Board of Certified Direct-Entry Midwives Meeting - November 18, 2025

Alaska Division of Corporations, Business and Professional Licensing
Videoconference
2025-11-18 09:00 - 12:00 AKST

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A. Set Next Meeting Date(s)

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10. Next Steps

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BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES – REGULAR MEETING

THE DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT, DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING, HEREBY ANNOUNCES THE FORTHCOMING MEETING:

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES – REGULAR MEETING. November 18, 2025. 9:00am. Teleconference/videoconference to conduct a regular meeting. Participants must register to attend. The Zoom link to attend is

https://us02web.zoom.us/meeting/register/BhN0Nl9yR4SZ7u8bRMRAIQ

For more information, visit

https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/Midwives/BoardMeetingSchedule.aspx

Individuals or groups of people with disabilities who require special accommodations, auxiliary aids or service, or alternative communication formats, call the Director of Corporations, Business and Professional Licensing, (907) 465-2550, or TDD (907) 465-5437. Please provide advance notice in order for the Department of Commerce, Community, and Economic Development to accommodate your needs.

Attachments, History, Details

Attachments
None

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Details

Department:	Commerce, Community, and Economic Development
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Project/Regulation #:	
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Events/Deadlines:	

Board of Certified Direct-Entry Midwives Meeting - November 18, 2025

Alaska Division of Corporations, Business and Professional Licensing
Tuesday, November 18, 2025 at 9:00 AM AKST TO 12:00 PM AKST
Videoconference

Meeting Details: https://us02web.zoom.us/meeting/register/BhN0Nl9yR4SZ7u8bRMRAIQ
Additional Meeting Details: Meeting registration required

Agenda

1. Call to Order **9:00 AM**

A. Roll Call

Board Members:

- Holly Steiner, RN, CDM, CPM, Chair
- Bethel Belisle, CDM, CPM
- Darcy Lucey, APRN, CNM
- Lori Lindsay, MD
- Stacia Miller

B. Declarations of Conflicts of Interest

C. Accept Agenda

MID Statutes and Regulations - December 2023

2. Public Comment **9:10 AM**

3. Investigative Report **9:20 AM**
Presenter: Jennifer Summers

4. AO360 Regulatory Reduction Plan **9:30 AM**
Presenter: Director Sylvan Robb
Plan due February 13, 2026

5. Board Project - Regulations Project + Exemption Request AO 358 **10:30 AM**

Draft regulations language - application by credentials
update from October 7, 2025 subcommittee mtg

6. Board Position Statement **11:00 AM**
Presenter: Bethel Belisle

Position Statement draft on approved use of Cook® Cervical Ripening Balloon with Stylet by Midwives

7. Documentation of Pharmaceutical Knowledge - form #08-4215e **11:30 AM**

Status update of board request to replace form #08-4215e with an attestation

8. Legislative Update **11:45 AM**

9. Board Administrative Business

A. Set Next Meeting Date(s) **11:50 AM**

Sec. 08.65.020. MEETINGS. The board shall meet twice annually and may hold special meetings at the call of the chair or on the written notice of two board members.

10. Next Steps **11:55 AM**

11. Adjourn **12:00 PM**

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Fax: 907.269.8156

MEMORANDUM

DATE: November 03, 2025

TO: Board of Certified Direct-Entry Midwives

THRU: Erika Prieksat, Chief Investigator

FROM: Jennifer Summers, Investigator

RE: Investigative Report for the November 18, 2025 Meeting

The following information was compiled as an investigative report to the Board for the period of September 22, 2025 thru November 02, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

OPEN - 1

Case Number	Violation Type	Case Status	Status Date
DIRECT-ENTRY MIDWIFE			
2025-000443	License Application Review/Referral	Complaint	06/17/2025

Closed -

Case #	Violation Type	Case Status	Closed	Closure

END OF REPORT

Regulation Citation	Nature of the Regulation
Cite the regulation you intend to change. Can also be a section of related regulations.	*Briefly describe what the regulation currently does.*

Summary of the Intended Changes	Proposed Regulatory Reduction
Briefly describe what you plan to change to achieve reduction, transparency, ease of government interaction, other reforms.	*List the **number** of reductions from your baseline that you plan to achieve with this change.*

Percentage or Regulatory Reduction	Date of Anticipated Reduction
*State the **percentage** of anticipated reduction from your original baseline. This may be achieved using a simple Excel formula.*	*State whether you anticipate this reduction will be achieved in 2026 or 2027.*

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
Juneau Office

P.O. Box 110806
Juneau, Alaska 99811-0806
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MEMORANDUM

TO: Members of Professional Licensing Boards DATE: October 7, 2025

FROM: Sylvan Robb, Director RE: Administrative Order 360

I am providing additional information to clarify the purpose and expectations of Administrative Order 360, which was issued by Governor Dunleavy on August 4, 2025, to improve the quality, transparency, and efficiency of the State's regulatory environment. The full language of AO 360 can be found at https://gov.alaska.gov/admin-orders/administrative-order-no-360/.

