;
- (2) has fetus of less than 37 weeks gestation;
- (3) has a fetus of more than 42 weeks gestation by dates and examination;
- (4) has a fetus in any presentation other than vertex at the onset of labor
- (5) is a primigravida with an unengaged fetal head in active labor, or any woman who has rupture of membranes with unengaged fetal head, with or without labor;
- (6) has experienced the rupture of membranes greater than 24 hours before active labor;
- (7) has had a previous cesarean delivery or other uterine surgery.

A certified direct-entry midwife may not knowingly care for or deliver a woman who:

- (1) has a history of pulmonary embolism;
- (2) has Type 1 diabetes;
- (3) has pre-existing or chronic hypertension;
- (4) has Rh disease;
- (5) has TB, active syphilis or gonorrhea;
- (6) has symptomatic heart or kidney disease;
- (7) has current chronic substance abuse; (not sure how to word this)
- (8) has pre-eclampsia or eclampsia;
- (9) has bleeding with evidence of placenta previa.

**ON A MOTION MADE BY BARBARA NORTON, SECONDED BY DR. DOWNING,
TO ACCEPT THE REGULATION CHANGES AND FORWARD THE REGULATION
PROJECT TO THE REGULATION SPECIALIST AS DRAFTED. ALL IN FAVOR,
CARRIED UNANIMOUSLY.**

Task: Staff to forward draft regulations to regulation specialist.

Board deviated to Agenda Item 10 Preceptor Project

Staff had been tasked to provide a list to the board of all licensees who have the words 'approved preceptor' on their license or who could qualify as a preceptor. Of the current licensed 34 CDM's only 12 do not have the words 'approved preceptor' stated on their license. Four of those twelve would meet the requirements by law based on licensed two years in our state. Likely these CDM/s have never contacted the division to have 'approved preceptor' on their license or perhaps they do not preceptor apprentices.

Regulation 12 AAC 14.220. APPRENTICESHIP PROGRAMS outlines the requirements for an apprentice program. An apprenticeship program must (3) provide a training program for the apprentice that meets the course of study and supervised clinical experience requirements of 12 AAC 14.200 and 12 AAC 14.210.

The reason there is a preceptor project is because the regulation says the apprenticeship program must provide a training program. What is the preceptors' role?

Staff read for the board from the NARM policies on preceptor/apprentice relationships. "The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. All board members agreed that is what a preceptor does.

Cheryl asked some questions for the board to consider.

- If the apprentice is taking an academic course, is the preceptor to be verifying the content is being studied, completed and if sections are being passed?

Board said no. Audience member Dana Brown said she doesn't do that, if they have a certificate they have finished a program and that is proof they did it.

- Does the preceptor have any accountability per 12 AAC 14.200 to monitor course content confirming the apprentice is completing the academic work?

The board said no.

- What if the apprentice does not complete the course they initially started or is not doing the academic portions but are meeting the supervised clinical experience requirements?

The board said then they could not get a license because they have to show they have completed the academic program.

- Does the preceptor form need to be revised?

Yes, change form # 08-4228a by removing wording; 'I am responsible for ensuring that' this apprentice is taught all academic subjects' to read 'this apprentice is enrolled in an approve course with all academic subjects'.

TASK: staff will have wording revised on this form.

The instructions for the application need to include better directions for apprentices and preceptors.

TASK: Cheryl Corrick and Staff will work on revising the instructions for both apprentices and preceptors.

Break for Lunch – Off Record at 11:50 a.m.

Agenda Item 7 Call to Order/Roll Call Chair

Cheryl called the meeting to order at 1:13 p.m. All board members and staff present.

Agenda Item 8 Public Comment

Kaye Kanne has been denied access to an A.L.S.O. Advanced Life Support in Obstetrics course. Ms. Kanne, asked the board to write a letter supporting and allowing midwives to take A.L.S.O.

The board asked Ms. Kanne to draft the letter, send to staff and the board would decide if they would sign it. The board discussed that restriction of practice affects the public and this course was related to protection of the public.

Also Ms. Kanne said she had learned that the board had determined that an apprentice could not count births earned outside of Alaska. She wanted the board to know that she knows this was never the intent of the board and that births outside of the state are good experience.

Susan Terwilliger: Asked the board, to keep the spirit of how great it is that apprentices work with several preceptors and encourage apprentices to have more than one preceptor in the upcoming draft of responsibilities for a preceptor.

Agenda Item 9 Midwives Association of Alaska – Presentation

Ms. Kanne said that MAA has a goal to open the law at sunset and intends to ask the legislature to remove the required practices AS 08.65.140 from statute. Ms. Kanne also said that when the initial law was created in 1992 the required practices were never intended to be left as a statute. MAA also recognizes that before the legislature would ever consider removing the required practices from statute then the public would need to be protected under the regulations.

