



Board of Certified Direct-Entry Midwives Meeting - January 8, 2025

Alaska Division of Corporations, Business and Professional Licensing
Videoconference
2025-01-08 09:00 - 12:00 AKST

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Board Members: Bethel Belisle, CDM, CPM, Chair Holly Steiner, RN, CDM, CPM
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B. Set Next Meeting Date(s)

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Board of Certified Direct-Entry Midwives Meeting - January 8, 2025

Alaska Division of Corporations, Business and Professional Licensing
Wednesday, January 8, 2025 at 9:00 AM AKST to 12:00 PM AKST
Videoconference

Meeting Details:

<https://us02web.zoom.us/j/84003380365?pwd=gBsPiD9bIUgTwHmUGwKHwkqyQI2mO3.1>

Meeting ID: 840 0338 0365

Passcode: 950582

Call-in: +1 253 205 0468 US

Agenda

1. Call to Order

9:00 AM

A. Roll Call

Board Members:

- Bethel Belisle, CDM, CPM, Chair
- Holly Steiner, RN, CDM, CPM
- Darcy Lucey, APRN, CNM
- Vacant - Public Member - 11/2024
- Vacant - Physician Member - 03/2023

B. Declarations of Conflicts of Interest

C. Accept Agenda

D. Board Chair Election

E. Approve Minutes - 11-27-2024

2. Division Update - FY24 - Q4 + FY25 Q1

9:20 AM

Guest: Melissa Dumas

3. Public Comment

9:50 AM

4. Sunset Audit Report

10:00 AM

- Legislative Auditor recommendation to extend board termination six years to June 30, 2031 (current termination 6/30/2025)
- See Findings and Recommendations (pgs 11-13)

Public posting for Sunset Audits --> <https://legaudit.akleg.gov/audits/sunset/>

5. Legislative Discussion

10:15 AM

- Committee Report/Recommendations

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

6. Regulation Projects

10:45 AM

- Anticipated Regulation Projects -
 - Clean-up - "aligning supervisor requirements across all sections of regulations" tabled to next board meeting.
 - Remove Peer Review requirement redundancy
 - Audit findings?
- Opening Questionnaire for previously adopted regulation project

7. Board Administrative Business

A. Correspondence

11:15 AM

B. Set Next Meeting Date(s)

11:20 AM

8. Next Steps

11:25 AM

9. Adjourn

12:00 PM

DRAFT



Board of Certified Direct-Entry Midwives Meeting Minutes

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

These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

1. Call to Order

A. Roll Call

- i. The Board of Certified Direct-Entry Midwives board meeting was called to order on Wednesday, November 27, 2024, by chair Bethel Belisle at 12:02 Pm.
- ii. Board members present: Bethel Belisle, Chair; Holly Steiner and Darcy Lucey.
- iii. Staff present: Reid Bowman, Program Coordinator 2; Shane Bannarbie, Program Coordinator 1; and Sheri Ryan, Licensing Examiner 3 Advanced.
- iv. Quorum established. 3 of 3 appointed board members present. Two vacant seats available on this board - public member available since November 1, 2024 and physician seat available since March, 2023. Physician seat required to be licensed by the Alaska State Medical Board who has an obstetrical practice or has specialized training in obstetrics.
- v. Public present: Susan Terwilliger, licensed Midwife

B. Declarations of Conflicts of Interest

Each board member present declared no conflict of interest to report.

C. Accept Agenda

Holly Steiner moved to accept the agenda for the November 27, 2024 Board of Certified Direct-Entry Midwives meeting as submitted. Motion seconded by Darcy Lucey. All in favor; none opposed. Motion passed unanimously.

D. Approve Minutes

Darcy Lucey moved to accept the minutes from the October 30, 2024 Board of Certified Direct-Entry Midwives meeting as written. Motion seconded by Holly Steiner. All in favor; none opposed. Motion passed unanimously.

2. **Public Comment**

Public comment opened 12:09 pm. Susan Terwilliger, licensed midwife been in practice 36 years in practice, 19 years in practice in Chugiak/Eagle River area. She does home births in Mat-Su Valley, Anchorage bowl gave public comment. Ms. Terwilliger urged the board not to adopt any statutory/regulatory language that would box in who can or cannot assist the licensed midwife as she fel it ws unneeded since the the responsibility of what happens at the birth is on the licensee. If the licensed midwife has someone there to help her, the actions of that helper are the responsibility of the midwife. Any language that would imply in any way that an assistant, or if there even is an assistant, needs to be quote "licensed or deemed qualified" according to this board or a board in the future does not rest with the reality of attending out of hospital births.

No other public comment given. Public comment period ended 12:12 pm.

3. **Notice Regarding Unlicensed Practice of Midwifery - Draft**

Board members reviewd the draft prepared on Notice Regarding Unlicensed Practice of Midwifery. Discussion regarding language in the notice. The board wants to clarify that at no time has anyone on the Board of Certified Direct-Entry Midwives ever suggested that statutory or regulatory language was being considered for introduction for a second person to be required in attendance at a birth as there appears to be a misunderstanding from public comment on the October 30 and today's meeting.

Board discussed modifying the Unlicensed Practice of Midwifery Notice. Decision to remove "often called birthkeepers or birth assistants" passage entirely. Update draft to "Adopted by the Board of Certified Direct-Entry Midwives on November 27, 2024" meeting date" instead of 10/30/2024 meeting date. Remove wording "Please note that social media and other private platforms are not an official way to engage with state boards or conduct state business."

Darcy Lucey motioned to publish as corrected the Unlicensed Practice of Midwifery Notice. Motion seconded by Holly Steiner. All in favor; none opposed. Motion passes unanimously.

Action Items:

1. Updated Unlicensed Practice of Midwifery Notice to be posed on Midwives website.

2. Staff to collect statutory and regulatory language on delegation of services from AK Medical Board and Nursing Board.

4. Regulations

Board reviewed Regulations “Cleanup” Changes document from 10/30/2024.

#1 eliminated.

#2 – Clarify “in good standing” – agreed to changes as suggested. (**now #1**) - The board chose to add the “in good standing” definition to 12 AAC.14.990 as item 7, and keep the definition listed in Section 2. “In good standing” means: “(7) A license that is not conditioned, limited, or restricted in any way. Discipline may have been present in the past but has been resolved and any terms satisfied”. 12 AAC 14.130(g) will remain the same.

#3 – eliminated.

#4 – eliminated.

#5 – Clarify period of time to retain records in 12 AAC 14.445.(**now #2**). Updated wording to include “of participation”. Peer review should never include patient records - only that the review occurred:

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

#6 – Consider aligning supervisor requirements across all sections of regulations – tabled to next meeting for discussion. (**now #3**)

#7 – eliminated

#8 – Update peer review requirements to include review of Reports of Client Death – (**now #4**). It was settled to not remove 12 AAC 14.540(f), but instead edited to read:

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

Motion by Darcy Lucey to initiate a regulations project regarding 12 AAC 14.990; 12 AAC 14.540(f) and 12 AAC 14.445 by approving the language in the Regulations Cleanup document from 11-27-2024 for public comment, unless substantive changes are made by the regulations specialist or Department of Law. Seconded by Holly Steiner. All in favor; none opposed. Motion passes unanimously.

Action Items:

Bethel Belisle to complete Opening Questionnaire for Regulations Specialist. Staff to forward form to Chair Belisle.

Board member Darcy Lucey left the meeting at 1:13 pm. Board meeting lost quorum.

5. Legislative Discussion

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

No discussion held on this topic. First day of 2025 AK Legislative session 01/21/2025. Tabled for next meeting.

