

1 STATE OF ALASKA  
2 DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT  
3 DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
4 BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

5 MINUTES OF VIDEOCONFERENCE MEETING  
6 March 3, 2021  
7

8  
9 By the authority of AS 08.065.020 and in compliance with the provision of AS 44.62, Article 6, a  
10 scheduled videoconference meeting of the Board of Certified Direct-Entry Midwives was held March 3,  
11 2021 and at State Office Bldg., 9<sup>th</sup> Floor, Conference Room B, Juneau, AK.

12 **Item 1. Call to Order/Roll Call**

13  
14 The meeting of the Board of Certified Direct Entry Midwives was called to order by Bethel Belisle, Chair  
15 at 9:06 a.m. Members present were:  
16

17  
18 **Board Members Present, constituting a Quorum:**

19 Bethel Belisle, Certified Direct-Entry Midwife, Chair  
20 Hannah St. George, Public Member  
21 Dr. Dana Espindola, Physician/OB Practice  
22 Rachel Pugh, Certified Direct-Entry Midwife  
23

24  
25 **Excused from the meeting**

26  
27 Tanya Kirk, Certified Nurse Midwife  
28

29 **Division Staff present were:**

30 Sara Chambers, Division Director  
31 Lacey Derr, Records & Licensing Supervisor  
32 Terry Ryals, Records & Licensing Supervisor  
33 Sher Zinn, Regulation Specialist  
34 Megyn Weigand, Attorney, Department of Law  
35

36  
37 **Members of the Public Present:**

38 Susan Terwilliger, Certified Direct-Entry Midwife  
39 Kate Parks, Certified Direct-Entry Midwife  
40

41  
42 Supervisor Lacey Derr greeted the board and introduced new Records and Licensing Supervisor, Terry  
43 Ryals. Supervisor Derr stated Mr. Ryals was new to the division and would be attending this meeting for  
44 board meeting training.

45  
46 Supervisor Derr also introduced Regulation Specialist, Sher Zinn and informed the board Director Sara  
47 Chambers was also online.

**Item 2. Review/Approve Agenda**

The board reviewed the agenda.

**On motion duly made by Rachel Pugh, seconded by Dr. Dana Espindola, and approved by majority consent, it was Resolved to approve the agenda as presented.**

**Item 3. Ethics Report**

No ethics disclosures.

**Item 4. Introduce New Board Member**

Supervisor Derr informed the board new board member Tanya Kirk was unable to attend so they could move onto Agenda Item 5.

**Item 5. Peer Review**

Supervisor Derr sated the drafted presented to the board has been reviewed by the division and Department of Law; this draft reflects all edits/updates. Supervisor Derr also stated that Dept. of Law attorney, Megyn Weigand would be joining the meeting and be available for questions.

The board reviewed the final draft of proposed changes to Regulations 12 AAC 14.400, 14.455, 14.450, 14.460, 14.540, 14.900, and 14.910.

Chair Bethel Belisle asked if it would be preferable for the board to discuss as they reviewed the drafted regulations. Supervisor Derr stated that would be preferable as the discussion would also assist new board members in learning the background of this project and process of regulation changes.

Chair Belisle sated the board had decided to update current Peer Review regulation 12 AAC 14.445, due to a lack of accountability through the Midwives Association of Alaska, the agency peer reviews are submitted.

The board reviewed the drafted 12 AAC 14.445 verbiage; the board asked if the verbiage was clear enough that licensees would understand exactly what was needed for submission, does the case need to be within the current licensing period, and was submitting one case sufficient.

The board briefly discussed "participation" and what that would entail.

Director Chambers greeted the board and stated the board are subject matter experts and the division is responsible for adhering to regulations; Director Chambers sated as a member of the public reading these regulations, she was unclear what participating what participating in not less than four hours" means as reflected in 12 AAC 14.445(a). Director Chambers asked if the board would be reviewing for four hours or is the subject four hours.

Chair Belisle thanked Director Chambers and stated participation would mean the peer reviewer would be looking through charts/files checking that the licensee was either the primary provider or associated with the provided service.

Director Chambers suggested the current verbiage wasn't clear and suggested the board replace "participation" with "reviewer".

The board stated the Advanced Practice Registered Nurse (APRN) referenced in 12 AAC 14.445(e)(3) would need to be licensed or certified in certain population foci to be part of the peer review.



