

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY,
3 AND ECONOMIC DEVELOPMENT
4 DIVISION OF CORPORATIONS, BUSINESS
5 AND PROFESSIONAL LICENSE
6

7 BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES
8

9 550 West 7th Ave
10 Atwood Building Room 1270
11 Anchorage, AK
12

13 October 2-3, 2014
14

15 By authority of AS 08.065.020 and in compliance with the provision of
16 AS 44.62, Article 6, a scheduled meeting of the Board of Certified Direct-Entry Midwives was held
17 October 2-3, 2014, 550 West 7th Ave, Suite 1270 Anchorage, AK
18

19 Thursday October 2, 2014
20

21 **Agenda Item 1- Call to Order/Roll Call**
22

23 Cheryl Corrick called the meeting to order 9:01 a.m. A quorum of the Board was present.
24

25 Cheryl Corrick, CDM, Chair, Fairbanks
26 Deborah Schneider, CDM, Wasilla
27 Sarah Taygan, CNM, Anchorage
28 Jennifer Swander, Public Member, Secretary, Seward
29 Peggy Downing, MD, Wasilla
30

31 Application by examination was public noticed May 15, 2014 for August 20, 2014 in the Alaska Dispatch
32 News, (formerly known as the Anchorage Daily News). The Board meeting public noticed 8/15/14 in
33 Alaska Dispatch News for October board meeting.
34

35 Present from the Division of Corporations, Business & Professional Licensing
36

37 Sara Chambers, Director (via telephone)
38 Martha Hewlett, Administrative Officer (via telephone)
39 Angela Birt, Chief Investigator
40 Alvin Kennedy, Investigator
41 Harriet Dinegar, Assistant Attorney General (via telephone)
42 Sarah Heath, Boards and Commissions Assistant
43 Sher Zinn, Licensing Supervisor
44 Laura Carrillo, Licensing Examiner
45 Connie Petz, Licensing Examiner
46

47 Public Members in attendance:

48 October 2, 2014: Madi Nolan Grimes, Peggy Halsey, Jessica Sawyer, Lena Kilic, Susan
49 Terwilliger, Dana Brown, Judi Davidson
50

51 October 3, 2014: Samantha Keller, Dana Brown, Madi Nolan Grimes, Susan Terwilliger and
52 Iris Caldentey

53 **Agenda Item 2 - Consent Agenda**

- 54
55 1. MAA correspondence May 1, 2014
56 2. Investigations correspondence May 1, 2014
57 3. Annual Report FY14
58 4. April 24-25, 2014 meeting minutes
59

60 The board pulled item 4, Minutes April 24-25, 2014 for additional discussion.
61

62 **ON A MOTION MADE BY SWANDER, SECONDED BY DR. DOWNING IT WAS RESOLVED TO**
63 **APPROVE THE CONSENT AGENDA ITEM 1 MAA CORRESPONDENCE MAY 1, 2014, ITEM 2**
64 **INVESTIGATIONS CORRESPONDENCE MAY 1, 2014 AND ITEM 3 ANNUAL REPORT FOR FY14**
65 **AND TO REMOVE THE MEETING MINUTES FOR THE APRIL 2014 MEETING. ALL IN FAVOR, NO**
66 **NAYS.**
67

68 **Agenda Item 3 - Review/Approve Agenda**

69
70 Agenda amended - switch agenda item 12 Regulations with agenda item 6 Disciplinary Action
71 Matrix Discussion. This was to allow the Peer Review recommendations to be discussed prior to
72 the Board working on the Disciplinary Action Matrix. The board will address agenda item 21
73 Schedule Meetings when they return from lunch.
74

75 **ON A MOTION MADE BY SWANDER, SECONDED BY TAYGAN EXCHANGE ITEM 6 WITH 12**
76 **AND ADDRESS ITEM 21 AFTER ROLE CALL AFTER LUNCH. ALL IN FAVOR, NO NAYS.**
77

78 Staff explained to the Board the NARM exam is now available on request. The licensee still
79 needs to apply with the division 60 days prior to the exam date selected. Staff notifies both the
80 applicant and NARM when a applicant is eligible, NARM contacts the applicant to arrange the
81 testing date, site and collect the fees.
82