6. Board Administrative Business

- A. Set Next Meeting Date(s)

Next meet scheduled for Wednesday, January 8, 2025 from 9:00 am - 12:00 pm as long as no conflicts with Ms. Lucey. Staff to confirm availability and schedule.

7. Next Steps

1. Staff to post approved 10/30/2024 board meeting minutes on website.
2. Staff to update Notice Regarding Unlicensed Practice of Midwifery as discussed 11-27-24 and post on website.
3. Regulations Clean-up - "aligning supervisor requirements across all sections of regulations" tabled to next board meeting.
4. Staff to forward Regulations Opening Questionnaire to Bethel Belisle for completion for 12 AAC 14.990; 12 AAC 14.540(f) and 12 AAC 14.445 changes as discussed.
5. Staff to collect statutory and regulatory language on delegation of services from AK Medical Board and AK Nursing Board.
6. Next meeting scheduled for Wednesday, January 8, 2025 - 9:00 am - 12:00 pm.

8. Adjourn

The Board of Certified Direct-Entry Midwives Board meeting was adjourned at 1:14 pm on Wednesday, November 27, 2024 as member Darcy Lucey left at 1:13 pm and the meeting lost quorum.

Next meeting scheduled for Wednesday, January 8, 2025 from 9:00 am – 12:00 pm.

DRAFT

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
Revenue										
Revenue from License Fees	\$ 24,565	\$ 135,595	\$ 160,160	\$ 15,280	\$ 142,945	\$ 158,225	\$ 17,065	\$ 82,680	\$ 99,745	\$ 12,949
General Fund Received	-	-	-	\$ -	\$ -	-	\$ 1,165	\$ 320	1,485	\$ 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
Expenditures										
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
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
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
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
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
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	-	-	-	-	-	6,770
3000 - Services other	-	94	94	9	-	9	-	59	59	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
Total Direct Expenditures	17,315	16,102	33,417	32,549	22,687	55,236	18,244	44,629	62,873	24,961
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
Departmental Costs	2,598	2,473	5,071	2,668	2,008	4,676	2,594	2,623	5,217	1,335
Statewide Costs	1,568	1,150	2,718	2,426	1,716	4,142	1,875	2,105	3,980	504
Total Indirect Expenditures	7,064	6,056	13,120	8,004	5,555	13,559	6,740	8,024	14,764	3,268
TOTAL EXPENDITURES	\$ 24,379	\$ 22,158	\$ 46,537	\$ 40,553	\$ 28,242	\$ 68,795	\$ 24,984	\$ 52,653	\$ 77,637	\$ 28,229
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ (135,724)	\$ (135,538)		\$ (22,101)	\$ (47,374)		\$ 67,329	\$ 60,575		\$ 90,922
Annual Increase/(Decrease)	186	113,437		(25,273)	114,703		(6,754)	30,347		(14,366)
Ending Cumulative Surplus (Deficit)	\$ (135,538)	(22,101)		\$ (47,374)	\$ 67,329		\$ 60,575	\$ 90,922		\$ 76,556
Statistical Information										
Number of Licenses for Indirect calculation	61	55		51	50		47	54		44
Additional information:	<ul style="list-style-type: none"> • General fund dollars were received in FY21-FY23 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. 									

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

Summary of All Professional Licensing

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

Sum of Budgetary Expenditures	Object Type Name (Ex)			Grand Total
Object Name (Ex)	1000 - Personal Services	2000 - Travel	3000 - Services	
1011 - Regular Compensation	2,495.75			2,495.75
1014 - Overtime	8.98			8.98
1023 - Leave Taken	904.40			904.40
1028 - Alaska Supplemental Benefit	209.59			209.59
1030 - Public Employee's Retirement System Defined Contribution	180.41			180.41
1034 - Public Employee's Retirement System Defined Cont Health Reim	103.79			103.79
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	34.02			34.02
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	535.87			535.87
1040 - Group Health Insurance	530.03			530.03
1041 - Basic Life and Travel	0.26			0.26
1042 - Worker's Compensation Insurance	14.62			14.62
1047 - Leave Cash In Employer Charge	79.27			79.27
1048 - Terminal Leave Employer Charge	54.36			54.36
1053 - Medicare Tax	47.43			47.43
1063 - GGU Business Leave Bank Usage	-			-
1077 - ASEA Legal Trust	2.48			2.48
1080 - SU Legal Trst	3.20			3.20
2005 - In-State Non-Employee Airfare			-	-
3044 - Courier			10.96	10.96
3046 - Advertising			504.70	504.70
3085 - Inter-Agency Mail			25.75	25.75
3088 - Inter-Agency Legal			12,444.26	12,444.26
3094 - Inter-Agency Hearing/Mediation			6,770.40	6,770.40
3970 - Contractual Transfer			-	-
Grand Total	5,204.46	-	19,756.07	24,960.53

