



Board of Certified Direct-Entry Midwives Meeting - February 4, 2026

Alaska Division of Corporations, Business and Professional Licensing
Videoconference
2026-02-04 09:00 - 12:00 AKST

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- Holly Steiner, RN, CDM, CPM, Chair	
- Bethel Belisle, CDM, CPM	
- Darcy Lucey, APRN, CNM	
- Lori Lindsay, MD	
- Stacia Miller	
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Board discussion on how to fulfill requirement for applicants in-state.		
(b) The board will reinstate a certificate that has been lapsed for at least two years, but not more than five years, if the applicant		
(6) documents completion of		
(A) the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed; or		
(B) at least 10 preceptor-supervised deliveries in the year immediately preceding the application for reinstatement in which the applicant was the primary or assisting midwife; in at least five of the supervised deliveries, the applicant must have been the primary midwife;		
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- Alaska Board of Certified Direct-Entry Midwives Code of Ethics, adopted April 26, 1994		
- Alaska Midwives Alliance North America (MANA) Statement of Values and Ethics - MANA dissolved March 1, 2024		
- International Confederation of Midwives Code of Ethics - https://internationalmidwives.org/resources/international-code-of-ethics-for-midwives/		
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B. Set Next Meeting Date(s)

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. Adjourn

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. February 4, 2026. 9:00am.
Teleconference/videoconference to conduct a regular meeting. Participants must register to attend. The Zoom link to attend is

<https://us02web.zoom.us/join/9tNfMgqYtNYLMg>

For more information, visit

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

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

Revision History

Created 1/14/2026 8:58:28 AM by KLCAMPBELL

Details

Department:	Commerce, Community, and Economic Development
Category:	Boards and Commissions
Sub-Category:	Midwives, Board of Certified Direct-Entry
Location(s):	Statewide, Teleconference, Videoconference
Project/Regulation #:	
Publish Date:	1/14/2026
Archive Date:	2/5/2026
Events/Deadlines:	

Board of Direct-Entry Midwives

Analysis last updated: 6.6.24

Renewal dates: 03/31/2025

Presented to board: 09/04/2024

Fee Type	Current fee schedule			Proposed by board				Proposed by division				Adjustments			In System: 01.01.2022 to 12.31.2023			Active as of 6.6.24		
	Current Fee	Projected Units	Projected Revenue	Fee Adjustment	Fee with Recommended Adjustment	Projected Revenue after Adjustment	% Change	Fee Adjustment	Fee with Recommended Adjustment	Projected Revenue after Adjustment	% Change	Fee Adjustment for Estimated Prorated Renewals	Projected Units	Projected Revenue Loss						
Application Fee: Direct-Entry Midwife	500	4	\$ 2,000		\$ 500	\$ 2,000	0%		\$ 500	\$ 2,000	0%		\$ (125)	0	\$ -	Application Fee: Direct-Entry Midwife	4			
Application Fee: Courtesy License	50	0	-		50	-	0%		50	-	0%					Application Fee: Courtesy License	0			
Application Fee: Apprentice	250	4	875		250	875	0%		250	875	0%					Application Fee: Apprentice	7			
New Direct-Entry Midwife License	2,800	3	8,400		2,800	8,400	0%	-400	2,400	7,200	-14%		(75.00)	0	\$ -	New Direct-Entry Midwife License	4			
Renew Direct-Entry Midwife License	2,800	27	75,600		2,800	75,600	0%	-400	2,400	64,800	-14%					Renew Direct-Entry Midwife License	28	32		
New Apprentice License	300	6	1,890		300	1,890	0%	-150	150	945	-50%					New Apprentice License	7			
Renew Apprentice License	300	5	1,350		300	1,350	0%	-150	150	675	-50%					Renew Apprentice License	1	9		
Emergency Courtesy License	950	0	-		950	-	0%		950	-	0%					Emergency Courtesy License	0			
Centralized Fees	997	1	997		997	997			997	997										
			\$ 91,112			\$ 91,112				\$ 77,492					\$ -	Initial: 50% PY new applications				

Beginning Cumulative Surplus must be from FY2022

Revenues and Expenditures	CALCULATIONS BASED ON CURRENT FEES				
	FY2020/2021 Actuals	FY2023/2023 Projected	FY2024/2025 Projected	FY2026/2027 Projected	FY2028/2029 Projected
Revenue	158,225	99,745	91,112	91,112	91,112
General Fund Received		1,485			
Expenses	(68,795)	(77,637)			
Adjustments					
Expenses adjusted for 3% biennial increase			(79,966)	(82,365)	(84,836)
Fee adjustment for pro-rated renewal			-	-	-
Projected Net		23,593	11,146	8,747	6,276
Beginning Cumulative Surplus (Deficit)		67,329	90,922	102,068	110,816
Ending Cumulative Surplus (Deficit)		90,922	102,068	110,816	117,092

CALCULATIONS BASED ON BOARD'S PROPOSAL				
FY2023/2023 Actuals	FY2024/2025 Projected	FY2026/2027 Projected	FY2028/2029 Projected	
99,745	91,112	91,112	91,112	
1,485				
(77,637)				
	(79,966)	(82,365)	(84,836)	
	-	-	-	
23,593	11,146	8,747	6,276	
67,329	90,922	102,068	110,816	
90,922	102,068	110,816	117,092	

CALCULATIONS BASED ON DIVISION'S PROPOSAL				
FY2023/2023 Actuals	FY2024/2025 Projected	FY2026/2027 Projected	FY2028/2029 Projected	
99,745	77,492	77,492	77,492	
1,485				
(77,637)				
	(79,966)	(82,365)	(84,836)	
	-	-	-	
23,593	(2,474)	(4,873)	(7,344)	
67,329	90,922	88,448	83,576	
90,922	88,448	83,576	76,232	

Initial: 50% PY new applications
New: PY new applications
Renewal: PY renewed + PY New
Temporary: PY temporary
Courtesy: PY courtesy
Centralized: PY revenue x .01
Inactive: Equals PY inactive

35th Legislature (2023-2024)

Alaska Admin Code

12 AAC 02.145

12 AAC 02.145. Board of Certified Direct-Entry Midwives.

The following fees are established for direct-entry midwives and apprentices:

(1) nonrefundable application fee

(A) initial certification, \$500;

(B) emergency courtesy license, \$50;

(2) certification fee for all or part of the initial biennial certification period, \$2,800;

(3) biennial certification renewal fee, \$2,000;

(4) apprentice direct-entry midwife permit fee, \$300;

(5) biennial apprentice direct-entry midwife permit renewal fee, \$300;

(6) nonrefundable application fee for initial apprentice direct-entry midwife permit, \$250;

(7) emergency courtesy license, \$950.

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Board of Certified Direct Entry Midwives
Schedule of Revenues and Expenditures

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Certified Direct Entry Midwives	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24	FY 25	Biennium	FY 26 1st QTR
Revenue										
Revenue from License Fees	\$ 15,280	\$ 142,945	\$ 158,225	\$ 17,065	\$ 82,680	\$ 99,745	\$ 12,949	\$ 104,366	\$ 117,315	\$ 3,300
General Fund Received		\$ -	-	\$ 1,165	\$ 320	1,485	\$ 914	\$ -	914	\$ -
Allowable Third Party Reimbursements	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -
TOTAL REVENUE	\$ 15,280	\$ 142,945	\$ 158,225	\$ 18,230	\$ 83,000	\$ 101,230	\$ 13,863	\$ 104,366	\$ 118,229	\$ 3,300
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	15,274	10,107	25,381	13,702	13,882	27,584	3,822	17,722	21,544	5,099
2000 - Travel	-	-	-	-	5,490	5,490	-	-	-	-
3000 - Services	1,251	9,456	10,707	2,600	7,683	10,283	2,474	245	2,719	-
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	16,525	19,563	36,088	16,302	27,055	43,357	6,296	17,967	24,263	5,099
Investigation Expenditures										
1000-Personal Services	3,142	2,397	5,539	1,215	5,476	6,691	1,383	819	2,202	814
2000 - Travel	-	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	2,250	-	2,250	-	-	-	-	-	-	-
3088 - Inter-Agency Legal	10,623	727	11,350	727	12,039	12,766	904	-	904	-
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	-	-	6,770	-	6,770	-
3000 - Services other	9	-	9	-	59	59	9,607	-	9,607	-
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	16,024	3,124	19,148	1,942	17,574	19,516	18,665	819	19,483	814
Total Direct Expenditures	32,549	22,687	55,236	18,244	44,629	62,873	24,961	18,786	43,746	5,913
Indirect Expenditures										
Internal Administrative Costs	2,910	1,831	4,741	2,271	3,296	5,567	1,429	2,603	4,032	651
Departmental Costs	2,668	2,008	4,676	2,594	2,623	5,217	1,335	2,205	3,540	551
Statewide Costs	2,426	1,716	4,142	1,875	2,105	3,980	504	1,583	2,087	396
Total Indirect Expenditures	8,004	5,555	13,559	6,740	8,024	14,764	3,268	6,391	9,659	1,598
TOTAL EXPENDITURES	\$ 40,553	\$ 28,242	\$ 68,795	\$ 24,984	\$ 52,653	\$ 77,637	\$ 28,229	\$ 25,177	\$ 53,405	\$ 7,511
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ (22,101)	\$ (47,374)		\$ 67,329	\$ 60,575		\$ 90,922	\$ 76,556		\$ 155,745
Annual Increase/(Decrease)	(25,273)	114,703		(6,754)	30,347		(14,366)	79,189		(4,211)
Ending Cumulative Surplus (Deficit)	\$ (47,374)	\$ 67,329		\$ 60,575	\$ 90,922		\$ 76,556	\$ 155,745		\$ 151,534
Statistical Information										
Number of Licenses for Indirect calculation	51	50		47	54		44	50		
Additional information:	<ul style="list-style-type: none"> • General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going int. • Most recent fee change: Fee reduction FY23 • Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one prog. 									

Board of Direct-Entry Midwives

Analysis last updated: 12/10/2025

Renewal dates: 03/31/2027

Presented to board: 01/07/2026

Fee Type	Current fee schedule			Proposed by board				Proposed by division				Adjustments			As of 12/10/2025
	Current Fee	Projected Units	Projected Revenue	Fee Adjustment	Fee with Recommended Adjustment	Projected Revenue after Adjustment	% Change	Fee Adjustment	Fee with Recommended Adjustment	Projected Revenue after Adjustment	% Change	Fee Adjustment for Estimated Prorated Renewals	Projected Units	Projected Revenue Loss	
Application Fee: Direct-Entry Midwife	500	1	\$ 500		\$ 500	\$ 500	0%		\$ 500	\$ 500	0%				Application Fee: Direct-Entry Midwife
Application Fee: Courtesy License	50	0	-		50	-	0%		50	-	0%				Application Fee: Courtesy License
Application Fee: Apprentice	250	1	250		250	250	0%		250	250	0%				Application Fee: Apprentice
New Direct-Entry Midwife License	2,800	1	2,800		2,800	2,800	0%		2,800	2,800	0%				New Direct-Entry Midwife License
Renew Direct-Entry Midwife License	2,800	26	72,800		2,800	72,800	0%		2,800	72,800	0%	\$ (1,400)	2	\$ (2,800)	Renew Direct-Entry Midwife License
New Apprentice License	300	1	300		300	300	0%		300	300	0%	(150.00)	2	(300)	New Apprentice License
Renew Apprentice License	300	1	300		300	300	0%		300	300	0%				Renew Apprentice License
Emergency Courtesy License	950	0	-		950	-	0%		950	-	0%				Emergency Courtesy License
			\$ 76,950			\$ 76,950				\$ 76,950				\$ (3,100)	

Beginning Cumulative Surplus must be from FY2024

Revenues and Expenditures	CALCULATIONS BASED ON CURRENT FEES					CALCULATIONS BASED ON BOARD'S PROPOSAL					CALCULATIONS BASED ON DIVISION'S PROPOSAL				
	FY2022/2023 Actuals	FY2024/2025 Projected	FY2026/2027 Projected	FY2028/2029 Projected	FY2030/2031 Projected	FY2024/2025 Actuals	FY2026/2027 Projected	FY2028/2029 Projected	FY2030/2031 Projected	FY2032/2033 Projected	FY2024/2025 Actuals	FY2026/2027 Projected	FY2028/2029 Projected	FY2030/2031 Projected	FY2032/2033 Projected
Revenue	99,745	117,315	76,950	76,950	76,950	117,315	76,950	76,950	76,950	76,950	117,315	76,950	76,950	76,950	76,950
General Fund Received	1,485	914				914					914				
Expenses	(77,637)	(53,405)				(53,405)					(53,405)				
Adjustments															
Projected expenditures		(87,637)	(90,266)	(92,974)		(87,637)	(90,266)	(92,974)	(95,763)	(98,636)	(87,637)	(90,266)	(92,974)	(95,763)	(98,636)
Fee adjustment for pro-rated renewal		(3,100)	(3,100)	(3,100)		(3,100)	(3,100)	(3,100)	(3,100)	(3,100)	(3,100)	(3,100)	(3,100)	(3,100)	(3,100)
Projected Net		64,824	(13,787)	(16,416)	(19,124)	64,824	(13,787)	(16,416)	(19,124)	(21,913)	64,824	(13,787)	(16,416)	(19,124)	(21,913)
Beginning Cumulative Surplus (Deficit)		90,922	155,746	141,959	125,543	90,922	155,746	141,959	125,543	106,419	90,922	155,746	141,959	125,543	106,419
Ending Cumulative Surplus (Deficit)		155,746	141,959	125,543	106,419	155,746	141,959	125,543	106,419	84,505	155,746	141,959	125,543	106,419	84,505

35th Legislature (2025-2026)

Alaska Admin Code

12 AAC 02.145

SEARCH

New: PY new applications
Renewal: PY renewed + PY New
Temporary: PY temporary
Courtesy: PY courtesy

Centralized: PY revenue x .01
Inactive: Equals PY inactive

46,487 One year worth of expenses

12 AAC 02 145. Board of Certified Direct-Entry Midwives.
The following fees are established for direct-entry midwives and apprentices:
(1) nonrefundable application fee
(A) initial certification, \$500;
(B) emergency courtesy license, \$50;
(2) certification fee for all or part of the initial biennial certification period, \$2,800;
(3) biennial certification renewal fee, \$2,800;
(4) apprentice direct-entry midwife permit fee, \$300;
(5) biennial apprentice direct-entry midwife permit renewal fee, \$300;
(6) nonrefundable application fee for initial apprentice direct-entry midwife permit, \$250;
(7) emergency courtesy license, \$950.