Ms. Kanne told the board that this statute was drafted at a time when there wasn't a board to regulate certified direct-entry midwives. The board was not formed until 1992. Ms. Kanne said she was coached by a legislator that drafting a scope of practice in a regulation is the first step towards removing them from the statute. By placing the required practices in regulation it allows certified direct entry midwives, the experts in the field to regulate their professional practice and keep regulations updated according to midwifery practice.

Dana Brown agreed with Kaye Kanne and said she also though AS 08.65.170 Exclusions also should be removed from the statute, specifically the cultural traditions because there is no one who meets this criteria.

Holly Steiner said the board needs to fix the statute 08.065.090(b)(2) as she still thinks it's a typo and wants it fixed to be able to count births outside of Alaska.

Lara Gore asked the board to provide a list to MAA of the other statute changes the board would like to include in the legislative change. She also said she is in agreement with Kaye Kanne and Dana Brown.

MAA intends to begin meeting with legislators after this 2012 session ends.

TASK: Cheryl will draft a list of other statutes which the board wants to change.

Deviated back to Agenda Item 6 Review Applications

Margo Mandel returned to the board meeting. The board had two applications to review with the investigator.

I, Cheryl Corrick, as chair of the Alaska Board of Certified Direct-Entry Midwives, call for a motion to enter executive session to discuss the applications in accordance with: AS 44.62.310(c)(2) and (3) and the Alaska Constitutional Right to Privacy Provisions, for the purpose of discussion of applications.

Dr. Downing made a motion to enter executive session for the purpose of discussing the applications, seconded by Barbara Norton.

ROLL CALL VOTE:

- Cheryl Corrick, CDM, Chair
- Mary 'Jennie' Grimwood, Secretary, Public Member
- Holly Steiner, CDM
- Barbara Norton, C.N.M, ANP
- Peggy Downing, M.D.

On a motion made by Dr. Downing, seconded by Barbara Norton, it was RESOLVED TO enter Executive Session in accordance with AS 44.62.310(c) to discuss applications.

All in favor, carried unanimously.

Cheryl Corrick, the Alaska Board of Certified Direct Entry Midwives is RESOLVED to enter executive session in accordance with AS 44.62.310(c) (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; and (3) matters which by law, municipal charter, or ordinance are required to be confidential, and the Alaska Constitutional Right to Privacy Provisions, for the purpose of discussion of applications.

All board members and staff, Connie Petz and Margo Mandel to remain in the room and any public members to step out of the room.

Enter Executive Session OFF record 2:10 p.m.

Out of executive session back ON record 2:33 p.m.

All board members, staff and public present. The board reviewed application consent agreements and called for a motion.

On a motion made by Barbara Norton, seconded by Holly Steiner, it was RESOLVED TO ADOPT the Consent Agreement and Proposed Decision and Order on case # 2012-000256. All in favor, Roll call vote, Jennie Grimwood, Holly Steiner, Barbara Norton and Peggy Downing.

Cheryl Corrick, The BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order, case # 2012-000256, Onica Sprokkreeff apprentice permit # MID A 60 adopted the Consent Agreement and Proposed Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board of Certified Direct-Entry Midwives.

The Division may enforce the Consent Agreement by immediately suspending Onica Sprokkreeff permit and/or certification, without an additional order from the Board of Certified Direct-Entry Midwives or without a prior hearing, for a violation of the Consent Agreement.

The board reviewed and approved the adoption of application consent agreement for case # 2011-000479.

On a motion made by Jennie Grimwood, seconded by Holly Steiner, it was RESOLVED TO ADOPT the Consent Agreement and Proposed Decision and Order on case # 2011-000479. All in favor, Roll call vote, Jennie Grimwood, Holly Steiner, Barbara Norton and Peggy Downing. Barbara Norton stated she would not vote.

The BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order, case # 2011-000479, Lena Marie McGinnis-Kilic, permit # MID A 55 adopted the Consent Agreement and Proposed Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board of Certified Direct-Entry Midwives.

The Division may enforce the Consent Agreement by immediately suspending Lena Marie McGinnis-Kilic permit and/or certification, without an additional order from the Board of Certified Direct-Entry Midwives or without a prior hearing, for a violation of the Consent Agreement.

The board reviewed the applications by exam and for reinstatement.

Application for reinstatement: Johanna K. Crossett

Ms. Crossett's reinstatement application was tabled at the September 2011 board meeting pending approval for additional documentation of assisting with 7 additional births. Ms. Crossett also provided the required legal name change documentation from Koranda to Crossett.

Staff explained to the board that Ms. Crossett does not need to complete the Peer Review under the reinstatement regulation. A past reinstatement applicant was required to complete Peer Review for not responding to peer review from a prior licensing period.

