



**Board of Certified Direct-Entry Midwives Meeting
November 27, 2024**
Alaska Division of Corporations, Business and Professional Licensing
Videoconference
2024-11-27 12:00 - 13:30 AKST

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Board Members: Bethel Belisle, CDM, CPM, Chair; Holly Steiner, RN, CDM, CPM;
Darcy Lucey, APRN, CNM; Vacant - Public Member and Physician Member

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A. Set Next Meeting Date(s)

7. Next Steps

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Board of Certified Direct-Entry Midwives Meeting November 27, 2024

Alaska Division of Corporations, Business and Professional Licensing
Wednesday, November 27, 2024 at 12:00 PM AKST to 1:30 PM AKST
Videoconference

Meeting Details: <https://us02web.zoom.us/j/86194057180?pwd=p0Xj9quJnXdlutl4mHHB7k8SD11Tgb.1>

Meeting ID: 861 9405 7180

Passcode: 100778

Call-in: +1 253 205 0468 US

Agenda

1. Call to Order

12:00 PM

A. Roll Call

Board Members:

- Bethel Belisle, CDM, CPM, Chair
- Holly Steiner, RN, CDM, CPM
- Darcy Lucey, APRN, CNM
- Vacant - Physician
- Vacant - Public Member

B. Declarations of Conflicts of Interest

C. Accept Agenda

D. Approve Minutes - 10-30-2024

2. Public Comment

12:10 PM

3. Notice Regarding Unlicensed Practice of Midwifery - Draft

12:20 PM

Presenter: Sara Chambers

Review and discuss notice and discuss possible statutory language recommendations

- birth assistants
- delegation of services
- delegation of services to unlicensed personnel
 - See Spring minutes for more information

4. Regulations

12:45 PM

- Potential Regulation Changes -Approve edits to Regulations Cleanup document

5. Legislative Discussion

1:00 PM

- Committee Report/Recommendations

- Next Steps for Board Legislation
 - HB175 reintroduce + Sponsor(s)
 - Add placeholder language in HB175 for Sunset Bill

6. Board Administrative Business

A. Set Next Meeting Date(s)

1:20 PM

7. Next Steps

1:25 PM

8. Adjourn

1:30 PM

DRAFT



Board of Certified Direct-Entry Midwives Meeting - October 30, 2024 Minutes

Alaska Division of Corporations, Business and Professional Licensing
10/30/2024 9:00 AM AKDT

Board Members:

- Holly Steiner, RN, CDM, CPM
- Darcy Lucey, APRN, CNM
- Hannah St. George - Public Member

Staff Present:

- Shane Bannarbie- Program Coordinator 1
- Reid Bowman-Program Coordinator 2
- Stefanie Davis- Regulations Specialist
- Sara Chambers-Boards and Regulations Advisor

1. Call to Order

Holly Steiner called the meeting to order. All members were present, and each stated they had no conflicts to report.

2. Accept Agenda

MOTION by Ms. Lucey to approve the agenda as presented. Second by Ms. St. George. Approved unanimously.

- A. Approve Minutes - 9-4-2024 + 10-10-2024

MOTION by Ms. Lucey to approve the minutes for September and October. Second by Ms. St. George. Approved unanimously.

3. Public Comment

Felicity Smith, Direct Entry Midwife, commented on the opinion from the board regarding birth assistants. Ms. Smith states the language that we use as midwives is that we often have birth assistants at births with us as a second attendant, so I want to make sure that there's no confusion in the language that a birth assistant, (somebody attending birth independently for compensation), as implied in that documentation that Ms. Chambers just had up is different from having somebody that they pay that comes, and is the second attendant at the birth that they are in charge of, and delegating tasks to. They are two separate people and roles and responsibilities. Ms. Smith also expressed concern that if we add language that we

are really careful with it, that it's not interpreted in a way that could be more restrictive to what we can currently do versus the protective nature that I think Ms. Belisle wants to put in place for us as midwives. Currently, we have nothing in statute or regulations regarding the need for a second attendant at birth. I don't want that to change. Because of the nature and the state that we work in, it would be prohibitive to a lot of midwives in the areas that they work to guarantee that there is another certain type of a second attendant at their births with them. The other thing is, if we add any language, I would like it to be that we have the authority under our license to direct people present at birth, to provide medical care as necessary. It provides some coverage for us if we are giving direction when we are physically present to another person that's also at that birth to provide medical care.

Onica Sprokkreeff, Midwife, and President of the Midwives Association of Alaska also presented public comment. Ms. Sprokkreeff expressed that she also would like to comment in regard to that same subject. She supported ensuring the primary midwife can utilize people at their discretion to assist at delivery. She expressed she would like the board to be very careful of any language that is used that might restrict us further. I don't think it's the desire of the Midwives Association as a whole, from the comments that were posted throughout basecamp (to require a second attendant), and she doesn't know if that was the intention of the board either. Also, just having some caution around how far we go as midwives about unlicensed providers or people practicing without a license. Ms. Sprokkreeff further stated, I do think that that historically, it has been an issue in our state and across states. I do think there's a significant difference between a primary midwife bringing someone to safeguard the space who has training in birth skills but might not be licensed or trained in life-saving skills and neonatal resuscitation. I think the primary midwife should be able to utilize whomever she desires to assist her in delivery at that time as needed.

4. Notice Regarding Unlicensed Practice of Midwifery - Draft (Presenters: Sara Chambers)

Ms. Chambers presented the memo notice to the board and explained it has been reviewed by LAW and was drafted at the request of Chair Belisle. The request was to develop a document for the board to review and share it on the board website for the Midwife community to understand the board's position on unlicensed practice. The board has discussed reports of people performing activities that only midwives and permitted apprentices have authority to provide. Ms. Chambers clarified that this does not include those in a support role, only those directly performing activities they are not licensed to. Ms. Chambers informed the board that Ms. Belisle informed her that there have been conversations in the basecamp platform around

misunderstandings in the field and the board's position. It was this experience that prompted Ms. Belisle to request help from Ms. Chambers to draft this memo presented to the board today for discussion and approval to post to the public.

After public comment, Ms. Steiner, stated her opposition to the memo going out to the public and stated several reasons: I absolutely do not want the terms birth keeper and birth assistant to be as if they're the same thing in any way, shape or form, going on a document. There's no secret that birth assistants have always existed. Birth assistants get training, and often are hired to do simple tasks to help the midwife under the direct supervision of a midwife; so, they're under our license. They are never the primary care provider. I agree with the Midwives Association of Alaska, and what Onica shared. If we're going to put in language, it needs to be minimal, and I may even keep the term birth assistant out of it, but just that we have the right to delegate tasks to any person at the birth to help us. Ms. Steiner opined that birth keepers should be dealt with under the Department of Health, they are not midwives, and are totally different from birth assistants. Our board should not have to deal with them. I don't think we should go after them. Ms. Steiner added, she believes the birth assistant issue can be dealt with through regulation or statute.

Ms. Chambers invited other board members to voice their position on the memo and informed the board that there is nothing in the current statutes that gives midwives the authority to delegate to an unlicensed person, so that will need to be part of your statute change. And I think that's one of the tasks the work group was asked to have done before this meeting. Ms. Lucey stated: There's a difference between birth keepers and birth assistants. The intention is that people who are attending births alone without a license in the role where they are implying that that are assisting a woman in labor in some way that is in medical. That's where I feel like the birth keeper title kind of falls into that gray area. If they're not saying they're midwives but there's an implication that they're going to provide some kind of protection or safety net for this woman in labor, and they don't have a license for that, and they're not going with another midwife. I do agree. Maybe we should not address birth assistants in this because I think the birth assistant issue might be a separate category that we to talk about for statute or regulation change. Ms. Steiner commented: My fear is that if we took out birth assistants and we just posted about birth keepers, then we are as a board saying we're taking responsibility for this. She questioned, is it possible for the Department of Health to put this letter out about birth keepers? Ms. Chamber answered, It's not the Department of Health's responsibility. They don't have any oversight unless there's a birth keeper working in a licensed clinic. Ms. Chambers added, I would always advise a board to lean on the side of caution and responsibility. There's no requirement to post the memo or circulate it. The board can say Ms. Belisle wasn't here, so we didn't get to hear her

viewpoint, but we didn't agree with what was presented. Ms. Chambers also informed the board you can just push pause on the topic, there's no requirement to get this out. It's in the minutes and recording. Ms. Chambers also made a point to mention that social media conversations and posts are not an official method to communicate with the board.