FY 2024 CBPL COST ALLOCATIONS

Name	Task Code	Direct Revenues	General Fund Received	3rd Party Reimbursement	Total Revenues	Direct Expense	Percentage of board licenses/total licenses:	Department certified transactions % by Fiscal Revenue \$	Indirect Expense (Total Non-PCN Allocated)	Percentage of program direct Personal Services:	Total Indirect Expenses	Total Expenses	2024 Annual Surplus (Deficit)
Acupuncture	ACU1	\$ 5,359		\$ -	\$ 5,359	\$ 6,651	\$ 2,954	\$ 416	\$ 3,370	1,864	\$ 5,234	\$ 11,885	\$ (6,526)
Architects, Engineer	AEL1	\$ 971,065	\$ 466	\$ 4,427	\$ 975,958	\$ 337,247	202,200	\$ 3,681	205,881	84,564	290,445	627,692	348,266
Athletic Trainers	ATH1	\$ 5,900		\$ -	\$ 5,900	\$ 1,642	1,840	\$ 261	2,101	437	2,538	4,180	1,720
Audiology and Speech Pathologists	AUD1	\$ 55,607		\$ -	\$ 55,607	\$ 41,069	26,976	\$ 1,880	28,856	12,458	41,314	82,383	(26,776)
Barbers & Hairdressers	BAH1	\$ 1,146,245	\$ 958	\$ -	\$ 1,147,203	\$ 364,706	195,618	\$ 4,252	199,870	99,546	299,416	664,122	483,081
Behavior Analysts	BEV1	\$ 4,892		\$ -	\$ 4,892	\$ 8,861	3,161	\$ 799	3,960	2,422	6,382	15,243	(10,351)
Chiropractors	CHI1	\$ 22,988	\$ 4,957	\$ -	\$ 27,945	\$ 194,286	8,500	\$ 970	9,470	37,466	46,936	241,222	(213,277)
Collection Agencies	COA1	\$ 48,065		\$ -	\$ 48,065	\$ 11,743	18,476	\$ 1,072	19,548	3,347	22,895	34,638	13,427
Concert Promoters	CPR1	\$ 2,513		\$ -	\$ 2,513	\$ 44	622	\$ 139	761	13	774	818	1,695
Construction Contractors	CON1	\$ 413,740	\$ 255	\$ -	\$ 413,995	\$ 607,170	228,891	\$ 4,012	232,903	101,040	333,943	941,113	(527,118)
Home Inspectors	HIN1	\$ 20,180		\$ -	\$ 20,180	\$ 19,253	3,006	\$ 840	3,846	5,846	9,692	28,945	(8,765)
Dental	DEN1	\$ 206,952	\$ 2,075	\$ -	\$ 209,027	\$ 350,066	60,378	\$ 3,946	64,324	92,699	157,023	507,089	(298,062)
Dietitians/Nutritionists	DTN1	\$ 28,075		\$ -	\$ 28,075	\$ 24,885	12,283	\$ 1,301	13,584	7,561	21,145	46,030	(17,955)
Direct Entry Midwife	MID1	\$ 12,949	\$ 914	\$ -	\$ 13,863	\$ 24,961	1,140	\$ 546	1,686	1,582	3,268	28,229	(14,366)
Dispensing Opticians	DOP1	\$ 9,500		\$ -	\$ 9,500	\$ 24,239	4,353	\$ 958	5,311	7,361	12,672	36,911	(27,411)
Electrical Administrator	EAD1	\$ 164,215		\$ -	\$ 164,215	\$ 96,254	25,058	\$ 2,202	27,260	18,821	46,081	142,335	21,880
Euthanasia Services	EUT1	\$ 300		\$ -	\$ 300	\$ 488	363	\$ 37	400	148	548	1,036	(736)
Geologists	GEO1	\$ 350		\$ -	\$ 350	\$ 991	285	\$ 342	627	298	925	1,916	(1,566)
Guardians/Conservators	GCO1	\$ 4,977		\$ -	\$ 4,977	\$ 6,758	622	\$ 326	948	1,933	2,881	9,639	(4,662)
Guide-Outfitters	GUI1	\$ 1,097,850	\$ 800	\$ -	\$ 1,098,650	\$ 434,101	45,244	\$ 3,449	48,693	117,814	166,507	600,608	498,042
Marine Pilots	MAR1	\$ 30,150	\$ 742	\$ -	\$ 30,892	\$ 85,392	3,498	\$ 1,500	4,998	15,288	20,286	105,678	(74,786)
Foreign Pleasure Craft	FPC1	\$ 23,440		\$ -	\$ 23,440		-	\$ 334	334		334	334	23,106
Marital & Family Therapy	MFT1	\$ 33,128		\$ -	\$ 33,128	\$ 29,916	4,250	\$ 758	5,008	8,621	13,629	43,545	(10,417)
Massage Therapists	MAS1	\$ 353,315	\$ 1,021	\$ 178	\$ 354,514	\$ 225,078	35,967	\$ 2,503	38,470	57,185	95,655	320,733	33,781
Mechanical Administrator	MEC1	\$ 109,585		\$ -	\$ 109,585	\$ 95,639	15,729	\$ 1,362	17,091	15,341	32,432	128,071	(18,486)
Medical	MED1	\$ 852,030	\$ 40,368	\$ 1,071	\$ 893,469	\$ 1,707,753	198,909	\$ 4,436	203,345	279,194	482,539	2,190,292	(1,296,823)
Mortuary Science	MOR1	\$ 2,905		\$ -	\$ 2,905	\$ 8,230	3,680	\$ 424	4,104	2,420	6,524	14,754	(11,849)
Naturopaths	NAT1	\$ 66,660		\$ -	\$ 66,660	\$ 4,147	1,322	\$ 228	1,550	1,194	2,744	6,891	59,769
Nurse Aides	NUA1	\$ 359,415	\$ 421	\$ 205	\$ 360,041	\$ 101,931	87,975	\$ 2,842	90,817	19,838	110,655	212,586	147,455
Nursing	NUR1	\$ 1,810,803	\$ 9,233	\$ 4,083	\$ 1,824,119	\$ 1,843,890	696,235	\$ 4,599	700,834	444,309	1,145,143	2,989,033	(1,164,914)
Nursing Home Administrators	NHA1	\$ 3,145		\$ -	\$ 3,145	\$ 2,044	1,399	\$ 163	1,562	13	1,575	3,619	(474)
Optometry	OPT1	\$ 26,892	\$ 15	\$ 1,500	\$ 28,407	\$ 41,753	6,452	\$ 1,272	7,724	11,689	19,413	61,166	(32,759)
Pawnbrokers	PAW1	\$ 3,350		\$ -	\$ 3,350	\$ 4,222	544	\$ 208	752	1,283	2,035	6,257	(2,907)
Pharmacy	PHA1	\$ 1,256,105	\$ 120,240	\$ 1,588	\$ 1,377,933	\$ 658,578	177,660	\$ 4,664	182,324	182,464	364,788	1,023,366	354,567
Physical/Occupational Therapy	PHY1	\$ 487,089	\$ 71	\$ 264	\$ 487,424	\$ 185,128	69,007	\$ 3,054	72,061	52,302	124,363	309,491	177,933
Prescription Drug Monitoring Program	PDMP	\$ 20		\$ 2,976	\$ 2,996	\$ 1,721	-	\$ -	-	-	-	1,721	1,275
Professional Counselors	PCO1	\$ 294,869	\$ 326	\$ -	\$ 295,195	\$ 204,504	31,536	\$ 2,988	34,524	57,157	91,681	296,185	(990)
Psychology	PSY1	\$ 33,220	\$ 553	\$ -	\$ 33,773	\$ 173,098	9,381	\$ 1,614	10,995	48,200	59,195	232,293	(198,520)
Public Accountancy	CPA1	\$ 600,898	\$ 1,154	\$ 8,980	\$ 611,032	\$ 318,407	45,711	\$ 1,953	47,664	82,926	130,590	448,997	162,035
Real Estate	REC1	\$ 639,645	\$ 4,859	\$ -	\$ 644,504	\$ 391,392	107,928	\$ 1,985	109,913	81,767	191,680	583,072	61,432
Real Estate Appraisers	APR1	\$ 75,640	\$ 111	\$ -	\$ 75,751	\$ 104,135	10,598	\$ 1,171	11,769	27,534	39,303	143,438	(67,687)
Social Workers	CSW1	\$ 428,284	\$ 413	\$ 568	\$ 429,265	\$ 197,753	37,030	\$ 3,184	40,214	57,580	97,794	295,547	133,718
Storage Tank Workers	UST1	\$ 7,730		\$ -	\$ 7,730	\$ 11,150	1,788	\$ 514	2,302	3,389	5,691	16,841	(9,111)
Veterinary	VET1	\$ 56,611	\$ 157	\$ 1,037	\$ 57,805	\$ 147,383	22,467	\$ 1,712	24,179	42,878	67,057	214,440	(156,635)
No longer existent board/commission (ie Athletic)		\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	-	-	-	-	-
Totals All Boards		\$ 11,776,651	\$ 190,109	\$ 26,877	\$ 11,993,637	\$ 9,098,659	\$ 2,411,036	\$ 74,897	\$ 2,485,933	\$ 2,089,792	\$ 4,575,725	\$ 13,674,384	\$ (1,680,747)

