



To: Senate Health & Welfare Committee
From: Jessa Barnard, Executive Director
Date: February 24, 2022
RE: S. 204, Licensure of Birth Centers

The Vermont Medical Society is the largest physician membership organization in the state, representing over 2400 physicians, physician assistants and medical students across all specialties and geographic locations. The mission of the Vermont Medical Society is to optimize the health of all Vermonters and the health care environment in which Vermont physicians and physician assistants practice medicine.

I am here this morning testifying on S. 204. We all agree that women in Vermont should have choices about where they give birth. We also need critical 24/7 access to emergency and high-risk services for when things don't go according to plan. So, while VMS does not oppose the licensing of freestanding birth centers, we do think birth centers should go through the Certificate of Need process to ensure that they don't endanger access to hospital labor & delivery services that we all depend on for safe outcomes.

VMS has a significant concern regarding the impact of new birthing facilities on staffing and capacity at existing birth facilities. Existing facilities in Vermont, neighboring states and other rural states are already struggling to stay open. As examples:

- As you have probably heard this morning, the obstetrics unit at Springfield hospital closed in 2019, requiring many women to travel up to an hour for services
- See recent coverage regarding 9 out of 16 rural hospitals in New Hampshire closing their labor & delivery units since 2000 – largely due to financial pressures and declining birth rates – doubling the driving time to the nearest L&D unit: urban.org/research/publication/following-labor-and-delivery-unit-closures-rural-new-hampshire-driving-time-nearest-unit-doubled
- See national coverage by Kaiser Health News, emphasizing that with high Medicaid coverage and low numbers of births, hospitals in rural states are struggling to continue obstetric care, which must be available 24/7: <https://khn.org/news/article/how-low-can-they-go-rural-hospitals-weigh-keeping-obstetric-units-when-births-decline/>

Another facility in a small state with few births could have a negative impact on existing facilities remaining open. What we have heard from our members is that staffing and declining numbers of patients are not limiting the numbers of patients each obstetrics practice/unit can see overall – rather it is challenging the ability to provide higher level of OB care and 24/7 emergency/transfer capacity. And these are the services that a free-standing birth center will depend on if a pregnant patients needs to be transferred due to complications that arise during prenatal care or delivery. So, rather than help address the consequences of staffing challenges at hospital birth units it could exacerbate them.

VMS does not believe we have easy or quick answers today to the question of how many birth centers there should be in Vermont, where they should be located or how they impact hospital birth facilities remaining open. Instead, these are exactly the type of issues that Vermont's Certificate of Need process is designed to wade through and determine. The purpose of CON law in Vermont is so that: "all new health care projects be offered or developed in a manner that avoids unnecessary duplication and contains or reduces increases in the cost of delivering services, while at the same time maintaining and improving the quality of and access to health care services, and promoting rational allocation of health care resources in the State." VMS believes it is important that a CON process review these questions, along with Vermont's Health Resource Allocation Plan, and not in a vacuum of the other conversations regarding hospital sustainability and equitable access to health care services.

If the Committee does move forward with licensure of birth centers, we do agree that the Department of Health should issue rules that address practice guidelines and procedures for transferring patients to a hospital. We suggest that the Committee hear from the Department of Health regarding the licensing process.