There are several goals associated with this Administrative Order, but I'd like to highlight #3: "Ensure boards and commissions adjust regulatory structures as necessary to maintain critical consumer protection while eliminating unnecessary barriers to entry for new professionals." This goal highlights that all state boards are critical components to accomplishing the purpose of this initiative.

The *division* is responsible for providing key deliverables throughout this project:

1. **Hold stakeholder meetings:** These meetings invite members of the public to provide suggestions on regulations that they feel can be removed or improved. The division has scheduled stakeholder meetings with corresponding windows for receiving written comments. Input from stakeholders is vitally important in the development of the boards' regulatory reform plans this winter.

   These meetings are different than oral testimony on proposed regulations, so boards themselves are not holding these meetings. However, members are welcome to attend and listen.

   We have organized the meetings as follows:

   - Health care professions: Thursday, October 9th, 9:00 - 11:00 a.m.; Monday, October 27th, 6:00 - 8:00 p.m., Wednesday, October 29th, 11:30 a.m. - 1:30 p.m.
   - Non-health care professions: Thursday, October 9th, 9:00 - 11:00 a.m.; Monday, October 27th, 6:00 - 8:00 p.m., Wednesday, October 29th, 11:30 a.m. - 1:30 p.m.

2. **Review guidance documents:** Documents—such as PDFs and web pages—providing guidance on regulatory requirements will be published in the Online Public Notice System (OPN) and moved forward for review by the Department of Law. Guidance documents are intended to *explain* requirements contained in statutes or regulations or to provide background information. This includes forms, checklists, applications, FAQs, board opinions, and other types of information relating to the public process. The legal review will ensure no existing or new documents contain guidance that should

actually be promulgated as a regulation. Once legal reviews are completed next spring, the division and its boards may need to address any changes.

3. **Establish a baseline of current regulatory requirements:** Using statewide guidance, staff are currently reviewing regulations and determining what constitutes a regulatory requirement using the guidance provided by the Department of Law. All requirements are counted and identified as "mandatory"— required by federal, statutory, or court-ordered mandates—or "discretionary"—those that the board has the ability to evaluate, interpret, and adopt. Discretionary requirements with room for improvement in quality, transparency, and efficiency will be identified by staff and moved forward for each board to consider including it its regulatory reform plan.

Individual professional licensing *boards* are responsible for implementing the deliverables of AO 360 now through 2027. Meeting these deadlines set by the Office of the Governor will require boards to either hold additional meetings or significantly expand their agendas:

1. **Review public and staff recommendations for regulatory reform (starting in November):** Individual boards will review the input received from the public and additional changes recommended by staff. This is the opportunity to jump start any pending board regulations changes or plans that have been put "on the back burner."

2. **Develop a regulatory reform plan (due in February):** Design and approve a plan to reduce specific regulatory requirements by 15% in calendar year 2026, culminating in a total reduction of 25% by the end of calendar year 2027. This plan must be completed and provided to me by February 13. I will submit it to the department to be included as part of the department's overall plan. After the Office of the Governor has reviewed and approved the proposed plan, it will be posted on OPN. At that point, any regulation change included in the board's plan has the green light to move forward through the usual regulations adoption process. (No additional waiver is required.)

To summarize, AO 360 requires the division to review regulations, count the number of requirements, determine which are discretionary, and make a recommendation to each board so it can approve a regulatory reform plan. It does not diminish the authority of the board to propose and adopt regulations concerning their industry. The Office of the Governor encourages each board and agency to focus on the end goals of regulatory transparency and efficiency rather than becoming overly concerned about the specific deliverables along the way. All departments of state government are encouraged to use this structured opportunity to work with their stakeholders and think deeply about ways to best serve the public through this initiative.

As required by the initiative, Sara Chambers has been designated by Commissioner Sande as our department's Agency Regulatory Liaison, providing training and guidance, as well as serving as the point of contact with the Office of the Governor and the Department of Law for all divisions and corporate agencies within the DCCED umbrella. She is assisting us in seeking modifications to the statewide schedule of deadlines, as long as we are making progress toward the Governor's goal.

Timelines and guidance are fast-moving and subject to change. The key deadlines the board should know are:

- **Informational sessions for board members to hear details and ask questions:**
    - Monday, October 13 at 12:00 p.m.
    - Meeting ID: 219 918 166 590
    - Passcode: Hm2TC2ad

    - Thursday, October 16 at 11:00 a.m.
    - Meeting ID: 248 100 560 125 1

    - Passcode: 3tf2oH7t

    - Monday, October 20 at 1:00 p.m.
    - Meeting ID: 289 987 973 913 6
    - Passcode: hh2pX6aD
- **Stakeholder meetings** are scheduled for the month of October—see above.
- **Your proposed regulatory reform plan** is due by February 13.