MOTION by Ms. Lucey to table the Unlicensed Practice of Midwifery – Draft letter for discussion at the next meeting . Second by Ms. St. George. Motion passed unanimously.

5. Regulations - Research on Regulations Cleanup - Darcy Lucey

Ms. Lucey provided the following recommendation:

- Eliminate 12 AAC 14.210(a)(5) and 12 AAC 14.210(a)(2)

After her research, Ms. Lucey found 12 AAC 14.210(a)(5) and 12 AAC 14.210(a)(2) are redundant to statute and adds confusion. These were the two sections she stated she spent the most time on. After brief discussion and staff suggestion, the board established that regulations project concerning all the sections within the Regulations Cleanup document should be started.

I, Darcy Lucey move to initiate a regulations project regarding all of the sections in the Regulations Cleanup document. Seconded by Ms. St. George. Motion passed unanimously.

Ms. Steiner suggested there was enough time to begin working on the draft regulation project edits and language during this meeting after the motion was passed.

Break - the board recessed at 10:03 and reconvened at 10:08 all member present.

Ms. Steiner began the meeting with questions to Ms. Lucey on which sections of the document she reviewed. Ms. Lucey stated she feels 12 AAC 14.120-130 (b)(7)(8), Section 1 is not needed in its entirety. Subsections 7 and 8 were discussed at the last meeting so she did not spend too much time on them. Ms. Lucey, provided that the fact that you have to have NARM certification, which means you have to have passed the NARM exam is just redundant. Also, subsection 8 was the continuing competency requirements which were also covered under the NARM certification. She feels that subsection 7 and 8 of the document should be removed from regulation because they are covered elsewhere in regulation. Ms. Steiner, questioned if a motion was needed for every section of the Regulations Cleanup

document edits? Staff explained that a motion was already moved to edit the document, and another motion may be moved to accept all the edits within the document once updates are complete.

The board addressed 12 AAC 14.130(g), Section 2 of the document. The board chose to keep Section 2 as is, but add a definition for “in good standing”. Stefanie Davis provided guidance to the board that the regulations currently referred to “in good standing” in quite a few places. Her recommendation would be to define what “in good standing” means to the board, then adding that to your regulations, so that all occurrences of “in good standing” can remain; then, at the end of the regulations, one can see the definition for what exactly it means. Ms. Lucey questioned if “in good standing” was defined elsewhere in regulation. Ms. Davis commented she believed that it was not currently defined and recommend adding the definition to 12 AAC14.990.

The board chose to add the “in good standing” definition to 12 AAC14.990 as item 7, and keep the definition listed in Section 2. “In good standing” means: “(7) A license that is not conditioned, limited, or restricted in any way. Discipline may have been present in the past but has been resolved and any terms satisfied”. 12 AAC 14.130(g) will remain the same.

Ms. Lucey then addressed Section 3 and Section 4 of the Regulations Cleanup document, and posed to eliminate the sections as recommended within the document. Ms. Lucey commented that basically subsection 2 and subsection 5 of 12 AAC 14.210(a) are redundant with statute. Ms. Steiner concurred.

Ms. Lucey then addressed Section 5 of the document, 12 AAC.14.145. Ms. Steiner began the discussion by questioning, if the board needs to have “peer review” spelled out for the State when it's already spelled out for NARM? Ms. Lucey responded that she is not sure. After discussion between the members, there was still confusion on what needed to happen with the Section topic. Ms. Lucey, proposed table discussion on Section 5 of the Regulations Cleanup document. She expressed she would like to completely eliminate all of 12 AAC.14.145, but further research is needed. Ms. Lucey concurred and questioned what the NARM requirements are and stated more research is needed on the matter. Ms. Davis suggested the board should review minutes from the March 2020 board meeting for background on the peer review topic. She stated it looks like there was a separate peer review section that was repealed back in, I believe, 2022, maybe 2021.

Ms. Steiner, suggested to move on to Section 6 and 7 of the Regulations Cleanup document. In review, both Ms. Steiner and Ms. Lucey expressed they did not understand the context of this Section. The presumption of the board was that this section is referring to birth assistants. Ms. Lucey suggested dealing with Section 7 in

a statute project, but believes Section 6 needs more clarification on what is needed. The board chose to task the licensing examiner with providing a clarification to Section 6. It was concluded that the document was written prior to the licensing examiner working with the board. Ms. Lucey volunteered to go back and review meeting minutes from around February 7th timeframe for clarification on Section 6. It was posed by Ms. Steiner to remove Section 7 completely because it will be addressed in a statute project. Ms. Lucey concurred.

The board moved onto Section 8 of the Regulations Cleanup document. Ms. Steiner commented that if we need to report a death that shouldn't belong under peer review. Ms. Lucey added, she believes this came from two different things. It came from the legislative hearings where they were asking how a death in the midwifery community was dealt with, and she thinks maybe the board didn't have an answer for the legislature at that moment, or one that they were happy with. It could have also come from a piece of paper that we were looking at multiple times that was like a record of death or record of client death, or something to that effect. The paper would essentially get sent into the state, and then it basically goes in a folder. There's no next step with that piece of paper. So, the question was, do we get rid of that piece of paper, since it doesn't really do anything. Ms. Steiner questioned what type of document was this? Was it a Department of Health paper or Board paper? In an effort to clarify what document Section 8 may be referring to, Ms. Steiner, read regulation 12 AAC 14.540(f), which says not later than 14 days after the delivery or transfer of care of a client for whom the CDM had primary responsibility, the CDM shall report to the board on a form provided by the department. If the client died, is that the form? Ms. Lucey confirmed Section 8 is referring to the form mentioned in the regulation. She went on to state, the question is, what do we do with the form? From her experience there was no action on what needed to happen with the form from the board. Ms. St. George asked Ms. Steiner her opinion on if there is a death should it be brought to the board? Ms. Steiner explained her position is the board can't do anything with that information other than an investigation. Ms. Steiner also questioned what goes on outside of the board with regard to patient death, because she doesn't really know. She posed that, there could be a case for an investigation if a midwife did not report a death to the Department of Health, if that is a requirement. Ms. Lucey added, who should be keeping track of that? Ms. Steiner added, can the form be sent to the Department of Health for checks and balances? Ms. Lucey added is the form serving a purpose? Ms. St. George, added, she feels as if there should be some type of oversight on the matter. Ms. Lucey responded that, the complaint process is a type of oversight used by the board and the only way the board can be made aware of issues within the community. After discussion on the history of the form, Ms. Steiner questioned Where is that requirement? And what does that look like? Mr. Bowman cited Midwife Statute; Section 08.65.140(3) says

you have to follow Department of Health statutes regarding fetal death registration. Ms. Steiner found, 12 AAC 14.540(f) is the regulation that deals with the form in question. Ms. Steiner went on to recommend eliminating 12 AAC 14.540(f) from regulation. She stated a regulation could be added that refers to statute if this matter needed to be addressed. It was settled to not remove 12 AAC 14.540(f), but instead edited to read:

“12 AAC 14.540(f) Not later than 3 days after the delivery or transfer of care of a client for whom a certified direct-entry midwife had primary responsibility, the certified direct-entry midwife shall report to the Department of Health as required in AS 08.65.140 (3) if that client died.”

MOTION by Ms. Lucey to approve board edits made to the Regulations Cleanup document. Second by Ms. St. George. Motion passed unanimously.

6. Legislative Discussion

Ms. Steiner began the discussion by stating she does not believe the report recommendations have been made to HB0175. Ms. Steiner proposed tabling the discussion on HB0175 for additional feedback from other work group members (Bethel, Felicity, and Maddie). Ms. Lucey agreed to waiting and voting on the document in OnBoard to allow other members to make comments and recommendations. Regarding Sponsorship, Ms. Steiner suggested to wait to hear from the board chair, to see if she had any leads on who could sponsor the bill.

MOTION by Ms. Lucey to set another meeting date to review and approve revision to statute recommendation HB0175. Second by Ms. St. George. Motion passed unanimously.