83 **Agenda Item 4 - Ethics Reporting**

84
85 There were no ethics violations to report by any board members or staff.
86

87 **The board deviated to Agenda Item 12 - Regulations**

88
89 Fee Regulations were sent out for 30 day written public comment period. Once received, reviewed
90 they will be forwarded to be signed by the governor. Renewal applications will not be mailed until the
91 fee is enacted. If not approved renewal applications will be mailed with the current license fee.
92

93 The Board discussed the draft regulations project and made minor amendments for clarity.
94

95 Under scope of practice:

96 12 AAC 14.150 (a) it was decided that in addition to CNM to also include advanced practice registered
97 nurse (APRN) as that is the new language being proposed in the profession of nursing.
98

99 Under 12 AAC 14.150 (a)(1) remove the words "a positive titer" and replace with the word
100 "isoimmunization" and end with the word herpes by striking the words "in the first trimester or active
101 herpes"
102

103 Under 12 AAC 14.150 (b) strike the words "In consultation with a physician, ANP or CNM" and begin with
104 "A certified... "
104

105 Under 12 AAC 14.150 (c)(4) has Rh disease add the words "with an affected fetus";
106
107 Under 12 AAC 14.150 (c)(9) has bleeding with evidence of placenta previa add the words "or placenta
108 abruption";
109
110 Under 12 AAC 14.400(b)(4) change (D) to (B) and correct spelling on acronym NRP.
111

112 **ON A MOTION MADE BY SWANDER, SECONDED BY DR. DOWNING TO APPROVE THIS REGULATION**
113 **PROJECT TO BE PUBLISHED FOR PUBLIC COMMENT. 1: 12 AAC 14.130(E) REPEAL REQUIREMENT FOR**
114 **REPORTING ADDITIONAL PRECEPTOR BY APPRENTICES. 2: NEW – SCOPE OF PRACTICE**
115 **REGULATIONS. 3: 12 AAC 14.210(B)(2) CLARIFY THAT AN APPLICANT FOR LICENSURE MAY COUNT**
116 **BIRTH OBSERVATIONS PRIOR TO HOLDING AN APPRENTICE PERMIT. 4: 12 AAC 14.400(B)(4) (B) AND**
117 **(C) REPEAL OF REQUIREMENT TO RENEW IV THERAPY & GROUP B STREP CERTIFICATIONS AT TIME OF**
118 **LICENSE RENEWAL. THE BOARD DOES NOT SEE ANY INCREASED COST TO THE PUBLIC FOR ANY OF**
119 **THESE REGULATIONS AND THE BOARD REQUESTS THIS REGULATION PROJECT BE PREPARED**
120 **IMMEDIATELY FOR PUBLIC COMMENT WITH THE CHANGES AS DISCUSSED. ALL IN FAVOR, NO NAYS.**
121

122 Staff will forward to the regulations specialist with the Proposed Regulation Recommendation
123 Form (PRRF).
124

125 Break 10:07 a.m. to 10:13 a.m.
126

127 **Deviated back to Agenda Item 5 -Investigative Report**

128

129 Staff introduced the divisions new Chief Investigator, Angela Birt to the board. Ms. Birt shared her
130 background and explained her plan for the future of the investigative unit. Her goal is to have a
131 more efficient and expedited review of investigations by creating teams within similar
132 professions. This will result in some boards being assigned new investigators. Mr. Kennedy will
133 not be with the board after the restructuring and the MID board will likely be under the nursing
134 investigative team.
135

136 Mr. Kennedy recapped the investigations for the period April 24, 2014 through September 30,
137 2014. Including cases, complaints, and intake matters, since the last report, the Division opened
138 1 file and closed 1 Midwifery Board matter. There are 12 opens investigations and one complaint
139 was closed since the last board meeting.
140

141 The goal is to have any case since 2010 to 2013 closed by the end of the year. Ms. Birt
142 explained the investigators job is to collect information and it is the reviewing board member
143 who is given case information. The reviewing board member then has to recuse themselves
144 from any decision on that case at a board meeting. The reviewing board member is entrusted
145 to act on behalf of the board and advise on the ongoing investigation. The Board then has the
146 deciding voice on the final agreement. As a governing body it is important that they look at
147 these matters dispassionately with no bias.
148

149 Mr. Kennedy informed the board that investigations enforce the law and the board has an
150 attorney available to advise them for any pros or cons when making any change to regulations.
151 Ms. Birt said the Board can always ask through the director to have an attorney assigned to
152 review potential regulatory changes.
153

154 Break 10:51 a.m. to 10:59 a.m.
155

156 **Deviated to Agenda Item 7 - Budget Report**

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Martha Hewlett, Administrative Officer went over the budget with the Board. She was asked to find out how the future fee increases will impact the deficit. She agreed to run some of the numbers based on the current licensees and provide that information to the Board.