Your board liaison will work with your chair to schedule the meetings necessary for you to review public and staff recommendations, discuss merits and potential changes, and ultimately adopt your reform plan. If you have questions or concerns, please attend one of the informational sessions or reach out to me so I can provide you with timely responses.

Sincerely,

Sylvan Robb
Director

Strategies for Boards to Get the Most Out of the AO 360 Regulatory Review Process

DCCED Boards and Regulations Resources
October 2025

Sara Chambers
Boards and Regulations Advisor
Agency Regulatory Liaison

Introduction

Administrative Order 360 was issued by Governor Dunleavy on August 4, 2025, with the purpose of improving the quality, transparency, and efficiency of the State's regulatory environment by:

- Promoting growth and investment in Alaska by reducing administrative and economic burdens associated with regulatory compliance, including removing barriers, finding solutions, and identifying alternative pathways.
- Streamlining permitting processes and improving coordination and efficiency within all permitting departments.
- Ensuring boards and commissions adjust regulatory structures as necessary to maintain critical consumer protection while eliminating unnecessary barriers to entry for new professionals.
- Engaging stakeholders early and continuously in the regulatory development and reform process.
- Ensuring all regulations are clearly written, legally sound, and supported by a demonstrated need.
- Regularly evaluating existing regulations for effectiveness, redundancy, clarity, and impact.
- Reducing the regulatory burden on all Alaskans.

As a board with regulatory authority, under the AO you are required to engage in a process that includes the steps below to produce the following deliverables:

- By December 29 (LBC, AIDEA, AEA, AOGCC, RCA)/February 13 (CBPL and AMCO): Produce a *Regulatory Reform Plan* to reduce your regulatory requirements by 15% by December 31, 2026, and 25% by December 31, 2027 (cumulative), in accordance with the *Regulatory Reduction Guide.* At a minimum, each proposed plan for regulatory reform must:
    - List each specific regulation identified for reform;
    - Include a decisional document identifying recommendations received, how they were considered for inclusion in the *Plan,* and (if appropriate) reasons for rejection;
    - Propose how the agency will organize the regulations identified for reform into discrete projects for submittal to the Department of Law for preliminary review;
    - Identify whether agency staff will be drafting the revised regulations or whether the agency is requesting drafting assistance from the Department of Law; and
    - Provide a timeline for submitting the draft revised regulations to the Department of Law for preliminary review.

  The plan may also include proposed reductions in guidance documents as a means to meet the reduction percentages.
- Propose regulation changes per the Administrative Procedures Act to meet adoption timelines in the board's approved *Regulatory Reform Plan.*
- By September 4, 2026, and periodically prior to publication: Submit updates to guidance documents for Department of Law review per the process outlined in the *Regulatory Reduction Guide*.
- By September 18, 2026: Submit to the Agency Regulatory Liaison their projected regulatory plan that lists all anticipated rulemaking actions for the subsequent state fiscal year

As volunteer boards with many existing time-sensitive responsibilities, this task may seem daunting. However, it is truly an opportunity. This guide will assist you in strategizing -- not only to attain compliance but to produce excellence.

Engage the public, staff, and stakeholders
Cast a wide net for input. Stakeholders will have different perspectives, so invite the spectrum of those who interact with your regulations. These may be people or entities who are regulated, those who receive services, partner agencies or organizations…even those who have been critical of the board in the past. Ask staff for their suggestions; they are the front line in answering calls, processing applications, or investigating complaints.

Ensure your board understands the mission and has the materials to be successful
If you haven't already done so, schedule a 30-minute introduction on AO 360 at your upcoming meeting, or schedule a special meeting to hear this information and strategize how you will wrap your arms around this initiative. The division director, lead staff, or I are happy to walk through our presentation about the goals and timeline and answer questions.

Staff will provide the following information, which you will need to perform your work well and to comply with the governor's deliverables and deadlines:

- *A decisional document listing any public comments received during the listening sessions or via email/mail.* This document will include space for your board to consider how to respond and to codify your response, which is required.
- *List of regulations and number of discretionary requirements in each section.*
  You are required to present an overview of how you plan to change the regulation and to list the number and percentage of reductions expected from this change. You'll also need to indicate whether you expect to need attorney help in drafting, how you plan to package your regulations into manageable projects, as well as your timeline for completion.
- *List of guidance documents and their length.*
  You are not required to include reductions in guidance documents as part of your 15% or 25% reductions but streamlining regulations should naturally produce streamlined guidance. Adopting clear and concise regulations reduces the need to explain them. You can use these reductions in guidance documents to help meet these reduction goals.
- *Suggestions for regulatory or guidance document improvements from their perspective.*
  Staff should include their ideas for changes, especially to administrative burdens that hold back effective outcomes, outdated or unnecessary requirements, errors, and stumbling blocks that generate confusion.
- *A correct and current copy of your statutes, other agency statutes, regulations, and relevant federal codes that impact your program.*
  The assignment includes reviewing all regulations, not just responding to public comments. Having these materials at your fingertips can ease the hunt for applicable information, especially when double-checking what regulations may be discretionary.
- *The Regulatory Reduction Guide issued by the Department of Law*, as well as any additional relevant guidance from the Agency Regulatory Liaison.