Ms. Steiner and Ms. Lucey began addressing the sunset bill needs. The board is set to sunset in June of 2025. The board had previously determined this should be a separate bill. Ms. Steiner stated she will need help drafting language for the sunset bill. Ms. St. George commented that she recently submitted her resignation from the board and wanted to mention that she hopes Ellie could take over for her.

MOTION by Ms. Lucey to table all legislative discussion topics, including sunset audit, and sunset bill to the next meeting. Second by Ms. St. George. Motion passed unanimously.

7. Board Administrative Business

Set Next Meeting Date: Monday December 2, 2024, 12:00p.m.-1:30p.m.

8. Next Steps

- A. Add Regulations Cleanup edits to OnBoard for motion to approve edits.
 - B. Ms. Steiner present NARM requirement for peer review and legislative action items at next meeting.
 - C. Add Birth Assistant statute language at next meeting.
9. Adjourn

MOTION by Ms. Lucey to adjourn the meeting. Second by Ms. St. George. Motion passed unanimously.

DRAFT



Notice Regarding Unlicensed Practice of Midwifery October 2024

At its April 10, 2024, meeting, the Board of Certified Direct-Entry Midwives raised concerns about unlicensed persons—often called “birth keepers” or “birth assistants”— who may be performing practices for compensation that are reserved under state law for midwives and apprentices licensed or permitted by the board under AS 08.65. This concern does not extend to individuals who may provide non-health care support during pregnancy or birth, such as doulas.

Current statute regarding the practice of midwifery includes:

AS 08.65.150. Prohibited practices.

Except as provided in AS 08.65.170, a person who is not certified under this chapter as a direct-entry midwife may not practice midwifery for compensation.

AS 08.65.170. Exclusions.

This chapter does not apply to a person

- (1) who is licensed as a physician in this state;
- (2) who is licensed as a certified nurse midwife by the Board of Nursing in this state.

AS 08.65.190. Definitions.

In this chapter, (3) “practice of midwifery” means providing necessary supervision, health care, preventative measures, and education to women during pregnancy, labor, and the postpartum period; conducting deliveries on the midwife's own responsibility; providing immediate postpartum care of the newborn infant, well-baby care for the infant through the age of four weeks, and preventative measures for the infant; identifying physical, social, and emotional needs of the newborn and the woman; arranging for consultation, referral, and continued involvement of the midwife on a collaborative basis when the care required extends beyond the scope of practice of the midwife; providing direct supervision of student and apprentice midwives; and executing emergency measures in the absence of medical assistance, as specified in regulations adopted by the board.

At this meeting, the board discussed drafting a request to change to state law to clarify certain situations in which unlicensed persons could practice elements of AS 08.65.190(3). Such a change would require action by the Alaska State Legislature. In subsequent meetings, the board discussed their timeline for pursuing this and other statutory changes.

Public input is important to this process. Please note that social media and other private platforms are not an official way to engage with state boards or conduct state business. The board encourages any persons with

an interest in this topic to attend future meetings of the board, which are noticed in the [Online Public Notice System](#) and on the board's [web page](#). Verbal and written comments on potential changes to state law are also encouraged: Verbal comments can be offered during the public comment section of a regular board meeting, and written comments can be emailed to midwives@alaska.gov.

Any individual or business seeking clarification should email staff at midwives@alaska.gov with their specific questions.

Reviewed by the Department of Law on October 25, 2024

Adopted by the Board of Certified Direct-Entry Midwives on October 30, 2024

DRAFT

Potential Regulations “Cleanup” Changes for Board Consideration

Introduced February 7, 2024

Updated August 1, 2024

1. ~~Continuing education requirements no longer applicable in 12 AAC 14.120(b)(8)~~

- ~~Subsection (7) is no longer needed since candidates are required to be NARM certified, which includes passing the NARM exam.~~
- ~~Subsection (8): compliance with .420 doesn't make sense in the context of initial application because the new language refers to being NARM certified at the time of renewal. .430 was repealed, so referring to it also doesn't make sense.~~

~~**12 AAC 14.120. CERTIFICATION BY CREDENTIALS.** (b) An applicant for a certification by credentials under this section must submit (7) verification of passing the North American Registry of Midwives Examination (NARM) sent directly to the department from NARM; (8) documentation of fulfillment of the continuing competency requirements in 12 AAC 14.420 - 12 AAC 14.430 during the two years immediately preceding the date of application;~~

Commented [SB1]: Eliminate in entirety, subsections are covered elsewhere in regulation.

2.1. Clarify “in good standing” in 12 AAC 14.130(g)

The division typically considers “in good standing” to mean a license that is not conditioned, limited, or restricted in any way. Discipline may have been present in the past but has been resolved and any terms satisfied.

12 AAC 14.130. Review of an apprentice direct-entry midwife permit application.

(g) In this section, "apprenticeship program preceptor" means an individual who meets the supervisory requirements of AS 08.65.090(b) and has a license in good standing.

Commented [SB2]: The board chose to add the “in good standing” definition to 12 AAC.14.990 as item 7, and keep the definition listed in Section 2. “In good standing” means: “(7) A license that is not conditioned, limited, or restricted in any way. Discipline may have been present in the past but has been resolved and any terms satisfied”. 12 AAC 14.130(g) will remain the same.

3. ~~Eliminate 12 AAC 14.210(a)(5).~~

~~It is dissonant with AS 08.65.090(b)(1), it does not require NARM certification, does not require licensure, and likely clashes with AS 08.65.070, which requires “licensing requirements at least equivalent in scope, quality, and difficulty to those of this state.”~~

4. ~~Consider whether 12 AAC 14.210(a)(2) is consistent with the board's desire for all preceptors to hold NARM certification.~~

~~**12 AAC 14.210. SUPERVISED CLINICAL EXPERIENCE REQUIREMENTS.** (a) An applicant must have completed all clinical experience requirements of this section under the supervision of a preceptor who holds a license in good standing and (1) meets the qualifications of AS 08.65.090(b); or (2) is a midwife who has been licensed in another state or country and practicing midwifery for at least the two years immediately preceding the date that the supervision began, and as determined by the board, the state or country in which the midwife has been licensed had licensing requirements substantially equivalent in scope, quality, and difficulty to those of this state at the time of licensure; or~~

~~(5) has met the requirements of AS 08.65.050(3) and (4); the supervised clinical experience must have met the requirements of this section.~~

5.2. Clarify period of time to retain records in 12 AAC 14.445

This subsection notes that records (for peer review verification under 12 AAC 14.445) must be maintained by the midwife for *three years*. This time requirement is not set out under 12 AAC 14.445 itself, which only requires under (g) that a midwife is responsible for maintaining the records for a non-definite period of time. A conforming edit to 12 AAC 14.445 to mirror the three-year requirement—or a cite to 14.460 (e.g. with an “in accordance with” amendment)—might be beneficial in a future regulations project.

12 AAC 14.445. Peer review. (g) A certified direct-entry midwife is responsible for maintaining adequate and detailed records of peer review participation performed under (a) of this section and of a case submitted under (b) of this section and shall make the records available to the board upon request

6.3. Consider aligning supervisor requirements across all sections of regulations.

This will help clarify the requirements for everyone—currently, they are sprinkled across multiple sections, making them difficult to identify, understand, or enforce.

7. ~~Consider allowing midwives to delegate certain routine practices to unlicensed personnel.~~

~~This issue was raised at the April 2024 meeting and discussed further at the June 2024 meeting. It was initially considered in response to concerns about unlicensed persons performing tasks that are statutorily considered to be midwifery. Staff provided sample language from the Medical Board and Board of Nursing for review. This may require a statutory change.~~

At its June meeting, the board agreed that additional research into the following topics is necessary:

- ~~• Specific birth assistant training and certification programs that the board could review and possibly require of unlicensed personnel, similar to the Medical Board and Board of Nursing~~
- ~~• Clarity on how persons across multiple license types could work together in a single employment location~~
- ~~• How the board might require licensees to adopt practice guidelines that include delegation and supervision~~

8.4. Update peer review requirements to include review of Reports of Client Death.

The gap in board oversight when there is a death of a client was brought up during legislative hearings in 2024. Staff provided the board with its pre-2022 peer review

Commented [SB3]: Ms. Lucey then addressed Section 3 and Section 4 of the Wishlist document, and posed to eliminate the sections as recommended within the document. Ms. Lucey commented that basically subsection 2 and subsection 5 of 12 AAC 14.210(a) are redundant with statute. Ms. Steiner concurred.