Deviated to Agenda Item 16 - Correspondence

Maureen Sullivan asked the board to cite their source for 1000cc of blood loss immediately after birth. They decided they are comfortable with the wording of the regulation. Given the good outcomes for Certified Direct-Entry Midwives in Alaska and the requirement for maternal stability or medical transport is required. Ms. Corrick crafted a follow up letter. Staff will put on state letterhead and send.

Senator Fairclough asked the board if they would like to address any of the budget and audit committee questions. The committee meets on October 7th. Ms. Corrick drafted the letter, staff will put on state letter and forward to Ms. Fairclough's office October 6, 2014.

Deviated to Agenda Item 21 - Schedule Meetings

Board meetings to be held in Anchorage on February 12-13, 2015 and October 29-30, 2015.

Lunch recess 12:16 p.m. to 1:22 p.m.

Agenda Item 8 - Call to Order/Roll Call

Ms. Corrick called the meeting to order, all board members and staff were present.

Agenda Item 9 - Public Comment

There was no public comment presented.

Ms. Corrick crafted a written response to Health and Social Services regarding the Medicaid audit and read it in full to have it in these minutes.

"Dear Director Brodie,

I am in possession of a letter dated December 19, 2013, (see attached) from Commissioner Streur regarding the Medicaid/Xerox audit of CDMs. I apologize for the late response to this letter. I was involved in crafting a bill related to these matters, which was recently passed and signed by the Governor; therefore I had to put this matter on the "back burner" for a time. The Board of Certified Direct-Entry Midwives, (CDMs) and the CDMs of Alaska appreciate the Department not implementing overpayment findings regarding services provided to infants over 1 week (7 days) of age and alleged "services provided" by apprentices until January 1, 2014, as well as your agreement that women 35 years and older are not inherently considered high risk without additional concerns. However, the Board is still concerned with the remaining two issues that came out of this audit:

While the Board certainly appreciates the Department's position regarding CDM apprentices, we contend that the billing for CDM services to women and infants *is* for the services provided by the CDM, *not* for services provided by the apprentice. An apprentice is required to practice midwifery on women and infants for CDM licensure in Alaska. The apprentice may only practice under the supervision of a CDM in a manner prescribed by the board. The preceptor maintains full legal and medical care responsibility for the services provided to the client and is physically

209 present at all times. This is similar to a medical student receiving hands on training under a
210 physician, or a nursing student's internship with a veteran RN.
211

212 Nursing students in Alaska practice in the hospitals which bill Medicaid for services provided to
213 the patients. CDMs in Alaska have a very high percentage of Medicaid clients. Many practices
214 have more than 50% Medicaid clients. Every year, Alaska Medicaid saves literally hundreds of
215 thousands of dollars over the cost of hospital births for the 600 or more women who choose CDM
216 care. If CDMs cannot bill Medicaid for services whenever they also supervise an apprentice's
217 required work experience for licensure, then one or both of two scenarios will happen (and are
218 already happening now). 1. Some practices will decide to limit Medicaid clientele – thus
219 decreasing the State's savings for out of hospital births and; 2. Apprentices will be denied their
220 required experience causing them to drop their training, fewer students will join the profession,
221 and, in a generation, the profession may cease to exist.
222