102 Supervisor Derr informed the board Megyn Weigand, Assistant Attorney General (AAG), Department of  
103 Law was now online. Attorney Weigand greeted the board.  
104  
105 Chair Belisle asked Attorney Weigand how the board would address a peer review for a newly licensed  
106 individual who may not have held their license long enough to meet the peer review criteria and if the  
107 verbiage could be updated to accommodate those licensees.  
108  
109 Attorney Weigand informed the board that the verbiage in 12 AAC 14.445 could be reworded to address  
110 those circumstances. Attorney Weigand asked if the board wanted to keep verbiage for licensees who  
111 could meet the requirements and had a sufficient case load for what they were primarily responsible for  
112 and a new subsection for licensees that won't have the cases due to the length of time they've been  
113 licensed. Attorney Weigand also asked that the correct term would be for "involved" and/or "assisting".  
114  
115 The board briefly discussed the "involved" and "participating"; the board agreed the use of "involved"  
116 was acceptable.  
117  
118 Susan Terwilliger, licensed Certified Direct-Entry Midwife (CDM) attempted to address the board;  
119 Supervisor Derr stated that the board was unable to accept public comments at this time and stated no  
120 time had been scheduled for public comments during this meeting, however if there was time after  
121 board business had concluded the board may entertain public comments at that time.  
122  
123 Susan Terwilliger thanked Supervisor Derr.  
124  
125 Attorney Weigand asked the board if peer review cases should be within the current licensing period or  
126 if the board wanted to extend that time frame and if the submission of once case for review was  
127 acceptable.  
128  
129 The board briefly discussed and stated within the current licensing period was acceptable and one case  
130 was enough for reviewing. Chair Belisle clarified that the participating reviewer would be spending four  
131 hours reviewing one case, which the board felt was enough time to spend on a review. Attorney  
132 Weigand thanked the board and stated she would update the verbiage.  
133  
134 Attorney Weigand addressed the board's question regarding APRN in 12 AAC 14.445(e)(3). Attorney  
135 Weigand informed the board there are four types of a Practical Registered Nurses (PRN) and for each of  
136 the four types they identify an aspect with some being very specific to women's health and obstetrics.  
137 Attorney Weigand stated she was unsure if the board wanted to call out and designate specific  
138 types/levels of  
139 of expertise or specialization for this part of the regulation; Attorney Weigand went on to state it was  
140 intuitive to not use PRN who specializes in geriatrics as that specialization may not be helpful during a  
141 peer review; however she wanted to be want to be as specific as possible in the draft as this may  
142 preemptively answer questions that licensees may have.  
143  
144 The board and Attorney Weigand briefly discussed the different types of nurses and decided to remove  
145 the semicolon in 12 AAC 14.445(e)(3) and delete "who practices obstetrics", from 12 AAC 14.445(e)(4).  
146  
147 Attorney Weigand reviewed changes to 12 AAC 14.540(f) and stated the division would need to create a  
148 reporting form that would be available on the board's website and left the 14-day submission  
149 requirement as it meshes with 12 AAC 14.900, peer review.  
150  
151 Chair Belisle asked Attorney Weigand to confirm the report would need to be submitted but not  
152 records/documentation unless requested the board. Attorney Weigand confirmed only the report  
153 would need submission; records/documentation would be requested if needed.  
154  
155



156 The board continued to review drafted changes; Attorney Weigand informed the board that the current  
157 Peer Review language of 12 AAC 14.900 would be repealed as reflected in the draft.

158  
159 Attorney Weigand informed the board in addition to the standalone form to report adverse or  
160 unexpected outcomes; the renewal application form will need to be updated to add a section for the  
161 licensee to certify that they've engaged in peer review during a licensing cycle.

162  
163 The board reviewed 12 AAC 14.910; Attorney Weigand stated the board does have a code of ethics  
164 located in the appendix section of their current statute/regulation booklet dated May 2021. Attorney  
165 Weigand informed the board that as the code of ethics is not provided in regulation, formally adopting  
166 through regulation will allow enforcement of the code. Attorney Weigand stated the board should  
167 carefully review the drafted language and possibly update their chosen code of ethics; if the Board  
168 writes their own code, it will need to be adopted at a meeting of the board. However, if the Board opts  
169 for a national standard, the correct title and date of that code's adoption by the national association  
170 should be used in the regulation.

171  
172 Director Chambers reported that talk about a national standard is something that other boards have  
173 done working towards aligning with national standards or another midwifery organization the board is  
174 aligned with. Director Chambers went on to state the peer review process is modeled after the North  
175 American Registry of Midwives (NARM) process and the Board has expressed an interest in trying to  
176 standardize so that's an option for the code of ethics.