**ON A MOTION BY PEGGY DOWNING, SECONDED BY HOLLY STEINER,
APPROVE REINSTATEMENT OF CERTIFIED DIRECT ENTRY MIDWIFE LICENSE
#45 TO JOHANNA K. CROSSETT. ALL IN FAVOR, NO NAYS**

The board reviewed applications by examination for:

Onica Sprokkreeff:

**ON A MOTION BY PEGGY DOWNING, SECONDED BY BARBARA NORTON,
APPROVE CERTIFIED DIRECT ENTRY MIDWIFE LICENSE TO ONICA
SPROKKREEFF, PENDING PASSING THE NARM EXAMINATION AND PAYMENT
OF \$1250.00 LICENSE FEE. ALL IN FAVOR, NO NAYS**

Lena Marie McGinnis-Kilic:

**ON A MOTION BY BARBARA NORTON, SECONDED BY HOLLY STEINER
APPROVE CERTIFIED DIRECT ENTRY MIDWIFE LICENSE TO LENA MARIE
MCGINNIS-KILIC PENDING PASSING THE NARM EXAMINATION AND
PAYMENT OF \$1250.00 LICENSE FEE. ALL IN FAVOR, NO NAYS**

Cheryl called for a motion to recess the meeting:

**ON A MOTION BY PEGGY DOWNING, SECONDED BY JENNIE GRIMWOOD
RECESS THE MEETING AT 3:45 P.M. ALL IN FAVOR, NO NAYS.**

Meeting to reconvene on Friday at 9:00 a.m.

Friday – February 24, 2012

Agenda Item 12 Call to Order/Roll Call

Cheryl Corrick called the meeting to order at 9:09a.m. February 24, 2012.

Present, constituting a quorum of the board:

Cheryl Corrick, CDM, Chair, Fairbanks
Mary 'Jennie' Grimwood, Public Member, Secretary, Cordova
Holly Steiner, CDM, Wasilla
Cheryl Corrick, CDM, Secretary, Fairbanks
Barbara Norton, ANP, CNM, Anchorage
Peggy Downing, MD, Wasilla

Staff: Connie Petz

Agenda Item 13 - Review Open Book Self Study and prepare for 2012 renewal.

In preparation for the upcoming renewal the open book self study exam will be revised for the renewal application. This is according to **12 AAC 14.430 (e)** The board's self study program required in 12 AAC 14.420(a)(2) covers the board's current statutes and regulations in AS 08.65 and 12 AAC 14, and will be revised for each renewal. The board's self-study program and a booklet containing the board's current statutes and regulations will be mailed to each licensee with the renewal.

TASK: Cheryl will revise self-study according to the regulation 12 AAC 14.430 (e). Her draft revision will be reviewed at the fall 2012 board meeting for approval by the board and to be ready for inclusion with the renewal applications.

Agenda Item 14 Red Cross/AED-BLS

Discussion was held that if a BLS card is not provided then at a minimum the card must state Health Care Provider Program.

Agenda Item 15 Peer Review

Board discussed Peer Review process and reviewed the letter to be mailed March 2012 to all licensees.

Agenda Item 16 Old Business – Task follow up

Barbara Norton researched if other boards allow a license holder to have an inactive license. She thought the Alaska board might want to allow a CDM who wants to take some time off to have a simpler means of returning to the practice of midwifery.

The board discussed the options and determined they did not need to create a regulation for inactive status. The reinstatement regulation gives a lapsed license holder 5 years to re-enter their profession. There is no reason to have an inactive status because it is not an issue to have a lapsed license. It does not cost the licensees anything more, there is no fine. If someone wants to stop practicing they can.

Agenda Item 17 FY12 Annual Report and Budget Report

Board reviewed the annual report and discussed the annual report. Jennie Grimwood will work with staff on drafting the narrative statement.

Board reviewed the budget and is aware the license fees will be determined this fall.

For the record, the historical CDM fees - since 2007 have been \$500.00 and then they increased to 1250.00 at the January 2011 to December 2012 renewal period.

Agenda Item 18 Schedule Meetings

Fall board meeting scheduled for Anchorage on August 16-17, 2012.

Task list for meeting follow up

Cheryl:

Draft open book self study for the board to review and approve at the August 2012 board meeting.

Draft the regulation from required practices discussion, send to staff. Staff will forward to all board members to approve the final draft from Cheryl. This draft regulation project is to be included in what the board approved

Cheryl to make a list of statute changes the board is working on for MAA.

Draft instructions for preceptors and apprentices for the process of the apprenticeship program.

Jennie:

Draft narrative for FY12 Annual Report

Staff:

Forward investigative complaint packet to all board members.

Staff submit regulation project to regulation specialist.

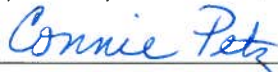
Staff will work with Jennie Grimwood on the draft narrative.

Agenda Item 19 Adjourn Meeting

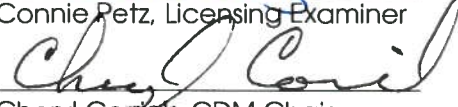
**ON A MOTION BY DR. DOWNING, SECONDED BY BARBARA NORTON TO
ADJOURN THE MEETING. ALL IN FAVOR, CARRIED UNANIMOUSLY.**

Meeting adjourned and off the record at 12:35 p.m.

Respectfully Submitted:



Connie Petz, Licensing Examiner



Cheryl Corick, CDM Chair