223 Additionally, Washington DC attorney Susan Jenkins testified before our CDM teleconference
224 board meeting in June, 2013 that Federal Medicaid rules allow for training of students in the
225 health care profession and for billing of those services by the supervising provider. This practice is
226 called "incident to" billing. According to Ms. Jenkins, the standards which must be met are that
227 the service must be part of the patient's normal course of treatment during which the
228 practitioner (the CDM in this case) personally performs some part of the service and remains
229 actively involved in the course of the treatment and directly supervises the person (student,
230 technician, assistant, apprentice, or whoever is providing the other services). It is inconsistent
231 and unfair to allow Medicaid billing for other provider professions while denying it to the one
232 provider profession where apprenticeship is actually the primary training venue. I urge you to
233 research this matter further and allow billing by CDMs supervising apprentices gaining their
234 required experience.
235

236 The second issue deals with infants over 1 week (7 days) of age. CDMs are required to closely
237 follow the infant after the birth. They are required by statute to perform metabolic screening of
238 the newborn. Referred to as the "PKU test", the initial test is done at about 24 hours of age and a
239 second test is done at about 2 weeks of age. The standard of care for infants is to do **both** tests,
240 yet the department's stance voids coverage for the second test it mandates CDMs to perform.
241 Many parents will likely decline the second test if forced to switch to another provider for it.
242

243 On July 25, 2014, Governor Sean Parnell signed SB 156 into law. Sec 08.65.14(3) reads:
244 **"practice of midwifery" means providing necessary supervision, health care, preventative**
245 **measures, and education to women during pregnancy, labor, and a the postpartum period;**
246 **conducting deliveries on the midwife's own responsibility; providing immediate postpartum care**
247 **of the newborn infant, well-baby care for the infant through the age of four weeks, and**
248 **preventative measures for the infant; [emphasis added] identifying physical, social, and**
249 **emotional needs of the newborn and the woman; arranging for consultation, referral, and**
250 **continued involvement of the midwife on a collaborative (emphasis added) basis when the care**
251 **required extends beyond the scope of practice of the midwife; providing direct supervision of**
252 **student and apprentice midwives; and executing emergency measures in the absence of**
253 **medical assistance, as specified in regulations adopted by the board.**
254

255 It is apparent from both the older PKU statute and this newer statute, that the expectation is that
256 infant care continues for several weeks postpartum. Historically, relationally, and logically, this is
257 the parent's preference and also actual reality in practice. I therefore urge the Department to
258 allow billing by CDMs for services provided to infants through four weeks of age. Anything less
259 would be contradictory and highly problematic, as well as more expensive in cost of care, for
260 the State. It increases public safety by allowing the CDM to continue providing services to

261 infants and their mothers during this critical time when infant weight gain, jaundice,
262 breastfeeding, and other issues must be closely monitored.

263
264 The Board of Certified Direct-Entry Midwives appreciates your consideration of these matters
265 and looks forward to your response.

266
267 Sincerely,

268
269 Cheryl Corrick, CDM
270 Chair, Board of Certified Direct-Entry Midwives

271
272 Enc: 12/19/13 correspondence

273
274 cc: Commissioner William Streur
275 Director Sara Chambers
276 Senator Pete Kelly
277 Representative Wes Keller
278 Susan Jenkins, Esq."

279
280 **Agenda Item 10 - MAA - Peer Review Request**

281
282 Midwives Association of Alaska presented their proposed regulation project and disciplinary
283 action matrix to the board asking for peer review regulation change. Director Sara Chambers
284 and Assistant Attorney General Harriet Dinegar attended the meeting telephonically.

285
286 Susie Terwilliger, Peggy Halsey, Jessica Sawyer and Lena Kilic all shared about Midwives
287 Association of Alaska and their request of the board to revise Peer Review 12 AAC 14.900. They
288 created a disciplinary matrix which included educational requirements and fines. They (MAA)
289 would like to have confidential peer review first to have a safe place for midwives to share
290 about their situations/concerns without fear of retaliation. They also want an accountability
291 action committee (ACC) to be the other leg of peer review where disciplinary action would be
292 determined. They do not want to have any over site of any births outside of Alaska. They also
293 wanted to extend timelines for reporting to allow more time for CDMs to report birth related
294 concerns. They want to require all CDMS to be members of MAA and be subject to their fines.

295
296 Dr. Downing was concerned that complaints going directly to the MAA may not satisfy the
297 medical boards concerns when a complaint is filed.

298
299 Break 2:18 to 2:23 p.m.