Organize according to your board's strengths
Board chairs should think about the strengths, skill sets, and makeup of their team, then suggest an efficient pathway to tackling the regulatory review process. Some ideas:

- *Schedule additional meetings so the entire board engages in the work.* This is most effective with smaller boards when committees might not make sense.
- *Divide and conquer:*
  - *Assign each member a section to analyze and report back to the board.*
    This can be successful if the section is linked to type of license or expertise held by the board member. For example, someone holding the engineer or physician seat could review the technical sections that might not be within the knowledge base of a public member. The public member could review the sections relating to investigations or administration, which may relate best to the consumer experience and not require technical expertise.
  - *Form a committee of board members to review the regulations and report back to the board.*

This may be best suited to members who are critical readers and excel at documentation, policies, procedures, etc. They can dig deep and may even enjoy the process. Other members of the board could independently review public-facing guidance documents or pick up work outside of AO 360 to help lighten the load for those serving on the committee.

- *Form a work group of board members and key public persons, such as industry or representatives of certain constituencies.*
  The board should identify these members in the motion when they vote to create the work group. While the public should be invited to offer input, not every person who calls in may merit a seat at the table. The work group ensures varied perspectives are presented and heard.

As a reminder, meetings of committees and workgroups must be publicly noticed. To ensure transparency and complete engagement and awareness by all members, your *Regulatory Reform Plan* should be approved by a roll call vote on the record of a public meeting.

Review all regulations with a fresh lens

The initiative provides boards with an opportunity to review all of their regulations afresh; given the myriad complex priorities of a regulatory board, a comprehensive regs review may not be part of an established rhythm. To maximize the value of the project, ensure that members approach it with the goals of AO 360 in mind: Seeking to reduce regulatory burdens, streamline and modernize requirements, and eliminate unnecessary barriers to entry.

Keep in mind that this does not include jeopardizing the safety of the public. However, it does create accountability among boards for using their highest faculties in determining whether existing standards and processes are appropriate. Strategies boards might use to approach this project include:

- Using a framework or system to adhere to the principles of "right-touch regulation." (If you are unsure what this term means or do not currently use a decisionmaking framework, please contact your Boards and Regulations Advisor.)
- Avoiding the trap of "this is how we have always done it." Is it necessary? Does it prevent a likely harm? If so, is it reasonable? If not, why require it?
- Ensuring you don't have requirements that are not actionable, e.g., don't request criminal background information if you may not take action based on that information.
- Maintaining arbitrary standards and timeframes that are not based on research, proven national standards, or other objective criteria.
- Thinking that a "may" in statute means a "shall": Just because you have the authority to adopt a regulation doesn't mean you have to.
- Digging into changes you have always wanted to make—or addressing changes that stakeholders have requested—but the board hasn't had time to address.
- Updating to modern standards—don't miss references to fax machines, unnecessarily notarizing documents, defunct organizations, etc.
- Looking for alternative pathways to accomplish similar goals, including attestations instead of submitting documents where that makes sense, identifying steps that can be eliminated because another agency has already checked the information, etc.

Prepare to defend what can't change:

- Identify baseline public safety standards that can't be lowered and include a rationale for why they are important.
- Identify statutory or federal requirements that are inflexible. Per the *Drafting Manual for Administrative Regulations,* eliminate repetition of those requirements in regulation unless they provide clarity or are advised by your attorney.

Conclusion

This Administrative Order is ambitious, but it is reachable with organization and intention. Every member will need to set aside additional time to engage with the process. Communicate concerns with your lead staff, who can work with your Agency Regulatory Liaison to answer questions and find solutions.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

November 18, 2025

ATTN: Sylvan Robb, Director
Division of Corporations, Business and Professional Licensing
PO Box 110806
Juneau, AK 99811-0806

RE: AO 358 Exemption Request

Dear Director Robb,

On behalf of the State of Alaska board of Direct Entry Midwives, I am writing to formally submit a request for an exemption under AO 358. We would like to submit several regulation changes and deletions. These changes bring the board into compliance with AO360, as we want to delete regulations that are no longer needed. The board has worked hard over the last several years to streamline the application process for licensure, which reduces the burden on staff and saves the board and the state money.

We moved to requiring all licensed midwives to hold a current Certified Professional Midwife certificate through the North American Registry of Midwives (NARM), a nationally recognized license. NARMs requirements for licensure are nearly identical to ours. Because of this change, there are many regulations that are obsolete and redundant.

Our board currently only has 39 active licenses. Simplifying the application process will get more qualified midwives into practice in Alaska and increase the workforce. This is important as it addresses the massive obstetrics profession shortage in Alaska.