Commented [SB4]: Tabled for further research then discussion at the next meeting.

Commented [SB5]: Ms. Steiner to remove Section 7 completely because it will be addressed in a statute project. Ms. Lucey concurred.

language, which required review when an emergency transport, intensive care, complications as defined in regulation, or death occurred.

At the June meeting, the board stated it was inclined not to change the regulations at this time, suggesting the Report may not be necessary since all newborn deaths are reviewed through the Department of Health. Staff asked the board to remind midwives of the statutory requirements to file with DOH, ensuring nothing falls through the cracks. The chair Belisle said she would discuss educational opportunities with MAA, and the board agreed to put this project on a future agenda.

Commented [SB6]: It was settled to not remove 12 AAC 14.540(f), but instead edited to read:

12 AAC 14.540(f) Not later than 3 days after the delivery or transfer of care of a client for whom a certified direct-entry midwife had primary responsibility, the certified direct-entry midwife shall report to the Department of Health as required in AS 08.65.140 (3) if that client died.

Board or Commission Regulation Project Opening Questionnaire

Part I: Completed by Board

- The purpose of this worksheet is to provide the agency’s regulation specialist with a detailed overview of the proposed regulation change(s), including specific information as required by statute or the Department of Law.
- This worksheet must be completed by the board during a meeting or delegated to a board member, then submitted to agency staff.
- Details should be kept brief yet comprehensive. If a section of the form is not relevant to the project, please mark it as “N/A.” Do not leave any sections blank.
- The regulation specialist may reach out to staff or board members at any stage during the project for additional information needed to compile the FAQ. The FAQ will be posted in the Online Public Notice System and on the board website during the public comment period.
- If the proposed regulation changes comprise more than one subject matter, the board must complete a separate worksheet for each subject. For example, if the intent is to (a) update continuing education requirements for license renewals, (b) repeal redundant provisions, and (c) introduce new regulations following statutory changes, the board would submit a total of three worksheets, one for each the subjects (a), (b), and (c).

Board:	Board of Certified Direct-Entry Midwives	Date of Meeting:	10/30/2024
General Subject Matter/Topic:	Regulations Cleanup		
Regulation(s) to be amended:	12 AAC 14.990; 12 AAC 14.540(f)		
Board member submitting worksheet:		Date to Staff:	

TO BE COMPLETED BY THE BOARD OR A DESIGNATED BOARD MEMBER:

1. Which of the following motions has the board passed on the record:
<input type="checkbox"/> Approve draft language to initiate a regulations project. <input type="checkbox"/> Approve for public comment, unless substantive changes are made by regulations specialist or Department of Law. <input type="checkbox"/> Approve an oral hearing on the proposed regulations (if applicable).
2. What will this regulation do?
3. What is the public need or reason for this regulation?

<p>4. What is the known or estimated annual cost of the new regulation to a private person, a state agency, or a municipality?*</p>
<p>5. How will this have a <u>positive</u> or <u>negative</u> impact on public or private people, businesses, or organizations?</p>
<p>6. If any <u>negative</u> consequences, please address the reasons why the public need for this change outweighs the negative impact.</p> <p><input type="checkbox"/> Not Applicable</p>
<p>7. List all questions and concerns you anticipate licensees or the public may raise about the proposal. Include the board's response to these concerns. Anticipate any perceptions and potential unintended consequences. <u>This information will be included on the public FAQ and is required.</u> Attach an additional sheet, if needed.</p>
<p>8. In addition to interested parties, who should receive public notice?</p> <p><input type="checkbox"/> All licensees</p> <p><input type="checkbox"/> Certain license types (list types): _____</p> <p><input type="checkbox"/> Other stakeholders: _____</p>

* Cost information is described simply as an estimate of annual costs within the board's ability to determine due to its familiarity with the regulated community. Example: A board is proposing to require three CE credits to their continuing competency standards for biennial license renewal. The proposal requires licensees to take additional courses, so it may cost:

- A private person: \$50-\$200 per applicant/licensee biannually
- A state agency: None known
- A municipality: None known

Board or Commission Regulation Project Opening Questionnaire

Part II: Completed by Staff

Board:	Board of Certified Direct-Entry Midwives	Date of Meeting:	10-30-2024
General Subject Matter/Topic:	Regulations Cleanup		
Regulation(s) to be amended:	12 AAC 14.990; 12 AAC 14.540(f)		
Staff submitting worksheet:	Sheri Ryan	Date to Regulations Specialist:	

<p>1. Will implementation include changes to official public forms or internal checklists? <i>If yes, provide a list of form numbers to the publications specialist to initiate the forms revision process.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. If a public hearing was requested by motion, please include complete teleconference details: <input type="checkbox"/> Not Applicable</p>	
<p>3. Have you attached an excerpt of the meeting minutes that reflects:</p> <ul style="list-style-type: none"> • Board discussion about the proposal. • Draft language of the proposal. • Motion reflecting intent to propose the draft language, including approval for public notice if no significant changes are made by the regulations specialist or drafting attorney. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Do you anticipate any questions, concerns, or other controversy to arise from the public or licensees regarding this regulation? <i>If yes, explain briefly:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Do you anticipate this regulation will increase the activity or workload of any staff member or require additional cost to implement? <i>If yes, explain briefly and note whether this has been discussed with management:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>6. Does this project have any companion regulations (fees, related regulations proposed by other boards, etc. if applicable)?</p> <p><i>If yes, describe:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. What is the date of the next meeting when the board plans to address regulations, if known?</p>	
<p>8. Does the change add a new license type?</p> <p><i>If yes:</i></p> <p>a. Does it affect current licensees?</p> <p>b. Do current licensees/non-licensees already perform the service for which the new license type is required?</p> <p>c. Is a date included in the regulation to allow for a transition period?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Does it affect continuing education/competency requirements?</p> <p><i>If yes:</i></p> <p>a. Does it add additional requirements or hours?</p> <p>b. Does it clarify existing regulations?</p> <p>c. Is there an effective date in the future to give licensees time to comply?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Does it require a fee change or a new fee in centralized regulations?</p> <p><i>If yes, please explain:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Does it make changes to the qualifications or requirements of licensees?</p> <p><i>If yes:</i></p> <p>a. All licensees</p> <p>b. Only initial licensees</p> <p>c. Certain licensees (List types below)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>12. Is the new regulation required by a certain date?</p> <p><i>If yes,</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. What is the date the regulation should be effective?</p>	
<p>b. Explain the reason (statute change, renewal qualifications, etc.):</p>	
<p>c. Is a date included in the regulation to allow for a transition period?</p> <p><i>If yes, what date?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CS FOR SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 175(L&C)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-THIRD LEGISLATURE - SECOND SESSION

BY THE HOUSE LABOR AND COMMERCE COMMITTEE

Offered: 3/18/24

Referred: Finance

Sponsor(s): REPRESENTATIVES ALLARD, Wright

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to midwives and the practice of midwifery; relating to apprentice**
2 **midwives; renaming the Board of Certified Direct-Entry Midwives as the Board of**
3 **Licensed Midwives; relating to the Board of Licensed Midwives; extending the**
4 **termination date of the Board of Licensed Midwives; relating to insurance; and**
5 **providing for an effective date."**

6 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

7 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
8 to read:

9 LEGISLATIVE INTENT. It is the intent of the legislature to preserve the right of
10 women to deliver children at home with licensed midwives, to remove obstacles for safe
11 deliveries outside of hospitals, to ensure quality care of pregnant women and the children they
12 deliver, and to guarantee insurance coverage for all care with licensed midwives regardless of
service location.