177  
178 Director Chambers stated she supported Attorney Weigand's recommendation to add the date the  
179 board adopts their code of ethics; whether the board writes language or adopts a national or midwifery  
180 organization's code of ethics. Director Chambers informed the board that providing an adoption date  
181 assists applicants and licensees to recognize the most current code of ethics.

182  
183 Chair Belisle asked why the code of ethics hasn't been adopted when the appendix reflects a board  
184 adoption date of April 26, 1984.

185  
186 Attorney Weigand informed the board that the code of ethics currently reflected in the appendix is not  
187 set in statute or regulation; this means a violation of the current code of ethics would be very difficult to  
188 enforce as there is no statutory or regulatory authority or reference.

189  
190 The board briefly reviewed their current code of ethics with Attorney Weigand and Supervisor Derr. The  
191 board decided to take more time to review their ethics; Attorney Weigand stated she would draft up  
192 some language and represent to the board for their consideration and subsequent public noticing.

193  
194 Attorney Weigand thanked the board for their time and patience during this project. The board thanked  
195 Attorney Weigand for her time and assistance.

196  
197 Supervisor Derr informed the board that they still had time and items left to cover, however would the  
198 board entertain adding a brief public comment period to the agenda as there were several individuals  
199 online who would like to address the board. Supervisor Derr also stated as the regulation project was  
200 being updated, it would not be available for adoption to move onto the public notice phase so there was  
201 additional time.

202  
203 **On motion duly made by Rachel Pugh, seconded by Dr. Dana Espindola, and approved**  
204 **by majority consent, it was Resolved to amend the agenda to allow public comments.**

205  
206 Chair Belisle polled the board. Hearing no objections, the agenda was amended.

207  
208 **Item 8. Public Comment**

210 Supervisor Derr stated the meeting would open public comment for the four individuals currently  
211 online. Supervisor Derr stated participants would have five minutes to speak and requested participants  
212 state their name and location for the record.

213  
214 Susan Terwilliger, Certified Direct-Entry Midwife

- 215  
216
- On original committee that wrote competence of peer review language.
  - Requiring those who were assisting and how that would fit in the peer review. An assisting midwife often does not have access to those records as usually the birth is under the direction of a primary midwife. If a CDM is an assistant only and does not take on primary clients, would the CDM still be involved with the review.
  - If a reviewer, would they still need to attend a minimum of four hours per licensing period.
  - Think one could get in trouble if required to present a case when they didn't have any say in that case. Feel this could be a slippery slope if the CDM is not a primary midwife.
  - In the description of confidential peer review, at least one member of the group be from outside the midwife's inner circle to allow for a variety of opinions and experiences.
- 217  
218  
219  
220  
221  
222  
223  
224  
225  
226

227 The board thanked Susan Terwilliger for participating.

228  
229 Kate Parks, Certified Direct-Entry Midwife

- 230  
231
- Reviewing code of ethics and comparing to Midwives Alliance of North America (MANA); both have a values and ethics codes that feel would be beneficial.
  - Support adoption of a national standard code of ethics
- 232  
233  
234  
235

236 The board thanked Kate Parks for participating.

237  
238 Supervisor Derr asked if there were any other attendees that wished to address the board; hearing  
239 none, the board moved onto their next agenda item.

240  
241 **Item 6. Proposed Statutory Changes**

242  
243 Chair Belisle thanked Rachel Pugh for creating the statutory update documentation. Chair Belisle  
244 informed the board that it had been brought to her attention that the current statutes and regulations  
245 exceed CDM standards; however the Sunset Audit review had noted several years ago the board had  
246 wanted to update CDM standards which as of this date, had not been done.

247  
248 Chair Belisle stated the board could draft a full statutory/legislation update project or make slight  
249 changes, updating CDM standards that states "CDM standards can be considered to meet the state  
250 statute standards" for submission. Chair Belisle reminded the board that Governor Dunleavy had stated  
251 he wants to maintain Alaska sovereignty and perhaps we need not be chaser's but be a leader in their  
252 professional standards. Chair Belisle went on to state that the Alaska board has met and exceeded  
253 standards for CDM's; one of which is the requirement to be involved in 50 births.

254  
255 Chair Belisle stated she thought the board should consider changes to all of the social determinants of  
256 health care, our maternal morbidity and infant mortality health equality. Chair Belisle stated the board  
257 has been doing a good job meeting and exceeding standards; Alaska already is number one in out of  
258 hospital births per capita; Alaska is almost 7% higher by the last epidemiology report and about 19% in  
259 the Mat Su region, the next state would be Oregon.