ABL & Corporations	DA0801005	\$ 4,372,277	\$ -	\$ -	\$ 4,372,277	\$ 405,904	\$ 1,249,390	\$ 10,213	\$ 1,259,603	\$ 238,098	\$ 1,497,701	\$ 1,903,605	
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DIVISION INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Business Supplies	25,873	25,788	85
Office Equipment	57,608	55,009	2,599
State Vehicles	5,220	4,594	626
Storage and Archives	16,130	13,559	2,571
Legal Support	49,391	49,391	-
Central Mail Services Postage	48,961	23,719	25,242
Software Licensing and Maintenance	117,711	117,711	-
Division Administrative Expenses - all other	311,628	307,788	3,840
Division allocated by percentage of direct personal services:	632,522	597,559	34,963
Percentage of board licenses/total licensees:			
Investigations indirect Personal Services	437,677	409,626	28,051
Division Administration Personal Services	2,828,868	1,654,796	1,174,073
Division allocated by percentage of board licenses/total licensees:	3,266,545	2,064,422	1,202,124
Total Division Indirect Expenses	3,899,067	2,661,981	1,237,087
DEPARTMENT INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Commissioner's Office	289,356	254,633	34,723
Administrative Services - Director's Office	73,527	64,704	8,823
Administrative Services - Human Resources	71,235	62,687	8,548
Administrative Services - Fiscal	102,783	90,449	12,334
Administrative Services - Budget	66,633	58,637	7,996
Administrative Services - Information Technology	322,717	283,991	38,726
Administrative Services - Information Technology - Network & Database	-	-	-
Administrative Services - Mail	13,230	11,642	1,588
Administrative Services - Facilities - Maintenance	-	-	-
Department allocated by percentage of direct personal services:	939,481	826,743	112,738
Percentage of board licenses/total licensees:			
Department administrative services support: Fiscal, IT, Procurement	393,880	346,614	47,266
Receipting transaction % by Personal Services:			
Department certified transactions % by Fiscal Revenue \$	85,110	74,897	10,213
Total DEPARTMENT INDIRECT EXPENSES	1,418,471	1,248,254	170,217
STATEWIDE INDIRECT EXPENSES	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:			
Accounting and Payroll Systems	81,101	71,369	9,732
State Owned Building Rental (Building Leases)	258,230	227,242	30,988
State OIT Server Hosting & Storage	7,792	6,857	935
State OIT SQL	6,958	6,432	526
State Software Licensing	-	-	-
Human Resources	69,278	60,965	8,313
IT Non-Telecommunications (Core Cost)	297,578	261,869	35,709
IT Telecommunications	32,270	28,398	3,872
Risk Management	2,680	2,358	322
Statewide allocated by percentage of direct personal services:	755,887	665,490	90,397
FY24 TOTALS BY METHODOLOGY	Total	Prof Lic	Corp & Bus Lic
Percentage of program direct Personal Services:	2,327,890	2,089,792	238,098
Percentage of board licenses/total licensees:	3,660,426	2,411,036	1,249,390
Receipting transaction % by Personal Services:	85,110	74,897	10,213
Grand Total	6,073,426	4,575,725	1,497,701

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

Sum of Budgetary Expenditures Object Name (Ex)	Object Type Name (Ex)	
	1000 - Personal Services	Grand Total
1011 - Regular Compensation	1,173.75	1,173.75
1023 - Leave Taken	233.31	233.31
1028 - Alaska Supplemental Benefit	86.16	86.16
1030 - Public Employee's Retirement System Defined Contribution	73.57	73.57
1034 - Public Employee's Retirement System Defined Cont Health Reim	37.49	37.49
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	11.83	11.83
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	253.75	253.75
1040 - Group Health Insurance	144.10	144.10
1042 - Worker's Compensation Insurance	7.91	7.91
1047 - Leave Cash In Employer Charge	32.55	32.55
1048 - Terminal Leave Employer Charge	22.72	22.72
1053 - Medicare Tax	19.40	19.40
1077 - ASEA Legal Trust	0.70	0.70
1079 - ASEA Injury Leave Usage	0.18	0.18
1080 - SU Legal Trst	1.60	1.60
Grand Total	2,099.02	2,099.02

Report Highlights

Why DLA Performed This Audit

The audit was performed to determine if there is a continued need for the board and if its termination date should be extended. The board is set to sunset on June 30, 2025, and will have one year from that date to conclude its administrative operations.

What the Legislative Auditor Recommends

1. The Office of the Governor, Boards and Commissions director should work with the board to identify potential applicants to fill board seats in a timely manner.
2. Division of Corporations, Business and Professional Licensing's (DCBPL) director should improve training to ensure certifications are supported by adequate documentation, and board members should adequately review applications prior to approval.
3. DCCED's commissioner should work with policymakers to improve the recruitment and retention of DCBPL licensing staff.

A Sunset Review of the Department of Commerce, Community, and Economic Development (DCCED), Board of Certified Direct-Entry Midwives (board)

June 6, 2024

Audit Control Number 08-20138-24

REPORT CONCLUSIONS

The audit concluded that the board served the public's interest by conducting its meetings in accordance with state law and actively amending regulations to enhance public safety and improve the certification process. The audit also concluded that the board generally certified midwives in compliance with state law, but documentation improvements were needed. Furthermore, the audit found the board did not audit compliance with certification renewal requirements in a timely manner.

During the audit period, a change to regulations required midwives to obtain a national certification as a prerequisite to state certification. Prior to the change, midwives already had one of the highest licensure/certification fees of any occupation. This change further increased the costs to obtain and maintain state certification.

In accordance with AS 08.03.010(c)(8), the board is scheduled to terminate on June 30, 2025. We recommend that the legislature extend the board's termination date six years to June 30, 2031, which is two years less than the maximum allowed by statute. The reduced extension reflects the need for more routine oversight of the board in light of the audit findings.

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ALASKA STATE LEGISLATURE

LEGISLATIVE BUDGET AND AUDIT COMMITTEE

Division of Legislative Audit



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Juneau, AK 99811-3300
(907) 465-3830
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June 7, 2024

Members of the Legislative Budget
and Audit Committee:

In accordance with the provisions of Title 24 and Title 44 of the Alaska Statutes (sunset legislation), we have reviewed the activities of the Department of Commerce, Community, and Economic Development, Board of Certified Direct-Entry Midwives and the attached report is submitted for your review.

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES
SUNSET REVIEW

June 6, 2024

Audit Control Number
08-20138-24

The audit was conducted as required by AS 44.66.050(a). Per AS 08.03.010(c)(8), the board is scheduled to terminate on June 30, 2025. We recommend the legislature extend the board's termination date six years to June 30, 2031.

The performance audit was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. Fieldwork procedures utilized in the course of developing the findings and recommendations presented in this report are discussed in the Objectives, Scope, and Methodology.

A handwritten signature in blue ink, appearing to read "Kris Curtis".

Kris Curtis, CPA, CISA
Legislative Auditor

ABBREVIATIONS

AAC	Alaska Administrative Code
ACN	Audit Control Number
AS	Alaska Statute
board	Board of Certified Direct-Entry Midwives
CDM	Certified Direct-Entry Midwife
CISA	Certified Information Systems Auditor
CPA	Certified Public Accountant
CPM	Certified Professional Midwife
DCBPL	Division of Corporations, Business and Professional Licensing
DCCED	Department of Commerce, Community, and Economic Development
DLA	Division of Legislative Audit
FY	Fiscal Year
NARM	North American Registry of Midwives

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ORGANIZATION AND FUNCTION

Board of Certified Direct-Entry Midwives (board)

The board was established for the purpose of regulating the practice of direct-entry midwifery in Alaska. Per AS 08.65.010, the board is made up of two certified direct-entry midwives (CDM), one physician licensed by the State Medical Board,¹ one certified nurse midwife licensed by the Board of Nursing, and one public member. Exhibit 1 lists board members as of February 29, 2024.

Per AS 08.65.030, the board regulates the profession of direct-entry midwifery in the state by:

- establishing certification requirements and conducting examinations,
- establishing requirements for the practice of direct-entry midwifery,
- conducting disciplinary hearings, and
- approving education and training requirements.

The board issues certificates to qualified direct-entry midwives and permits to qualified apprentice direct-entry midwives.

Department of Commerce, Community, and Economic Development's DCBPL

The Division of Corporations, Business and Professional Licensing (DCBPL) provides administrative and investigative assistance to the board. Administrative assistance includes budgetary services and functions such as collecting fees, maintaining files, receiving application forms, publishing notices for meetings and exams, and assisting with board regulations.

Exhibit 1

Board of Certified Direct-Entry Midwives, Members as of February 29, 2024

Bethel Belisle, Chair
CDM

Darcy Lucey
Certified Nurse Midwife

Hannah St. George
Public

Vacant
Physician/OB Practice

Rachel Pugh
CDM

Source: Office of the Governor, Boards and Commissions website.

¹ The physician must have an obstetrical practice or have specialized training in obstetrics.

