

**American College of Nurse-Midwives, Vermont Chapter**  
**S.204 Testimony – Laurie Foster, CNM, MS**  
**March 28, 2022**

Thank you, Senators, for taking my testimony and for giving this bill your consideration and time.

First, I will say that the birth center working group strongly wants S 204 to be passed out of the Senate. We maintain our well-documented and substantiated position that the CON process should not be required, but we acknowledge that the bill will not pass out of your committee at this point without some version of a CON.

Vermonters want birthing centers

We know that Vermonters want birthing centers. Each month pregnant Vermonters go to MA, and NH to have their babies in birthing centers. I have spoken with the midwife owners of three different birth centers, and this is what they told me

- At least 2-3 families from Southern Vermont go to Northampton MA each month
- A similar number go to Keene, NH
- At the birth center in Lebanon, NH, 25% of the clientele are Vermonters and they come from all over central and northern Vermont including Chittenden County

Why are some families willing to drive up to an hour and a half to give birth outside of their community? Because they have done their research and know that outcomes for low-risk birthing people are better at birth centers, including dramatically lower c-section rates. They also know they will receive high touch care from midwives who know them well.

Who is promoting this bill?

We are a core group of Vermont midwives and citizens who believe that Vermonters deserve the option of birthing centers with all the proven advantages they offer.

There have been multiple efforts to create a pathway for licensing birth centers in Vermont since the 1990s. The current effort began in 2018 and, though not successful, did end with the study conducted by the Agency of Human Services, with the following recommendation:

“The work group recommends that Freestanding Birth Centers have a distinct pathway to licensure in Vermont based on national standards published by The American Association of Birth Centers (AABC).

Widespread support

Two major national medical groups have recommended that birth centers play a role in all maternity care systems: the American College of Obstetricians and Gynecologists and the Society for Maternal and Fetal Medicine. Forty states have licensing pathways for birth centers, including all of our neighbors, NH, NY, and MA. All Vermonters deserve this option.

This is a quote from the testimony of Dr. Timothy Fisher who is an expert in the field of maternity care delivery systems, an OB/GYN physician at Dartmouth Hitchcock, and the Medical Director of NNPQIN Northern New England Perinatal Quality Improvement Network:

“The sum total of my professional experiences has reinforced, time and time again, the vital and necessary role that birth centers play in the continuum of care for pregnant and postpartum people across the region. The highly trained specialists and subspecialists who work in hospital-based L&D units are caring for an increasingly complex patient population who require a level of resources that are simply not necessary for the vast majority of healthy people experiencing the physiologic processes of pregnancy, labor and delivery. Placing these patients in a high acuity and resource intensive clinical environment exposes them to unnecessary interventions that result in **poorer outcomes**, including higher rates of cesarean delivery and perineal trauma... As a public health intervention and a means of responsible stewardship for our precious healthcare resources, I strongly encourage you to approve this piece of legislation with all of its provisions to clear a path for the development of freestanding birth centers in the state of Vermont, including establishing a licensing structure and requiring coverage for services under health insurance plans without being subject to an onerous certificate of need review.”

#### Birthing centers will not put hospitals out of business

The argument that a birthing center is likely to put a hospital maternity unit out of business is unsubstantiated. We have provided testimony from three different experts stating so, including Dr. Fisher. I want to give an example that might illuminate this:

- If a birth center were to open in southern Vermont, it is likely that it would serve 5-6 families a month. Two to three of those families would likely be those who currently go out-of-state for the service. Two to three would likely be families that may have otherwise chosen home birth, and two or three would likely be families that may have birthed in the hospital. It seems unreasonable to think that hospital maternity units would be put out of business because of 2-3 three families a month, especially considering that maternity services are not a money maker for hospitals.

Additionally, I think we can reasonably anticipate that there will not be a sudden large influx of birthing centers to Vermont regardless of the pathway. Our neighbor New Hampshire has had birthing centers for decades and there are five throughout a state that is a similar size with a larger population.

We strongly encourage you to pass S.204 out of the Senate. Vermont birthing families should not have to travel great distances to out-of-state birthing centers. The time is now to move forward with licensure.