300
301 AAG Dinegar stated the boards' statute 08.01 gives a clear division of responsibilities. The statute
302 gives administrative and disciplinary authority to the board and it reserves to the department the
303 authority to investigate and to enforce law. The MAA peer review or AAC committee does not
304 have the authority to enforce statutes, impose fines or collect fines for the department. Peer
305 review does not encompass an administrative duty, that happens in the office of the
306 department. The role of peer review is limited to making recommendations and what factors
307 they have taken into consideration for patterns. Ms. Dinegar suggested the Board and MAA
308 recognize they each have their roles and they should keep their functions separate and
309 according to statute. She also told the Board that if they do develop a new regulation for Peer
310 review, it could be sent to her in advance of the public notice for her to determine if the board
311 has authority for their proposed changes.

313 Ms. Chambers stated if the board wanted to impose a late renewal penalty they can make a
314 regulation. MAA does not oversee state law and they cannot impose a penalty that has an
315 effect on licensure. In addition, continuing education that is required for licensure is already
316 regulated in state law in the audit process. It does not go to an investigator it goes to a
317 paralegal for the process to be completed professionally, legally and defensibly.
318

319 AAG Dinegar asked MAA why they want to remove the 'random audit' from the provision from
320 12 AAC14.900. MAA said they felt that they should put the 'random' question to the midwives
321 as a whole, not individually as the process took a great deal of time. Ms. Corrick said that peer
322 review has historically reviewed every summary instead of randomly reviewing 2 or 3 summaries
323 for every midwife which is all they need to do to meet the requirement.
324

325 Ms. Terwilliger asked why innocent oversight by a CDM would need to go to investigations
326 because they are trying to avoid that. Ms. Dinegar explained that the board can be more
327 descriptive for peer review in the regulation and having a disciplinary matrix will also help in the
328 investigative process.
329

330 Ms. Corrick stated the board will move forward on their disciplinary action matrix and will use
331 MAA ideas as a guideline.
332

333 MAA asked the board to change the law to require a CDM only be required provide summaries
334 for births which occur "in Alaska" and those who practice in other places be able to submit just
335 their minimum number of birth summaries to be reviewed to show competency. Ms. Corrick
336 interpreted MAA was asking CDMs to report for emergency transports that occur in Alaska.
337

338 Meeting recessed at 3:48 p.m.
339

340 Friday October 3, 2014
341

342 **Agenda Item 13 - Call to Order/Roll Call** 343

344 Cheryl Corrick called the meeting to order 9:05 a.m. Present were:
345

346 Cheryl Corrick, CDM, Chair, Fairbanks
347 Deborah Schneider, CDM, Wasilla
348 Sarah Taygan, CNM, Anchorage
349 Jennifer Swander, Public Member, Secretary, Seward
350 Peggy Downing, MD, Wasilla

351 Staff: Connie Petz
352

353 The board voted on the April 2014 minutes.
354

355 **ON A MOTION BY SWANDER, SECONDED BY TAYGAN TO APPROVE THE FINAL MINUTES FOR**
356 **APRIL 25, 2014 AS AMENDED. YES VOTES BY SCHNEIDER, TAYGAN, SWANDER AND**
357 **CORRICK. DR DOWNING ABSTAINED AS SHE WAS NOT AT THAT MEETING.**

358 Motion carried. Staff will post to website.
359

360 **Agenda Item 14 - Via Vita Change of Ownership** 361

362 The Board discussed the loss of Sharon Evans, owner and course of study provider of Via Vita
363 Midwifery Foundation. It was the Board's understanding that the curriculum will not change by
364 the new potential owner, Darlene Scrivner a CDM licensed in Texas who is purchasing the

365 program. The board did not see any reason that another person could continue with this
366 educational program. They will re-evaluate the course of study and any changes Ms. Scrivner
367 may implement at the February 2015 board meeting. The family owner by default is Ms. Evan's
368 daughter, Anna Lavender, who is the administration for the Via Vita program and would be the
369 course of study provider until the business is sold. The board agreed Ms. Lavender could attest to
370 a course of study completion.

371
372 Dana Brown asked the board to allow her to be the course of study provider for her students
373 who are currently taking the Via Vita Midwifery program. The board recognized Ms. Brown's
374 ability to teach and will allow her to teach Terese McLean and Katherine Parks.