The board recently approved this request at their September 24th meeting. The motion reads:

Darcy Lucey moved to amend the application process regulations. This project is necessary to align our standards and procedures with current NARM certification guidelines and to reduce redundancies in the application process. The board will review and revise relevant regulations, including but not limited to 14.110, 14.210, 14.300, and 12 AAC 14.560 (a)(2). Motion seconded by Bethel Belisle. All in favor; none opposed. Motion passed unanimously.

Thank you for your time and consideration. We look forward to your favorable response and to working together to advance the goals of the midwife board in accordance with AO 360, with respect to AO 358.

Please feel free to contact me at (907) 232-11664 or holly_steiner@yahoo.com for any further information or discussion.

Sincerely,

Holly Steiner
Chair, Board of Certified Direct-Entry Midwives

12 AAC 14.110. CERTIFICATION BY EXAMINATION. (a) The board will issue a certificate as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.050 and this section, and passes the examination required in 12 AAC 14.300.

(b) An applicant for certification shall

(1) submit documentation that the applicant is at least 18 years of age;
(2) apply on a form provided by the department;
(3) pay the fees established in 12 AAC 02.145;
(4) submit verification of a high school education or its equivalent;
(5) submit copies verifying a current

(A) certification in the Basic Life Support for Health Care Providers Program (BLS);
~~(B) certified professional midwife certification in good standing from the North American Registry of Midwives (NARM);~~ and
(C) certification in neonatal resuscitation from the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(6) submit an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3); and
~~(7) submit written evidence of satisfactory completion of the course of study requirements in 12 AAC 14.200 and supervised clinical experience requirements in 12 AAC 14.210; the combined length of study and experience must be at least one year.~~ Renumber accordingly – add new item
(8) verification of passing the North American Registry of Midwives Examination (NARM): that certification is currently in good standing, ~~and if any actions are pending or have been taken against that certification~~. Verification to be sent directly to the department from NARM.

(c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office before the board will review the application.

~~(d) The board will approve a program as a substitution for a program required under (b)(5) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(5) of this section.~~

Commented [SR1]: See #8 below- have NARM be primary source instead of provided by applicant

Commented [SR2]: By having NARM certification - which requires two years - the requirement of AS 08.65.050(4) is met.

Commented [SR3]: Sheri,
For 12 AAC 14.110 b 8 and 14.120 b7, We need to make more clear that passing the NARM exam and holding a CPM certificate are 2 different things and we require both. So it should read something like: (7) verification of passing the North American Registry of Midwives Examination (NARM) AND a current certified professional midwife certificate that is currently in good standing, and if any actions are pending or have been taken against that certification. Verification to be sent directly to the department from NARM;
Or another way would be to leave in b 5 b and b 4 b. I misspoke when I said that was redundant.
Everything else looks good!
Holly

Commented [SR4]: This information is provided standard in a NARM verification. Is it necessary to have it written out in regulation?

Commented [SR5]: Discuss this passage requirement - in good standing - could someone apply who wasn't in good standing and receive a license? Consent agreement? This could possibly keep someone qualified from being able to receive a license.

Commented [SR6]: No longer required - NARM approves courses

12 AAC 14.120. CERTIFICATION BY CREDENTIALS. (a) The board may issue a certificate by credentials to practice as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.070 and this section.

(b) An applicant for a certification by credentials under this section must submit

(1) a complete and notarized application on a form provided by the department;

(2) the applicable fees established in 12 AAC 02.145;

~~(3) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department;~~

(4) copies verifying a current

(A) certification in the Basic Life Support for Health Care Providers Program (BLS);

~~(B) certified professional midwife certification in good standing from the North American Registry of Midwives (NARM);~~ and

(C) certification in neonatal resuscitation from the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(5) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; at least one verification must indicate a current license in good standing; the verifications must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked;

~~(6) an affidavit signed by the applicant or by a state licensing agency verifying that the applicant completed a course of study and supervised clinical experience of at least one year's duration as required under AS 08.65.050;~~

(7) verification of passing the North American Registry of Midwives Examination (NARM) ; that certification is currently in good standing, ~~and if any actions are pending or have been taken against that certification~~. Verification to be 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;~~

(9) an affidavit from the applicant on a form provided by the department documenting that the applicant was the primary or assisting midwife for at least 10 births, five of which the applicant was the primary midwife, within the 24 months

Commented [SR7]: All other programs have moved away from requiring the signed authorization form in advance

Commented [SR8]: The documentation provided in (7) from NARM shows the date they took their exam, their passing score, CPM credential number, if the person is in good standing and whether there has been any action taken or pending. Why are we requiring the applicant provide this documentation?

Commented [SR9]: Met by having NARM certification which requires two years

Commented [SR10]: Discuss this passage requirement - in good standing - could someone apply who wasn't in good standing and receive a license? Consent agreement? This could possibly keep someone qualified from being able to receive a license.

Commented [SR11]: This information is provided standard in a NARM verification. Is it necessary to have it written out in regulation?

