Vermont Association of Hospitals and Health Systems

VAHHS Testimony: S.18 Freestanding Birth Centers

Vermont's birthing landscape

According to the CDC, Vermont has the lowest fertility rate in the country with only 5,316 births in 2022. Vermont hospitals lose millions of dollars a year on their birthing units due to low volume and low reimbursement rates. If one mid-size hospital loses two births per month, its birthing unit will be unsustainable.

Ensure that hospitals are available for freestanding facilities in case of complications

Vermont's health care framework should ensure viable hospital options are available for freestanding facilities requiring access to a hospital. Freestanding birth centers require a relationship with a nearby hospital should the patient need or want a c-section, epidural, induction or augmentation of labor, treatment measures for meconium in the amniotic fluid, continuous electronic monitoring, or need blood pressure lowering medications in labor.

Proposal 1: Make both hospitals and freestanding birth centers more sustainable

Increase Medicaid reimbursement for the most common prenatal (antepartum) & delivery care codes:

- 59400 (Routine obstetric care, vaginal delivery)
- 59409 (Vaginal delivery only)
- 59410 (Vaginal delivery and postpartum care)
- 59510 (routine obstetric care, cesarean delivery)
- 59514 (Cesarean delivery only)
- 59515 (Cesarean delivery and postpartum care)
- 59610 (Routine obstetric care, vaginal delivery, after previous cesarean delivery)
- 59612 (Vaginal delivery only after previous cesarean delivery)
- 59614 (Vaginal delivery and postpartum care after previous cesarean delivery)
- 59618 (Routine obstetric care, cesarean delivery, after previous cesarean delivery)
- 59620 (Cesarean delivery only after previous cesarean delivery)
- 59622 (Cesarean delivery and postpartum care after previous cesarean delivery).
- 59425 & 59426 – antepartum visits only

Proposal 2: Ensure safe transfers, when necessary

Relying on the fact that hospitals must accept all patients under EMTALA is not a sufficient or safe transfer plan for patients. The current rulemaking language fails to adequately address use of EMS or services provided at the hospital:

(11) a requirement for written practice guidelines and policies that include procedures for transferring a patient to a hospital if circumstances warrant.

VAHHS recommends working with the birth center coalition to craft language from the midwife and/or ambulatory surgical center statutes, which have more detailed safeguards around transfer of patients.

Thank you for this opportunity to testify on this important issue. Please feel free to contact me at devon@vahhs.org for more information.