375
376 **ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER TO APPROVE DARLENE SCRIVER AS**
377 **INTERIM COURSE OF STUDY PROVIDER FOR VIA VITA MIDWIFERY FOUNDATION AND ANNA**
378 **LAVENDER AS ADMINISTRATOR. ALSO APPROVE DANA BROWN AS COURSE OF STUDY**
379 **PROVIDER FOR TERESA MCLEAN AND KATHERINE PARKS. ALL IN FAVOR, NO NAYS.**

380
381 Break 9:46 a.m. to 10:01 a.m.

382
383 The board discussed they would ask Judi Davidson to review the last educational module
384 completed by Samantha Keller.

385
386 **Deviated to Agenda Item 11 - Peer Review agreement**

387
388 The board reviewed the prior peer review agreement, revised it and asked staff to forward it to
389 Director Chambers. They would like to have this contract in place, ready for review by the
390 February board meeting. A committee will work on the supporting flow chart.

391
392 Staff to add to the Peer Review Agreement form 08-4550 Total Number of Birth Summaries reviewed.

393
394 Ms. Schneider and Ms. Swander will work on the new flow chart and the expanded reasons for
395 each step in the Peer Review agreement flow chart. They will try to have it ready for the
396 February board packet.

397
398 **ON A MOTION BY TAYGAN, SECONDED BY DR. DOWNING TO APPROVE A COMMITTEE OF**
399 **DEBORAH SCHNEIDER AND JENNIFER SWANDER TO REVIEW THE BOARD OF CERTIFIED**
400 **DIRECT-ENTRY MIDWIVES ISSUES/COMPLAINTS FLOWCHART AND THE INSTRUCTIONS THAT**
401 **GO WITH IT. ALL IN FAVOR NO NAYS**

402
403 Break 11:26 to 11:31 a.m.

404
405 **Agenda Item 15 - Review Applications for Licensure**

406
407 Cheryl Corrick, Chair of the Alaska Board of Certified Direct-Entry Midwives called for a motion to enter
408 executive session in accordance with AS 44.62.310(c)(2) subjects that tend to prejudice the reputation
409 and character of any person, provided the person may request a public discussion; and (3) matters
410 which by law, municipal charter, or ordinance are required to be confidential; to discuss an application.

411
412 **ON A MOTION BY DR. DOWNING, SECONDED BY TAYGAN TO ENTER EXECUTIVE SESSION.**
413 **ALL IN FAVOR, NO NAYS.**

414
415 Ms. Corrick stated all board members, staff and applicant are to stay in the room. Public was
416 asked to leave the room.

417
418 Entered Executive Session 11:33 a.m.
419 Out of Executive Session 12:11 p.m.

420
421 **ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER, IN ORDER TO APPROVE RETAKING**
422 **THE NARM EXAM, THE BOARD REQUIRES IRIS CALDENTY TO TAKE ADDITIONAL COURSES OR**
423 **MODULES IN AREAS IDENTIFIED BY THE NARM EXAM AS DEFICIENT TO BE SUBMITTED TO THE**
424 **BOARD BY JANUARY 12th AND TO SEEK ADDITIONAL TEST-TAKING SKILLS.**

425
426 **VOICE ROLE CALL TAYGAN, DR. DOWNING, SCHNEIDER, SWANDER AND CORRICK ALL**
427 **VOTED YES.**

428
429 Motion carried.

430
431 Staff will send letter and instructions to Ms. Caldentey

432
433 Lunch Recess 12:12 p.m. back at 1:18 p.m.

434
435 **Agenda Item 18 - Call to Order/Roll Call**

436
437 Ms. Corrick called the meeting to order, all board members and staff were present.

438
439 The board deviated to hold executive session to discuss the sunset legislative audit.
440 Cheryl Corrick, Chair of the Alaska Board of Certified Direct-Entry Midwives called for a motion to
441 enter executive session in accordance with AS 44.62.310(c)(4) matters involving consideration of
442 government records that by law are not subject to public disclosure.

443
444 **ON A MOTION BY SWANDER, SECONDED BY SCHNEIDER, TO ENTER EXECUTIVE**
445 **SESSION TO DISCUSS THE LEGISLATIVE AUDIT. ALL IN FAVOR, NO NAYS.**

446
447 Roll call vote Swander, Schneider, Taygan, Downing and Corrick all voted yes.