13 * **Sec. 2.** AS 08.01.010(17) is amended to read:

1 (17) Board of **Licensed** [CERTIFIED DIRECT-ENTRY] Midwives
2 (AS 08.65.010);

3 * **Sec. 3.** AS 08.02.110(a) is amended to read:

4 (a) An acupuncturist licensed under AS 08.06, an audiologist or speech-
5 language pathologist licensed under AS 08.11, a behavior analyst licensed under
6 AS 08.15, a person licensed in the state as a chiropractor under AS 08.20, a
7 professional counselor licensed under AS 08.29, a dentist under AS 08.36, a dietitian
8 or nutritionist licensed under AS 08.38, a massage therapist licensed under AS 08.61,
9 a marital and family therapist licensed under AS 08.63, a medical practitioner or
10 osteopath under AS 08.64, a [DIRECT-ENTRY] midwife **licensed** [CERTIFIED]
11 under AS 08.65, a registered or advanced practice registered nurse under AS 08.68, an
12 optometrist under AS 08.72, a licensed pharmacist under AS 08.80, a physical
13 therapist or occupational therapist licensed under AS 08.84, a psychologist under
14 AS 08.86, or a clinical social worker licensed under AS 08.95, shall use as
15 professional identification appropriate letters or a title after that person's name that
16 represents the person's specific field of practice. The letters or title shall appear on all
17 signs, stationery, or other advertising in which the person offers or displays personal
18 professional services to the public. In addition, a person engaged in the practice of
19 medicine or osteopathy as defined in AS 08.64.380, or a person engaged in any
20 manner in the healing arts who diagnoses, treats, tests, or counsels other persons in
21 relation to human health or disease and uses the letters "M.D." or the title "doctor" or
22 "physician" or another title that tends to show that the person is willing or qualified to
23 diagnose, treat, test, or counsel another person, shall clarify the letters or title by
24 adding the appropriate specialist designation, if any, such as "dermatologist,"
25 "radiologist," "audiologist," "naturopath," or the like.

26 * **Sec. 4.** AS 08.02.130(j)(1) is amended to read:

27 (1) "health care provider" means

28 (A) an audiologist or speech-language pathologist licensed
29 under AS 08.11; a behavior analyst licensed under AS 08.15; a chiropractor
30 licensed under AS 08.20; a professional counselor licensed under AS 08.29; a
31 dental hygienist licensed under AS 08.32; a dentist licensed under AS 08.36; a

1 dietitian or nutritionist licensed under AS 08.38; a naturopath licensed under
 2 AS 08.45; a marital and family therapist licensed under AS 08.63; a physician
 3 licensed under AS 08.64; a podiatrist, osteopath, or physician assistant licensed
 4 under AS 08.64; a **licensed** [DIRECT-ENTRY] midwife certified under
 5 AS 08.65; a nurse licensed under AS 08.68; a dispensing optician licensed
 6 under AS 08.71; an optometrist licensed under AS 08.72; a pharmacist licensed
 7 under AS 08.80; a physical therapist or occupational therapist licensed under
 8 AS 08.84; a psychologist or psychological associate licensed under AS 08.86;
 9 or a social worker licensed under AS 08.95; or

10 (B) a physician licensed in another state;

11 * **Sec. 5.** AS 08.03.010(c)(8) is amended to read:

12 (8) Board of **Licensed** [CERTIFIED DIRECT-ENTRY] Midwives
 13 (AS 08.65.010) - June 30,  7 [2025];

14 * **Sec. 6.** AS 08.64.370 is amended to read:

15 **Sec. 08.64.370. Exceptions to application of chapter.** This chapter does not
 16 apply to

17 (1) officers in the regular medical service of the armed services of the
 18 United States or the United States Public Health Service while in the discharge of their
 19 official duties;

20 (2) a physician or osteopath licensed in another state who is asked by a
 21 physician or osteopath licensed in this state to help in the diagnosis or treatment of a
 22 case, unless the physician is practicing under AS 08.02.130(b);

23 (3) the practice of the religious tenets of a church;

24 (4) a physician in the regular medical service of the United States
 25 Public Health Service or the armed services of the United States volunteering services
 26 without pay or other remuneration to a hospital, clinic, medical office, or other
 27 medical facility in the state;

28 (5) a person who is **a licensed** [CERTIFIED AS A DIRECT-ENTRY]
 29 midwife [BY THE DEPARTMENT] under AS 08.65 while engaged in the practice of
 30 midwifery whether or not the person accepts compensation for those services;

31 (6) a physician licensed in another state who, under a written

1 agreement with an athletic team located in the state in which the physician is licensed,
 2 provides medical services to members of the athletic team while the athletic team is
 3 traveling to or from or participating in a sporting event in this state.

4 * **Sec. 7.** AS 08.65.010(a) is amended to read:

5 (a) There is established the Board of **Licensed** [CERTIFIED DIRECT-
 6 ENTRY] Midwives.

7 * **Sec. 8.** AS 08.65.010(b) is amended to read:

8 (b) The board consists of five members appointed by the governor subject to
 9 confirmation by the legislature in joint session. Members serve for staggered terms of
 10 four years and, except as provided in AS 39.05.080(4), each member serves until a
 11 successor is appointed and qualified. The board consists of **three** [TWO] members
 12 who are **licensed** [CERTIFIED] in this state as [DIRECT-ENTRY] licensed
 midwives, one

13 **member who is either a** physician licensed by the State Medical Board in this state
 14 who has an obstetrical practice or has specialized training in obstetrics **or a** [, ONE]
 15 certified nurse midwife licensed by the Board of Nursing in this state, and one public
 16 member.

17 * **Sec. 9.** AS 08.65.030 is amended to read:

18 **Sec. 08.65.030. Duties and powers of board.** (a) The board shall

19 (1) **review applications for licenses to engage in the practice of**
 20 **midwifery to determine whether the applicants satisfy the requirements of**
 21 **AS 08.65.050** [EXAMINE APPLICANTS AND ISSUE CERTIFICATES TO THOSE
 22 APPLICANTS IT FINDS QUALIFIED];

23 (2) adopt regulations **in accordance with national licensing**
 24 **requirements and standards** ~~ESTABLISHING CERTIFICATION AND~~
 25 ~~CERTIFICATE RENEWAL REQUIREMENTS];~~ establishing licensing requirements in
 accordance with national licensing requirements and standards.

26 (3) issue permits to apprentice [DIRECT-ENTRY] midwives;

27 (4) hold hearings and order the disciplinary sanction of a person who
 28 violates this chapter or a regulation of the board;

29 (5) supply forms for applications, licenses, permits,
 30 [CERTIFICATES,] and other papers and records;

31 (6) enforce the provisions of this chapter and adopt regulations

1 necessary to make the provisions of this chapter effective;

2 (7) ~~AP~~ ~~PROVIDE CURRICULA AND ADOPT STANDARDS FOR~~
 3 BASIC EDUCATION, TRAINING, AND APPRENTICE PROGRAMS at the times it
 4 considers necessary

5 (8) [PROVIDE FOR SURVEYS OF THE BASIC DIRECT-ENTRY
 6 MIDWIFE EDUCATION PROGRAMS IN THE STATE AT THE TIMES IT
 7 CONSIDERS NECESSARY;]

8 (9) ~~PROVIDE~~ EDUCATION, TRAINING, AND APPRENTICE
 9 PROGRAMS THAT MEET THE REQUIREMENTS OF THIS CHAPTER AND OF
 10 THE BOARD, AND DENY, REVOKE, OR SUSPEND APPROVAL OF THOSE
 11 PROGRAMS FOR FAILURE TO MEET THE REQUIREMENTS; at the times it
 12 considers necessary;

13 (10)] adopt regulations establishing practice requirements for **licensed**
 14 [CERTIFIED DIRECT-ENTRY] midwives under **AS 08.65.140(a)** [AS 08.65.140].

15 (b) The board may by regulation require that a **licensed** [CERTIFIED
 16 DIRECT-ENTRY] midwife undergo a uniform or random period of ~~year~~
 17 review to ensure the quality of care provided by the **licensed** [CERTIFIED DIRECT-ENTRY]
 18 midwife.

19 * **Sec. 10.** AS 08.65.030 is amended by adding new subsections to read:

20 (c) The board may not adopt a regulation that

21 (1) requires a person to have a nursing degree to be licensed under this
 22 chapter;

23 (2) requires a licensed midwife to practice midwifery under the
 24 supervision of, or in collaboration with, another health care provider or a health care
 25 facility;

26 (3) requires a licensed midwife to enter into an agreement, whether
 27 written, oral, or in another form, with another health care provider or a health care
 28 facility;

29 (4) limits the location where a licensed midwife may practice
 midwifery; or

(d) In ~~the~~ ~~section,~~

1 (1) "health care facility" has the meaning given in AS 18.35.399;

2 (2) "health care provider" has the meaning given in AS 09.65.300.

