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Vermont Senate Committee on Health and Welfare

Senator Virginia Lyons, Chair

Senator Ruth Hardy, Vice Chair

Re: S.204, An act relating to licensing of freestanding birth centers

Dear Senator Lyons, Senator Hardy, and members of the Committee;

I sincerely appreciate the opportunity to offer my testimony today in strong support of S.204, an act relating to licensing of freestanding birth centers.

I am a board certified Ob/Gyn physician at Dartmouth-Hitchcock Medical Center and an Assistant Professor of Obstetrics and Gynecology at the Dartmouth Geisel School of Medicine. In addition, I serve as the Medical Director of the Northern New England Perinatal Quality Improvement Network ([www.nnepqin.org](http://www.nnepqin.org)), a voluntary consortium of over 50 healthcare organizations and professional societies including all birthing facilities in Vermont and New Hampshire. From 2006 until 2016, I practiced at Cheshire Medical Center in Keene, NH where I collaborated with midwives from the Monadnock Birth Center in Swanzey, NH and The Birth Cottage in Milford, NH. More recently, I have served in an advisory capacity to the midwives/owners of the Gentle Landings Birth Center, which opened in Hanover, NH in 2021. As a clinician, I have worked closely with midwives and their clients receiving full-scope maternity care at birth centers, and developed a model for interdisciplinary quality improvement conferences between sites. As NNEPQIN's Medical Director, I have participated in the development of guidelines for community based midwives and hospital based care providers to optimize the effectiveness, safety, and efficiency of consultation, referral, and transfers from the home or birth center to the hospital setting. Finally, I have contributed as co-author on several peer-reviewed publications related to collaboration between community-based midwives and hospital-based obstetricians.

The sum total of these professional experiences for me 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 closures of over a third of hospital-based Level 1 maternity units across New

Hampshire and the COVID-19 pandemic have only served to reinforce the urgent need for the development of alternative sites for ambulatory care, labor and delivery of risk-appropriate patients. 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. Far from being competitors, birth centers and hospital-based units have the opportunity to improve health outcomes as collaborative, complementary models and sites of care.

In its 2019 publication “Obstetric Care Consensus: Levels of Maternal Care”, the American College of Obstetricians and Gynecologists states “Accredited birth centers and hospitals that offer basic and specialty maternity services provide needed obstetric care for most women who are giving birth in the United States. Furthermore, they often provide maternity care in rural and underserved communities, which offers the benefit of keeping women with low- or moderate-risk pregnancies in their local communities. Accredited birth centers are an integral part of many regionalized care systems.” Straw men arguments regarding risks of delivering in birth centers are simply not supported by high quality evidence and, to the contrary, midwifery-led care in birth centers has been identified as a potential solution to improving maternal outcomes and lowering costs of maternity care in the United States. Findings from the 2018 Center for Medicare and Medicaid Services Strong Start study showed “Women who received prenatal care in Strong Start Birth Centers had better birth outcomes and lower costs relative to similar Medicaid beneficiaries not enrolled in Strong Start. In particular, rates of preterm birth, low birthweight, and cesarean section were lower among Birth Center participants, and costs were more than \$2,000 lower per mother-infant pair during birth and the following year. These promising Birth Center results may be useful to state Medicaid programs seeking to improve the health outcomes of their covered populations.” From the perspective of the Triple Aim, Birth Centers are a no-brainer: Better outcomes and higher patient satisfaction at a lower cost of care.

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. Thank you for your time.

Respectfully submitted,

Timothy J. Fisher, MD