260



261 Chair Belisle asked how they could meet and exceed a standard that has already been done and what is  
262 the benefit of moving toward the CDM; would this increase public safety.

263  
264 Ms. Pugh asked if current statues meet standards, are changes necessary; however, insurance billing  
265 problems are still an issue as many CDM's are not getting paid for home births by several insurance  
266 companies which leaves clients having to pay out of pocket. Ms. Pugh went on to state that adding  
267 language which might state home births are allowed in Alaska may assist in billing insurance companies.  
268 Ms. Pugh sated she'd rather submit one large statute clean-up project.

269  
270 The board briefly discussed updating the CDM standards. The board discussed avoiding adding  
271 restrictions. The board agreed that their main goal is to protect midwives and women's birth options.

272  
273 The board discussed if updating or raising CDM standards would affect school accreditation as updated  
274 CDM requirements may not be included in programs offered by currently accredited schools through the  
275 Midwifery Education Accreditation Council (MEAC). Supervisor Derr informed the board that there are  
276 no currently accredited schools in Alaska. The board agreed they did not want to add educational or  
277 financial barriers for applicants and licensees; maintaining the apprenticeship option for licensure was  
278 needed.

279  
280 Chair Belisle stated another concern was the licensure costs and urged the board to keep that in mind  
281 when crafting statutes and regulations. Chair Belisle also cautioned that organizations come and go;  
282 changes and "standards" should take into consideration an organization may go away and the board  
283 may be stuck with something that no longer exists.

284  
285 The board briefly discussed creating their own Code of Ethics that wouldn't reference a national or  
286 similar organization.

287  
288 The board briefly discussed education submitted through CPM has already been approved which  
289 removes any bias when reviewing applications for licensure. The board briefly discussed passing the  
290 national examination administered by NARM; if an applicant is unable to apply for an Alaska license by  
291 examination, their option would be to obtain a license in another state then apply for an Alaska license  
292 by credentials.

293  
294 The board briefly discussed changing from CDM to the national standard title of Certified Professional  
295 Midwife (CPM) and raising the requirement for 50 births to 60 or 65.

296  
297 Dr. Espindola stated the current requirements are higher than national standards so why entertain  
298 changing. The board briefly discussed other states and current national requirements for the number of  
299 births required.

300  
301 The board briefly discussed apprenticeship programs; would be similar to a Journeyman's program or  
302 residency program. which would have more hands-on training/experience than a traditional school  
303 program.

304  
305 The board briefly discussed Continuing Education (CE) requirements in 12 AAC 14.420 and 14.430 and  
306 agreed no changes were necessary.

307  
308 The board briefly discussed 12 AAC 14.470, Reinstatement. Supervisor Derr informed the board the  
309 regulation is more of a division standard for reinstatement of lapsed licenses. Supervisor Derr stated  
310 currently licenses may be reinstated if lapsed less than five years and all CE requirements are met.

311  
312 Chair Belisle stated these were all good questions and discussions; she is making notes and highlighting  
313 sections the board will discuss later.

314

315 The board briefly discussed adding Advanced Practice Registered Nurse (APRN) to 12 AAC 14.500,  
316 updating blood pressure baseline information referenced in (h)(6); the consulting individual referenced  
317 in (g). The board briefly discussed adding additional information regarding previous cesarean deliveries.

318  
319 The board discussed updating to CPM standards which would allow CDM's to provide additional  
320 services. Chair Belisle pointed out that current statutes/regulations do not allow CDM's to provide  
321 services to a client that has had a previous cesarean delivery; however, a CDM may provide prenatal  
322 care to these individuals. The board briefly discussed and stated currently a midwife could assist in this  
323 type of delivery if a Nurse midwife was in attendance; however, at CPM standards, a Nurse midwife  
324 would not be necessary.

325  
326 The board briefly discussed insurance billing issues and the need for women who choose a home  
327 birth/midwife to pay all costs out of pocket.

328  
329 The board briefly discussed the use of nitrous oxide during labor as a pain control alternative to drugs  
330 and epidurals which a CDM could administer; the board was unsure if this is still being administered  
331 during labor.

332  
333 The board briefly discussed if an episiotomy would be a surgical procedure. Dr. Espindola stated an  
334 episiotomy is considered a surgical procedure and the patient would need to be transferred to a  
335 hospital. The board briefly discussed adding verbiage addressing episiotomy's and cesarean's into 12  
336 AAC 14.150.