448
449 Ms. Corrick asked all board members, staff Petz and Chief Investigator Birt to stay in the room
450 and asked the public to leave.

451
452 Off the Record at 1:18 p.m.

453 Back on the record at 2:28 p.m.

454
455 Break 2:29 p.m. 2:38 p.m.

456
457 Revised agenda due to the time of the meeting.

458
459 **Deviated back to Agenda Item 17 - Nitrous Oxide**

460
461 Next board meeting discussion on future of Nitrous Oxide and medications, uterotonic agents
462 and cervical balloon ripening. The board may also consider a regulation project to change
463 peer review reporting 12 AAC 14 900 (c)(1) for summaries be January 1st to December 31st
464 instead of April 1 to March 31.

465
466 Dr. Downing wants to see the protocols for any of the medications for the board to discuss.
467 The board members wanted all handouts scanned to them to do some research on the
468 medications and all in the next board packet too.

469 **Agenda Item 19 - Lactation/Breastfeeding**

470

471 Alaska Representative Shelley Huges contacted Ms. Schneider to discuss implementation of a
472 breastfeeding bill. The board determined this would not be Board business but the midwifery
473 profession as breastfeeding is supported by the midwifery community.

474

475 Staff was asked at the last board meeting to find out about billing Medicaid for lactation consultants.
476 She provided a copy of the Department of Health and Human Services Centers for Medicare and
477 Medicaid Services that outlines the Medicaid Coverage of Lactation Services to the Board.

478

479 Deviated back to agenda Item 16 Correspondence

480

481 Ms. Kanne's concern with letter to the Medical board. Public member Nolan Grimes will forward
482 additional documentation to staff. Dr. Downing wants to see the letter from the medical board
483 before any response letter is crafted by the CDM board. Staff to forward all correspondence
484 related to this to all board members. Ms. Corrick agreed to craft a final letter.

485

486 Deviated to agenda item 6 – Disciplinary action matrix.

487

488 The board worked on the MAA disciplinary matrix and determined they would use this model for
489 their own.

490

491 **Agenda Item 20 - Old Business – Tasks**

492

493 All board members are to provide any documentation they want in the board packet to staff no later
494 than December 31, 2014.

495

496 Staff is tasked to mail board packets from Juneau by January 14, 2015 to all board members.

497

498 Future agendas following Ethics will then be agenda item to schedule meetings/old business/task lists.

499

500 Dr. Downing left the meeting at 3:50 p.m.

501

502 **Tasks:**

503

504 Corrick: to send to staff

505

506 Letter to HSS/Director Broddie

507

508 Letter to Senator Furlough (send to staff by Monday, Oct 6 to put on state letterhead)

509

510 Draft of proposed peer review regulations & PRRF (staff to send all board members once received)

511

512 Letter to Medical Board after staff forwards additional information (all board members want to see
513 related items)

514

515 Schneider and Swander will work on Peer Review Flow Chart and instructions which go with the chart.

516

517 Schneider and Taygan will work on the disciplinary action matrix as a committee.

518

519 **ON A MOTION BY SCHNEIDER SECONDED BY SWANDER THAT A DISCIPLINARY MATRIX COMMITTEE**

520 **BE FORMED AGAIN, CONSISTING OF SARAH TAYGAN AND DEBORAH SCHNEIDER. ALL IN FAVOR,**

NO NAYS.

518

519 Motions carries.

520

- 521 **Staff Tasks:**
522
523 Post April minutes to website
524 All correspondence to be placed on state letter head
525 Forward regulation project to Regulation Specialist
526 Follow up with Martha Hewlett budget questions
527 Follow-up correspondence to:
528 Scrivner, Lavender, Caldentey, Sullivan
529 Revise form 08-4550
530

531 **Agenda Item 22 - Adjourn Meeting**
532

533 Ms. Corrick adjourned the meeting at 4:13 p.m.
534

535 Respectfully Submitted:

536 Connie Petz
537
538 Connie Petz, Licensing Examiner

539 Cheryl Corrick
540
541 Cheryl Corrick, CDM Chair

542 2.12.15
543
544 Date
545

