

To the Senators of Vermont Health and Welfare Committee:

Thank you so much for taking my testimony in support of Senate Bill 204. My name is Laurie Foster. I have been a midwife for over 40 years and Vermont resident since 1981. I am presently the Vice President and Legislative Liaison for the Vermont Affiliate of the American College of Nurse-Midwives. I am the former president of the philanthropic organization The Foundation for the Advancement of Midwifery. I have practiced in free-standing birthing centers, community hospitals, tertiary care centers, and I attended home births for 25 years in my private practice. Prior to becoming a nurse-midwife I was a certified professional midwife. I have served on the NH Midwifery Advisory Board and I was a part of the effort to license CPMs in Vermont.

You are hearing from other witnesses about the need for free-standing birth centers and the advantages they offer families during maternity care. I will focus primarily on the economic impact of free-standing birth centers. I will also address the issue of how birth centers enhance equity for birthing families.

It is important to note that free standing birth centers achieve the triple aim of improving health care:

- Birth center care enhances patient satisfaction and the quality of care through an individualized high touch model.
- Birth center care improves the health of the population through lowering unnecessary interventions and supporting healthy pregnancy and birth for low-risk pregnant people.
- Birth center care reduces the per capital cost of maternity care.

The AABC (American Association of Birth Centers) estimates that Medicaid saves 19 million dollars for every 10,000 women who give birth in a freestanding birth center.

The CMS Strong Start Program studied the economic impact of birth centers and found that costs were lowered by more than \$2000 over the first year for each mother-infant pair. These reductions were achieved by fewer infant emergency room visits, fewer hospitalizations, lower low birthweight rates, lower preterm birth rates, more successful VBACs (vaginal delivery after cesarean) and lower c-section rates.

I call your attention to the fact that care at a birth center has as much of a positive impact on the infant as it does on the mother.

In communications prior to this hearing with legislators and officials a concern has been raised that the opening of a birth center in a rural area might have a deleterious effect on an existing in-hospital service. While it might be true that a small number of women from the community who would otherwise birth within the hospital may choose a birthing center, it is also true that a birthing center attracts clients from other areas and also those who may have chosen to birth at home. What a birthing center brings to the local hospital is all the ancillary services such as lab work, ultrasounds, MFM and OB consults, and ultimately a number of transfers. All of these services are likely to be more lucrative than providing global OB services, which do not actually tend to be money makers for hospitals. We have found no evidence that birthing centers have caused the closing of a hospital service.

We had hoped that you could hear directly from Certified Professional Midwife Mary Lawlor. Mary is a Vermont CPM who worked hard in the early 2000s to create a pathway for Birth Centers in Vermont. When she was unsuccessful, she ultimately opened a birth center in Keene, New Hampshire. (It is interesting to note that out of the 5 free-standing birth centers in NH, 2 re owned and operated by Vermont midwives) Mary is also a founder, past president, and just recently retired executive director of the National Association of Certified Professional Midwives. In those roles she has provided policy support to states for regulating midwives and birthing centers, and has also worked with the US Congress and federal agencies to increase access to midwives and birthing centers. Unfortunately, she was unable to attend the hearing. In her written testimony she states:

“Given all the proven benefits of birth centers and a growing demand from childbearing people for community based perinatal services, it is more than time for Vermont, one of only 10 states that do not regulate birth centers, to join the 80% of states that do. Any state, in the process of licensing birth centers will have concerns and fears about the impact. In my work around the country, as well as in New Hampshire, I am not aware of any hospital that closed because a birth center opened in the community. Rather communities become positively known for offering a full range of birth services desired by

people.” I believe you will hear a similar testimony from Dr Timothy Fisher who has extensive experience with birth centers around New England and the country, and who is an expert in the area of collaboration between hospitals and community-based maternity care.

Another concern that has been raised, and which Senator Lyons requested we address is whether there is rationale for a Certificate of Need. The proposed statute explicitly states that it would not be required. The AABC emphasizes that CONs have a negative impact on birthing centers.

- First, CONs create barriers to birthing centers without enhancing safety or improving quality of care.
- Second, out of 40 states that regulate birth centers, 12 require CONs. Those states have either no birth centers or in some cases just one. This is dramatic difference compared to the states that do not require CONs.
- Third, Birth centers provide services not provided by hospitals. They almost always have fewer than 5 beds and do not provide surgical birth or regional or general anesthesia, so they are not an equivalent service. So, to be clear, they do not duplicate hospital-level care.

The principal purpose of the CON, as I understand it, is to prevent duplication of services within a local or regional area, and to prevent using unnecessary health care dollars as a result. It is very important to understand that birthing center services are not equivalent to hospital-based services even when midwifery care is offered by the hospital. It is also clear that birth centers save health care dollars while improving outcomes and patient satisfaction.

In a memo from the National Conference of State Legislators to Representative Lucy Rogers, it was noted that several states have repealed CON laws over time, New Hampshire being one of them.

Another consideration about the CON: if the concerned parties view the CON as a way to control where a birth center is opened, we can guess that a more rural area would be more likely to run into barriers. If indeed that is the case, then are we setting up a situation where citizens of Chittenden County are likely to have a choice that families in more rural Vermont are denied.

So, if the purpose of this statute is to create a pathway for Vermonters to have access to the high-quality care delivered in birthing centers, then requiring a CON would work against that goal without creating benefit. The AABC states that CON requirements “reduce supply and thus lead to lack of access to a model of care that improves outcomes, narrows racial disparities, enhances patient satisfaction, and reduces cost to state Medicaid programs and other payers.”

Another asset to birthing center care is the enhancement of health equity. Many LBGQT and BIPOC people are afraid to birth in the hospital due to past trauma and mistreatment. The small setting and the continuity of care provided by birthing center providers creates a safe space for vulnerable people. I worked closely with a birthing center service in Florida during my time with the Foundation for the Advancement of Midwifery. This center outside of Orlando served a primarily BIPOC population who had a high rate of preterm birth. The model was an open-door clinic, regardless of ability to pay. A dramatic reduction in preterm birth was achieved.

In Vermont we have pockets of new Americans who may be very wary of going into a hospital to give birth. Their traditions often involve community care by midwives. Many of these families live in homes that are crowded and small, unsuited for home birth. Fear and stress are known to have a negative effect on labor and birth, and also on the fetus, thus this is a part of our community who would be well served by birthing centers.

In closing I want to point out that the American College of Obstetricians and Gynecologists, along with the Society of Maternal Fetal Medicine have a joint Care Consensus paper which advocates for birth centers as an appropriate and integral part of our national maternity care system.

We know this is a service Vermont families desire, we know it is safe and will improve outcomes for mothers and babies, and we know it saves Vermont health care dollars. Finally, it is a reproductive choice pregnant people in Vermont deserve to have.

I encourage you to pass S 204 as it stands. Thank you for your time.