Commented [SR12]: Sheri,
For 12 AAC 14.110 b 8 and 14.120 b7, We need to make more clear that passing the NARM exam and holding a CPM certificate are 2 different things and we require both. So it should read something like:
(7) verification of passing the North American Registry of Midwives Examination (NARM) AND a current certified professional midwife certificate that is currently in good standing, and if any actions are pending or have been taken against that certification. Verification to be sent directly to the department from NARM;
Or another way would be to leave in b 5 b and b 4 b. I misspoke when I said that was redundant.
Everything else looks good!
Holly

Commented [SR13]: 14.420 is met by having a valid NARM certification; 14.430 was repealed 02/22/2023. Is (8) necessary? - NO

preceding the date of application; the affidavit must include the following information ~~required in 12 AAC 14.210(e)(1) – (8).~~

(1) the date of birth;

(2) the location of birth;

(3) the infant's gender;

(4) the infant's weight;

(5) the name of the person who managed the labor;

(6) the name of the person who delivered the newborn and placenta;

(7) any complication and its outcome;

(8) a detailed explanation of any situation that required emergency transport

~~(c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office before the board will review the application.~~

~~(d) The board will approve a program as a substitution for a program required under (b)(4) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(4) of this section.~~

(e) In addition to the requirements of this section, the board may request that the applicant be interviewed by the board, or provide additional information relating to the applicant's previous practice, including additional records and written explanations.

Authority: AS 08.65.030 AS 08.65.070

Commented [SR14]: Will need to spell out these requirements here because 12 AAC 14.210e is being deleted.

Commented [SR15]: The board reviews applications outside of board meetings. This requirement is not necessary.

Commented [SR16]: This language is here to give the board latitude to determine if another program is equivalent to BLS, NARM or NRP.

Commented [SR17]: No longer required because NARM approves the programs.

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, is registered as a preceptor with North American Registry of Midwives (NARM), 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
(3) repealed 2/22/2023;
(4) repealed 2/22/2023;
(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.

(b) Supervised clinical experience must have included at least the following types and numbers of experiences:

(1) 100 prenatal visits, including 20 initial exams;
(2) 10 labor and delivery observations that preceded any primary responsibility for labor and delivery; the observations may have been completed before the permit being issued; (3) 20 assisted labor managements that preceded any primary responsibility for labor and delivery;
(4) primary responsibility for 20 labor and deliveries of the newborn and placenta;
(5) 40 newborn examinations; and
(6) 50 postpartum examinations of the mother.

Commented [SR18]: NARM application paperwork handles

(c) As part of the supervised clinical experiences required in (b) of this section, an applicant must have provided continuous care to at least 15 clients. "Continuous care" means, for the same client, the applicant

(1) performed at least six prenatal visits;
(2) observed, assisted with, or had primary responsibility for labor and delivery of the newborn and placenta;
(3) performed a newborn examination; and
(4) performed a postpartum examination of the mother.

Commented [SR19]: AK requirements differ from NARM certification requirements = AK over and above. NARM certification is the minimum National standard. Align AK with national standard.

~~(d) An applicant must have completed at least 10 of the supervised clinical experiences required in (b)(3) and (4) of this section, in any combination, within the two years immediately preceding the date of application.~~

~~(e) On a form provided by the department, an applicant shall document the applicant's clinical experience, including the following information, if applicable:~~

~~(1) the date of birth;~~
~~(2) the location of birth;~~
~~(3) the infant's gender;~~
~~(4) the infant's weight;~~
~~(5) the name of the person who managed the labor;~~
~~(6) the name of the person who delivered the newborn and placenta;~~
~~(7) any complication and its outcome;~~
~~(8) a detailed explanation of any situation that required emergency transport; and~~
~~(9) the signature of the applicant's preceptor verifying that the experience was supervised and that the care provided was within the scope of AS 08.65 and this chapter.~~

Commented [SR20]: May have to repeat this in another place in regulations where it refers back to 12 AAC 14.210e

(f) ~~An applicant's preceptor shall test the applicant and keep a record of the applicant's performance of practical skills on the form titled Practical Skills List for Alaska Certified Direct-Entry Midwives, dated January 2003, adapted from the copyrighted 2002 version of the North American Registry of Midwives and used by permission, and adopted by reference. This form is provided by the department and is established by the board for use by a preceptor to document an applicant's completion of the practical skills required by the board. The requirements of this subsection do not apply to an applicant who has graduated from a school of midwifery preapproved or accredited by the Midwifery Education Accreditation Council (MEAC).~~

Commented [SR21]: NARM skills checklist provides. The AK version since 2003 and is no longer available.

Authority: AS 08.65.030 AS 08.65.050

Repeal 12 AAC 14.210 repeal in its entirety

Concern that Apprentices need to know they are required to have an apprentice permit to do everything in this regulation.

12 AAC 14.220. APPRENTICESHIP PROGRAMS. (a) To be approved by the board, an apprenticeship program must meet the standard of the North American Registry of Midwives (NARM).