MID**FY10****FY11**[12 AAC 02.145](#)**Eff. 12/3/10**

Non Refundable Application - MID and Apprentice	12 AAC 02.145(1)(A)	\$100	<u>\$250</u>
Application Emergency Courtesy License	12 AAC 02.145(1)(B)	n/a	n/a
Midwives Initial License	12 AAC 02.145(2)	\$500	<u>\$1,250</u>
Midwives Renewal	12 AAC 02.145(3)	\$500	<u>\$1,250</u>
Apprentice Permit	12 AAC 02.145(4)	\$50	<u>\$125</u>
Apprentice Permit Renewal	12 AAC 02.145(5)	\$50	<u>\$125</u>
Non Refundable Apprentice Application	12 AAC 02.145(6)	\$50	<u>\$125</u>
Emergency Courtesy License	12 AAC 02.145(7)	n/a	n/a

[illegible]

FY21	FY22	FY23	FY24	FY25	FY26
<u>Eff. 7/4/20</u>		<u>Eff. 2/22/23</u>			
\$500	\$500	\$500	\$500	\$500	\$500
<u>\$50</u>	\$50	\$50	\$50	\$50	\$50
\$3,800	\$3,800	<u>\$2,800</u>	\$2,800	\$2,800	\$2,800
\$3,800	\$3,800	<u>\$2,800</u>	\$2,800	\$2,800	\$2,800
<u>\$875</u>	\$875	<u>\$300</u>	\$300	\$300	\$300
<u>\$875</u>	\$875	<u>\$300</u>	\$300	\$300	\$300
\$250	\$250	\$250	\$250	\$250	\$250
<u>\$950</u>	\$950	\$950	\$950	\$950	\$950

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Certified Direct Entry Midwives	FY 18	FY 19	Biennium	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24	FY 25	Biennium
<u>Revenue</u>												
Revenue from License Fees	\$ 24,565	\$ 135,595	\$ 160,160	\$ 15,280	\$ 142,945	\$ 158,225	\$ 17,065	\$ 82,680	\$ 99,745	\$ 12,949	\$ 104,366	\$ 117,315
General Fund Received					\$ -	-	\$ 1,165	\$ 320	1,485	\$ 914	\$ -	914
Allowable Third Party Reimbursements	-	-	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
TOTAL REVENUE	\$ 24,565	\$ 135,595	\$ 160,160	\$ 15,280	\$ 142,945	\$ 158,225	\$ 18,230	\$ 83,000	\$ 101,230	\$ 13,863	\$ 104,366	\$ 118,229
<u>Expenditures</u>												
Non Investigation Expenditures												
1000 - Personal Services	12,504	8,921	21,425	15,274	10,107	25,381	13,702	13,882	27,584	3,822	17,722	21,544
2000 - Travel	-	-	-	-	-	-	-	5,490	5,490	-	-	-
3000 - Services	2,359	2,614	4,973	1,251	9,456	10,707	2,600	7,683	10,283	2,474	245	2,719
4000 - Commodities	52	13	65	-	-	-	-	-	-	-	-	-
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	14,915	11,548	26,463	16,525	19,563	36,088	16,302	27,055	43,357	6,296	17,967	24,263
Investigation Expenditures												
1000-Personal Services	1,522	2,041	3,563	3,142	2,397	5,539	1,215	5,476	6,691	1,383	819	2,202
2000 - Travel	-	-	-	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	-	-	-	2,250	-	2,250	-	-	-	-	-	-
3088 - Inter-Agency Legal	878	2,419	3,297	10,623	727	11,350	727	12,039	12,766	904	-	904
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	-	-	-	-	-	6,770	-	6,770
3000 - Services other	-	94	94	9	-	9	-	59	59	9,607	-	9,607
4000 - Commodities	-	-	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	2,400	4,554	6,954	16,024	3,124	19,148	1,942	17,574	19,516	18,665	819	19,483
Total Direct Expenditures	17,315	16,102	33,417	32,549	22,687	55,236	18,244	44,629	62,873	24,961	18,786	43,746
Indirect Expenditures												
Internal Administrative Costs	2,898	2,433	5,331	2,910	1,831	4,741	2,271	3,296	5,567	1,429	2,603	4,032
Departmental Costs	2,598	2,473	5,071	2,668	2,008	4,676	2,594	2,623	5,217	1,335	2,205	3,540
Statewide Costs	1,568	1,150	2,718	2,426	1,716	4,142	1,875	2,105	3,980	504	1,583	2,087
Total Indirect Expenditures	7,064	6,056	13,120	8,004	5,555	13,559	6,740	8,024	14,764	3,268	6,391	9,659
TOTAL EXPENDITURES	\$ 24,379	\$ 22,158	\$ 46,537	\$ 40,553	\$ 28,242	\$ 68,795	\$ 24,984	\$ 52,653	\$ 77,637	\$ 28,229	\$ 25,177	\$ 53,405
<u>Cumulative Surplus (Deficit)</u>												
Beginning Cumulative Surplus (Deficit)	\$ (135,724)	\$ (135,538)		\$ (22,101)	\$ (47,374)		\$ 67,329	\$ 60,575		\$ 90,922	\$ 76,556	
Annual Increase/(Decrease)	186	113,437		(25,273)	114,703		(6,754)	30,347		(14,366)	79,189	
Ending Cumulative Surplus (Deficit)	\$ (135,538)	(22,101)		\$ (47,374)	\$ 67,329		\$ 60,575	\$ 90,922		\$ 76,556	\$ 155,745	
<u>Statistical Information</u>												
Number of Licenses for Indirect calculation	61	55		51	50		47	54		44	50	
<u>Additional information:</u>												
<ul style="list-style-type: none"> • General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going into deficit or increase fees. • Most recent fee change: Fee reduction FY23 • Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065. 												

Sub Unit	(All)
PL Task Code	MID1

Sum of Budgetary Expenditures	Object Type Name (Ex)		
Object Name (Ex)	1000 - Personal Services	3000 - Services	Grand Total
1011 - Regular Compensation	10,228.81		10,228.81
1023 - Leave Taken	1,357.51		1,357.51
1028 - Alaska Supplemental Benefit	711.19		711.19
1029 - Public Employee's Retirement System Defined Benefits	386.23		386.23
1030 - Public Employee's Retirement System Defined Contribution	530.61		530.61
1034 - Public Employee's Retirement System Defined Cont Health Reim	288.78		288.78
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	84.20		84.20
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	1,812.97		1,812.97
1039 - Unemployment Insurance	22.49		22.49
1040 - Group Health Insurance	2,457.28		2,457.28
1041 - Basic Life and Travel	0.20		0.20
1042 - Worker's Compensation Insurance	56.13		56.13
1047 - Leave Cash In Employer Charge	268.23		268.23
1048 - Terminal Leave Employer Charge	158.46		158.46
1053 - Medicare Tax	160.76		160.76
1077 - ASEA Legal Trust	7.46		7.46
1079 - ASEA Injury Leave Usage	0.18		0.18
1080 - SU Legal Trst	9.08		9.08
3085 - Inter-Agency Mail		0.69	0.69
3088 - Inter-Agency Legal		244.56	244.56
Grand Total	18,540.57	245.25	18,785.82

FY 2025 CBPL COST ALLOCATIONS

Name	Task Code	Direct Revenues	General Fund Received	3rd Party Reimbursement	Total Revenues	Direct Expense	Percentage of board licenses/total licensees:	Department certified transactions % by Fiscal Revenue \$	Indirect Expense (Total Non-PCN Allocated)	Percentage of program direct Personal Services:	Total Indirect Expenses	Total Expenses	2025 Annual Surplus (Deficit)	FY24 Direct Expense	FY24 Indirect Expenses	FY24 Total Expenses
Acupuncture	ACU1	\$ 36,704		\$ -	\$ 36,704	\$ 7,610	\$ 3,586	\$ -	\$ 3,586	1,873	\$ 5,459	\$ 13,069	\$ 23,635	\$ 6,651	\$ 5,234	\$ 11,885
Architects, Engineer	AEL1	\$ 188,460	\$ -	\$ 3,193	\$ 191,653	\$ 449,475	\$ 226,368	\$ 4,018	\$ 230,386	105,959	\$ 336,345	\$ 785,820	\$ (594,167)	\$ 337,247	\$ 290,445	\$ 627,692
Athletic Trainers	ATH1	\$ 5,120	\$ -	\$ -	\$ 5,120	\$ 3,035	\$ 2,045	\$ 918	\$ 2,963	803	\$ 3,766	\$ 6,801	\$ (1,681)	\$ 1,642	\$ 2,538	\$ 4,180
Audiology and Speech Pathologists	AUD1	\$ 98,651	\$ -	\$ -	\$ 98,651	\$ 54,058	\$ 33,460	\$ 1,439	\$ 34,899	13,362	\$ 48,261	\$ 102,319	\$ (3,668)	\$ 41,069	\$ 41,314	\$ 82,383
Barbers & Hairdressers	BAH1	\$ 303,803	\$ -	\$ -	\$ 303,803	\$ 447,826	\$ 201,888	\$ 6,299	\$ 208,187	108,174	\$ 316,361	\$ 764,187	\$ (460,384)	\$ 364,706	\$ 299,416	\$ 664,122
Behavior Analysts	BEV1	\$ 16,771	\$ -	\$ -	\$ 16,771	\$ 13,162	\$ 4,090	\$ -	\$ 4,090	3,270	\$ 7,360	\$ 20,522	\$ (3,751)	\$ 8,661	\$ 6,362	\$ 15,243
Chiropractors	CHI1	\$ 315,785	\$ -	\$ 1,200	\$ 316,985	\$ 191,694	\$ 10,136	\$ 968	\$ 11,004	43,354	\$ 54,358	\$ 246,052	\$ 70,933	\$ 194,286	\$ 46,936	\$ 241,222
Collection Agencies	COA1	\$ 19,430	\$ -	\$ -	\$ 19,430	\$ 49,960	\$ 17,101	\$ 1,811	\$ 18,912	12,787	\$ 31,699	\$ 81,659	\$ (62,229)	\$ 11,743	\$ 22,895	\$ 34,638
Concert Promoters	CPR1	\$ 13,875	\$ -	\$ -	\$ 13,875	\$ -	\$ 830	\$ -	\$ 830	1,202	\$ 1,202	\$ 1,202	\$ 44	\$ 774	\$ 818	\$ 818
Construction Contractors	CON1	\$ 1,408,302	\$ -	\$ -	\$ 1,408,302	\$ 786,652	\$ 287,154	\$ 5,134	\$ 292,288	135,461	\$ 427,749	\$ 1,214,401	\$ 193,901	\$ 607,170	\$ 333,943	\$ 941,113
Home Inspectors	HIN1	\$ 8,495	\$ -	\$ -	\$ 8,495	\$ 21,906	\$ 2,638	\$ 1,339	\$ 3,977	5,800	\$ 9,777	\$ 31,683	\$ (23,188)	\$ 19,253	\$ 9,692	\$ 28,945
Dental	DEN1	\$ 630,810	\$ -	\$ -	\$ 630,810	\$ 310,844	\$ 71,070	\$ 3,472	\$ 74,542	77,402	\$ 151,944	\$ 462,788	\$ 168,022	\$ 350,066	\$ 157,023	\$ 507,089
Dietitians/Nutritionists	DTN1	\$ 13,060	\$ -	\$ -	\$ 13,060	\$ 18,722	\$ 13,811	\$ 1,190	\$ 15,001	4,947	\$ 19,948	\$ 38,670	\$ (25,610)	\$ 24,885	\$ 21,145	\$ 46,030
Direct Entry Midwife	MDI1	\$ 104,366	\$ -	\$ -	\$ 104,366	\$ 18,786	\$ 1,482	\$ -	\$ 1,482	4,909	\$ 6,391	\$ 25,177	\$ 79,189	\$ 24,961	\$ 3,268	\$ 28,229
Dispensing Opticians	DOP1	\$ 30,433	\$ -	\$ -	\$ 30,433	\$ 18,914	\$ 5,542	\$ -	\$ 5,542	4,801	\$ 10,423	\$ 23,337	\$ 1,096	\$ 24,239	\$ 12,672	\$ 36,911
Electrical Administrator	EAD1	\$ 32,310	\$ -	\$ -	\$ 32,310	\$ 88,422	\$ 27,059	\$ 223	\$ 27,282	14,330	\$ 41,612	\$ 130,034	\$ (97,724)	\$ 96,254	\$ 46,081	\$ 142,335
Euthanasia Services	EUT1	\$ 3,500	\$ -	\$ -	\$ 3,500	\$ 735	\$ 445	\$ -	\$ 445	194	\$ 639	\$ 1,274	\$ 2,126	\$ 498	\$ 548	\$ 1,036
Geologists	GEO1	\$ 1,150	\$ -	\$ -	\$ 1,150	\$ 45	\$ 652	\$ -	\$ 652	7	\$ 659	\$ 704	\$ 446	\$ 991	\$ 925	\$ 1,916
Guardians/Conservators	GCO1	\$ 10,100	\$ -	\$ -	\$ 10,100	\$ 60,548	\$ 741	\$ 322	\$ 1,063	4,905	\$ 5,968	\$ 66,516	\$ (56,416)	\$ 6,758	\$ 2,881	\$ 9,639
Guide-Outfitters	GUI1	\$ 285,923	\$ -	\$ -	\$ 285,923	\$ 537,908	\$ 47,212	\$ 3,795	\$ 51,007	118,688	\$ 169,695	\$ 707,603	\$ (421,680)	\$ 434,101	\$ 166,507	\$ 600,608
Marine Pilots	MAR1	\$ 73,700	\$ -	\$ -	\$ 73,700	\$ 106,816	\$ 4,090	\$ 273	\$ 4,363	21,217	\$ 25,580	\$ 132,396	\$ (58,696)	\$ 85,392	\$ 20,286	\$ 105,678
Foreign Pleasure Craft	FPC1	\$ 70,215	\$ -	\$ -	\$ 70,215	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ 70,215	\$ 334	\$ 334
Marital & Family Therapy	MFT1	\$ 101,579	\$ -	\$ -	\$ 101,579	\$ 97,849	\$ 5,542	\$ 570	\$ 6,112	24,843	\$ 30,955	\$ 128,604	\$ (27,025)	\$ 29,916	\$ 13,629	\$ 43,545
Massage Therapists	MAS1	\$ 64,925	\$ -	\$ 330	\$ 65,255	\$ 236,819	\$ 37,639	\$ 2,059	\$ 39,698	56,561	\$ 96,259	\$ 333,078	\$ (277,823)	\$ 225,078	\$ 95,655	\$ 320,733
Mechanical Administrator	MEC1	\$ 21,305	\$ -	\$ -	\$ 21,305	\$ 85,553	\$ 16,893	\$ 918	\$ 17,811	10,618	\$ 28,429	\$ 113,982	\$ (92,677)	\$ 95,639	\$ 32,432	\$ 128,071
Medical	MED1	\$ 2,690,026	\$ -	\$ -	\$ 2,690,026	\$ 1,961,011	\$ 302,269	\$ 4,935	\$ 307,204	284,600	\$ 591,804	\$ 2,552,815	\$ 137,211	\$ 1,707,753	\$ 482,539	\$ 2,190,292
Mortuary Science	MOR1	\$ 26,555	\$ -	\$ -	\$ 26,555	\$ 8,854	\$ 4,475	\$ 372	\$ 4,847	2,275	\$ 7,122	\$ 15,976	\$ 10,579	\$ 8,230	\$ 6,524	\$ 14,754
Naturopaths	NAT1	\$ 8,280	\$ -	\$ -	\$ 8,280	\$ 7,098	\$ 1,126	\$ -	\$ 1,126	1,826	\$ 2,952	\$ 10,050	\$ (1,770)	\$ 4,147	\$ 2,744	\$ 6,891
Nurse Aides	NUA1	\$ 225,185	\$ -	\$ 132	\$ 225,317	\$ 239,914	\$ 83,814	\$ 1,513	\$ 85,327	34,781	\$ 120,108	\$ 360,022	\$ (134,705)	\$ 101,931	\$ 110,655	\$ 212,586
Nursing	NUR1	\$ 5,462,496	\$ -	\$ 3,777	\$ 5,466,273	\$ 2,218,313	\$ 896,404	\$ 4,067	\$ 900,471	473,604	\$ 1,374,075	\$ 3,592,388	\$ 1,873,885	\$ 1,843,890	\$ 1,145,143	\$ 2,989,033
Nursing Home Administrators	NHA1	\$ 16,700	\$ -	\$ -	\$ 16,700	\$ 2,250	\$ 1,956	\$ -	\$ 1,956	56	\$ 2,012	\$ 4,262	\$ 12,438	\$ 2,044	\$ 1,575	\$ 3,619
Optometry	OPT1	\$ 136,631	\$ -	\$ -	\$ 136,631	\$ 46,014	\$ 7,646	\$ 174	\$ 7,820	11,608	\$ 19,428	\$ 65,442	\$ 71,189	\$ 41,753	\$ 19,413	\$ 61,166
Pawnbrokers	PAW1	\$ 350	\$ -	\$ -	\$ 350	\$ 3,076	\$ 474	\$ -	\$ 474	614	\$ 1,288	\$ 4,364	\$ (4,014)	\$ 4,222	\$ 2,035	\$ 6,257
Pharmacy	PHA1	\$ 363,853	\$ -	\$ 2,506	\$ 366,359	\$ 829,496	\$ 204,111	\$ 6,374	\$ 210,485	213,141	\$ 423,626	\$ 1,253,122	\$ (886,763)	\$ 658,578	\$ 364,788	\$ 1,023,366
Physical/Occupational Therapy	PHY1	\$ 163,679	\$ -	\$ 719	\$ 164,398	\$ 226,724	\$ 72,611	\$ 3,993	\$ 76,604	54,249	\$ 130,853	\$ 357,577	\$ (193,179)	\$ 185,126	\$ 124,363	\$ 309,491
Prescription Drug Monitoring Program	PDMP	\$ -	\$ -	\$ 1,170	\$ 1,170	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ (20)	\$ 1,721	\$ -	\$ 1,721
Professional Counselors	PCO1	\$ 105,550	\$ -	\$ 644	\$ 106,194	\$ 208,103	\$ 36,898	\$ 2,034	\$ 38,932	53,127	\$ 92,059	\$ 300,162	\$ (193,968)	\$ 204,504	\$ 91,681	\$ 296,185
Psychology	PSY1	\$ 168,552	\$ -	\$ -	\$ 168,552	\$ 198,579	\$ 11,855	\$ 645	\$ 12,500	47,869	\$ 60,369	\$ 258,948	\$ (90,396)	\$ 173,098	\$ 59,195	\$ 232,293
Public Accountancy	CPA1	\$ 153,165	\$ -	\$ 6,859	\$ 160,024	\$ 288,048	\$ 45,760	\$ 962	\$ 46,722	70,939	\$ 117,691	\$ 405,739	\$ (245,715)	\$ 318,407	\$ 130,590	\$ 448,997
Real Estate	REC1	\$ 148,775	\$ -	\$ -	\$ 148,775	\$ 325,027	\$ 108,176	\$ 1,835	\$ 110,011	79,960	\$ 186,991	\$ 513,018	\$ (364,243)	\$ 391,352	\$ 191,680	\$ 583,032
Real Estate Appraisers	APR1	\$ 180,565	\$ -	\$ -	\$ 180,565	\$ 151,483	\$ 12,507	\$ 2,803	\$ 37,416	52,726	\$ 204,239	\$ 234,416	\$ (23,544)	\$ 104,135	\$ 39,303	\$ 143,438
Social Workers	CSW1	\$ 126,150	\$ -	\$ -	\$ 126,150	\$ 246,022	\$ 42,826	\$ 2,109	\$ 44,935	63,348	\$ 108,283	\$ 354,305	\$ (228,155)	\$ 197,753	\$ 97,794	\$ 295,547
Storage Tank Workers	UST1	\$ 1,080	\$ -	\$ -	\$ 1,080	\$ 4,678	\$ 1,838	\$ -	\$ 1,838	1,238	\$ 3,076	\$ 7,754	\$ (6,674)	\$ 11,150	\$ 5,691	\$ 16,841
Veterinary	VET1	\$ 316,829	\$ -	\$ 1,953	\$ 318,782	\$ 247,029	\$ 26,347	\$ 1,339	\$ 27,686	61,279	\$ 88,965	\$ 335,994	\$ (17,212)	\$ 147,383	\$ 67,057	\$ 214,440
No longer existent board/commission (ie Athletic)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals All Boards		\$ 14,143,193	\$ -	\$ 22,483	\$ 14,165,676	\$ 10,821,048	\$ 2,882,567	\$ 68,205	\$ 2,950,772	\$ 2,263,495	\$ 5,214,267	\$ 16,035,315	\$ (1,869,639)	\$ 9,098,659	\$ 4,575,725	\$ 13,674,384