337  
338 The board continued to review current regulations.

339  
340 The board briefly discussed remote/rural CDM's, available equipment, and available emergency  
341 services.

342  
343 *Recess The Board recessed at 10:59 a.m. for a short break; reconvened at 11:11 a.m.*

#### 344 **Item 7. Legislative Planning**

345  
346  
347 Supervisor Derr reviewed the June 2020 Legislative Sunset Audit report with the board and  
348 recommendations made by auditors.

- 349 1. Recommend statutory changes benefiting the public.  
350 2. Ensure investigations are completed in a timely fashion.  
351 3. Board should improve oversight of peer review process.

352  
353 Supervisor Derr stated the board was currently updating peer review information and the Sunset Audit  
354 report was vague on specific statutory changes that needed addressing. The board agreed and stated  
355 page six of the report made statutory reference but nothing specific.

356  
357 Chair Belisle informed the board she's been working with legislators and representatives on drafting a  
358 bill for submission, regarding the board's sunset audit recommendations.

359  
360 Supervisor Derr reviewed the legislative process with the board; encouraged board members to have a  
361 draft of language and/or suggestions which could be used as talking points the entire board agrees with.  
362 Supervisor Derr informed the board with this information, board members would need to contact their  
363 representative to discuss statutes they wanted to update/amend, the board's intent driving the  
364 changes.

365  
366 Supervisor Derr informed the board when speaking with legislators, board members could say their  
367 representing the board and have agreed upon language addressing statutory changes. Supervisor Derr



368 cautioned board members, if meeting with legislators, no more than two board members could be  
369 involved in one meeting; a group of three board members constitutes a meeting and would be in  
370 violation of the Open Meetings Act.

371  
372 Supervisor Derr recommended the board review their current statutes, highlight and make notes of  
373 needed changes and at the end of this meeting, make a motion for each statute that needs to be  
374 addressed. This information could then be presented to Representative Ortiz when Ms. Pugh met with  
375 him to discuss the Sunset Audit.

376  
377 The board briefly discussed increasing current CDM standards to meet CPM standards.

378  
379 Supervisor Derr informed the board if they needed more time to review and formulate statutory  
380 changes, they could do this review as an after-meeting assignment and represent during the next  
381 scheduled meeting. Supervisor Derr stated the sooner the board could complete this project the better.

382  
383 The board continued to discuss and review their statutes. The board briefly discussed Peer Review,  
384 protecting women's birthing options, insurance billing issues, and public protection.

385  
386 The board stated they felt pressure to make changes in areas that change wasn't needed. Supervisor  
387 Derr state the board should not feel pressured and to make educated, rational decisions when  
388 proposing updates. Supervisor Derr assured the board that by starting this conversation, the board has  
389 expressed their willingness to update statutory language that needed amending.

390  
391 The board thanked Supervisor Derr and continued to review their statutes.

392  
393 **On motion duly made by Rachel Pugh, seconded by Dr. Dana Espindola, and approved**  
394 **by majority consent, it was Resolved to accept the suggested changes to Chapter 65,**  
395 **Alaska Statutes 08.65 for discussion with legislative representatives.**

396  
397 Supervisor Derr thanked the board for their hard work and stated Attorney Weigand would have an  
398 updated regulation packet that reflected changes made during this meeting to her shortly; the updated  
399 draft would be emailed to the board for review and consideration.

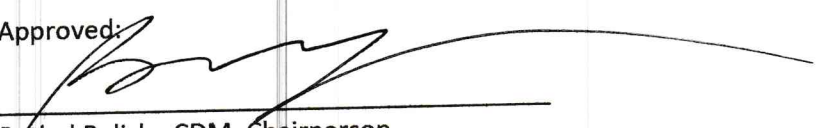
400  
401 The board briefly discussed the regulation process and decided to review and discuss the updated  
402 regulation project during the next meeting.

403  
404 The board briefly discussed future meeting dates and agreed the next meeting would be April 7, 2021

405  
406 *The Board adjourned at 11:57 a.m.*

407  
408 Respectfully submitted:

409  
410 \_\_\_\_\_  
411 Lacey Derr, Records & Licensing Supervisor

412  
413 Approved:   
414 \_\_\_\_\_  
415 Bethel Belisle, CDM, Chairperson  
416 Board of Certified Direct-Entry Midwives

417  
418  
419 Date: 6/7/22



422 Approved:

423

424




425

426 Sara Chambers, Division Director

427

428

429



430 Bethel Belisle, CDM, Chairperson

431

432