3 * **Sec. 11.** AS 08.65.050 is amended to read:

4 **Sec. 08.65.050. Qualifications for license.** The board shall issue a **license**
5 [CERTIFICATE] to practice [DIRECT-ENTRY] midwifery to a person who

6 (1) **holds a valid certified professional midwife certificate, if the**
7 **certificate is issued by a nationally recognized midwife organization recognized**
8 **by the board;**

9 (2) applies on a form provided by the board;

10 (3) [(2)] pays the fees required under AS 08.65.100;

11 (4) [(3)] furnishes evidence satisfactory to the board that the person
12 has not engaged in conduct that is a ground for imposing disciplinary sanctions under
13 AS 08.65.110;

14 (5) [(4)] furnishes evidence [SATISFACTORY] to the board that the
15 person has completed a course of **midwifery** study and supervised clinical experience;
16 the study and experience must be of at least **two years'** [ONE YEAR'S] duration; **and**

17 (6) [(5)] successfully completes the **national midwifery** examination
18 required by the board.

19 * **Sec. 12.** AS 08.65.080 is amended to read:

20 **Sec. 08.65.080. Renewal.** A **license** [CERTIFICATE] issued under
21 AS 08.65.050 [OR 08.65.070] expires on a date determined by the board and may be
22 renewed every two years upon payment of the required fee and the submission of
23 evidence satisfactory to the board that the **licensed** [CERTIFIED DIRECT-ENTRY]
24 midwife **holds a valid certified professional midwife certificate issued by a**
25 **nationally recognized midwife organization recognized by the board and** has met
26 the continuing education requirements of the board, has demonstrated continued
27 practical professional competence under regulations adopted by the board, and has not
28 committed an act that is a ground for discipline under AS 08.65.110.

29 * **Sec. 13.** AS 08.65.080 is amended by adding a new subsection to read:

30 (b) A person holding a valid license to practice midwifery under AS 08.65.050
31 on September 1, 2023, who held a certificate to practice midwifery under

1 AS 08.65.050 or 08.65.070 on August 31, 2023, may renew the license under the
 2 requirements imposed under this section as this section read on August 31, 2023, but
 3 is otherwise subject to this chapter.

4 * **Sec. 14.** AS 08.65.090 is amended to read:

5 **Sec. 08.65.090. Apprentice direct-entry midwives.** (a) The board shall issue
 6 a permit to practice as an apprentice [] DIRECT-ENTRY] midwife to a person who
 7 satisfies the requirements of AS 08.65.050(1) - (3) and who has been accepted into a
 8 program of education, training, and apprenticeship approved by the board under
 9 AS 08.65.030 **and that prepares the apprentice for the national midwifery**
 10 **examination.** A permit application under this section must include information the
 11 board may require. The permit is valid for a term of two years and may be renewed in
 12 accordance with regulations adopted by the board.

13 (b) An apprentice direct-entry midwife may perform all the activities of a
 14 **licensed** [CERTIFIED DIRECT-ENTRY] midwife if supervised in a manner
 15 prescribed by the board **in regulation** [BY

16 (1) A CERTIFIED DIRECT-ENTRY MIDWIFE WHO HAS BEEN
 17 LICENSED AND PRACTICING IN THIS STATE FOR AT LEAST TWO YEARS
 18 AND HAS ACTED AS A PRIMARY OR ASSISTANT MIDWIFE AT 50 OR
 19 MORE BIRTHS SINCE THE DATE THE CERTIFIED DIRECT-ENTRY MIDWIFE
 20 WAS FIRST LICENSED;

21 (2) A CERTIFIED DIRECT-ENTRY MIDWIFE WHO HAS BEEN
 22 LICENSED FOR AT LEAST TWO YEARS IN A STATE WITH LICENSING
 23 REQUIREMENTS AT LEAST EQUIVALENT IN SCOPE, QUALITY, AND
 24 DIFFICULTY TO THOSE OF THIS STATE AT THE TIME OF LICENSING, HAS
 25 PRACTICED MIDWIFERY FOR THE LAST TWO YEARS, AND HAS ACTED
 26 AS A PRIMARY OR ASSISTANT MIDWIFE AT 50 OR MORE BIRTHS SINCE
 27 THE DATE THE CERTIFIED DIRECT-ENTRY MIDWIFE WAS FIRST
 28 LICENSED;

29 (3) A PHYSICIAN LICENSED IN THIS STATE WITH AN
 30 OBSTETRIC [] ICAL PRACTICE AT THE TIME OF UNDERTAKING THE
 31 APPRENTICESHIP; OR

1 (4) A CERTIFIED NURSE MIDWIFE LICENSED BY THE BOARD
 2 OF NURSING IN THIS STATE WITH AN OBSTETRICAL PRACTICE AT THE
 3 TIME OF UNDERTAKING THE APPRENTICESHIP].

4 * **Sec. 15.** AS 08.65.110 is amended to read:

5 **Sec. 08.65.110. Grounds for discipline, suspension, or revocation of**
 6 **certification.** The board may impose a disciplinary sanction on a person holding a
 7 **license** [CERTIFICATE] or permit under this chapter if the board finds that the person

8 (1) secured a **license** [CERTIFICATE] or permit through deceit, fraud,
 9 or intentional misrepresentation;

10 (2) engaged in deceit, fraud, or intentional misrepresentation in the
 11 course of providing professional services or engaging in professional activities;

12 (3) advertised professional services in a false or misleading manner;

13 (4) has been convicted of a felony or other crime that affects the
 14 licensee's ability to continue to practice competently and safely;

15 (5) intentionally or negligently engaged in or permitted the
 16 performance of client care by persons under the **licensed** [CERTIFIED DIRECT-
 17 ENTRY] midwife's supervision that does not conform to minimum professional
 18 standards regardless of whether actual injury to the client occurred;

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

21 (7) continued to practice after becoming unfit due to

22 (A) professional incompetence;

23 (B) failure to keep informed of current professional practices;

24 (C) addiction or severe dependency on alcohol or other drugs
 25 that impairs the ability to practice safely; **or**

26 (D) physical or mental disability; **or**

27 (8) engaged in lewd or immoral conduct in connection with the
 28 delivery of professional service to clients.

29 * **Sec. 16.** AS 08.65.120(a) is amended to read:

30 (a) When **the board** [IT] finds that a person holding a **license**
 31 [CERTIFICATE] or permit **under this chapter** is guilty of an offense under

1 AS 08.65.110, the board, in addition to the powers provided in AS 08.01.075, may
2 impose the following sanctions singly or in combination:

3 (1) permanently revoke the license [A CERTIFICATE] or permit [TO
4 PRACTICE];

5 (2) suspend the license [A CERTIFICATE] or permit for a
6 determinate period of time;

7 (3) censure the [A] person [HOLDING A CERTIFICATE OR
8 PERMIT];

9 (4) issue a letter of reprimand;

10 (5) place the [A] person [HOLDING A CERTIFICATE OR PERMIT]
11 on probationary status and require the person to

12 (A) report regularly to the board on [UPON] matters involving
13 the basis of probation;

14 (B) limit practice to those areas prescribed;

15 (C) continue professional education until a satisfactory degree
16 of skill has been attained in those areas determined by the board to need
17 improvement;

18 (6) impose limitations or conditions on the practice of the [A] person
19 holding the license [A CERTIFICATE] or permit.

20 * **Sec. 17.** AS 08.65.120(d) is amended to read:

21 (d) The board may reinstate a license [CERTIFICATE] or permit that has
22 been suspended or revoked if the board finds after a hearing that the applicant for the
23 reinstatement is able to practice with reasonable skill and safety.