Alaska Statute 08.01.087 gives DCBPL authority to act on its own initiative or in response to a complaint. DCBPL may:

1. Conduct an investigation to determine whether a person has violated a law.
2. Bring an action in Superior Court to enjoin the act.
3. Examine or have examined the books and records of a person whose business activities require a business license or licensure by a board listed in AS 08.01.010, or whose occupation is listed in AS 08.01.010.
4. Issue subpoenas for the attendance of witnesses and the production of records.

Alaska Statute 08.01.065 requires the department to adopt regulations that establish the amount and manner of payment of application, examination, investigation, and certification fees.

REPORT CONCLUSIONS

In developing our conclusion regarding whether the Board of Certified Direct-Entry Midwives' (board) termination date should be extended, its operations were evaluated using the 11 factors set out in AS 44.66.050(c), which are included as Appendix A of this report. Under the State's "sunset" law, these factors are to be considered in assessing whether an entity has demonstrated a public policy need for continuing operations.

The audit concluded that the board served the public's interest by conducting its meetings in accordance with state law and actively amending regulations to enhance public safety and improve the certification process. The audit also concluded that the board generally certified midwives in compliance with state law, but documentation improvements were needed. Furthermore, the audit found the board did not audit compliance with certification renewal requirements in a timely manner.

During the audit period, a change to regulations required midwives to obtain a national certification as a prerequisite to state certification. Prior to the change, midwives already had one of the highest licensure/certification fees of any occupation. This change further increased the costs to obtain and maintain state certification.

In accordance with AS 08.03.010(c)(8), the board is scheduled to terminate on June 30, 2025. We recommend that the legislature extend the board's termination date six years to June 30, 2031, which is two years less than the maximum allowed by statute. The reduced extension reflects the need for more routine oversight of the board in light of the audit findings.

Detailed report conclusions are as follows.

The board generally conducted its meetings in accordance with state law.

The board's physician member seat was vacant during the audit period. (See Recommendation 1) Despite the vacancy, the board effectively conducted its meetings. A review of seven of the 14 board meetings held during the audit period found that meetings were appropriately publicly noticed, allowed time for public comment, and a quorum was consistently met. Auditors also found that training was provided to specific board members by Division of Corporations, Business and Professional Licensing (DCBPL) management during the audit period to clarify proper board conduct.

The board actively amended regulations.

The board issued and amended regulations to implement statutory changes and improve the certification process. Significant changes included regulations that:

- established a temporary military courtesy certification to allow qualified active-duty military members and spouses to practice as a direct-entry midwife or apprentice direct-entry midwife. The new regulation implemented a statutory change and expedited the certification process for military members and spouses.
- transitioned the peer review process from a random selection process to a mandatory participation process. This change enhanced public safety by ensuring all certified direct-entry midwives participate in peer review.
- required that midwife and preceptor applicants be certified through the national North American Registry of Midwives (NARM) as a prerequisite for applying for State certification. This change, discussed in more detail below, created DCBPL efficiencies by transferring some board certification responsibilities to NARM.

No changes to board related statutes were made during the audit period; however, the board was active in recommending changes as determined necessary.

The board adopted the NARM CPM credential as a prerequisite for State certification.

In January 2023, the board adopted regulation changes that require certified direct-entry midwives to hold, in good standing, a certified professional midwife (CPM) credential from NARM. A description of the CPM credential is shown in Exhibit 2. As described in detail below, auditors compared the State’s direct-entry midwife certification requirements before the regulation change to the new CPM process and concluded that:

- some board functions now duplicate NARM functions, and
- the CPM certification requirement increased certification costs for direct-entry midwives.

Exhibit 2



North American Registry of Midwives Certified Professional Midwife Credential

NARM is a national association that administers the CPM credential, a certification program that establishes the entry-level knowledge, skills, and abilities necessary to competently practice midwifery. The CPM competency is established through training, education, and supervised clinical experience, followed by successful completion of a written examination. According to the NARM website, 37 other states require an applicant be a CPM as a prerequisite for midwife licensure.

The CPM credential must be renewed every three years. Renewal requirements include continuing professional education and peer review. NARM sets the standards for qualifying continued education.

Source: NARM website.

1) Some board functions are duplicated by NARM functions.

By adopting the CPM credential as a prerequisite for State certification, some of the board's regulatory oversight responsibilities were shifted to NARM. For instance, continuing professional education requirements that were previously monitored by the board became satisfied through NARM's process for CPM certification and renewal. Furthermore, the board no longer monitored compliance with the IV therapy certification requirement since it is separately required for CPM certification.

The audit also noted instances where board and NARM functions were duplicated. For instance, under the new regulations, certified direct-entry midwives must meet separate board and NARM peer review requirements. The board requires four hours of peer review over a two-year certification period. NARM requires five hours of peer review over a three-year certification period.

The audit also identified certain certification requirements that are required by the board, but not required by NARM. For instance, the board set a continuing practice requirement for renewal (10 births per certification period). NARM has no continuing practice requirement.

2) CPM certification increased midwife certificate costs.

The cost of obtaining a NARM CPM certificate varies between \$210 to \$1,275 (excluding NARM exam fees) for new midwives entering the profession depending on the route chosen to meet requirements. Upon adoption of the new CPM regulation, active certified direct-entry midwives could obtain the NARM CPM credential for a \$55 fee. Every three years, midwives pay NARM \$210 to renew the CPM. These costs are in addition to the board's certification fees. The audit notes that prior to the change, midwives already had one of the highest occupational licensing fees.

Board related investigations were actively performed.

A review of board related investigative activity concluded that cases were actively investigated. A total of seven board related cases were open or opened from July 2022 through January 2024. Of the open cases, four were open for more than 180 days. The audit reviewed the four cases and found no unjustified periods of inactivity. As of January 2024, there were no open cases.

The board generally certified in compliance with State law; however, documentation improvements were needed.

Exhibit 3 shows that, as of January 2024, there were 41 midwife certificates and permits, representing a 13 percent decrease when compared to the 2022 sunset audit.² According to the board chair, the decrease in certificates and permits may be due to low Medicaid reimbursement rates, high certification fees, and high insurance costs.

² The prior sunset audit certificate and permit count was 47 as of June 30, 2022, per sunset audit ACN 08-20133-22.

Exhibit 3

Board of Certified Direct-Entry Midwives Certificates and Apprentice Permits FY 22 through January 31, 2024			
Certificate or Permit Type	Newly Issued (Exclusive of Renewals)		Total Certificates as of January 31, 2024
	FY 22	FY 23	
Certified Direct-Entry Midwives	4	1	33
Apprentice Direct-Entry Midwives	2	6	8
Total	6	7	41

Source: DCBPL's licensing database.

Auditors tested three new certificates/permits and three renewal certificates issued during the audit period. Of the six applications tested, one application was missing required clinical experience information. (See Recommendation 2)

The board did not audit compliance with certification renewal requirements in a timely manner.

In accordance with regulations, the board conducts random audits to verify compliance with renewal requirements (continuing education, continuing professional practice, disciplinary certification, and peer review). The audit found that the board did not conduct random audits in a timely manner to verify compliance with renewal requirements. According to DCBPL management and the board chair, the random audits did not occur timely due to changes in management and staff shortages. (See Recommendation 3)

Midwife certification fees were reduced in response to a surplus.

The board's schedule of revenues and expenditures for FY 22 through January 2024 is shown in Exhibit 4. The board receives its revenue from certificate and renewal fees. Renewals are conducted on a biennial basis, creating a two-year cycle in board revenues. The board had a \$60,575 surplus at the end of FY 22, the second year of its biennial licensing period.