ABL & Corporations	DA0801005	\$ 13,065,329	\$ -	\$ 13,065,329	\$ 474,829	\$ 1,348,575	\$ 9,301	\$ 1,357,876	\$ 256,212	\$ 1,614,088	\$ 2,088,917	10,976,412
Fines & Forfeit GF		223,196	-	223,196								-
Revenue Transfer In (Carry Forward Net) CFWD		2,011,431	-	2,011,431								-
Reimbursable Service Agreements AR DA0801007		-	-	-								-
RSA 0825023- DHSS Nurse Aide Program		129,571		129,571		129,571						129,571
RSA 0825024- DHSS PFS- DOA PDMP		306,958		306,958		306,958						306,958
RSA 0825022- DHSS PFS- DOA BJA PDMP		447,963		447,963		447,963						447,963
RSA 0825025- DHSS EPI PDMP		198,352		198,352		198,352						198,352
RSA 0825021 Child Support Assistance		302		302		302						302
RSA 0825309- DHSS PFS- PDMP		195,000		195,000		195,000						195,000
Interagency clearing		-		-								-
Direct Professional Licensing TASK 8000		-		-		73,036						73,036
General Fund Received TASK 8000		-	288,274	288,274		288,274						288,274
Telemedicine Business Registry TBR1		107,800		107,800								-
DWAD - Emergency Authorizations		-		-								-
Real Estate Recovery Fund ZSU1		39,020		39,020		123,846						123,846
Third Party Reimbursement 080801108		-	-	-								-
Total CBPL		\$ 30,868,114	\$ 288,274	\$ 22,483	\$ 31,178,872	\$ 13,059,180	\$ 4,231,142	\$ 77,506	\$ 4,308,648	\$ 2,519,707	\$ 6,828,355	\$ 19,887,535
												11,291,337

DIVISION INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Business Supplies	25,582	25,478	104
Office Equipment	195,244	189,754	5,490
State Vehicles	2,641	2,324	317
Storage and Archives	17,687	15,112	2,575
Legal Support	51,005	51,005	-
Central Mail Services Postage	46,394	21,267	25,127
Software Licensing and Maintenance	93,639	93,639	-
Division Administrative Expenses - all other	262,518	262,518	-
Division allocated by percentage of direct personal services:	694,710	661,097	33,613
Percentage of board licenses/total licensees:			
Investigations indirect Personal Services	360,659	331,542	29,117
Division Administration Personal Services	3,179,249	1,942,740	1,236,509
Division allocated by percentage of board licenses/total licensees:	3,539,908	2,274,282	1,265,626
Total Division Indirect Expenses	4,234,618	2,935,379	1,299,239
DEPARTMENT INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Commissioner's Office	205,782	181,088	24,694
Administrative Services - Director's Office	98,735	86,887	11,848
Administrative Services - Human Resources	81,583	71,793	9,790
Administrative Services - Fiscal	134,815	118,637	16,178
Administrative Services - Budget	77,293	68,018	9,275
Administrative Services - Information Technology	229,784	202,210	27,574
Administrative Services - Information Technology - Network & Database/ Management &	149,044	131,159	17,885
Administrative Services - Mail	14,875	13,090	1,785
Administrative Services - Facilities - Maintenance	-	-	-
Department allocated by percentage of direct personal services:	991,911	872,882	119,029
Percentage of board licenses/total licensees:			
Department administrative services support: Fiscal, IT, Procurement	691,234	608,285	82,949
Receipting transaction % by Personal Services:			
Department certified transactions % by Fiscal Revenue \$	77,506	68,205	9,301
Total DEPARTMENT INDIRECT EXPENSES	1,760,651	1,549,372	211,279
STATEWIDE INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Accounting and Payroll Systems	86,615	76,221	10,394
State Owned Building Rental (Building Leases)	297,003	261,363	35,640
State OIT Server Hosting & Storage	7,712	6,787	925
State OIT SQL	8,040	7,075	965
State Software Licensing	-	-	-
Human Resources	78,602	69,170	9,432
IT Non-Telecommunications (Core Cost)	316,458	274,883	41,575
IT Telecommunications	36,340	31,979	4,361
Risk Management	2,316	2,038	278
Statewide allocated by percentage of direct personal services:	833,086	729,516	103,570
FY25 TOTALS BY METHODOLOGY	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:	2,519,707	2,263,495	256,212
Percentage of board licenses/total licensees:	4,231,142	2,882,567	1,348,575
Receipting transaction % by Personal Services:	77,506	68,205	9,301
Grand Total	6,828,355	5,214,267	1,614,088

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Certified Direct Entry Midwives	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24	FY 25	Biennium	FY 26 1st QTR
Revenue										
Revenue from License Fees	\$ 15,280	\$ 142,945	\$ 158,225	\$ 17,065	\$ 82,680	\$ 99,745	\$ 12,949	\$ 104,366	\$ 117,315	\$ 3,300
General Fund Received		-	-	\$ 1,165	\$ 320	1,485	\$ 914	-	914	-
Allowable Third Party Reimbursements	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -
TOTAL REVENUE	\$ 15,280	\$ 142,945	\$ 158,225	\$ 18,230	\$ 83,000	\$ 101,230	\$ 13,863	\$ 104,366	\$ 118,229	\$ 3,300
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	15,274	10,107	25,381	13,702	13,882	27,584	3,822	17,722	21,544	5,099
2000 - Travel	-	-	-	-	5,490	5,490	-	-	-	-
3000 - Services	1,251	9,456	10,707	2,600	7,683	10,283	2,474	245	2,719	-
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	16,525	19,563	36,088	16,302	27,055	43,357	6,296	17,967	24,263	5,099
Investigation Expenditures										
1000-Personal Services	3,142	2,397	5,539	1,215	5,476	6,691	1,383	819	2,202	814
2000 - Travel	-	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	2,250	-	2,250	-	-	-	-	-	-	-
3088 - Inter-Agency Legal	10,623	727	11,350	727	12,039	12,766	904	-	904	-
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	-	-	6,770	-	6,770	-
3000 - Services other	9	-	9	-	59	59	9,607	-	9,607	-
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	16,024	3,124	19,148	1,942	17,574	19,516	18,665	819	19,483	814
Total Direct Expenditures	32,549	22,687	55,236	18,244	44,629	62,873	24,961	18,786	43,746	5,913
Indirect Expenditures										
Internal Administrative Costs	2,910	1,831	4,741	2,271	3,296	5,567	1,429	2,603	4,032	651
Departmental Costs	2,668	2,008	4,676	2,594	2,623	5,217	1,335	2,205	3,540	551
Statewide Costs	2,426	1,716	4,142	1,875	2,105	3,980	504	1,583	2,087	396
Total Indirect Expenditures	8,004	5,555	13,559	6,740	8,024	14,764	3,268	6,391	9,659	1,598
TOTAL EXPENDITURES	\$ 40,553	\$ 28,242	\$ 68,795	\$ 24,984	\$ 52,653	\$ 77,637	\$ 28,229	\$ 25,177	\$ 53,405	\$ 7,511
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ (22,101)	\$ (47,374)		\$ 67,329	\$ 60,575		\$ 90,922	\$ 76,556		\$ 155,745
Annual Increase/(Decrease)	(25,273)	114,703		(6,754)	30,347		(14,366)	79,189		(4,211)
Ending Cumulative Surplus (Deficit)	\$ (47,374)	\$ 67,329		\$ 60,575	\$ 90,922		\$ 76,556	\$ 155,745		\$ 151,534
Statistical Information										
Number of Licenses for Indirect calculation	51	50		47	54		44	50		
Additional information:										
<ul style="list-style-type: none"> General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going int Most recent fee change: Fee reduction FY23 Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one progr 										

Appropriation Name (Ex)	(Multiple Items)
Sub Unit	(All)
PL Task Code	MID1

Sum of Budgetary Expenditures	Object Type Name (Ex)	
Object Name (Ex)	1000 - Personal Services	Grand Total
1011 - Regular Compensation	3,186.60	3,186.60
1023 - Leave Taken	347.26	347.26
1028 - Alaska Supplemental Benefit	216.71	216.71
1029 - Public Employee's Retirement System Defined Benefits	333.51	333.51
1030 - Public Employee's Retirement System Defined Contribution	114.75	114.75
1034 - Public Employee's Retirement System Defined Cont Health Reim	59.38	59.38
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	18.83	18.83
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	427.55	427.55
1039 - Unemployment Insurance	17.49	17.49
1040 - Group Health Insurance	1,004.80	1,004.80
1041 - Basic Life and Travel	1.27	1.27
1042 - Worker's Compensation Insurance	20.00	20.00
1047 - Leave Cash In Employer Charge	77.77	77.77
1048 - Terminal Leave Employer Charge	33.62	33.62
1053 - Medicare Tax	49.31	49.31
1077 - ASEA Legal Trust	1.09	1.09
1079 - ASEA Injury Leave Usage	0.10	0.10
1080 - SU Legal Trst	3.29	3.29
Grand Total	5,913.33	5,913.33

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Certified Direct Entry Midwives	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24	FY 25	Biennium	FY 26 1st & 2nd QTR
Revenue										
Revenue from License Fees	\$ 15,280	\$ 142,945	\$ 158,225	\$ 17,065	\$ 82,680	\$ 99,745	\$ 12,949	\$ 104,366	\$ 117,315	\$ 3,300
General Fund Received	\$ -	\$ -	-	\$ 1,165	\$ 320	1,485	\$ 914	\$ -	914	\$ -
Allowable Third Party Reimbursements	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -
TOTAL REVENUE	\$ 15,280	\$ 142,945	\$ 158,225	\$ 18,230	\$ 83,000	\$ 101,230	\$ 13,863	\$ 104,366	\$ 118,229	\$ 3,300
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	15,274	10,107	25,381	13,702	13,882	27,584	3,822	17,722	21,544	11,380
2000 - Travel	-	-	-	-	5,490	5,490	-	-	-	-
3000 - Services	1,251	9,456	10,707	2,600	7,683	10,283	2,474	245	2,719	-
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	16,525	19,563	36,088	16,302	27,055	43,357	6,296	17,967	24,263	11,380
Investigation Expenditures										
1000-Personal Services	3,142	2,397	5,539	1,215	5,476	6,691	1,383	819	2,202	2,855
2000 - Travel	-	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	2,250	-	2,250	-	-	-	-	-	-	-
3088 - Inter-Agency Legal	10,623	727	11,350	727	12,039	12,766	904	-	904	-
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	-	-	6,770	-	6,770	-
3000 - Services other	9	-	9	-	59	59	9,607	-	9,607	-
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	16,024	3,124	19,148	1,942	17,574	19,516	18,665	819	19,483	2,855
Total Direct Expenditures	32,549	22,687	55,236	18,244	44,629	62,873	24,961	18,786	43,746	14,235
Indirect Expenditures										
Internal Administrative Costs	2,910	1,831	4,741	2,271	3,296	5,567	1,429	2,603	4,032	1,302
Departmental Costs	2,668	2,008	4,676	2,594	2,623	5,217	1,335	2,205	3,540	1,103
Statewide Costs	2,426	1,716	4,142	1,875	2,105	3,980	504	1,583	2,087	792
Total Indirect Expenditures	8,004	5,555	13,559	6,740	8,024	14,764	3,268	6,391	9,659	3,197
TOTAL EXPENDITURES	\$ 40,553	\$ 28,242	\$ 68,795	\$ 24,984	\$ 52,653	\$ 77,637	\$ 28,229	\$ 25,177	\$ 53,405	\$ 17,432
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ (22,101)	\$ (47,374)		\$ 67,329	\$ 60,575		\$ 90,922	\$ 76,556		\$ 155,745
Annual Increase/(Decrease)	(25,273)	114,703		(6,754)	30,347		(14,366)	79,189		(14,132)
Ending Cumulative Surplus (Deficit)	\$ (47,374)	\$ 67,329		\$ 60,575	\$ 90,922		\$ 76,556	\$ 155,745		\$ 141,613
Statistical Information										
Number of Licenses for Indirect calculation	51	50		47	54		44	50		
Additional information:										
• General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going int										
• Most recent fee change: Fee reduction FY23										
• Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one progr										

Appropriation Name (Ex)	(Multiple Items)
Sub Unit	(All)
PL Task Code	MID1

Sum of Budgetary Expenditures	Object Type Name (Ex)	
Object Name (Ex)	1000 - Personal Services	Grand Total
1011 - Regular Compensation	7,542.55	7,542.55
1023 - Leave Taken	949.60	949.60
1028 - Alaska Supplemental Benefit	520.80	520.80
1029 - Public Employee's Retirement System Defined Benefits	672.12	672.12
1030 - Public Employee's Retirement System Defined Contribution	312.20	312.20
1034 - Public Employee's Retirement System Defined Cont Health Reim	152.68	152.68
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	51.12	51.12
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	1,170.93	1,170.93
1039 - Unemployment Insurance	41.56	41.56
1040 - Group Health Insurance	2,328.59	2,328.59
1041 - Basic Life and Travel	2.75	2.75
1042 - Worker's Compensation Insurance	85.67	85.67
1047 - Leave Cash In Employer Charge	192.18	192.18
1048 - Terminal Leave Employer Charge	83.45	83.45
1053 - Medicare Tax	118.08	118.08
1077 - ASEA Legal Trust	2.51	2.51
1079 - ASEA Injury Leave Usage	0.10	0.10
1080 - SU Legal Trst	7.56	7.56
Grand Total	14,234.45	14,234.45

