

State of Vermont
Senate Committee on Health and Welfare
Re: S204 (An Act Relating to Licensure of Freestanding Birth Centers)

2/24/2022

Dear Committee Members,

I am sorry that my clinical responsibilities prevent me from attending this hearing today. My name is Autumn Versace, and I have been a midwife for 14 years. For seven of those years I owned and operated New Hampshire's largest freestanding birth center. I can speak to how this legislation serves the public interest as a midwife, as a mother who received my own care in this model, as the Chief of hospital-based obstetric practices, and as a healthcare quality improvement scholar.

The safety, value, and quality of birth center care is well established. An analysis of over 6000 deliveries enrolled in the Center for Medicare and Medicaid Services Strong Start Initiative (2018) concluded:

"Birth center care improves population health, patient experience, and value. The model demonstrates the potential to decrease racial disparity and improve population health. Reduction of regulatory barriers and implementation of sustainable reimbursement are warranted to move the model to scale for Medicaid beneficiaries nationwide."¹

Concern has been raised that freestanding birth centers would undermine the stability of rural hospital units. I have not found this to be the case. As the Section Chief of Obstetrics at Cheshire Medical Center in Keene, NH, a community hospital with a freestanding birth center 7 miles down the road, I found that 5% of our slowly increasing annual delivery volume came from well-managed intrapartum transfers to us from the birth center. The birth center practice also generated ancillary hospital revenue through patient consultations, ultrasound and lab services.

In fact, freestanding birth centers enhance regional obstetric care systems in three ways:

- 1.) They increase and diversify care delivery location, which affords patients better choice and systems better flexibility (for example, in pandemic response planning).
- 2.) They may help to decompress our specialty and subspecialty (tertiary care) centers, keeping low-risk patients in their home communities and affording better regional capacity for medically complicated patients to get the care they need. (Freestanding birth centers are recognized by the American College of Obstetricians and Gynecologists as level I care centers, fully capable of basic care.)
- 3.) They improve quality and save money. CMS Strong Start data across 47 birth center sites demonstrated lower preterm birth rates, lower c-section rates, and a cost savings of \$2010 per delivery.

Freestanding birth centers are part of the obstetric care system in all surrounding states: New York, New Hampshire, and Massachusetts. With this legislation, you will remove regulatory barriers and ensure reimbursement, finally granting Vermont families the choice to move their care into a model of proven safety, value, and quality. The obstetric healthcare system in Vermont will certainly benefit through better quality, enhanced capacity, and cost savings.

Thank you for your consideration.

Dr. Autumn Versace, CNM, DNP
Directory, Division of Midwifery
Baystate Health
603-759-2504
autumn.j.versace@gmail.com

1- Alliman, J., Stapleton, S. R., Wright, J., Bauer, K., Slider, K., & Jolles, D. (2019). Strong Start in birth centers: Socio-demographic characteristics, care processes, and outcomes for mothers and newborns. *Birth (Berkeley, Calif.)*, 46(2), 234–243. <https://doi.org/10.1111/birt.12433>
2- <https://innovation.cms.gov/files/reports/strongstart-prenatal-fg-finalevalrpt.pdf>

--

603-759-2504
autumn.j.versace@gmail.com