In response to the surplus, the board reduced direct-entry midwife certification fees from \$3,800 to \$2,800 and apprentice permit fees from \$875 to \$300 for the FY 23 renewal period. The board's schedule of fees from FY 22 through FY 23 is shown in Exhibit 5 on page 10.

Exhibit 4

**Board of Certified Direct-Entry Midwives
Schedule of Revenues and Expenditures
FY 22 through January 31, 2024
(Unaudited)**

	FY 22	FY 23	July 1, 2023 – January 31, 2024
Revenues			
Certification Fees	\$17,065	\$82,680	\$11,475
General Fund Received	1,165	320	-
Other Sources	-	-	-
Total Revenues	<u>18,230</u>	<u>83,000</u>	<u>11,475</u>
Direct Expenditures			
Personal Services	14,917	19,358	2,675
Travel	-	5,490	-
Services	3,327	19,781	17,955
Commodities	-	-	-
Total Direct Expenditures	<u>18,244</u>	<u>44,629</u>	<u>20,630</u>
Indirect Expenditures	6,740	8,024	4,013*
Total Expenditures	<u>24,984</u>	<u>52,653</u>	<u>24,643</u>
Annual Surplus (Deficit)	(6,754)	30,347	(13,168)
Beginning Cumulative Surplus (Deficit)	<u>67,329</u>	<u>60,575</u>	<u>90,922</u>
Ending Cumulative Surplus (Deficit)	<u>\$60,575</u>	<u>\$90,922</u>	<u>\$77,754</u>

Source: DCBPL management.

* Estimate based on the indirect expenditures for July 1, 2023 through December 31, 2023.

Exhibit 5

Board of Certified Direct-Entry Midwives Certificate and Permit Fees FY 22 through FY 23		
	FY 22	FY 23
Nonrefundable Midwife Application Fee	\$ 500	\$ 500
Midwife Initial Certification and Renewal Fee	3,800	2,800
Nonrefundable Apprentice Application Fee	250	250
Apprentice Permit and Renewal Fee	875	300
Nonrefundable Emergency Courtesy Application Fee	50	50
Emergency Courtesy Certification Fee	950	950

Source: DCBPL management.

FINDINGS AND RECOMMENDATIONS

The prior 2022 sunset audit made four recommendations:

- Department of Commerce, Community, and Economic Development's (DCCED) commissioner should work with policymakers to improve the recruitment and retention of investigators.
- DCCED's commissioner should work with policymakers to improve recruitment and retention of licensing staff, and Board of Certified Direct-Entry Midwives (board) members should adequately review applications prior to approval.
- Division of Corporations, Business and Professional Licensing's (DCBPL) director should work with the board to ensure the online licensing application is sufficient to monitor compliance with continuing education hours and that accurate regulatory references are included in the application.
- The Office of the Governor, Boards and Commissions director should work with the board to identify potential applicants to fill board vacancies in a timely manner.

The finding that led to the prior recommendation to improve recruitment and retention of investigators was resolved. The case that was the subject of the prior recommendation was completed and closed during the audit period. Testing of investigations, as part of this audit, did not identify any unjustified periods of inactivity.

The finding that led to the prior recommendation to improve recruitment and retention of licensing staff and for board members to adequately review applications was not fully resolved and is reiterated as Recommendation 3.

The prior audit recommendation to ensure the online licensing application is sufficient to monitor compliance with continuing professional education hours and that accurate regulatory references are included in the application was resolved. A regulation change shifted responsibility for monitoring continuing professional

education to the North American Registry of Midwives. Furthermore, auditors found that the application form's regulatory references were correct.

The prior audit recommendation to identify potential applicants to fill board vacancies in a timely manner was not resolved and is reiterated in this audit as Recommendation 1.

This audit makes one new recommendation.

Recommendation 1:

The Office of the Governor, Boards and Commissions director should work with the board to identify potential applicants to fill board seats in a timely manner.

The physician board seat was vacant during the entire audit period. Per AS 08.65.010, the board is composed of five members appointed by the governor and approved by the legislature. The Office of the Governor, Boards and Commissions director is responsible for actively recruiting, interviewing, and vetting board applicants. According to the director, there were no applicants for the vacant position. Vacant board positions may limit the board from efficiently conducting business with sufficient input and perspective.

We recommend the Office of the Governor, Boards and Commissions director work with the board to identify potential applicants to fill board seats in a timely manner.

Recommendation 2:

DCBPL's director should improve training to ensure certifications are supported by adequate documentation, and board members should adequately review applications prior to approval.

Auditors reviewed three new and three renewed certificates or permits issued during the audit period. Of the six certificates and permits, one applicant's verification of clinical experience was incomplete, as it did not contain birth location information. According to DCBPL management, this deficiency was due to staff error. The error was not detected by the board during the approval process.

According to AS 08.01.050, DCBPL is responsible for overseeing the licensing activity for the board. Per AS 08.65.030(a)(1), the board shall examine applicants and issue certificates to those applicants

it finds qualified. Issuing certificates without ensuring applicants comply with state laws increases the risk to public safety.

We recommend DCBPL's director improve training to ensure certifications are supported by adequate documentation. Additionally, board members should adequately review application support prior to authorizing certificates or permits.

Recommendation 3:
DCCED's commissioner should work with policymakers to improve the recruitment and retention of DCBPL licensing staff.

Random audits were not performed timely during the audit period for the FY 23 certification renewal cycle. Auditors found that DCBPL staff began audits just over a year after the FY 23 certification renewal cycle.

Per AS 08.01.050, DCBPL is responsible for overseeing the certification activity for the board. With the assistance of DCBPL staff, in accordance with 12 AAC 14.460(b), the board conducts random audits to verify compliance with certification renewal requirements.

According to DCBPL management and the board chair, the random compliance verification audits did not occur in a timely manner due to changes in management at the time of renewal and staff shortages. Ineffective monitoring of renewal requirements increases the risk to public safety.

We recommend the DCCED commissioner work with policymakers to improve the recruitment and retention of DCBPL licensing staff. As the recruitment and retention problem is pervasive across State government, the problem should be addressed at a statewide policy level.

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OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Title 24 and Title 44 of the Alaska Statutes, we have reviewed the activities of the Board of Certified Direct-Entry Midwives (board) to determine if there is a demonstrated public need for its continued existence.

As required by AS 44.66.050(a), this report shall be considered by the committee of reference during the legislative oversight process in determining whether the board should be reestablished. Currently, under AS 08.03.010(c)(8), the board will terminate on June 30, 2025, and will have one year from that date to conclude its administrative operations.

Objectives

The three central, interrelated objectives of our report are to determine:

1. If the termination date of the board should be extended.
2. If the board is operating in the public's interest.
3. The status of recommendations made in the prior sunset audit.

Scope

The assessment of operations and performance of the board was based on criteria set out in AS 44.66.050(c). Criteria set out in this statute relates to the determination of a demonstrated public need for the board. We reviewed the board's activities from July 1, 2022 through January 31, 2024. Financial data is presented, unaudited, from July 1, 2021 through January 31, 2024.

Methodology

During the course of our audit, we reviewed and evaluated the following:

- The prior sunset audit report (ACN 08-20133-22) to identify issues affecting the board and to identify prior sunset audit recommendations.

-
- Applicable statutes and regulations to identify board functions and responsibilities, determine whether statutory or regulatory changes enhanced or impeded board activities, and help ascertain if the board operated in the public interest.
 - Board meeting minutes and annual reports to gain an understanding of board proceedings and activities, the nature and extent of public input, whether a quorum was maintained, and whether board vacancies impeded operations.
 - The State's Online Public Notices System to verify meetings were adequately public noticed in compliance with state law.
 - Expenditures, revenues, and fee levels for the board to determine whether fee levels covered the cost of operations.
 - Board investigation data for cases open or opened from July 1, 2022 through January 31, 2024, to assess the efficiency of the investigative process.
 - Various Alaska news websites to identify complaints against the board or other board related concerns.
 - Various websites containing information for potential duplication of board activities.