Project Priority Number	Drafting Assistance Received?	Timeline for Submission	Regulation Citation	Relevant Board/Program	Nature of the Regulation	Summary of the Intended Changes	Explanation of Intended Changes	Proposed Regulatory Reduction	Percentage of Regulatory Reduction	Date of Anticipated Reduction
Label each regulation with a priority, with 1 as the highest. The priority number indicates the requested priority of regulations, as they will be submitted to the public comment period.	Indicate whether you used it, reporting drafting assistance from the Department of Law.	To the best of your ability, estimate the number of days to submit the draft revised regulations to the DOJ review.	On the regulation you intend to change. On also a section of relevant regulations.	List the board/program the regulation relates to.	Briefly describe what the regulation or action currently does.	Briefly describe what you plan to change.	Focus on what the change will do to reduce redaction, transparency, ease of government interaction, or other relevant. Do not include and not over those goals, explain why it is necessary for protection of public safety or records, compliance with legislation, or other goal.	List the number of reductions from your baseline that you plan to achieve with this change. This goal formula such as "60000-97000" where 9 represents your baseline and 60 represents the goal. Do not include a "+" sign, as the percentage of reductions is calculated below for the purposes of the formula in column 9.	State the percentage of anticipated reduction from your original baseline. This may be achieved using a range of numbers, such as "60000-97000" where 9 represents your baseline and 60 represents the goal. Do not include a "+" sign, as the percentage of reductions is calculated below for the purposes of the formula in column 9.	State whether you anticipate this reduction will be achieved by 2024 or 2027.
			baseline	1158				750	64.0%	
No	language drafted - 2	12 AAC 14.1100(97)	MD	requires applicant to provide verification of education and supervised clinical experience; minimum of one year was combined total	repeal requirement - redundant; AC requires passing NARM examination and current NARM certification in good standing. NARM certification requires two years minimum which meets requirement of AS 08.05.0504(i).	removes redundancy; assess applicant process; aligns with national standards.	removes redundancy; assess applicant process; aligns with national standards.	-1	-0.09%	
No	language drafted - 2	12 AAC 14.1100(98)	MD	NEW REGULATION	add requirement to provide verification of passing NARM certification/learn results as criterion source documentation	removing 12 AAC 14.300 Examination and incorporating into 12 AAC 14.110: reduce redundancy		2	0.17%	
No	language drafted - 2	12 AAC 14.110(i)	MD	requires complete application with all verifications to be received in Juneau office prior to next scheduled board meeting for board to review allow board to approve substitute programs for BLS and Neonatal Resuscitation Program if equivalent	repeal requirement - board reviews applications outside of board meetings through electronic means	assess applicant process		-2	-0.17%	
No	language drafted - 2	12 AAC 14.110(i)	MD		repeal requirement - NARM approves courses	removes redundancy; assess applicant process; aligns with national standards			0.00%	
No	language drafted - 2	12 AAC 14.1200(93)	MD	requires applicant by credentials to be notated requires signed authorization release of records in advance for investigative purposes	repeal requirement - NARM approves courses	assess applicant process			not scored in markup	0.00%
No	language drafted - 2	12 AAC 14.1200(94)	MD	requires applicant to provide verification of education and supervised clinical experience; minimum of one year was combined total	remove requirement for authorization for release of records	assess applicant process		-1	-0.09%	
No	language drafted - 2	12 AAC 14.1200(96)	MD	requires documentation of continuing competency requirements for applicants by credentials	repeal requirement - redundant; AC requires passing NARM examination and current NARM certification in good standing. NARM certification requires two years minimum which meets requirement of AS 08.05.0504(i).	removes redundancy; assess applicant process; aligns with national standards		-1	-0.09%	
No	language drafted - 2	12 AAC 14.1200(98)	MD	requires applicant to provide documentation of 20 births in the 24 months preceding date of application by credentials	repeal requirement - in its entirety.	removes outdated regulation - 14.420 is met by having a valid NARM certification. 14.430 was rescinded 02/22/2023.		-1	-0.09%	
No	language drafted - 2	12 AAC 14.1200(99)	MD	requires complete application with all verifications to be received in Juneau office prior to next scheduled board meeting for board to review allow board to approve substitute programs for BLS and Neonatal Resuscitation Program if equivalent	same requirements - just need to spell out requirements for affiliated board - 12 AAC 14.2100(i) - (8) is better worded.	no change to requirements - NEED TO DISCUSS 1.6 - CAN AFFORDING BE DISMANTLED???		0	0.00%	
No	language drafted - 2	12 AAC 14.120(i)	MD	requires applicants must have completed all clinical experience requirements under the supervision of a preceptor that holds a license in good standing and is registered as a preceptor with NARM; establishes minimum requirements for someone who can be a preceptor	repeal requirement - board reviews applications outside of board meetings through electronic means	assess applicant process		-2	-0.17%	
No	language drafted - 2	12 AAC 14.120(i)	MD		repeal requirement - NARM approves courses	removes redundancy; assess applicant process; aligns with national standards			not scored in markup	0.00%
No	language drafted - 2	12 AAC 14.2100(i)(1) - (5)	MD	requires applicants must have completed all clinical experience requirements under the supervision of a preceptor that holds a license in good standing and is registered as a preceptor with NARM; establishes minimum requirements for someone who can be a preceptor	repeal requirements for clinical experiences to be supervised by preceptor as must be done per NARM certification requirements	removes redundancy; assess applicant process; aligns with national standards		-1	-0.09%	
No	language drafted - 2	12 AAC 14.2100(91) - (9)	MD	establishes minimum requirements for supervised clinical experience for applicants	repeal requirements for providing supervised clinical experience documentation as paperwork to take NARM examination	removes redundancy; assess applicant process; aligns with national standards		-7	-0.60%	
No	language drafted - 2	12 AAC 14.2100(i)(1) - (4)	MD	establishes minimum requirements for continuous care supervised clinical experience for applicants requires that at least 10 supervised clinical experiences be within two years of date of application	repeal requirements for continuous care - AC requirements differ from NARM certification requirements - AC over and above. NARM certification is the minimum National Standard. Align AC with national standard.	removes redundancy; assess applicant process; aligns with national standards		-1	-0.09%	
No	language drafted - 2	12 AAC 14.210(i)	MD	sets data required for documentation to be submitted for clinical experience	repeal requirement that 10 supervised clinical experience must be within two years - align with national standard - NARM Certification	removes redundancy; assess applicant process; aligns with national standards		-2	-0.17%	
No	language drafted - 2	12 AAC 14.2100(i)(1) - (9)	MD	sets data required for documentation to be submitted for clinical experience	repeal requirements for clinical experience - align with national standard. NARM requires NARM certification	removes redundancy; assess applicant process; aligns with national standards		-11	-0.93%	
No	language drafted - 2	12 AAC 14.210(i)	MD	provides criteria that all applicants are tested on clinical experience requirements by preceptor	repeal requirement for Practical Skills List. NARM skills checklist provides this information; align with national standard; AC version not updated since 2003 and no longer available.	Reduction duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.		-2	-0.17%	
No	language drafted - 2	document adopted by reference	MD	Practical Skills List allows board to set standards for apprenticeship programs	repeal document adopted by reference - no longer utilized as outdated and redundant	Reduction duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.		0	-24.0%	
No	language drafted - 2	12 AAC 14.220(i)	MD	sets standards for Apprenticeship programs	change language to "meet the standard of the North American Registry of Midwives (NARM)." re: requirements in (5) - (5) as standards set by North American Registry of Midwives (NARM). Aligns with national standard.	Streamlines process. Aligns with national standards		0	0.00%	
No	language drafted - 2	12 AAC 14.220(i)(1) - (3)	MD	sets standards for Apprenticeship programs	repeal requirements in (5) - (5) as standards set by North American Registry of Midwives (NARM). Aligns with national standard.	Streamlines process. Aligns with national standards		-3	-0.26%	
No	language drafted - 2	12 AAC 14.220(i)	MD	sets standards for apprenticeship program preceptor	remove definition of apprenticeship program preceptor as NARM regulates requirements. Regulation no longer required	Streamlines process. Aligns with national standards		-1	-0.09%	
YES	language drafted - 2	12 AAC 14.300 (i)	MD	sets standards for national examination requirement to be NARM	sets standards for national examination requirement	Would like to repeal entire 12 AAC 14.300 section, if possible, and add the first sentence (a) the examination required for certification as a direct entry midwife is the national examination proposed and graded by the North American Registry of Midwives, to 12 AAC 14.110 I we can repeal - redundant - 12 AAC 14.110 defines certification by examination. NARM certification is minimum standard	Streamlines process. Aligns with national standards	0	0.00%	
NO	language drafted - 2	12 AAC 14.300(i)(1) - (2)	MD	requires verification of passing national examination score results	repeal requirement - 12 AAC 14.110 defines certification by examination	Streamlines process. Aligns with national standards		-1	-0.09%	
NO	language drafted - 2	12 AAC 14.300(i)(1) - (5)	MD	sets parameters to be scheduled for national examination	repeal - outdated, based no longer required to approve applicants to take national examination	Streamlines process. Aligns with national standards		-6	-0.49%	
No	language drafted - 1	12 AAC 14.440(i)	MD	requires midwives to participate in four hours of peer review each renewal cycle	change language to state peer review requirements are satisfied by holding a current certification at the time of renewal as a certified professional midwife from NARM - align regulations with the national standard of NARM	Streamlines process. Aligns with national standards		-1	-0.09%	
No	language drafted - 1	12 AAC 14.440(i)(1) - (2)	MD	defines peer review to be minimum submission of one case for review where midwife was primarily responsible or if not primarily responsible for any patient's care, to submit at least one case where midwife was involved for peer review	remove - all-in regulations with the national standard of NARM	Reducing duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.		-2	-0.17%	
No	language drafted - 1	12 AAC 14.440(i)	MD	requires any record submitted for peer review be kept confidential as required by state and federal law whether submitted electronically or otherwise	remove - align regulations with the national standard of NARM	Reducing duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.		-2	-0.17%	
No	language drafted - 1	12 AAC 14.440(i)	MD	requires peer review participant receiving records ensure records received are kept confidential as required by state and federal law	remove - all-in regulations with the national standard of NARM	Reducing duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.		-1	-0.09%	
No	language drafted - 1	12 AAC 14.440(i)(1) - (4)	MD	defines over review panel standards	remove - all-in regulations with the national standard of NARM	Reducing duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.		-3	-0.26%	
No	language drafted - 1	12 AAC 14.440(i)	MD	clarifies rules of recommendations from peer review participants regarding a case submitted for over review are not limited to the board	remove - all-in regulations with the national standard of NARM	Reducing duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.			not scored in markup	0.00%
No	language drafted - 1	12 AAC 14.440(i)	MD	requires midwife to maintain adequate and detailed records of peer review participant responses (anecdotes) submitted and make records available to the board upon request	remove - all-in regulations with the national standard of NARM	Reducing duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.		-2	-0.17%	
No	language drafted - 1	12 AAC 14.440(i)(1)	MD	reiterates statutory disciplinary sanction certifications for failure to comply	remove - all-in regulations with the national standard of NARM	Reducing duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.			not scored in markup	0.00%
No	language drafted - 1	12 AAC 14.440(i)(1)	MD	clarifies peer review must be held by means where all participants are able to communicate at the same time in real time i.e. live video call or in-person meeting.	remove - all-in regulations with the national standard of NARM	Reducing duplication as AC requires current NARM certification in good standing at renewal. NARM certification includes 5 hours of Community Peer Review every three years. NARM audits for Peer Review.		-1	-0.09%	
No	language drafted - 1	12 AAC 14.440(i)	MD	requires midwives to submit report of death form 404-012 to Board of Certified Direct Entry Midwives	change requirement for midwives to submit reports of death. AS 08.05.140 requires records be sent to the Dept of Health.	Use of government interaction - Board of Certified Direct Entry to not process or investigate reports of death. AS 08.05.140 requires records be sent to the Dept of Health.		0	0.00%	
No	language drafted - 2	12 AAC 14.490(i)	MD	requires preceptor comply with 12 AAC 14.210(i) - preceptor resubmission with NARM	remove reference to 12 AAC 14.210(i) as this section being rescinded	Reducing duplication as AC requires current NARM certification in good standing. NARM sets standards for preceptors			not scored in markup	0.00%
No	language drafted - 1	12 AAC 14.990(i)	MD	NEW REGULATION	addition definition for "in good standing" to provide clarification			0	0.00%	
No	Now - 1/7/2025	12 AAC 14.1100(93)(A)	MD	requires verification of current Basic Life Support (BLS) certification	remove requirement for verification when applying by examination	NARM Certification requires current BLS certification - redundant to require in addition to NARM certification in good standing		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.1100(93)(C)	MD	requires verification of current Neonatal Resuscitations Program (NRP)	remove requirement for verification when applying by examination	NARM Certification requires current NRP certification - redundant to require in addition to NARM certification in good standing		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.1200(94)(A)	MD	requires verification of current Basic Life Support (BLS) certification	remove requirement for verification when applying by credentials	NARM Certification requires current BLS certification - redundant to require in addition to NARM certification in good standing		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.1200(94)(C)	MD	requires verification of current Neonatal Resuscitations Program (NRP)	remove requirement for verification when applying by examination	NARM Certification requires current NRP certification - redundant to require in addition to NARM certification in good standing		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.1200(97)	MD	requires verification of passing national examination score results	remove requirement for verification when applying by credentials	Providing NARM Certification in good standing in (b)(4)(B) verifies applicant has passed national examination		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.1200(98)	MD	requires applicant provide certification they have completed course of study and supervised clinical experience of at least one year duration and passed national exam	add requirement that any military courtesy certificate or permit issued only goes to a licensee that holds a certified professional midwife certification in good standing from the North American Registry of Midwives (NARM).	Align with national standards; Require NARM Certification in good standing as required when applying by examination or by credentials			not scored in markup	0.00%
YES	Now - 1/7/2025	12 AAC 14.135	MD	NEW REGULATION				1	0.09%	
No	Now - 1/7/2025	12 AAC 14.140	MD	Requires attestation from applicant that application contents are truthful and grants board ability to deny approval to take examination	removes requirement - board no longer approves applicants for testing	outdated - board no longer approves applicants for testing		-2	-0.17%	
No	Now - 1/7/2025	12 AAC 14.4000(94)(A)(i)	MD	requires verification of current Basic Life Support (BLS) certification	remove requirement for verification at renewal	NARM Certification requires current BLS certification - redundant to require in addition to NARM certification in good standing		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.4000(94)(A)(iii)	MD	requires verification of current Neonatal Resuscitations Program (NRP)	remove requirement for verification at renewal	NARM Certification requires current NRP certification - redundant to require in addition to NARM certification in good standing		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.4000(94)(B)	MD	requires verification of current CPA from NARM	repeal since (b)(4)(A) being removed, CE met by current NARM certification				not scored in markup	0.00%
No	Now - 1/7/2025	12 AAC 14.4000(95)(A)	MD	requires verification of compliance with continuing competency requirements for CE, Professional Practice and Peer Review	repeal due to changes - peer review being removed, CE met by current NARM certification	Use of government interaction - Peer review met by holding current NARM certification in good standing; requirement no longer needed; aligning with national standard			not scored in markup	0.00%
No	Now - 1/7/2025	12 AAC 14.4000(95)(B)	MD	requires compliance with peer review requirements	remove requirement - peer review 12 AAC 14.400 being deleted				not scored in markup	0.00%
No	Now - 1/7/2025	12 AAC 14.460	MD	Requires licensees to verify compliance with CE, professional practice, and peer review requirements at renewal and establishes time frame for maintaining CE records	remove requirement - redundant; current NARM certification meets both CE and Peer review standards. NARM has established research retention standards. 12 AAC 14.4000(95) says same thing	redundant to 12 AAC 14.4000(95)		-3	-0.26%	
No	Now - 1/7/2025	12 AAC 14.4700(94)(A)	MD	requires verification of current Basic Life Support (BLS) certification	remove requirement for verification at reinstatement	NARM Certification requires current BLS certification - redundant to require in addition to NARM certification in good standing		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.4700(94)(B)	MD	requires verification of current Neonatal Resuscitations Program (NRP)	remove requirement for verification at reinstatement	NARM Certification requires current NRP certification - redundant to require in addition to NARM certification in good standing		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.4700(94)	MD	NEW REGULATION	require applicant for reinstatement provide certified professional midwife (CPM) certification in good standing from the North American Registry of Midwives (NARM).	align with national standards and what is currently required by application to examination and credentials		1	0.09%	
No	Now - 1/7/2025	12 AAC 14.4700(95)	MD	requires verification of continuing education completed for entire period since certificate has been issued	remove requirement for verification of continuing education	Redundant - requirement of NARM Certification in good standing ensures applicant has met continuing education standards		-1	-0.09%	
YES	Now - 1/7/2025	12 AAC 14.4700(A)(A)(1) - (8)	MD	requires verification of professional practice requirement (20 births) for entire period certificate has been issued	This is an unreasonable regulation requirement - without a license you cannot be a primary or assisting midwife without an active license in the year immediately preceding your application for reinstatement unless it was done with an act of state license - if it was attempted in AK - it would have been done without a license (licensee without a license)	board discussion needed to correct this issue			0.00%	
No	Now - 1/7/2025	12 AAC 14.5000(i)(1) - (21)	MD	defines minimum practice standards for midwives	remove laundry list of basic patient care standards.	Use of government interaction - scope is defined in statute. Healthcare professionals do not need basic patient care standards defined in regulations.		-23	-1.99%	
No	Now - 1/7/2025	12 AAC 14.500(i)	MD	defines minimum practice standards for midwives	remove laundry list of basic patient care standards.	Use of government interaction - scope is defined in statute. Healthcare professionals do not need basic patient care standards defined in regulations.		-2	-0.17%	
No	Now - 1/7/2025	12 AAC 14.500(i)	MD	defines minimum practice standards for midwives	remove laundry list of basic patient care standards.	Use of government interaction - scope is defined in statute. Healthcare professionals do not need basic patient care standards defined in regulations.		-4	-0.33%	
No	Now - 1/7/2025	12 AAC 14.540(i)	MD	states that all patient records of midwives are subject to review by the board	requires midwives to have written back-up arrangements for procedures concerning abnormal conditions and medically indicated maternal or infant complications	Outdated - board overreach			not scored in markup	0.00%
No	Now - 1/7/2025	12 AAC 14.5500(i)(2)	MD	requires midwives to have written back-up arrangements for procedures concerning abnormal conditions and medically indicated maternal or infant complications	remove requirement - redundant to requirements in 12 AAC 14.130 Consultation and Referral	redundant to requirements in 12 AAC 14.130 Consultation and Referral		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.550(i)	MD	requires a midwife to provide a copy of their written backup arrangement to board upon request	requires - any complaint would come through investigations. Board would never randomly choose to request a copy of the plan from a licensee.	Unneeded - any complaint would come through investigations. Board would never randomly choose to request a copy of the plan from a licensee.		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.560(i)	MD	requires licensees to provide documentation of training and skills to perform same certified practice	remove requirement for list in (a) as NARM certification confirms training as been completed.	Unneeded - NARM Certification in good standing confirms training and skills necessary to safely perform permitted practices in list (a)(1) - (8) have been attained.		-1	-0.09%	
No	Now - 1/7/2025	12 AAC 14.560(i)	MD	requires board to notify midwife that documentation provided is acceptable for competence for permitted practices in (a) and (b)	reword section so it only applies to section (b) for clients with a previous cesarean section	documentation only provided for training and education for midwives choosing to care for clients post cesarean			not scoring change	0.00%
No	Now - 1/7/2025	12 AAC 14.910(i)	MD	requires midwives to adhere to statement of values and ethics of the Midwives Alliance North America (MANA). revised and approved August 2010	delete requirement - document adopted by reference	Unneeded - MANA disavowed 2024 - document adopted by reference. Board discussion to repeal????		-7	-0.57%	
TOTAL REDUCTIONS									-1015	-87.85%