~~(1) be for a duration of at least one year;~~
~~(2) be conducted under the supervision of an apprenticeship program preceptor; and~~
~~(3) provide a training program for the apprentice that meets the course of study and supervised clinical experience requirements of 12 AAC 14.200 and 12 AAC 14.210.~~

~~(b) For purposes of this section, an apprenticeship program preceptor means an individual who meets the supervisory requirements of AS 08.65.090(b) and is registered as a preceptor with North American Registry of Midwives (NARM).~~

Authority: AS 08.65.030 AS 08.65.090

Commented [SR22]: Can't change to two years per NARM because statutes still states course of study is one year

12 AAC 14.300. EXAMINATION. (a) The examination required for certification as a direct-entry midwife is the national examination prepared and graded by the North American Registry of Midwives. ~~The national examination required under this subsection for certification is~~

~~(1) any version of the national examination administered before February 18, 1994, if the applicant passed the examination before February 18, 1994; or~~
~~(2) any version of the national examination, revised on or after December 28, 1993.~~

~~(b) An applicant for certification as a direct-entry midwife must submit a certified true copy of the results of the national examination specified in (a) of this section showing that the applicant has received a passing score on the national examination.~~

~~(c) In order to be scheduled for an examination, the following items must be received by the division's Juneau office from the applicant:~~

~~(1) a complete, notarized application on a form provided by the department;~~
~~(2) the fees established under 12 AAC 02.145;~~
~~(3) copies of certification current at the time of application in~~
~~(A) the Basic Life Support for Health Care Providers Program (BLS); and~~
~~(B) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;~~
~~(4) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department; and~~
~~(5) a notarized academic program completion certification form, provided by the department, signed by the applicant's primary preceptor.~~

Authority: AS 08.65.030 AS 08.65.050 AS 08.65.060

Commented [SR23]: Would like to repeal entire section if possible and add this sentence to 12 AAC 14.110 if we can. Otherwise - keep this sentence here.

12 AAC 14.990. DEFINITIONS. In this chapter, unless the context requires otherwise,

(1) “board” means the Board of Certified Direct-Entry Midwives;
(2) “client” means a pregnant woman, postpartum woman up to six weeks, fetus, or newborn, as appropriate;
(3) “department” means the Department of Commerce, Community, and Economic Development;
(4) “preceptor” means a person qualified under AS 08.65.090(b) ~~or 12 AAC 14.210(a)~~ who supervises a person training to be a direct-entry midwife or supervises a lapsed certificate holder in the process of reinstatement under 12 AAC 14.470(b)(6)(B);
(5) “supervision” means the direct observation and evaluation by the preceptor of the clinical experiences and technical skills of the apprentice direct-entry midwife or other supervised person while present with the supervised person in the same room;
(6) “division” means the division of corporations, business and professional licensing.

Authority: AS 08.65.030 AS 08.65.090

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

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Board Position Statement - Protocol for Use of Cooks Cervical Ripening Balloon for Induction of Labor
November 2025

The purpose of this protocol is to provide guidelines on appropriate use of a cooks cervical ripening balloon for the induction of labor.

Definition:
"The Cook Cervical Ripening Balloon (CRB) is a silicone double balloon catheter with an adjustable-length malleable stylet. The Cook Cervical Ripening Balloon is indicated for mechanical dilation of the cervical canal when the cervix is unfavourable for induction."

Indications for use:

- Documented indication for IOL
- Post-dates induction when the client has an unfavorable bishop's score for herbal induction, less than 7
- Post-dates induction if herbal induction was attempted and unsuccessful
- Induction after 37 weeks if medically indicated but cervix is unfavorable for a separate induction method
- Contraindication to prostaglandin or other chemical forms of IOL
- Maternal or clinician preference for balloon over other induction methods

Contraindications:

- Placenta Previa, vasa previa, or placenta percreta
- Gestation less than 37 weeks
- Non-cephalic fetal presentation
- Ruptured membranes
- Active outbreak of genital herpes Free/ballotable head
- Sepsis or signs of other infection
- Multiples pregnancy
- Cord presentation
- Maternal pelvis structure abnormality
- Abnormal Fetal heart rate pattern
- Polyhydramnios/oligohydramnios

- Severe maternal hypertension
- Any other contraindications to induce labor
- Maternal refusal

Cooks Cervical Ripening Balloon is considered an out-patient induction method, although it can be used as an in-patient induction method.

Criteria for out-patient IOL with CRB:

- Lives within 40 minutes of the birth center, or midwife lives within 40 minutes of the client's home (location of birth).
- Clients have their own mode of transport.
- No known maternal or fetal risks prior to insertion
- Clients have a mobile phone, or a support person present and able to contact midwives. Has Labor support with them at home.

Prior to administration of CRB:

The secondary midwife on call must be consulted and be made aware of the plan to administer CRB for IOL, this ensures everyone understands the plan and allows for a secondary opinion.