Internal controls over the licensing and investigative processes were assessed to determine if controls were properly designed and implemented. Additionally, to identify and evaluate board activities, we conducted interviews with State agency staff and the board chair. Specific areas of inquiry included: board operations, statutory duties, regulations, duplication of efforts, fee levels, board and staff vacancies, and complaints against the board.

During the audit, the following samples were selected:

- Three of 10 new and three of 30 renewal certificate and permit applications from FY 23 through January 31, 2024, were selected

to assess internal controls and compliance with statutes and regulations. Test results were not projected to the population.

- There were 10 investigations that were open or opened from FY 23 through January 31, 2024. Of these cases, four were open for over 180 days. Auditors reviewed all four cases to determine if the board had operated in the public interest by efficiently processing and resolving cases. Test results were not projected to the population.
- A judgmental sample of seven of 14 board meetings held from FY 23 through January 2024 was reviewed to gain an understanding of board proceedings and activities, the nature and extent of public input, whether a quorum was maintained, whether the meetings were public noticed, and whether board vacancies impeded operations. Test results were not projected to the population.

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APPENDIX SUMMARY

Appendix A: Appendix A provides the sunset criteria used in developing the conclusions regarding whether the Board of Certified Direct-Entry Midwives' termination date should be extended.

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APPENDIX A

Analysis of Public Need Criteria AS 44.66.050(c)

A determination as to whether a board or commission has demonstrated a public need for its continued existence must take into consideration the following factors:

1. the extent to which the board or commission has operated in the public interest;
2. the extent to which the operation of the board or commission has been impeded or enhanced by existing statutes, procedures, and practices that it has adopted, and any other matter, including budgetary, resource, and personnel matters;
3. the extent to which the board or commission has recommended statutory changes that are generally of benefit to the public interest;
4. the extent to which the board or commission has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service that it has provided;
5. the extent to which the board or commission has encouraged public participation in the making of its regulations and decisions;
6. the efficiency with which public inquiries or complaints regarding the activities of the board or commission filed with it, with the department to which a board or commission is administratively assigned, or with the office of victims' rights or the office of the ombudsman have been processed and resolved;
7. the extent to which a board or commission that regulates entry into an occupation or profession has presented qualified applicants to serve the public;

APPENDIX A (Continued)

8. the extent to which state personnel practices, including affirmative action requirements, have been complied with by the board or commission in its own activities and in the area of activity or interest;
9. the extent to which statutory, regulatory, budgetary, or other changes are necessary to enable the board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection;
10. the extent to which the board or commission has effectively attained its objectives and purposes and the efficiency with which the board or commission has operated; and
11. the extent to which the board or commission duplicates the activities of another governmental agency or the private sector.

Agency Response from the Department of Commerce, Community, and Economic Development



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce,
Community, and Economic
Development

OFFICE OF THE COMMISSIONER
Julie Sande, Commissioner

P.O. Box 110800
Juneau, Alaska 99811-0800
Main: 907.465.2500
Fax: 907.465.5442

November 8, 2024

Kris Curtis
Legislative Auditor
Division of Legislative Audit
P.O. Box 113300
Juneau, AK 99811-3300

RECEIVED

NOV 14 2024

LEGISLATIVE AUDIT

Dear Ms. Curtis:

Thank you for the October 24, 2024, Confidential Preliminary Report, Department of Commerce, Community, and Economic Development (DCCED), Board of Certified Direct-Entry Midwives (board) Sunset Review. I concur with all conclusions of the report but do want to note one small correction to information on page 8.

Page 8 notes that, "In response to the surplus, the board reduced direct-entry midwife certification fees from \$3,800 to \$2,800 and apprentice permit fees from \$875 to \$300 for the FY 23 renewal period." For the record, I wanted to note that while the division works collaboratively with the board regarding fees, the establishment of fees is a duty of the division, not the board. The report notes on page 2 that, "Alaska Statute 08.01.065 requires the department to adopt regulations that establish the amount and manner of payment of application, examination, investigation, and certification fees."

I have the following comments regarding the recommendations:

Recommendation #1: The Office of the Governor, Boards and Commissions director should work with the board to identify potential applicants to fill board seats in a timely manner.

The department will continue to support the governor's office in filling vacant board seats, as appropriate.

Recommendation #2: DCBPL's director should improve training to ensure certifications are supported by adequate documentation, and board members should adequately review applications prior to approval.

It is the intent and policy of this agency to ensure that all documentation required by statute and regulation to obtain a certification from the board be reviewed and retained in the system of

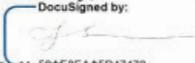
record. This program has experienced a change in staffing and the new staff is well versed in what is required to obtain a certification. The division will continue to work with the board to ensure they understand their responsibility for reviewing applications prior to approval.

Recommendation #3: DCCED's commissioner should work with policymakers to improve the recruitment and retention of DCBPL licensing staff.

The department concurs that recruitment and retention challenges exist throughout state government and will continue to engage with the Office of the Governor, Department of Administration, the Legislature, and other stakeholders as appropriate to identify holistic solutions. Additionally, in July 2024, the department completed a reclassification of many of the positions within the professional licensing section to open promotional pathways and encourage retention within the division. We expect the new job class procession will empower staff to remain with the division in increasingly complex roles, if desired.

Again, thank you for the opportunity for the department to provide input on this matter. If you have any questions, please feel free to contact me.

Sincerely,

DocuSigned by:

50M8E5AA8D47472...
Julie Sande
Commissioner

cc: Sylvan Robb, Director, Division of Corporations, Business and Professional Licensing, DCCED
Lizzie Kubitz, Legislative Liaison, DCCED

Agency Response from the Office of the Governor



OFFICE OF THE GOVERNOR
Governor Mike Dunleavy
STATE OF ALASKA

November 14, 2024

Ms. Kris Curtis
Legislative Auditor
Division of Legislative Audit
P.O. Box 113300
Juneau, AK 99811-3300

RE: Management Letter 1, Department of Commerce, Community, and Economic Development (DCCED), Board of Certified Direct-Entry Midwives (Board)

Dear Ms. Curtis,

Recommendation 1: The Office of the Governor, Boards and Commissions Director should work with the Board to identify potential applicants to fill board seats in a timely manner.

The Office of the Governor appreciates the opportunity to review and to provide a response to audit recommendation one.

The Office of the Governor agrees with this recommendation. The Director of Boards and Commissions continues to work with the Board of Certified Direct-Entry Midwives to seek new ways to identify qualified candidates, to recruit those candidates and to appoint a candidate that is willing and able to commit to serving on this Board.

Sincerely,

A handwritten signature in black ink, appearing to read "Jordan Shilling".

Jordan Shilling
Director of Boards and Commissions

cc: Cheri Lowenstein, Administrative Director, Office of the Governor

550 West 7th Avenue, Suite 1700, Anchorage, AK 99501

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Agency Response from the Board of Certified Direct-Entry Midwives



FROM THE DESK OF
BETHEL BELISLE, CDM, CPM

RECEIVED

NOV 13 2024

LEGISLATIVE AUDIT

November 6, 2024

Legislative Budget and Audit Committee
Division of Legislative Audit
PO Box 113300
Juneau, AK 99811-3830

Dear Legislative Budget and Audit Committee Members,

As the Chair of the State of Alaska Board of Certified Direct Entry Midwives, I want to thank you for your hard work and effort put forth on the 2024 Legislative Audit of the Board of Certified Direct Entry Midwives. I appreciate your service. The Board has been busy in the past several years and we are happy with the work we have completed and for the work still being done. This audit will serve, as the ones before it, to push the Board to yet another level of excellence with careful attention to details.