11/03/2025 - The baseline number of requirements for MD is 1,158. 197 of these requirements are from the regulations, and 961 requirements are from documents adopted by reference in the regulations. The 275% target is against the 1,158 number. Please note that there was one adopted by reference document that was missed in the initial count for MD, which is why the requirement number is significantly higher than before.

25% of 1158 = 289

Statutes and Regulations **Certified Direct-Entry** **Midwives**

December 2023



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING***

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CHAPTER 65.
DIRECT-ENTRY MIDWIVES

Section

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Sec. 08.65.010. BOARD ESTABLISHED. (a) There is established the Board of Certified Direct-Entry Midwives.

(b) The board consists of five members appointed by the governor subject to confirmation by the legislature in joint session. Members serve for staggered terms of four years and, except as provided in AS 39.05.080(4), each member serves until a successor is appointed and qualified. The board consists of two members who are certified in this state as direct-entry midwives, one physician licensed by the State Medical Board in this state who has an obstetrical practice or has specialized training in obstetrics, one certified nurse midwife licensed by the Board of Nursing in this state, and one public member.

(c) The board shall elect a chair and a secretary from among its members to terms of one year.

(d) A member may serve no more than two complete consecutive terms on the board.

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.

Sec. 08.65.030. DUTIES AND POWERS OF BOARD. (a) The board shall

- (1) examine applicants and issue certificates to those applicants it finds qualified;
- (2) adopt regulations establishing certification and certificate renewal requirements;
- (3) issue permits to apprentice direct-entry midwives;
- (4) hold hearings and order the disciplinary sanction of a person who violates this chapter or a regulation of the board;
- (5) supply forms for applications, licenses, permits, certificates, and other papers and records;
- (6) enforce the provisions of this chapter and adopt regulations necessary to make the provisions of this chapter effective;
- (7) approve curricula and adopt standards for basic education, training, and apprentice programs;
- (8) provide for surveys of the basic direct-entry midwife education programs in the state at the times it considers necessary;
- (9) approve education, training, and apprentice programs that meet the requirements of this chapter and of the board, and deny, revoke, or suspend approval of those programs for failure to meet the requirements;
- (10) adopt regulations establishing practice requirements for certified direct-entry midwives under AS 08.65.140.

(b) The board may by regulation require that a certified direct-entry midwife undergo a uniform or random period of peer review to ensure the quality of care provided by the certified direct-entry midwife.

Sec. 08.65.040. ADMINISTRATIVE PROCEDURE ACT. AS 44.62 (Administrative Procedure Act) applies to regulations and proceedings under this chapter.

Sec. 08.65.050. QUALIFICATIONS FOR LICENSE. The board shall issue a certificate to practice direct-entry midwifery to a person who

- (1) applies on a form provided by the board;
- (2) pays the fees required under AS 08.65.100;

- (3) furnishes evidence satisfactory to the board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.65.110;
- (4) furnishes evidence satisfactory to the board that the person has completed a course of study and supervised clinical experience; the study and experience must be of at least one year's duration;
- (5) successfully completes the examination required by the board.

Sec. 08.65.060. EXAMINATIONS. The board shall conduct examinations at least once each year. Examinations may be written, oral, or practical or a combination of these. The board shall utilize the examination provided by a nationally certified midwives organization recognized by the board. An applicant who has failed the examination may not retake the examination for a period of six months. An applicant who has failed the examination more than one time may not retake the examination unless the applicant has participated in or successfully completed further education and training programs as prescribed by the board. The board may require an applicant to pass an examination about Alaska laws that are applicable to the profession of direct-entry midwives.

Sec. 08.65.070. LICENSURE BY CREDENTIALS. The board may by regulation provide for the certification without examination of a person who meets the requirements of AS 08.65.050(1) — (4), who is currently licensed in another state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state, and who has passed the national examination required of certified direct-entry midwives in this state. At a minimum, an applicant for certification by credentials

- (1) may not be the subject of an unresolved complaint or disciplinary action before a regulatory authority in this state or another jurisdiction;
- (2) may not have failed the examination for a certificate or license to practice midwifery in this state;
- (3) may not have had a certificate or license to practice midwifery revoked in this state or another jurisdiction;
- (4) shall submit proof of continued competency satisfactory to the board; and
- (5) shall pay the required fees.

Sec. 08.65.080. RENEWAL. A certificate issued under AS 08.65.050 or 08.65.070 expires on a date determined by the board and may be renewed every two years upon payment of the required fee and the submission of evidence satisfactory to the board that the certified direct-entry midwife has met the continuing education requirements of the board, has demonstrated continued practical professional competence under regulations adopted by the board, and has not committed an act that is a ground for discipline under AS 08.65.110.

Sec. 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (a) The board shall issue a permit to practice as an apprentice direct-entry midwife to a person who satisfies the requirements of AS 08.65.050 (1) — (3) and who has been accepted into a program of education, training, and apprenticeship approved by the board under AS 08.65.030. A permit application under this section must include information the board may require. The permit is valid for a term of two years and may be renewed in accordance with regulations adopted by the board.

(b) An apprentice direct-entry midwife may perform all the activities of a certified direct-entry midwife if supervised in a manner prescribed by the board by

- (1) a certified direct-entry midwife who has been licensed and practicing in this state for at least two years and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;
 - (2) a certified direct-entry midwife who has been licensed for at least two years in a state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state at the time of licensing, has practiced midwifery for the last two years, and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;
 - (3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship;
- or
- (4) a certified nurse midwife licensed by the Board of Nursing in this state with an obstetrical practice at the time of undertaking the apprenticeship.

Sec. 08.65.100. FEES. The department shall set fees under AS 08.01.065 to implement this chapter.

Sec. 08.65.110. GROUNDS FOR DISCIPLINE, SUSPENSION, OR REVOCATION OF CERTIFICATION. The board may impose a disciplinary sanction on a person holding a certificate or permit under this chapter if the board finds that the person

- (1) secured a certificate or permit through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of client care by persons under the certified direct-entry midwife's supervision that does not conform to minimum professional standards regardless of whether actual injury to the client occurred;

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

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

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

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

(D) physical or mental disability;

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

Sec. 08.65.120. DISCIPLINARY SANCTIONS. (a) When it finds that a person holding a certificate or permit is guilty of an offense under AS 08.65.110, the board, in addition to the powers provided in AS 08.01.075, may impose the following sanctions singly or in combination:

(1) permanently revoke a certificate or permit to practice;

(2) suspend a certificate or permit for a determinate period of time;

(3) censure a person holding a certificate or permit;

(4) issue a letter of reprimand;

(5) place a person holding a certificate or permit on probationary status and require the person to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

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

(6) impose limitations or conditions on the practice of a person holding a certificate or permit.

(b) The board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if the licensee continues to practice. A person whose license is suspended under this section is entitled to a hearing conducted by the office of administrative hearings (AS 44.64.010) not later than seven days after the effective date of the order, and the person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a certificate or permit that has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

Sec. 08.65.130. CRIMINAL PENALTY. A person who violates this chapter is guilty of a class B misdemeanor.

Sec. 08.65.140. REQUIRED PRACTICES. The board shall adopt regulations regarding the practice of direct-entry midwifery. At a minimum, the regulations must require that a certified direct-entry midwife

(1) recommend, before care or delivery of a client, that the client undergo a physical examination performed by a physician, physician assistant, or advanced practice registered nurse who is licensed in this state;

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

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

(4) not knowingly deliver a woman with certain types of health conditions, prior history, or complications as specified by the board.

Sec. 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.

Sec. 08.65.160. CERTIFICATION REQUIRED IF DESIGNATION USED. A person who is not certified under this chapter or whose certification is suspended or revoked, or whose certification has lapsed, who knowingly uses in connection with the person's name the words or letters "C.D.M.," "Certified Direct-Entry Midwife," or other letters, words, or insignia indicating or implying that the person is certified as a direct-entry midwife by this state or who in any way, orally or in writing, directly or by implication, knowingly holds out as being certified by the state as a direct-entry midwife in this state is guilty of a class B misdemeanor.

Sec. 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;

- (3) *[Repealed, sec. 6 ch 99 SLA 2014.]*
- (4) *[Repealed, sec. 6 ch 99 SLA 2014.]*

Sec. 08.65.180. RESPONSIBILITY FOR CARE. If a certified direct-entry midwife seeks to consult with or refer a patient to a licensed physician, the responsibility of the physician for the patient does not begin until the patient is physically within the physician's care.

Sec. 08.65.190. DEFINITIONS. In this chapter,

- (1) "board" means the Board of Certified Direct-Entry Midwives;
- (2) "department" means the Department of Commerce, Community, and Economic Development;
- (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.



CHAPTER 14.
BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES.

Article

1. **Certification Requirements (12 AAC 14.100 – 12 AAC 14.150)**
2. **Education and Experience (12 AAC 14.200 – 12 AAC 14.220)**
3. **Examination (12 AAC 14.300)**
4. **Renewal and Continuing Competency Requirements (12 AAC 14.400 – 12 AAC 14.470)**
5. **Duties and Responsibilities (12 AAC 14.500 – 12 AAC 14.580)**
6. **Emergency Measures (12 AAC 14.600 – 12 AAC 14.620)**
7. **General Provisions (12 AAC 14.900 – 12 AAC 14.990)**

ARTICLE 1.
CERTIFICATION REQUIREMENTS.

Section

100. **(Repealed)**
110. **Certification by examination**
120. **Certification by credentials**
125. **Emergency courtesy license**
130. **Review of an apprentice direct-entry midwife permit application**
135. **Temporary military courtesy certificate or permit**
140. **Application made under oath or affirmation; disciplinary sanctions**
150. **(Repealed)**

12 AAC 14.100. TRANSITIONAL CERTIFICATION. Repealed 1/1/2000.

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.~~

~~(e) 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.~~



Authority: AS 08.65.030 AS 08.65.050

Editor's note: The division's Juneau office mailing address is State of Alaska, Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806, and its physical address is State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska.

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) 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 preceding the date of application; the affidavit must include the information required in 12 AAC 14.210(c)(1) (8);~~
- ~~(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

12 AAC 14.125. EMERGENCY COURTESY LICENSE. (a) In an urgent situation, the board may issue an emergency courtesy license to practice as a direct-entry midwife to an applicant who has a license in good standing to practice direct-entry midwifery in another jurisdiction with licensing requirements at least equivalent to those of this state, and who meets the requirements of this section. The board may limit the scope of a license issued under this section, as appropriate to respond to the urgent situation.

(b) An applicant for an emergency courtesy license under this section must submit to the department a completed application on a form provided by the department. A complete application includes

- (1) the applicable application and licensing fees established in 12 AAC 02.145;
 - (2) verification of a current license in good standing to practice direct-entry midwifery in another state or other jurisdiction;
 - (3) certification that the applicant is not the subject of an unresolved complaint or disciplinary action before a regulatory authority in any jurisdiction;
 - (4) evidence satisfactory to the board that the applicant has not engaged in conduct that is ground for imposing disciplinary sanctions under AS 08.65.110;
 - ~~(5) certification that the applicant has completed a course of study and supervised clinical experience of at least one year's duration, and has passed the national examination required of certified direct-entry midwives in this state.~~
- (c) An emergency courtesy license issued under this section is valid for the period specified by the board and may not exceed 120 consecutive days.

(d) While practicing under an emergency courtesy license issued under this section, the holder of the license must comply with the standards of practice set out in AS 08.65 and this chapter and is subject to discipline for actions taken or omitted while practicing under the emergency courtesy license.

(e) The board may refuse to issue an emergency courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.65.110.

(f) In this section, "urgent situation" means a health crisis that requires increased availability of direct-entry midwives.

