



Good morning, my name is Devon Green with the Vermont Association of Hospitals and Health Systems, representing Vermont's hospitals, which are all nonprofit.

First, VAHHS is supportive of licensing freestanding birth centers. We support choice for maternal and birthing care. To that end, we support the licensure of freestanding birth centers in S.18.

We have concerns with exempting freestanding birth centers from the Certificate of Need (CON) process.

Vermont's birthing landscape: fragile system with quality care

- 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.
- Hospitals need enough births to maintain the skillset of health care personnel within the units—hospitals may be able to share or shift other personnel to ensure maintenance of a skillset, but this option is not available in a 24/7 birthing unit.
- Despite these challenges, the [March of Dimes](#) rated Vermont [first in the nation](#) for its efforts in maternal and infant care.

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. While something like a physician's office does not require a transfer agreement with a hospital, freestanding birth centers require a relationship with a nearby hospital should the patient need or want an 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. If a hospital's birthing unit closes, the freestanding birth center would also be in jeopardy.

Solution: Support both hospitals and freestanding birth centers

- Require freestanding birth centers to accept all Medicaid patients to avoid a cost shift to hospitals
- 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

Without proactive steps to support both freestanding and hospital affiliated birth centers, Vermont's hospitals cannot support a CON exemption for freestanding birth centers.

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