

March 27, 2025

Timothy J. Fisher, MD, MS

Department of Obstetrics and Gynecology

UMass-Chan Medical School/ Baystate Medical Center

759 Chestnut Street

Springfield, MA 01199

Vermont House Healthcare Committee

Representative Alyssa Black, Chair

Re: S.18, An act relating to licensure of freestanding birth centers

Dear Representative Black and members of the Committee;

I sincerely appreciate the opportunity to offer my testimony today in strong support of S.18, an act relating to licensure of freestanding birth centers in Vermont.

I am a board-certified Ob/Gyn physician at Baystate Medical Center and an Assistant Professor of Obstetrics and Gynecology at the Dartmouth Geisel School of Medicine. In addition, I am the former (2016-2023) Medical Director of the Northern New England Perinatal Quality Improvement Network (www.nnepqin.org), a voluntary consortium of over 50 healthcare organizations and professional organizations 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. I served in an advisory capacity to the midwives/owners of the Gentle Landing 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 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 a co-author on several peer-reviewed publications related to collaboration between community-based midwives and hospital-based obstetricians.

Support for birth centers is a timely and important issue in New England. Since moving to Massachusetts, I have followed the progress of legislation related to expansion of midwifery care and support for birth centers, including Massachusetts bill HD.2842/SD.1596 "An Act promoting and enhancing the sustainability of birth centers and the midwifery workforce". Among other initiatives, this bill establishes a midwifery workforce development fund, requires fair reimbursement for midwives and birth centers, enhances birth center sustainability through facility requirements and regulator checklists, and creates a community birth data registry for Massachusetts to promote quality improvement.

Closures of over a third of hospital-based labor and delivery units in New Hampshire and at Springfield Hospital in Vermont Hospital 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 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 most 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 can 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.” Arguments about increased 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. 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.” Birth Centers offer many benefits to patients, families, communities and the broader healthcare system including 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 consideration.

Respectfully submitted,

Timothy J. Fisher, MD, MS, FACOG