Authority: AS 08.01.062 AS 08.65.030 AS 08.65.050

12 AAC 14.130. REVIEW OF AN APPRENTICE DIRECT-ENTRY MIDWIFE PERMIT APPLICATION.

(a) A person may not practice as an apprentice direct-entry midwife in this state unless that person has been issued a permit under this section.

(b) An applicant who meets the requirements on the checklist set out in (c) of this section has demonstrated the necessary qualifications for an apprentice direct-entry midwife permit. An applicant who does not meet the requirements on the checklist or whose application documents do not clearly show that the applicant is qualified to receive an apprentice direct-entry midwife permit will not be issued a permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.65 and this chapter for that permit.

(c) The following checklist is established by the board for review by staff of an application for an apprentice direct-entry midwife permit. An apprentice direct-entry midwife permit will be issued to an applicant who

- (1) submits a completed application on a form provided by the department, that includes the applicant's
 - (A) name, mailing address and telephone number;
 - (B) date of birth that shows the applicant is at least 18 years of age; and
 - (C) signed authorization for release of records;
 - (2) pays the application fee and the apprentice direct-entry midwife permit fee established in 12 AAC 02.145;
 - (3) certifies that the applicant has earned a high school diploma or its equivalent and provides the name of the issuing institution and the date the diploma or its equivalent was issued;
 - (4) submits an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3);
 - (5) submits verification of acceptance into an apprenticeship program that the board has approved under 12 AAC 14.220; and
 - (6) submits verification of current certification in the Basic Life Support for Health Care Providers Program (BLS) and neonatal resuscitation from the Neonatal Resuscitation Program (NRP).
- (d) As part of the verification of acceptance into an approved apprenticeship program, the applicant must provide written documentation of a relationship with an apprenticeship program preceptor.
- (e) An apprentice direct-entry midwife shall submit written notice to the department not later than 30 days after any change to the relationship with the apprenticeship program preceptor.
- (f) An apprentice direct-entry midwife permit may be renewed by meeting the requirements of 12 AAC 14.410.
- (g) In this section, "apprenticeship program preceptor" means an individual who meets the supervisory requirements of AS 08.65.090(b), holds a license in good standing, and is registered as a preceptor with North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.135. TEMPORARY MILITARY COURTESY CERTIFICATE OR PERMIT. (a) The board will issue a temporary military courtesy certificate or permit to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a direct-entry midwife or apprentice direct-entry midwife to an applicant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

- (b) An applicant for a temporary military courtesy certificate or permit under this section
- (1) must submit an application on a form provided by the department;
 - (2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;
 - (3) must submit a copy of
 - (A) the applicant's current active duty military orders showing assignment to a duty station in this state; or
 - (B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;
 - (4) must submit documentation showing the applicant is currently licensed, certified, or permitted, and in good standing in another licensing, certifying, or permitting jurisdiction and the applicant's license, certificate, or permit in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;
 - (5) must demonstrate that the jurisdiction of current licensure or certification required the education in 12 AAC 14.200 as a condition of licensure or certification;
 - (6) must demonstrate that the jurisdiction of current licensure or certification required a passing score on the examination in AS 08.65.060, as a condition of licensure or certification; and
 - (7) may not have been convicted of a crime that affects the applicant's ability to practice as a direct-entry midwife competently and safely, as determined by the board.
- (c) A temporary military courtesy certificate or permit issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.
- (d) While practicing under a temporary military courtesy certificate or permit issued under this section, the holder of the temporary military courtesy certificate or permit must comply with the standards of practice set out in AS 08.65 and this chapter.
- (e) The board may refuse to issue a temporary military courtesy certificate or permit for the same reasons that it may deny, suspend, or revoke a certificate or permit under AS 08.65.110 and 08.65.120.

Authority: AS 08.01.062 AS 08.01.063 AS 08.65.030

~~12 AAC 14.140. APPLICATION MADE UNDER OATH OR AFFIRMATION; DISCIPLINARY SANCTIONS.~~ The applicant must sign the application and swear to or affirm the truth of its contents. False or misleading statements or information on the application, whether or not made knowingly, are grounds for denial of approval to take an examination under AS 08.65 or for disciplinary sanctions under AS 08.65.120.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.120
AS 08.65.050

12 AAC 14.150. SCOPE OF PRACTICE. Repealed 2/22/2023.

ARTICLE 2. EDUCATION AND EXPERIENCE.

Section

- 200. Course of study requirements**
- 210. Supervised clinical experience requirements**
- 220. Apprenticeship programs**

12 AAC 14.200. COURSE OF STUDY REQUIREMENTS. (a) On or after 2/22/2023, the board will accept any midwifery education program whether online or in person.

(b) An applicant shall document completion of a course of study that meets the requirements of this section by submitting an official transcript, diploma, or certificate of graduation or completion, sent directly to the department from a Midwifery Education Accreditation Council (MEAC)-accredited institution or from a midwifery school or program where the applicant completed the course of study.

Authority: AS 08.65.030 AS 08.65.050

~~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.~~

~~(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.~~

~~(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.~~

~~(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).~~

Authority: AS 08.65.030 AS 08.65.050

Editor's note: ~~Copies of the Practical Skills List for Alaska Certified Direct Entry Midwives adopted by reference in 12 AAC 14.210(f) may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct Entry Midwives, P.O. Box 110806, Juneau, AK 99811-0806; Phone: (907) 465-2580.~~

12 AAC 14.220. APPRENTICESHIP PROGRAMS. ~~(a) To be approved by the board, an apprenticeship program must~~

~~(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

ARTICLE 3. EXAMINATION.

Section

300. Examination

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

Editor's note: The examination described in 12 AAC 14.300 is prepared by the North American Registry of Midwives, Internet address: www.narm.org, e-mail: info@narm.org, telephone: (888) 843-4784. Information

regarding the examination may be obtained by contacting the division of corporations, business and professional licensing offices in Anchorage and Juneau.

ARTICLE 4. RENEWAL AND CONTINUING COMPETENCY REQUIREMENTS.

Section

- 400. Certification renewal requirements**
- 410. Apprentice permit renewal requirements**
- 420. Continuing education requirements**
- 430. (Repealed)**
- 440. Continuing professional practice requirements**
- 445. Peer review**
- 450. (Repealed)**
- 460. Verification of compliance**
- 470. Reinstatement of a lapsed certificate**

12 AAC 14.400. CERTIFICATION RENEWAL REQUIREMENTS. (a) A certificate as a direct-entry midwife expires on March 31 of odd numbered years.

- (b) A certified direct-entry midwife applying for certificate renewal shall
- (1) apply on a form provided by the department;
 - (2) pay the fees established in 12 AAC 02.145;
 - (3) certify that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;
 - (4) submit copies
 - ~~(A) verifying a current~~
 - ~~(i) certification in the Basic Life Support for Health Care Providers Program (BLS); and~~
 - ~~(ii) certification in the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics; and~~
 - ~~(B) verifying a current~~ certified professional midwife certification in good standing from the North American Registry of Midwives (NARM); ~~and~~
 - (5) demonstrate continued practical professional competency by verifying
 - ~~(A) fulfillment of the continuing competency requirements in 12 AAC 14.420 – 12 AAC 14.445; and~~
 - ~~(B) compliance with the peer review requirements in 12 AAC 14.445.~~

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.410. APPRENTICE PERMIT RENEWAL REQUIREMENTS. (a) An apprentice direct-entry midwife permit is valid for two years from the date of issue.

- (b) An individual applying for renewal of an apprentice direct-entry midwife permit shall
- (1) apply on a form provided by the department;
 - (2) pay the fees established in 12 AAC 02.145; and
 - (3) document continued qualification under 12 AAC 14.130.

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.420. CONTINUING EDUCATION REQUIREMENTS. Continuing education requirements are satisfied by holding a current certification at the time of renewal as a certified professional midwife from the North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.430. APPROVED CONTINUING EDUCATION PROGRAMS. Repealed 2/22/2023.

12 AAC 14.440. CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS. An applicant for renewal of a certificate as a direct-entry midwife shall certify having assisted with, or been primarily responsible for, 10 deliveries during the concluding license period.

Authority: AS 08.65.030 AS 08.65.080

~~**12 AAC 14.445. PEER REVIEW.** (a) A certified direct-entry midwife shall participate in not less than four hours of peer review during each certification period.~~

~~(b) During each certification period, a certified direct-entry midwife~~

~~(1) who was primarily responsible for a patient's care during that certification period shall, in accordance with (e) of this section, submit for peer review the records maintained under 12 AAC 14.540 for at least one case in which that midwife was primarily responsible; or~~

~~(2) who was not primarily responsible for any patient's care during that certification period shall, in accordance with (e) of this section, submit for peer review the records maintained under 12 AAC 14.540 for at least one case in which that midwife was involved.~~

~~(c) A certified direct-entry midwife submitting records under (b) of this section shall ensure that those records are kept confidential as required by state and federal law and, if records are submitted electronically, shall ensure that an electronic submission has sufficient security to maintain the confidentiality of the records submitted.~~

~~(d) A peer review participant receiving records submitted by a certified direct-entry midwife under (b) of this section shall ensure that the records received are kept confidential as required by state and federal law.~~

~~(e) A certified direct-entry midwife must submit the applicable records described under (b) of this section to no fewer than two professionals licensed in this state, at least one of whom must be a certified direct-entry midwife from a practice other than that of the certified direct-entry midwife submitting for peer review, and the other of whom must be a~~

~~(1) certified direct-entry midwife from a practice other than that of the certified direct-entry midwife submitting for peer review;~~

~~(2) registered nurse;~~

~~(3) advanced practice registered nurse; or~~

~~(4) physician.~~

~~(f) Results or recommendations made by a peer review participant to the board in connection with a case submitted for peer review under this section are not binding on the board.~~

~~(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.~~

~~(h) Failure to comply with the requirements of this section is grounds for disciplinary sanction under AS 08.65.110.~~

~~(i) In this section, "peer review" means the review of a case submitted by a certified direct-entry midwife under (b) of this section by the peer review participants described under (e) of this section where each peer review participant and the certified direct-entry midwife submitting for peer review are able to communicate synchronously in real time.~~

Authority: AS 08.65.030

AS 08.65.110

AS 08.65.140

12 AAC 14.450. CONTINUING COMPETENCY REQUIREMENTS FOR FIRST TIME CERTIFICATE RENEWALS. Repealed 2/22/2023.

~~**12 AAC 14.460. VERIFICATION OF COMPLIANCE.** (a) A certified direct-entry midwife shall submit, on a form provided by the department, a statement verifying compliance with the requirements of 12 AAC 14.420 12 AAC 14.445 at the time the certificate holder applies for renewal.~~

~~(b) The board may require an applicant for renewal to submit additional evidence of compliance with the requirements of 12 AAC 14.420 12 AAC 14.445. The certificate holder shall maintain evidence of compliance with the requirements of 12 AAC 14.420 12 AAC 14.445 for three years.~~

Authority: AS 08.65.030

AS 08.65.080

12 AAC 14.470. REINSTATEMENT OF A LAPSED CERTIFICATE. (a) The board will, in its discretion, reinstate a certificate that has been lapsed less than two years if the applicant

(1) repealed 3/2/2011;

(2) complies with the certificate renewal requirements in 12 AAC 14.400(b).

(b) The board will reinstate a certificate that has been lapsed for at least two years, but not more than five years, if the applicant

(1) repealed 12/17/97;

(2) pays the renewal fee required in 12 AAC 02.145 for the current renewal period;

(3) submits a statement verifying that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;

(4) submits copies that are current at the time of application for reinstatement verifying certification in

(A) the Basic Life Support for Health Care Providers Program (BLS) and neonatal resuscitation;

(B) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(5) documents completion of the continuing education requirements in 12 AAC 14.420 for the entire period since the certificate lapsed;

(6) documents completion of

(A) the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed; or

(B) at least 10 preceptor supervised deliveries in the year immediately preceding the application for reinstatement in which the applicant was the primary or assisting midwife; in at least five of the supervised deliveries, the applicant must have been the primary midwife;

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

(c) The board will not reinstate a certificate that has been lapsed more than five years at the time of application for reinstatement. An applicant whose license lapsed more than five years at the time of application must apply as a new applicant.

Authority: AS 08.01.100

AS 08.65.030

AS 08.65.080

ARTICLE 5. DUTIES AND RESPONSIBILITIES.

Section

- 500. Practice
- 510. Consultation and referral
- 520. Transfer
- 530. Prohibited practice
- 540. Records and reports
- 550. Medical back-up arrangements
- 560. Permitted practices
- 570. Medications
- 580. Withdrawal from service

~~12 AAC 14.500. PRACTICE. (a) A certified direct entry midwife shall~~

- ~~(1) recommend, before care or delivery of a client, that the client undergo a physical examination performed by a physician, physician assistant, or advanced practice registered nurse who is licensed in this state;~~
- ~~(2) obtain informed consent from a client before onset of labor;~~
- ~~(3) at the first prenatal visit, or not later than 10 days after the first prenatal visit, order a serological test for syphilis;~~
- ~~(4) provide each client with contact information for 24 hour on-call availability by a certified direct entry midwife throughout pregnancy, the intrapartum period, and the postpartum period;~~
- ~~(5) provide each client with labor support, fetal monitoring and routine assessment of vital signs once active labor is established;~~
- ~~(6) supervise the delivery of infant and placenta, assess newborn and maternal well-being in immediate postpartum period, and perform Apgar scores;~~
- ~~(7) perform routine cord management and inspect for appropriate number of vessels;~~
- ~~(8) inspect the placenta and membranes for completeness;~~
- ~~(9) inspect the perineum and vagina postpartum for lacerations and stabilize or repair, as appropriate;~~
- ~~(10) observe the mother and newborn postpartum until stable condition is achieved;~~
- ~~(11) instruct the mother, father, or other support persons, both verbally and in writing, of the special care and precautions for both mother and newborn in the immediate postpartum period;~~
- ~~(12) reevaluate maternal and newborn wellbeing not later than 36 hours after delivery;~~
- ~~(13) use universal precautions with all biohazard materials;~~
- ~~(14) ensure that a birth certificate is accurately completed and filed in accordance with state law;~~
- ~~(15) ensure the newborn is tested for phenylketonuria (PKU);~~
- ~~(16) offer to one or both parents to obtain and submit a blood sample in accordance with the recommendations for metabolic screening of the newborn;~~
- ~~(17) offer to one or both parents an injection of vitamin K for the newborn in accordance with the indication, dose, and administration route set forth in 12 AAC 14.570;~~
- ~~(18) not later than one week after delivery, refer the parents to a facility with a newborn hearing screening program;~~
- ~~(19) not later than two hours after the birth, offer to one or both parents the administration of antibiotic ointment into the eyes of the newborn, in accordance with state law on the prevention of infant blindness;~~
- ~~(20) provide postpartum care and postpartum depression screenings and referrals to client through the first year postpartum; and~~
- ~~(21) maintain adequate antenatal and perinatal records of each client and provide records to any consulting licensed physician and advanced practice registered nurse in accordance with regulations under P.L. 104-191 (Health Insurance Portability and Accountability Act of 1996 (HIPAA)).~~

~~(b) During the third trimester, the certified direct-entry midwife shall ensure that the home birth client is adequately prepared for a home birth by discussing issues such as sanitation, facilities, adequate heat, availability of telephone and transportation, plans for emergency evacuation to a hospital, and the skills and equipment that the midwife will bring to the home birth.~~

~~(c) A certified direct-entry midwife shall make a home visit to the client before delivery to assess the physical environment, to determine whether the home birth client has the necessary supplies, to prepare the client for the birth, and to instruct the family in correction of problems or deficiencies.~~

~~Authority: AS 08.65.030~~

~~AS 08.65.140~~

~~AS 08.65.190~~

12 AAC 14.510. CONSULTATION AND REFERRAL. (a) A certified direct-entry midwife shall consult with a licensed physician or advanced practice registered nurse providing obstetrical care whenever there are significant deviations, including significant abnormal laboratory results, relative to a client's pregnancy or to a neonate. If a referral is needed, the certified direct-entry midwife shall refer the client and, if possible, remain in consultation with the physician or advanced practice registered nurse until resolution of the cause of the deviation.