24 * **Sec. 18.** AS 08.65.140 is amended to read:

25 **Sec. 08.65.140. Required practices.** The board shall adopt regulations
26 regarding the practice of [DIRECT-ENTRY] a licensed midwife. ~~midwifery.~~
At a minimum, the

27 regulations must require that a licensed [CERTIFIED DIRECT-ENTRY] midwife

28 (1) [RECOMMEND, BEFORE CARE OR DELIVERY OF A
29 CLIENT, THAT THE CLIENT UNDERGO A PHYSICAL EXAMINATION
30 PERFORMED BY A PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED
31 PRACTICE REGISTERED NURSE WHO IS LICENSED IN THIS STATE;

1 (2)] obtain informed consent from a client before onset of labor;

2 **(2)** [(3)] comply with AS 18.15.150 regarding taking of blood samples,
3 AS 18.15.200 regarding screening of phenylketonuria (PKU), AS 18.50.160 regarding
4 birth registration, AS 18.50.230 regarding registration of deaths, AS 18.50.240
5 regarding fetal death registration, and regulations adopted by the Department of
6 Health concerning prophylactic treatment of the eyes of newborn infants [;

7 (4) NOT KNOWINGLY DELIVER A WOMAN WITH CERTAIN
8 TYPES OF HEALTH CONDITIONS, PRIOR HISTORY, OR COMPLICATIONS
9 AS SPECIFIED BY THE BOARD].

10 * **Sec. 19.** AS 08.65.140 is amended by adding new subsections to read:

11 (b) A licensed midwife may practice midwifery without

12 (1) being under the supervision of, or collaborating with, another
13 health care provider or a health care facility; or

14 (2) entering into a written or other form of agreement with another
15 health care provider or a health care facility.

16 * **Sec. 20.** AS .65.150 is amended to read:

17 **Sec. 08.65.150. Prohibited practices.** Except as provided in AS 08.65.170, a
18 person who is not **licensed** [CERTIFIED] under this chapter as a [DIRECT-ENTRY]
19 licensed midwife may not practice midwifery for compensation.

20 * **Sec. 21.** AS 08.65.160 is amended to read:

21 **Sec. 08.65.160. License [CERTIFICATION] required if designation used.**

22 A person who is not **licensed** [CERTIFIED] under this chapter, [OR] whose **license**
23 [CERTIFICATION] is suspended or revoked, or whose **license** [CERTIFICATION]

24 has lapsed [,] who knowingly uses in connection with the person's name the [WORDS
25 OR] letters **"L.M." the words "Licensed Midwife."** ["C.D.M.," "CERTIFIED

26 DIRECT-ENTRY MIDWIFE,"] or other letters, words, or insignia indicating or
27 implying that the person is **licensed** [CERTIFIED] as a [DIRECT-ENTRY] licensed
midwife

28 by this state or who in any way, orally or in writing, directly or by implication,

1 knowingly holds out as being **licensed** [CERTIFIED BY THE STATE] as a
 2 [DIRECT-ENTRY] licensed midwife in this state is guilty of a class B
 misdemeanor. **In this**

3 **section, "knowingly" has the meaning given in AS 11.81.900.**

4 * **Sec. 22.** AS 08.65.170 is amended to read:

5 **Sec. 08.65.170. Exclusions.** This chapter does not apply to a person **who is**
 6 **licensed as**

7 (1) [WHO IS LICENSED AS] a physician in this state;

8 (2) **an advanced practice registered** [WHO IS LICENSED AS A
 9 CERTIFIED] nurse [MIDWIFE] by the Board of Nursing in this state.

10 [(3) REPEALED

11 (4) REPEALED]

12 * **Sec. 23.** AS 08.65.180 is amended to read:

13 **Sec. 08.65.180. Responsibility for care.** If a **licensed** [CERTIFIED DIRECT-
 14 ENTRY] midwife seeks to consult with or refer a patient to a licensed physician, the
 15 responsibility of the physician for the patient does not begin until the patient is
 16 physically within the physician's care.

17 * **Sec. 24.** AS 08.65.190(1) is amended to read:

18 (1) "board" means the Board of **Licensed** [CERTIFIED DIRECT-
 19 ENTRY] Midwives;

20 * **Sec. 25.** AS 08.65.190(3) is amended to read:

21 (3) "practice of midwifery" means providing necessary supervision,
 22 health care, preventative measures, and education to women during pregnancy, labor,
 23 and the **first** postpartum **year: providing preconception care** [PERIOD]; conducting
 24 deliveries on the midwife's own responsibility; providing immediate postpartum care
 25 of the newborn infant, well-baby care for the infant through the age of **six** [FOUR]
 26 weeks, and preventative measures for the infant; identifying physical, social, and
 27 emotional needs of the newborn and the woman; arranging for consultation, referral,
 28 and continued involvement of the midwife on a collaborative basis when the care
 29 required extends beyond the scope of practice of the midwife; providing direct
 30 supervision of student and apprentice midwives; and executing emergency measures
 31 in the absence of medical assistance, as specified in regulations adopted by the board.

1 * **Sec. 26.** AS 08.65.190 is amended by adding new paragraphs to read:

2 (4) "licensed midwife" means a midwife who is licensed under this
3 chapter to practice midwifery;

4 (5) "midwife" means a person who practices midwifery;

5 (6) "preconception care" means health care identifying and treating a
6 person's biomedical, behavioral, and social risk factors to maximize the person's
7 conception health and pregnancy outcomes during the person's reproductive years.

8 * **Sec. 27.** AS 09.65.300(c)(1) is amended to read:

9 (1) "health care provider" means a physician, physician assistant,
10 dentist, dental hygienist, osteopath, optometrist, chiropractor, registered nurse,
11 practical nurse, advanced practice registered nurse, naturopath, physical therapist,
12 occupational therapist, marital and family therapist, psychologist, psychological
13 associate, behavior analyst, assistant behavior analyst, licensed clinical social worker,
14 athletic trainer, or **licensed** [CERTIFIED DIRECT-ENTRY] midwife;

15 * **Sec. 28.** AS 11.41.470(1) is amended to read:

16 (1) "health care worker" includes a person who is or purports to be an
17 acupuncturist, advanced practice registered nurse, anesthesiologist, **licensed**
18 [CERTIFIED DIRECT-ENTRY] midwife, chiropractor, dentist, health aide, hypnotist,
19 massage therapist, mental health counselor, midwife, nurse, occupational therapist,
20 occupational therapy assistant, osteopath, naturopath, physical therapist, physical
21 therapist assistant, physician, physician assistant, psychiatrist, psychological associate,
22 psychologist, radiologist, religious healing practitioner, surgeon, x-ray technician, or a
23 substantially similar position;

24 * **Sec. 29.** AS 18.20.095(e)(2) is amended to read:

25 (2) "licensed staff member" means a person who is employed by the
26 hospital to provide direct patient care and who is licensed or certified in the state as a
27 physician or physician assistant under AS 08.64, **licensed** [DIRECT-ENTRY]
28 midwife under AS 08.65, nurse or nurse aide under AS 08.68, or physical therapist or
29 occupational therapist under AS 08.84;

30 * **Sec. 30.** AS 18.50.165(b) is amended to read:

31 (b) The registrar shall distribute copies of the form prepared under (a) of this

1 section to each hospital in the state, to each physician in the state whose practice
 2 includes attendance at births, to each certified nurse midwife and **licensed**
 3 [CERTIFIED DIRECT-ENTRY] midwife in the state, and to each other interested
 4 person in the state who requests copies of the form.

5 * **Sec. 31.** AS 21.36.090(d) is amended to read:

6 (d) Except to the extent necessary to comply with AS 21.42.365 and
 7 AS 21.56, a person may not practice or permit unfair discrimination against a person
 8 who provides a service covered under a group health insurance policy that extends
 9 coverage on an expense incurred basis, or under a group service or indemnity type
 10 contract issued by a health maintenance organization or a nonprofit corporation, if the
 11 service is within the scope of the provider's occupational license. In this subsection,
 12 "provider" means a state licensed physician, physician assistant, dentist, osteopath,
 13 optometrist, chiropractor, advanced practice registered nurse, pharmacist, naturopath,
 14 physical therapist, occupational therapist, marital and family therapist, psychologist,
 15 psychological associate, licensed clinical social worker, licensed professional
 16 counselor, **licensed** [CERTIFIED DIRECT-ENTRY] midwife, or dental hygienist
 17 holding an advanced practice permit.

18 * **Sec. 32.** AS 21.42.347(d) is amended by adding a new paragraph to read:

19 (3) "home birth" means ~~an elective, planned~~ delivery of a child in the
 20 home setting.