Recommendation 1: Yet again, our CDM board is being held accountable for the failure of the Boards and Commissions Director to do the job of identifying potential applicants to fill our vacant board seat. The midwives in this State do actively reach out to potential Doctors and have been told by several Doctors that they had applied for the open position, yet the Boards and Commissions director states that they have not received any applications. While the Board and the midwives of Alaska can actively recruit board applicants, the responsibility continues to fall outside of our hands and we would like this recommendation to be placed not on our board but back at the feet of the Boards and Commissions Director. Even without a physician member, the Board has continued to meet, reach quorum at every meeting and make significant changes that better the safety of the women in Alaska. Furthermore, the Board has worked diligently to present Bills before the Legislature to remake our Board into a Board of our peers, thereby removing this need for a Physician position. This would make the CDM board in alignment with all other boards in the State of Alaska. We are continuing this effort into the coming Legislative Session.

Recommendation 2: Due to a continued lack of staffing in the DCBPL, I believe the missed information on the application in question was an oversight based on lack of training for the licensing examiner as well as a more complex application. The case in question had a lot of information not privy to the paperwork seen by the auditor. The Board accepts responsibility for not clarifying the place of birth

on the application...but based on the preceptor listed for the births, the place of birth was easily recognized by the Board members. We are striving to do better with each application submitted.

Recommendation 3: This recommendation is out of the hands of the Board of Certified Direct Entry Midwives. We, as a board, can not recruit or retain DCBPL staff. We would respectfully ask that this recommendation be removed from our audit and placed firmly in the DCCED office. As for the Board, by requiring the Certified Professional Midwife Designation (CPM), the monitoring of audits will fall to the national organization, currently NARM. We have streamlined the process of submitting relicensure to just submitting our CPM certificate. This saves the State of Alaska money and resources and ensures compliance of midwifery standards for renewal are met.

The Board of Certified Direct Entry Midwives is proud of our work on behalf of the families in the State of Alaska. We have been fiscally responsible. We have worked hard to make regulatory changes to better the health and safety of the women in our care. Once again, the audit recommendations falls upon the governmental agencies, which is out of our control. I would humbly ask for the auditors to consider a Sunset extension for the full 8 years allowed by law.

Thank you for your work on behalf of the Board of Certified Direct Entry Midwives and the families we serve.



Bethel Belisle, CDM, CPM

Chair, Board of Certified Direct Entry Midwives

12901 VON SCHEBEN DR, ANCHORAGE AK, 99516. (907)444-3027

Legislative Auditor's Additional Comments

ALASKA STATE LEGISLATURE
LEGISLATIVE BUDGET AND AUDIT COMMITTEE
Division of Legislative Audit



P.O. Box 113300
Juneau, AK 99811-3300
(907) 465-3830
FAX (907) 465-2347
legaudit@akleg.gov

November 18, 2024

Members of the Legislative Budget
and Audit Committee:

I have reviewed management's responses to this audit. Nothing contained in the responses causes me to revise or reconsider the report conclusions or recommendations.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kris Curtis".

Kris Curtis, CPA, CISA
Legislative Auditor

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

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-THIRD LEGISLATURE - SECOND SESSION

BY THE HOUSE LABOR AND COMMERCE COMMITTEE

Offered: 3/18/24

Referred: Finance

Sponsor(s): REPRESENTATIVES ALLARD, Wright

A BILL

FOR AN ACT ENTITLED

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

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

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

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

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

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

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

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

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

27 (1) "health care provider" means

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

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

10 (B) a physician licensed in another state;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 necessary to make the provisions of this chapter effective;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (A) professional incompetence;

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

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

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

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

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

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

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

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

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

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

9 (4) issue a letter of reprimand;

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

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

14 (B) limit practice to those areas prescribed;

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

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

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

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

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

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

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

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

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

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

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

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

11 (b) A licensed midwife may practice midwifery without

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

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

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

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

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

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

22 A person who is not **licensed** [CERTIFIED] under this chapter, [OR] whose **license**

23 [CERTIFICATION] is suspended or revoked, or whose **license** [CERTIFICATION]

24 has lapsed [,] who knowingly uses in connection with the person's name the [WORDS

25 OR] letters **"L.M.," the words "Licensed Midwife,"** ["C.D.M.," "CERTIFIED

26 DIRECT-ENTRY MIDWIFE,"] or other letters, words, or insignia indicating or

27 implying that the person is **licensed** [CERTIFIED] as a [DIRECT-ENTRY] licensed
28 midwife

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

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

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

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

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

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

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

10 [(3) REPEALED

11 (4) REPEALED]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 read:

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

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

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

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

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

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

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

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

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

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

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

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

Regulations “Cleanup” Changes accepted

Introduced February 7, 2024

Updated November 27, 2024

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

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

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

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

The board chose to add the “in good standing” definition to 12 AAC.14.990 as item 7, and keep the definition listed in the Section above for 12 AAC 14.130(g).

“In good standing” means: “(7) A license that is not conditioned, limited, or restricted in any way. Discipline may have been present in the past but has been resolved and any terms satisfied”. 12 AAC 14.130(g) will remain the same.

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

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

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

Commented [SR1]: Update wording to include “of participation”. Peer review should never include patient records. Only that the review occurred.

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

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

Commented [SR2]: This item tabled to next meeting

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

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

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

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

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

11/27/2024

Motion by Darcy Lucey to initiate a regulations project regarding 12 AAC 14.990; 12 AAC 14.540(f) and 12 AAC 14.445 by approving the following language in the Regulations Clean up document from 11-27-2024 for public comment, unless substantive changes are made by the regulations specialist or Department of Law.

Seconded by Holly Steiner.

All in favor; none opposed. Motion passes unanimously.

From: [Megan McIlmail](#)
To: [Board of Midwives \(CED sponsored\)](#)
Cc: [Alaska Lactation & Perinatal Nutrition](#)
Subject: Nutrition & Lactation Research at the University of Alaska: Request for Participation
Date: Thursday, November 21, 2024 12:17:13 PM
Attachments: [Fairbanks Community.png](#)
[Health Providers.png](#)
[Anchorage Community.png](#)

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CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Board of Certified Direct-Entry Midwives,

My name is Megan, and I'm with the Alaska Lactation and Perinatal Nutrition (ALPeN) research team at UAA and UAF. You've been identified as someone who works in or near the field of maternal nutrition and/or perinatal health. I'm writing to ask if you would be willing to help improve our understanding of Alaska's maternal nutrition and breastfeeding issues by participating in a virtual or in-person community conversation. We will be holding groups for both providers and community members. Findings from these groups will help us understand the "big picture" of maternal nutrition and breastfeeding in Alaska and inform the steps to meet our eventual goal of creating a Alaska Perinatal and Lactation Nutrition community advisory board. You don't have to identify as an expert in the topic to participate; anyone with an interest or stake in breastfeeding and maternal nutrition is welcome!

We expect groups to be 2-3 participants and ideally we would meet for around an hour, possibly up to an hour and a half if schedules allow. During the discussion, we'll ask some questions about your views on maternal nutrition and breastfeeding. We already have three dates set for the first two weeks of December and will be looking at adding dates in early January.

If you are interested in participating or have any questions, please reply, email ua-alpen@alaska.edu, or give my supervisor Ruby Fried a call at 907- 786-6517. We are eager to make any accommodations you might need to participate, so please share any ways we can make participation easier for you. Also, if you know of any providers or community members who may be interested in participating in our research, please feel free to pass along their contact info or ours to them.

Have a good day!

Megan McIlmail (she/her)

MSW Student