A pre-administration final check-up with the client shall be performed, this may be the same day. Client will be assessed to verify she meets criteria for IOL with CRB; this shall be documented. Perform full prenatal check i.e., B/P, Pulse, Leopold's palpation, FHT assessment.
Confirm head position with Leopold's or u/s.

Required Supplies:

- Sterile Speculum
- Cook Cervical Ripening Balloon (latex-free) (double lumen)
- Sponge Forceps/sterile ring forceps x2
- Syringe-20ml with sterile saline for inflating
- Lubricating Gel
- Tape
- Doppler
- Sterile Gloves
- Betadine swabs

Procedure:

- Obtain informed consent from the woman.
- Perform Cervical exam and calculate Bishop's Score
- If the Bishop's score is greater than 7, indication for induction without the use of CRB.
- If the Bishop's Score is less than 7, indicates to proceed with IOL with CRB.
- Ensure the client consents to outpatient IOL with CRB and ensure they have been given opportunity to ask questions.
- Perform vital signs, document fetal heart tones.

- Place the woman in lithotomy position
- Insert speculum into vagina to fully visualize the cervix
- Clean the cervix with Betadine swabs.
- Insert the device (CRB) into the cervix and advance until both balloons have entered the cervical canal - sterile lubricant may be used.
- If using a stylet to guide the balloon, remove the stylet as soon as the first balloon is no longer in view.
- Inflate the uterine balloon with 40ml of water through the blue valve marked “U” then pull the device back until the balloon abuts the internal os
- The vaginal balloon is now visible outside the external os. Inflate with 20 ml through the valve marked “V.”
- Remove the speculum
- Add 20ml water through valve U and 20 ml through valve V. Repeat to a maximum of 80mls in each balloon
- If the client is uncomfortable, reduce the volume of fluids in the vaginal balloon first.
- Tape the proximal end of the catheter to the patient's thigh
- Perform maternal vital signs and FHT, monitor the client for 30 minutes prior to client going home. Give client instructions on what to expect over the next 12 hours and when to call with concerns.
- The client will RTC no later than 12 hours after initial balloon placement, the midwife will remove the balloon no later than 12 hours after placement, regardless of labor or lack thereof.
- Encourage the client to remain mobile, eat and drink, she should be able to urinate without difficulty.
- Advise the client to contact midwives if they notice reduced fetal movement/SROM/Vaginal bleeding/regular painful contractions/pain/CRB falls out/urine retention.
- If urine retention, deflate the vaginal balloon to 50ml.

Documentation:

- Date and time of insertion
- Name of provider who performed procedure Abdominal palpation and Bishops score Volume of fluid in each balloon
- Patient experience of procedure Adverse events
- Plan of care; set time for review

Procedure for deflation:

- Check maternal vitals and FHT
- Deflate balloons and remove the device
- Perform a VE to assess Bishop Score and suitability for ARM and do a membrane sweep (with client’s consent)
- Auscultate fetal heart tones for 1 minute Advice client to continue being mobile
- -No specialty training is required for the removal of the CRB. Documentation for removal:
- Date and time of removal
- Abdominal palpation and Bishop Score FHR following removal
- Adverse Event(s) Plan of care

Training:
Training Record shall be kept of all CDM's who have completed training, to include date of training.
Watch 3 training videos, observe a trained provider inserting a CRB, insert 2 under observation

The CRB may be inserted by a healthcare professional (CDM) who has received appropriate training.
Training on the correct procedure for administering CRB can be found online at the following locations:

- https://www.cookmedical.com/reproductive-health/cook-cervical-ripening-balloon-animat ion/
- https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=51061830
- https://www.cookmedical.com/reproductive-health/resources-cook-cervical-ripening-ball oon-with-stylet/
- https://rehsen.kineoportal.com.au/resources/api/v1/download/11380?inline=false
- https://rightdecisions.scot.nhs.uk/nhs-borders-clinical-guidelines/adult-acute-services/m aternity-gynaecology-guidelines/maternity/antenatal/induction-of-labour-using-the-cook-cervical-ripening-balloon/

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5. Lim, S., Tan, T., Ng, G., Tagore, S., Kyaw, E., & Yeo, G. (2018). Patient satisfaction with the cervical ripening balloon as a method for induction of labour: A randomised controlled trial. *Singapore Medical Journal*, *59*(8), 419–424. https://doi.org/10.11622/smedj.2018097
6. N, G. (2025, May). *Induction of labour using the cook cervical ripening balloon*. NHS choices. https://rightdecisions.scot.nhs.uk/nhs-borders-clinical-guidelines/adult-acute-services/mat ernity-gynaecology-guidelines/maternity/antenatal/induction-of-labour-using-the-cook-cervi cal-ripening-

balloon/

https://anmc.org/files/opCervicalRipening-2.pdf

https://cdnnamsseuspwsprod.azureedge.net/data/resources/RH-D63251-EN-F_M3_1645193893859.pdf

Adopted by the Board of Certified Direct-Entry Midwives on [insert date]