(b) A certified direct-entry midwife shall consult with a licensed physician or advanced practice registered nurse about any mother who presents with or develops risk factors that in the judgment of the certified direct-entry midwife warrant consultation or presents with or develops the following risk factors:

(1) antepartum

(A) pregnancy induced hypertension, as evidenced by a blood pressure of 140/90 on at least two occasions greater than six hours apart;

(B) persistent, severe headaches, epigastric pain, or visual disturbances;

(C) persistent symptoms of urinary tract infection;

(D) significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion;

(E) rupture of membranes before the 37th week of gestation;

(F) noted abnormal decrease in or cessation of fetal movement;

(G) anemia resistant to supplemental therapy;

(H) fever of 102 degrees Fahrenheit or 39 degrees Celsius or greater for more than 24 hours;

(I) unresolved hyperemesis or significant dehydration;

(J) isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer that may have a detrimental effect on the mother or fetus;

(K) elevated blood glucose levels unresponsive to dietary management;

(L) positive HIV antibody test;

(M) primary genital herpes infection in pregnancy;

(N) symptoms of malnutrition or anorexia, protracted weight loss, or failure to gain weight;

(O) suspected deep vein thrombosis;

(P) documented placental previa;

(Q) documented low lying placenta or placenta accreta in woman with history of previous cesarean delivery;

(R) labor before the 37th week of gestation;

(S) known fetal anomalies that may be affected by the site of birth;

(T) marked abnormal fetal heart tones;

(U) abnormal non-stress test or abnormal biophysical profile;

(V) marked or severe poly or oligohydramnios;

(W) evidence of intrauterine growth restriction; or

(X) significant abnormal ultrasound findings;

(2) intrapartum

(A) rise in blood pressure above baseline, more than 30/15 points or greater than 160/100;

(B) persistent, severe headaches, epigastric pain, or visual disturbances;

(C) significant proteinuria or ketonuria;

(D) fever over 100.6 degrees Fahrenheit or 38 degrees Celsius in absence of environmental factors;

(E) ruptured membranes without onset of established labor after 24 hours;

(F) significant bleeding before delivery or any abnormal bleeding, with or without abdominal pain; or evidence of placental abruption;

(G) lie not compatible with spontaneous vaginal delivery or unstable fetal lie;

(H) signs or symptoms of maternal infection;

(I) active genital herpes at onset of labor;

(J) fetal heart tones with non-reassuring patterns;

(K) signs or symptoms of fetal distress;

(L) thick meconium or frank bleeding with birth not imminent; or

(M) physician consultation or transfer desired by the client or certified direct-entry midwife;

(3) postpartum

(A) failure to void within 12 hours of birth;

(B) signs or symptoms of maternal shock;

- (C) febrile symptoms or fever 102 degrees Fahrenheit or 39 degrees Celsius;
 - (D) abnormal lochia or signs or symptoms of uterine sepsis;
 - (E) suspected deep vein thrombosis; or
 - (F) signs of clinically significant depression.
- (c) A certified direct-entry midwife shall consult with a licensed physician or advanced practice registered nurse with regard to any neonate who is born with or develops
- (1) an Apgar score of six or less at five minutes without significant improvement by 10 minutes;
 - (2) persistent grunting respirations or retractions;
 - (3) persistent cardiac irregularities;
 - (4) persistent central cyanosis or pallor;
 - (5) persistent lethargy or poor muscle tone;
 - (6) abnormal cry;
 - (7) birth weight less than 2300 grams;
 - (8) jitteriness or seizures;
 - (9) jaundice occurring before 24 hours or outside of normal range;
 - (10) failure to urinate within 24 hours of birth;
 - (11) failure to pass meconium within 48 hours of birth;
 - (12) edema;
 - (13) prolonged temperature instability;
 - (14) significant signs or symptoms of infection;
 - (15) significant clinical evidence of glycemic instability;
 - (16) abnormal, bulging, or depressed fontanel;
 - (17) significant clinical evidence of prematurity;
 - (18) medically significant congenital anomalies;
 - (19) significant or suspected birth injury;
 - (20) persistent inability to suck;
 - (21) diminished consciousness;
 - (22) clinically significant abnormalities in vital signs, muscle tone, or behavior;
 - (23) clinically significant color abnormality, cyanotic, or pale or abnormal perfusion;
 - (24) abdominal distension or projectile vomiting; or
 - (25) signs of clinically significant dehydration or failure to thrive.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.520. TRANSFER. (a) Transport of a client by means of a private vehicle is an acceptable method of transport if it is the most expedient and safest method for accessing medical services. When transferring a client, the certified direct-entry midwife shall

- (1) initiate immediate transport according to the certified direct-entry midwife's emergency plan;
 - (2) provide emergency stabilization until emergency medical services arrive or transfer is completed;
 - (3) accompany the client or follow the client to a hospital in a timely fashion; and
 - (4) provide pertinent information to the receiving facility.
- (b) A certified direct-entry midwife shall immediately notify a physician and provide emergency transport to a hospital of a client exhibiting
- (1) seizures or unconsciousness;
 - (2) respiratory distress or arrest;
 - (3) evidence of shock;
 - (4) psychosis;
 - (5) symptomatic chest pain or cardiac arrhythmias;
 - (6) prolapsed umbilical cord;
 - (7) unresolved shoulder dystocia;
 - (8) symptoms of uterine rupture;
 - (9) preeclampsia or eclampsia;
 - (10) severe abdominal pain inconsistent with normal labor;
 - (11) chorioamnionitis;
 - (12) clinically significant fetal heart rate patterns or other manifestation of fetal distress;
 - (13) presentation not compatible with spontaneous vaginal delivery;
 - (14) laceration greater than second degree perineal or any cervical;
 - (15) hemorrhage non-responsive to therapy;
 - (16) uterine prolapse or inversion;
 - (17) persistent uterine atony;
 - (18) anaphylaxis;
 - (19) sustained instability or persistent abnormal vital signs; or
 - (20) other conditions or symptoms that could threaten the life of the mother, fetus, or neonate.

(c) A certified direct-entry midwife may deliver a client with any of the complications or conditions set out in (b) of this section if

- (1) no physician or other equivalent medical services are available and the situation presents immediate harm to the health and safety of the client;
- (2) the complication or condition entails extraordinary and unnecessary human suffering; or
- (3) delivery occurs during transport.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.530. PROHIBITED PRACTICES. A certified direct-entry midwife may not

- (1) administer prescription pharmacological agents intended to induce or augment labor;
 - (2) administer prescription pharmacological agents to provide pain management;
 - (3) use vacuum extractors or forceps;
 - (4) prescribe medications;
 - (5) provide out-of-hospital delivery services to a woman who has had a vertical incision cesarean section;
 - (6) perform surgical procedures, except episiotomy, including cesarean sections, abortions, and circumcisions;
- or

(7) knowingly accept responsibility for prenatal or intrapartum care of a client with any of the following diagnosed risk factors:

- (A) chronic and significant maternal cardiac, pulmonary, renal, or hepatic disease;
- (B) malignant disease in an active phase;
- (C) significant hematological disorders or coagulopathies, or pulmonary embolism;
- (D) insulin-requiring diabetes mellitus;
- (E) known maternal congenital abnormalities affecting childbirth;
- (F) confirmed isoimmunization, Rh disease with positive titer;
- (G) active tuberculosis;
- (H) active syphilis or gonorrhea;
- (I) active genital herpes infection two weeks prior to labor or in labor;
- (J) pelvic or uterine abnormalities affecting normal vaginal births, including tumors and malformations;
- (K) untreated alcoholism or alcohol abuse;
- (L) untreated drug addiction or substance abuse;
- (M) confirmed AIDS status;
- (N) uncontrolled current serious psychiatric illness; or
- (O) social or familial conditions unsatisfactory for out-of-hospital maternity care services.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

Editor's notes: The metabolic blood disorder kits may be obtained from the Department of Health, division of public health, section of women's, children's and family health, 3601 C Street, Suite 322, Anchorage, Alaska 99503-5923.

12 AAC 14.540. RECORDS AND REPORTS. (a) A certified direct-entry midwife shall maintain records of each client on standard obstetric forms.

(b) A certified direct-entry midwife shall maintain records of the recommended medical visit, all prenatal visits, the charting of labor and delivery, the summary of birth, and the charting of the newborn examination and postpartum visits.

(c) A certified direct-entry midwife shall maintain birth records of an infant until at least two years after the infant has reached the age of 19 years. Prenatal and infant records must be maintained for at least seven years from the date of the birth.

(d) A certified direct-entry midwife shall provide copies of pertinent records to medical personnel when the client or infant is referred for medical care or transported for emergency care.

~~(e) All records maintained by the certified direct-entry midwife are subject to review by the board.~~

~~(f) Not later than 14 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 board on a form provided by the department if that client died.~~

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.550. MEDICAL BACK-UP ARRANGEMENTS. (a) A certified direct-entry midwife shall have written back-up arrangements that ~~must include procedures concerning~~

- ~~(1) alternate midwife assistance for clients in the certified direct-entry midwife's absence; and~~
 - ~~(2) abnormal conditions and medically indicated maternal or infant consultations;~~
 - ~~(3) repealed 3/2/2011.~~
- ~~(b) A certified direct-entry midwife shall present the written back-up arrangements to the board upon request.~~

12 AAC 14.560. PERMITTED PRACTICES. (a) The following practices may be performed by a certified direct-entry midwife ~~who, in accordance with (c) of this section, provides documentation acceptable to the board of having acquired the training and skills necessary to safely perform them:~~

- (1) catheterization of the urinary bladder;
- (2) administration of medications as specified in 12 AAC 14.570;
- (3) venipuncture;
- (4) capillary blood sampling;
- (5) suturing;
- (6) emergency measures as specified in 12 AAC 14.600;
- (7) intravenous therapy; or
- (8) an episiotomy.

(b) Before performing prenatal care, vaginal delivery, and postpartum care for a client with a previous cesarean section, a certified direct-entry midwife must provide evidence of at least six hours of training and education in performing these practices for a post-cesarean client.

~~(c) The board will notify the certified direct-entry midwife that documentation submitted under this section is acceptable to the board of competence in these practices. A certified direct-entry midwife may not perform the practices set out in (a) and (b) of this section until notification of acceptance has been provided to the certified direct-entry midwife by the board.~~

Authority: AS 08.65.030

12 AAC 14.570. MEDICATIONS. A certified direct-entry midwife may not administer restricted drugs or medications except for the following, and only if the certified direct-entry midwife has documented the training and skills demonstrating competence to administer them as required in 12 AAC 14.560:

- (1) xylocaine hydrochloride, one or two percent, administered by infiltration, for the postpartum repair of tears, lacerations, and episiotomy;
- (2) cetacaine, applied topically, for the postpartum repair of tears, lacerations, and episiotomy;
- (3) vitamin K, administered by intramuscular injection, for the prevention of acute and late onset hemorrhagic disease of the infant;
- (4) Rh immune globulin, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease;
- (5) eye prophylaxis as required by 7 AAC 27.111;
- (6) oxytocin, administered by intramuscular injection or intravenously after delivery of the neonate, for the prevention or treatment of postpartum hemorrhage;
- (7) medications for the control and treatment of postpartum hemorrhage, including uterotonic agents, oxytocin, methylergonovine, carboprost tromethamine, tranexamic acid, and misoprostol;
- (8) lactated ringers, plain or with dextrose five percent, or normal saline, up to 2,000 milliliters administered intravenously to a client who would benefit from hydration;
- (9) antibiotic intravenous therapy treatment for Group B *Streptococci* in accordance with the United States Department of Health and Human Services, Centers for Disease Control and Prevention's *Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC*, revised as of August 16, 2002 and adopted by reference, except that vancomycin may not be administered;
- (10) epinephrine for allergic reaction or anaphylactic shock;
- (11) diphenhydramine administered by intramuscular injection or intravenously for allergic reaction or anaphylactic shock;
- (12) an anti-diarrheal agent, including loperamide or diphenoxylate/atropine.

Authority: AS 08.65.030

AS 08.65.190

12 AAC 14.580. WITHDRAWAL FROM SERVICE. (a) A certified direct-entry midwife may withdraw from responsibility for a client during the prenatal period if, for any reason, the midwife does not feel comfortable continuing as the client's midwife. The decision to withdraw may take into account

- (1) the client's failure to consult a physician when recommended to do so by the certified direct-entry midwife;
- (2) the client's failure or refusal to follow recommendations;
- (3) personality incompatibilities; or
- (4) any other factor that the certified direct-entry midwife believes may create an unwarranted risk to the client, fetus, or infant, or may interfere with the certified direct-entry midwife's ability to care responsibly for the client, fetus, or infant.

(b) If the certified direct-entry midwife withdraws, the midwife shall immediately notify the client in writing and shall cooperate with the client in finding alternative care.

(c) After the onset of labor, a certified direct-entry midwife may withdraw only if the midwife believes that the midwife is unable to competently care for the client, fetus, or infant. The certified direct-entry midwife shall arrange for transfer of the client to medical care. If the client refuses to accept transfer to medical care, the certified direct-entry midwife shall document the relevant events and shall stay with the client until attended by hospital or emergency medical personnel.

Authority: AS 08.65.030

ARTICLE 6. EMERGENCY MEASURES.

Section

- 600. Emergency practices**
- 610. Emergency transport plan**
- 620. Emergency defined**

12 AAC 14.600. EMERGENCY PRACTICES. In addition to the practices permitted in 12 AAC 14.560, in an emergency a certified direct-entry midwife who has documented training and skills demonstrating competence as set out in 12 AAC 14.560 may attend or deliver a woman whose condition is outside the scope of practice under 12 AAC 14.500.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.610. EMERGENCY TRANSPORT PLAN. (a) A certified direct-entry midwife shall present a copy of the midwife's emergency transport plan to each client before the onset of labor.

(b) The emergency transport plan must be signed by the client and include

- (1) written permission to release the client's records to a physician in an emergency; and
- (2) a statement that costs will be incurred for emergency transportation and an agreement as to who is responsible for the costs.

(c) The certified direct-entry midwife shall include the signed emergency transport plan in the client's records.

Authority: AS 08.65.030 AS 08.65.190

12 AAC 14.620. EMERGENCY DEFINED. In this chapter and in AS 08.65, "emergency" means a situation that presents an immediate hazard to the health and safety of the client.

Authority: AS 08.65.030 AS 08.65.190

ARTICLE 7. GENERAL PROVISIONS.

Section

- 900. (Repealed)**
- 910. Code of ethics**
- 990. Definitions**

12 AAC 14.900. PEER REVIEW. Repealed 1/22/2023.

12 AAC 14.910. CODE OF ETHICS. A certified direct-entry midwife shall adhere to the following materials adopted by reference as a code of ethics for certified direct-entry midwives in this state:

- (1) *Alaska Board of Certified Direct-Entry Midwives Code of Ethics*, adopted April 26, 1994;
- ~~(2) the Midwives Alliance North America (MANA) *Statement of Values and Ethics*, revised and approved August 2010.~~

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.140

Editor's note: A copy of the *Alaska Board of Certified Direct-Entry Midwives Code of Ethics* may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct-Entry Midwives, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, AK 99801; telephone (907) 465-2550; website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/Midwives.aspx>. A copy of the Midwives Alliance North America (MANA) *Statement of Values and Ethics*, revised and approved August 2010, adopted by

reference in 12 AAC 14.910, may be obtained from the Midwives Alliance of North America, P.O. Box 373, Montvale, NJ 07645 or on the Midwives Alliance North America website at <https://mana.org/sites/default/files/pdfs/MANASTatementValuesEthicsColor.pdf>.