21 * **Sec. 33.** AS 21.42.347 is amended by adding a new subsection to read:

22 (e) A health care insurer who provides coverage for the costs of childbirth
 23 shall provide coverage for the costs of home birth services, including prenatal care,
 24 delivery, and postpartum care of both mother and infant, provided by a licensed
 25 midwife who is acting within the scope of the practice of midwifery under AS 08.65.

26 * **Sec. 34.** AS 21.42.355 is amended by adding new subsections to read:

27 (c) If a health care insurance plan or an excepted benefits policy or contract
 28 provides indemnity for the cost of services of a physician provided to women for
 29 preconception care, pregnancy, childbirth, and the period after childbirth up to one
 30 year, indemnity in a reasonable amount shall also be provided for the cost of a
 31 midwife licensed under AS 08.65 who provides the same services. Indemnity may be

1 provided under this subsection only if the licensed midwife is practicing as a licensed
2 midwife within the scope of the license.

3 (d) If a health care insurance plan or an excepted benefits policy or contract
4 provides for furnishing those services required of a physician in the care of women for
5 preconception care, pregnancy, childbirth, and the period after childbirth up to one
6 year, the contract shall also provide that a midwife licensed under AS 08.65 may
7 furnish those same services instead of a physician. Services may be provided under
8 this subsection only if the licensed midwife is practicing as a licensed midwife in
9 accordance with the regulations adopted under AS 08.65.030(a)(7), and the services
10 provided are within the scope of practice of the license.

11 * **Sec. 35.** AS 21.42.599 is amended by adding a new paragraph to read:

12 ☐ "preconception care" has the meaning given in AS 08.65.190.

13 * **Sec. 36.** AS 21.84.335(b)(15) is amended to read:

14 (15) **AS 21.42.355(a) and (b)** [AS 21.42.355];

15 * **Sec. 37.** AS 25.20.055(a) is amended to read:

16 (a) When a birth occurs to an unmarried woman in a hospital or en route to a
17 hospital to which the woman is later admitted, the hospital shall ensure that a staff
18 member

19 (1) meets with the woman before release from the hospital;

20 (2) attempts to meet with the father of the unmarried woman's child, if
21 possible;

22 (3) presents to the mother and, if possible, the father, a pamphlet or
23 statement regarding the rights and responsibilities of a natural parent; the Department
24 of Health shall prepare this pamphlet and distribute copies of it to each hospital in the
25 state, to each physician in the state whose practice includes attendance at births, to
26 each certified nurse midwife and **licensed** [CERTIFIED DIRECT-ENTRY] midwife
27 in the state, and to other interested persons in the state who request copies;

28 (4) provides to the mother and, if possible, the father, all forms,
29 statements, or agreements necessary to voluntarily establish a parent and child
30 relationship, including an acknowledgment of paternity form prepared under
31 AS 18.50.165;

1 (5) on request of the mother and father, assists the father in completing
 2 specific forms, statements, or agreements necessary to establish a parent and child
 3 relationship between the father and the child; and

4 (6) on request of the mother and father, mails a completed voluntary
 5 acknowledgment of paternity form to the state registrar for filing under AS 18.50.165.

6 * **Sec. 38.** AS 25.20.055(b) is amended to read:

7 (b) When a birth occurs to an unmarried woman who is not in a hospital for
 8 the birth nor admitted to a hospital immediately after the birth, and the birth is
 9 attended by a physician, certified nurse midwife, or **licensed** [CERTIFIED DIRECT-
 10 ENTRY] midwife, the physician, certified nurse midwife, or **licensed** [CERTIFIED
 11 DIRECT-ENTRY] midwife shall perform the duties described in (a)(2) - (6) of this
 12 section or ensure that an agent performs those duties.

13 * **Sec. 39.** AS 44.62.330(a)(36) is amended to read:

14 (36) Board of **Licensed** [CERTIFIED DIRECT-ENTRY] Midwives;

15 * **Sec. 40.** AS 47.07.900(13) is amended to read:

16 (13) "midwife services" means services within the practice of
 17 midwifery, as defined in AS 08.65.190, that are performed by a **licensed** [CERTIFIED
 18 DIRECT-ENTRY] midwife, and miscellaneous fees, other than facility fees, for birth
 19 kits, oxygen, and other ancillary expenses necessary for a birth attended by a **licensed**
 20 [CERTIFIED DIRECT-ENTRY] midwife;


21 * **Sec. 41.** AS 47.20.320(d) is amended to read:

22 (d) A hospital or other health facility, clinical laboratory, audiologist,
 23 physician, registered or advanced practice registered nurse, **licensed** [CERTIFIED
 24 DIRECT-ENTRY] midwife, officer or employee of a health facility or clinical
 25 laboratory, or an employee of an audiologist, physician, or registered or advanced
 26 practice registered nurse is not criminally or civilly liable for furnishing information in
 27 good faith to the department or its designee under this section. The furnishing of
 28 information in accordance with this section is not a violation of AS 08 or AS 18 or
 29 regulations adopted under AS 08 or AS 18 for licensees under those statutes.

30 * **Sec. 42.** AS 08.65.060, 08.65.070, and 08.65.090(b) are repealed.

31 * **Sec. 43.** The uncodified law of the State of Alaska is amended by adding a new section to

1 read:

2  TRANSITION: CONTINUATION OF BOARD. Notwithstanding AS 08.65.030, as
3 amended by sec. 9 of this Act, the members of the Board of Certified Direct-Entry Midwives,
4 as that board is constituted under AS 08.65.030, as that section read on August 31, 2023, shall
5 continue to serve on the Board of Licensed Midwives, established by AS 08.65.010, as
6 amended by secs. 7 and 8 of this Act, for the remainder of the member's term under
7 AS 08.65.010(b), as that section read on August 31, 2023, and until a successor is appointed
8 and confirmed under AS 08.65.010(b), as amended by sec. 8 of this Act.

9 * **Sec. 44.** The uncodified law of the State of Alaska is amended by adding a new section to
10 read:

11 TRANSITION: CURRENT DIRECT-ENTRY MIDWIVES, MIDWIVES LICENSED
12 BY CREDENTIALS, AND APPRENTICE MIDWIVES. (a) Notwithstanding AS 08.65.050,
13 as amended by sec. 11 of this Act, a person who holds on August 31, 2023, an unexpired
14 certificate to practice direct-entry midwifery issued under AS 08.65.050, as that section read
15 on August 31, 2023, is licensed on the effective date of sec. 11 of this Act to practice
16 midwifery under AS 08.65.050, as amended by sec. 11 of this Act.

17 (b) Notwithstanding sec. 42 of this Act, a person who holds on August 31, 2023, an
18 unexpired certificate to practice direct-entry midwifery issued under AS 08.65.070, as that
19 section read on August 31, 2023, is licensed on the effective date of sec. 11 of this Act to
20 practice midwifery under AS 08.65.050, as amended by sec. 11 of this Act.

21 (c) Notwithstanding AS 08.65.090, as amended by sec. 14 of this Act, a person who
22 holds on August 31, 2023, an unexpired permit to practice as an apprentice direct-entry
23 midwife issued under AS 08.65.090, as that section read on August 31, 2023, is permitted on
24 the effective date of sec. 14 of this Act to practice as an apprentice midwife under
25 AS 08.65.090, as amended by sec. 14 of this Act.

26 * **Sec. 45.** The uncodified law of the State of Alaska is amended by adding a new section to
27 read:

28 TRANSITION: REGULATIONS. The Board of Direct-Entry Midwives may adopt
29 regulations to implement the changes made by secs. 1 - 4 and 6 - 42 of this Act. The
30 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before
31 September 1, 2023.

1 * **Sec. 46.** The uncodified law of the State of Alaska is amended by adding a new section to
2 read:

3 **RETROACTIVITY.** Section 5 of this Act is retroactive to June 30, 2023.

4 * **Sec. 47.** Section 46 of this Act takes effect immediately under AS 01.10.070(c).

5 * **Sec. 48.** Section 5 of this Act takes effect June 30, 2023.

6 * **Sec. 49.** Except as provided in secs. 47 and 48 of this Act, this Act takes effect
7 September 1, 2023.

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