



Vermont Nurse Practitioners Association
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To: Senate Committee on Health and Welfare Members

From: Michelle Wade MSN/Ed, APRN, AGNP-C, ACNPC-AG, FAANP
President Vermont Nurse Practitioners Association
Adult-Gerontology Primary Care Nurse Practitioner
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RE: S. 18 - An act relating to licensure of freestanding birth centers

Certified Nurse Midwives (CNMs) are Advanced Practice Registered Nurses (APRNs) with prescriptive privileges and provide primary care to women of childbearing age and beyond with a comprehensive range of services. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth, and the postpartum period, care of the normal newborn during the first 28 days of life, and more. This is another example of APRNs providing primary to rural Vermonters.

The Institute for Medicaid Innovation discussed - Midwifery-led care and stated that it might be a means to improve health equity and, ultimately, maternal and infant outcomes for pregnant individuals enrolled in Medicaid.

According to the American Association of Birth Centers, as of 2022, there were about 400 freestanding birth centers in the United States and DC. This number has more than doubled in the last decade.

- Freestanding birth centers are recognized by statute, legislation, or Medicaid in 41 states
- Numerous studies have shown that having a baby in a birth center is at least as safe as having a baby in a hospital for low risk women.
- Care by midwives in birth centers is exceptionally affordable to the healthcare system.
- Every person has the right to make an informed choice about their reproductive healthcare and the place of birth that best fits their needs, and clearly birth centers are in demand.
- Licensure of birth centers provides for patient safety

One concern I heard during previous testimony was about loss of revenue to the local hospitals. I want to point out that Birth Centers bring business to local hospitals through ancillary services, including laboratory, obstetric ultrasound, obstetric consultations, and transfer of care when necessary. With Vermont Medicaid, the payment is made where the delivery occurs, so if A patient is transferred to the

hospital at the time of delivery, even if all care up to that point was done by the midwife at the Freestanding Birth Center, the entire payment will go to the hospital.

The concept is that low-risk individuals arrive in active labor, receive limited use of medical interventions and support for normal, physiologic birth, and are then discharged home several hours postpartum.

This birth setting is used successfully in other high-income countries and was recommended by the National Institute for Health and Care Excellence (NICE) in the United Kingdom in 2014 as a valuable option for healthy individuals with normal pregnancies.

How will this improve access to care across the state?

VNPA feels that free-standing birth centers would improve access to CNM care throughout Vermont by adding CNM options for care to “dessert care” areas and allowing access to these APRNs

What are the social aspects?

Social aspects will include that patients will be able to get their care in a non-hospital setting as long as they are in a Low-Risk pregnancy. This care allows families to be in a low-stress environment for this monumental time in their lives.

This bill is as much about patient autonomy and women’s rights as it is about providing a proven, safe, cost-effective healthcare option currently not offered in Vermont.

Respectfully,
Michelle

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