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

APPENDIX

ALASKA BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES CODE OF ETHICS

On April 26, 1994 the Board of Certified Direct-Entry Midwives adopted the following code of ethics:

1. The principle objective of the midwifery profession is to render service to humanity with full respect for the dignity of the human race. Midwives should merit the confidence of patients entrusted to their care, rendering to each a full measure of services and devotion.
2. Midwives should strive continually to improve medical knowledge and skill, and should make available to their clients and colleagues the benefits of their professional attainments.
3. A midwife should practice a method of maternal care utilizing accreditable research as a criteria for care, and promote such research.
4. The midwifery profession should safeguard the public and itself against midwives deficient in moral character or professional competence. Midwives should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.
5. A midwife may choose whom she will serve. In a life-threatening emergency, however, she should render service to the best of her ability. Having undertaken the care of a client, she may not neglect her; and, unless she has been discharged, she may discontinue services only after giving adequate notice.
6. A midwife should not dispense her services under terms or conditions which tend to interfere with or impair her midwifery judgement and skill or tend to cause a deterioration of the quality of midwifery care.
7. A midwife should seek consultation and/or referral upon request; in doubtful or difficult cases; or whenever it appears that the quality of health care would be enhanced thereby.
8. A midwife may not reveal the confidences entrusted to her in the course of midwifery attendance, or the deficiencies she may observe in the character of patients, unless she is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.
9. The honored ideals of the midwifery profession imply that the responsibilities of the midwife extend not only to the individual, but also to society where these responsibilities deserve her interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

Certified Direct-Entry Midwives

Code of Ethics

April 1994



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING***

ALASKA BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

CODE OF ETHICS

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Statement of Values and Ethics

Revised and approved August, 2010



Statement of Values

The Statement of Values and Ethics of the Midwives Alliance of North America (MANA) is a critical reflection of moral issues as they pertain to maternal and child health. It is intended to provide guidance for professional conduct in the practice of midwifery, as well as influence MANA's organizational policies, thereby promoting high-quality care for childbearing families.

Since what we value infuses and informs our ethical decisions and actions, the Midwives Alliance of North America affirms:

I. Woman As a Unique Individual:

- A. We value each woman as a strong, creative, unique individual with life-giving powers.
- B. We value each woman's right to a supportive caregiver appropriate to her needs and respectful of her belief system.
- C. We value a woman's right to access resources in order to achieve health, happiness and personal growth according to her needs, perceptions and goals.
- D. We value a woman as autonomous and competent to make decisions regarding all aspects of her life.
- E. We value the empowerment of a woman during the processes of pregnancy, birth, breastfeeding, mother-infant attachment and parenting.

II. Mother and Baby as Whole:

- A. We value the mother and her baby as an inseparable and interdependent whole and acknowledge that each woman and baby have parameters of well-being unique to themselves.
- B. We value the physical, psychosocial and spiritual health, well-being and safety of every mother and baby.
- C. We value the mother as the direct care provider for her unborn child.
- D. We value the process of labor and birth as a rite of passage with mother and baby as equal participants.

- E. We value the sentient and sensitive nature of the newborn and affirm every baby's right to a caring and loving birth without separation from mother and family.
- F. We value breastfeeding as the ideal way to nourish and nurture the newborn.

III. The Nature of Birth:

- A. We value the essential mystery of birth.
- B. We value pregnancy and birth as natural, physiologic and holistic processes that technology will never supplant.
- C. We value the integrity of a woman's body, the inherent rhythm of each woman's labor and the right of each mother and baby to be supported in their efforts to achieve a natural, spontaneous vaginal birth.
- D. We value birth as a personal, intimate, internal, sexual and social experience to be shared in the environment and with the attendants a woman chooses.
- E. We value the right of a woman and her partner to determine the most healing course of action when difficult situations arise.
- F. We value the art of letting go and acknowledge death and loss as possible outcomes of pregnancy and birth.

IV. The Art of Midwifery:

- A. We value our right to practice the art of midwifery, an ancient vocation of women.
- B. We value multiple routes of midwifery education and the essential importance of apprenticeship training.
- C. We value the wisdom of midwifery, an expertise that incorporates theoretical and embodied knowledge, clinical skills, deep listening, intuitive judgment, spiritual awareness and personal experience.
- D. We value the art of nurturing the inherent normalcy of pregnancy and birth as expressions of wellness in a healthy woman.
- E. We value continuity of care throughout the childbearing year.

- F. We value birth with a midwife in any setting that a woman chooses.
- G. We value homebirth with a midwife as a wise and safe choice for healthy families.
- H. We value caring for a woman to the best of our ability without prejudice with regards to age, race, ethnicity, religion, education, culture, sexual orientation, gender identification, physical abilities or socioeconomic background.
- I. We value the art of empowering women, supporting each to birth unhindered and confident in her natural abilities.
- J. We value the acquisition and use of skills that identify and guide a complicated pregnancy or birth to move toward greater well-being and be brought to the most healing conclusion possible.
- K. We value standing up for what we believe in the face of social pressure and political oppression.

V. Woman as Mother:

- A. We value a mother's intuitive knowledge and innate ability to nurture herself, her unborn baby and her newborn baby.
- B. We value the power and beauty of a woman's body as it grows in pregnancy and a woman's strength in labor and birth.
- C. We value pregnancy and birth as processes that have lifelong impact on a woman's self-esteem, her health, her ability to nurture and her personal growth.
- D. We value the capacity of partners, family and community to support a woman in all aspects of pregnancy, birth and mothering and to provide a safe environment for mother and baby.

VI. The Nature of Relationship:

- A. We value an egalitarian relationship between a woman and her midwife.
- B. We value the quality, integrity and uniqueness of our interactions, which inform our choices and decisions.
- C. We value mutual trust, honesty and respect.
- D. We value a woman's right to privacy, and we honor the confidentiality of all personal interactions and health records.
- E. We value direct access to information that is readily understood by all.

- F. We value personal responsibility and the right of a woman to make decisions regarding what she deems best for herself, her baby and her family, using both informed consent and informed refusal.
- G. We value our relationship to a process that is larger than ourselves, recognizing that birth is something we can seek to learn from and to know, but cannot control.
- H. We value humility and the recognition of our own limitations.
- I. We value sharing information and understanding about birth experiences, skills and knowledge.
- J. We value a supportive midwifery community as an essential place of learning.
- K. We value diversity among midwives that broadens our collective resources and challenges us to work toward greater understanding.
- L. We value collaboration between a midwife and other health-care practitioners as essential to providing a family with resources to make responsible and informed choices.
- M. We value the right and responsibility of both a midwife and a woman to discontinue care when insurmountable obstacles develop that compromise communication, mutual trust or joint decision making.
- N. We value the responsibility of a midwife to consult with other health-care practitioners when appropriate and refer or transfer care when necessary.

VII. Cultural Sensitivity, Competency and Humility

- A. We value cultural sensitivity, competency and humility as critical skills for the midwife to master in an increasingly multicultural society.
- B. We value cultural sensitivity—a midwife's awareness of and ability to honor differences between people and the cultural values of the women she serves.
- C. We value the importance of cultural competency in addressing the social and economic barriers to access to care for vulnerable, underserved and marginalized women, thereby improving maternal and infant health and the well-being of families.
- D. We value cultural humility as a lifelong process of self-reflection and self-critique in order to develop a respectful partnership with each woman.*

*Section VII is derived from Melanie Tervalon and Jann Murray-Garcia, "Cultural Humility versus Cultural Competency: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education," *Journal of Health Care for the Poor and Underserved* 9 (May 1998): 117–25.

Statement of Ethics

Our values inform and inspire midwifery practice in our hearts and minds. Acting ethically is an expression of our values within the context of our individual, geographic, religious, cultural, ethnic, political, educational and personal backgrounds and in our relationships with others. As we seek to respond in the moment to each situation we face, we call upon ethical principles of human interaction as follows:

- Beneficence—to act so as to benefit others
- Nonmaleficence—to avoid causing harm
- Confidentiality—to honor others' privacy and keep personal interactions confidential
- Justice—to treat people respectfully and equitably
- Autonomy—to respect an individual's rights to self-determination and freedom to make decisions that affect his or her life.

The equality and mutuality of the relationship between midwife and client create a foundation uniquely suited to integrate these principles. As midwives, we seek to benefit women and babies in our care. Mutual trust and respect are critical to the success of a relationship that requires joint decision making at every level. Moral integrity, truthfulness and adequate information enable all participants to judge together the best course of action in varied situations.

Judgments are fundamentally based on awareness and understanding of ourselves and others. They grow out of our own sense of moral integrity, which is born within the heart of each individual. Becoming self-aware and increasing understanding are ongoing processes that must be nurtured as a function of personal and professional growth. MANA's affirmation of individual moral integrity and recognition of the complexity of life events bring us to an understanding that there cannot possibly be one right answer for all situations. Since the outcome of pregnancy is ultimately unknown and is always unknowable, it is inevitable that in certain circumstances our best decisions in the moment will lead to consequences we could not foresee.

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We recognize the limitations of traditional codes of ethics that present a list of rules to be followed. Therefore, a midwife must develop a moral compass to guide practice in diverse situations that arise from the uniqueness of pregnancy and birth as well as the relationship between midwives and birthing women. This approach affirms the mystery and potential for transformation present in every experience and fosters truly diverse practice. Midwifery care is woman-led care with informed choice and a clear set of values at its core. Decision making is a shared responsibility with the goals of healthy women and babies and of gentle, empowering births with a focus on individual and family needs and concerns. Ultimately, it is at the heart of midwifery practice to honor and respect the decisions women make about their pregnancies and births based on their knowledge and belief about what is best for themselves and their babies.

There are both individual and social implications to any decision-making process. Our decisions may be impacted by the oppressive rules and practices of a society that is often hostile to homebirth, midwives and midwifery clients. Our actual choices may be limited by the medical, legal, political, economic, cultural or social climate in which we function. The more our values conflict with those of the dominant culture, the greater the threat to the integrity of our own values, and the greater the risk that our actions may lead to professional repercussions or legal reprisal. In such conditions we may be unable to make peace with any course of action or may feel conflicted about a choice already made. The community of women, both midwives and those we serve, may provide a fruitful resource for continued moral support and guidance.

In summary, acting ethically requires us to define our values, respond to the communities of families, midwives and cultures in which we find ourselves, act in accord with our values to the best of our ability as the situation demands, and engage in ongoing self-examination, evaluation, peer review and professional growth. By carefully describing the multifaceted aspects of what we value and defining the elements of moral integrity and decision making, we have created a framework for ethical behavior in midwifery practice. We welcome an open and ongoing articulation of values and ethics and the evolution of this document.

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Core Document

International Code of Ethics for Midwives

Preamble

The aim of the International Confederation of Midwives (ICM) is to improve the standard of care provided to women, babies and families throughout the world through the development, education and appropriate utilization of the professional midwife. In keeping with this aim, the ICM sets forth the following code to guide the education, practice and research of the midwife. This code acknowledges women as persons with human rights, seeks justice for all people and equity in access to health care, and is based on mutual relationships of respect, trust and the dignity of all members of society.

The code addresses the midwife's ethical mandates in keeping with the Mission, the International definition of the Midwife, and standards of ICM to promote the health and well-being of women and newborns within their families and communities. Such care may encompass the reproductive life cycle of the woman from the pre-pregnancy stage right through to the menopause and to the end of life. These mandates include how midwives relate to others; how they practise midwifery; how they uphold professional responsibilities and duties; and how they are to work to assure the integrity of the profession of midwifery.

The Code

- I. *Midwifery Relationships*
 - a. Midwives develop a partnership with individual women in which they share relevant information that leads to informed decision-making, consent to an evolving plan of care, and acceptance of responsibility for the outcomes of their choices.
 - b. Midwives support the right of women/families to participate actively in decisions about their care.
 - c. Midwives empower women/families to speak for themselves on issues affecting the health of women and families within their culture/society.
 - d. Midwives, together with women, work with policy and funding agencies to define women's needs for health services and to ensure that resources are fairly allocated considering priorities and availability.

-
- e. Midwives support and sustain each other in their professional roles, and actively nurture their own and others' sense of self-worth.
 - f. Midwives respectfully work with other health professionals, consulting and referring as necessary when the woman's need for care exceeds the competencies of the midwife.
 - g. Midwives recognise the human interdependence within their field of practice and actively seek to resolve inherent conflicts.
 - h. Midwives have responsibilities to themselves as persons of moral worth, including duties of moral self-respect and the preservation of integrity.

II. *Practice of Midwifery*

- a. Midwives provide care for women and childbearing families with respect for cultural diversity while also working to eliminate harmful practices within those same cultures.
- b. Midwives encourage the minimum expectation that no woman or girl should be harmed by conception or childbearing.
- c. Midwives use up-to-date, evidence-based professional knowledge to maintain competence in safe midwifery practices in all environments and cultures.
- d. Midwives respond to the psychological, physical, emotional and spiritual needs of women seeking health care, whatever their circumstances (non-discrimination).
- e. Midwives act as effective role models of health promotion for women throughout their life cycle, for families and for other health professionals.
- f. Midwives actively seek personal, intellectual and professional growth throughout their midwifery career, integrating this growth into their practice.

III. *The Professional Responsibilities of Midwives*

- a. Midwives hold in confidence client information in order to protect the right to privacy, and use judgment in sharing this information except when mandated by law.
- b. Midwives are responsible for their decisions and actions, and are accountable for the related outcomes in their care of women.
- c. Midwives may decide not to participate in activities for which they hold deep moral opposition; however, the emphasis on individual conscience should not deprive women of essential health services.

-
- d. Midwives with conscientious objection to a given service request will refer the woman to another provider where such a service can be provided.
 - e. Midwives understand the adverse consequences that ethical and human rights violations have on the health of women and infants, and will work to eliminate these violations.
 - f. Midwives participate in the development and implementation of health policies that promote the health of all women and childbearing families.

IV. *Advancement of Midwifery Knowledge and Practice*

- a. Midwives ensure that the advancement of midwifery knowledge is based on activities that protect the rights of women as persons.
- b. Midwives develop and share midwifery knowledge through a variety of processes, such as peer review and research.
- c. Midwives contribute to the formal education of midwifery students and ongoing education of midwives.

Adopted at Glasgow International Council meeting, 2008

Reviewed and adopted at Prague Council meeting, 2014

Due for next review 2020





THE STATE
of **ALASKA**

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

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MEMORANDUM

DATE: January 22, 2026
TO: Board of Certified Direct-Entry Midwives
THRU: Erika Prieksat, Chief Investigator 
FROM: Ryan Bennett, Investigator 
RE: Investigative Report for the February 04, 2026 Meeting

The following information was compiled as an investigative report to the Board for the period of November 03, 2025 thru January 22, 2026; 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

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

Closed -

<u>Case #</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Closed</u>	<u>Closure</u>
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END OF REPORT

Department of Commerce, Community
and Economic Development

Division of Corporations, Business
and Professional Licensing

Board of Certified Direct-Entry Midwives

Annual Report

Fiscal Year 2026



Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

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This report is required under Alaska Statute 08.01.070(10).

FY 2026 Annual Report

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**Board of Certified Direct-Entry Midwives
FY 2026 Annual Report**

Board Membership *(as of the Date This Report was Approved)*

Date of Final Board Approval: [Click or tap to enter a date.]

Holly Steiner, Chair – Certified Direct-Entry Midwife
Bethel Belisle – Certified Direct-Entry Midwife
Darcy Lucey – Certified Nurse Midwife
Lori Lindsay – Physician/OB practice
Stacia Miller – Public member

**Board of Certified Direct-Entry Midwives
FY 2026 Annual Report**

Accomplishments

[Click or tap here to enter text. ("Accomplishments" include but are not limited to statutory or regulatory changes finalized, disciplinary matrices created, investigations conducted, public safety measures implemented, general descriptions of license actions taken for the sake of public safety, accomplishments by staff, accomplishments by board members, etc.)]

**Board of Certified Direct-Entry Midwives
FY 2026 Annual Report**

Activities

[Click or tap here to enter text. ("Activities" include but are not limited to board meetings, subcommittee or workgroup meetings, attendance at conferences, public speaking events, involvement in legislative hearings, in process statute or regulation changes, etc.)]

**Board of Certified Direct-Entry Midwives
FY 2026 Annual Report**

Needs

[Click or tap here to enter text. ("Needs" include but are not limited to changes to statutes, changes to regulations, trainings, board seats to be filled, executive administrator for the board, additional staff, travel to certain conferences, support, etc. Highly recommend also including the "why" for each listed need.)]