Vermont Senate Committee on Health and Welfare
115 State Street
Montpelier, VT 05633-5301

February 13, 2025

To Chair Senator Lyons and Members of the Senate Commitee on Health and Welfare:

On behalf of the Vermont Section of the American College of Obstetricians and Gynecologists (ACOG) and the Vermont Medical Society, I write today to provide information on the licensure and accreditation of birth centers.

ACOG represents practicing obstetrician-gynecologists across Vermont and nationally, committed to providing patient-centered, evidence-based obstetric and gynecologic care. With more than 62,000 members, ACOG maintains the highest standards of clinical practice; strongly advocates for equitable, exceptional, and respectful care for all people in need of obstetric and gynecologic care; and promotes patient and community education.

The Vermont Medical Society is the leading voice of physicians in the state and is dedicated to optimizing the health of all Vermonters and the health care environment in which Vermont physicians and physician assistants practice medicine. The Society represents 3,100 physicians, PAs and medical students of all specialties throughout Vermont.

Fundamentally, ACOG believes that every pregnant person has the right to make a medically informed decision about their delivery and birth experience. [i] Although ACOG believes that hospitals and accredited birth centers are the safest settings for birth, each person and pregnancy can vary, so we must create a system in which patients can receive risk-appropriate, evidence-based care in the setting of their choosing. Comprehensive

assessment of risk ensures that people who are pregnant receive timely care from a professional who is prepared and has resources to meet the level of care needed. ACOG's Obstetric Care Consensus on Levels of Maternal Care outlines general considerations relevant for all levels of maternal care, whether at a hospital, accredited freestanding birth center, or [ii]

ACOG supports the accreditation requirement found in S. 18. ACOG's clinical guidance refers to the American Association of Birth Centers (AABC) Standards for Birth Centers for the appropriate capabilities of birth centers, and the Commission for the Accreditation of Birth Centers is the only accrediting agency that chooses to use the national AABC's Standards for Birth Centers in its accreditation process.[iii] AABC sets national standards so that patients and the public have a specific tool for measuring the quality of services provided in birth centers.[iv] According to the Standards for Birth Centers, "Meeting the standards of accreditation indicates to clients, states, health and liability insurance agencies, consulting providers, and hospitals that a birth center has met a high standard of evidence-based and widely recognized benchmarks for maternity care, neonatal care, business operations, and safety."[v] Accreditation will provide patients with the security of knowing standards of care are being met and that those standards can adapt to the changing landscape of maternal and infant health.

In Vermont, we are fortunate to have a longstanding history of midwifery services that are hospital-based and supported by physician OB/Gyns. Our midwives provide exceptional low-risk, patient-centered care in a setting that allows for safe care in the event of an unexpected event. Anyone who has been pregnant or been close to someone who is pregnant, knows that things don't always go to plan and often events are unpredictable. As an obstetrician, I'm trained to handle and manage these complications as they arise while maintaining a positive and empowering experience for the patient.

While ACOG supports accredited birth centers as safe places to birth that support patient choice, we also want to be aware of other challenges facing patients and our profession. Accredited birth centers can offer patients experiencing an uncomplicated pregnancy who are expected to have an uncomplicated birth the option to give birth in a non-hospital setting.[vi] However, we must still maintain access to hospital-based, risk-appropriate care so that if a patient needs a higher level of care, they don't experience high travel times and delays in care. Labor and delivery, much like our emergency departments and intensive care units, needs to be staffed and ready to handle an emergency at a moment's notice. It requires specialty trained nurses, access to anesthesia and OR services and delivery providers including midwives and an OB/Gyn. Given that anywhere

from 15-30% of all births occur via cesarean section, a birth center will not be able to reduce our need to maintain access to 24/7 labor and delivery units across the state. We must ensure that that birthing centers don't exacerbate our staffing shortages, both for unit support staff, obstetric nursing staff and delivery providers. In my practice, we are struggling to recruit both nursing and delivery providers across the state. I get requests every week for locums coverage at hospitals across Vermont as providers retire or leave the state for other opportunities.

Existing birth facilities in Vermont, neighboring states and other rural states are already struggling to stay open. Vermont has the lowest birthrate and number of births per year in the country.[vii] Examples of labor and delivery unit closures include the closure of the obstetrics unit in Springfield in 2019[viii] and the closure of 9 out of 16 labor and delivery units in rural hospitals since 2000.[ix] According to the Kaiser Family Foundation, finances play a large role when hospitals consider closing their birthing units because half of all rural births are paid for by Medicaid.[x] As birth rates decline, it becomes increasingly difficult to pay clinicians and provide 24/7 care.[xi] One way to address this dilemma is to increase reimbursement rates under Medicaid. If this proposal moves forward, we would advocate for S. 18 to be amended to include reimbursement for comprehensive prenatal, labor and delivery, postpartum services under the enhanced primary care rate paid under Medicaid's professional (RBRVS) fee schedule.

ACOG supports licensure of accredited birth centers but we also want to be cognizant of the larger maternal health access landscape. We must work collaboratively to ensure we have a secure healthcare workforce that will allow patients to birth where they choose with the confidence that they will continue to have access to a higher level of care should complications arise.

Respectfully,

Lauren MacAfee, MD, MSc, FACOG

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[i] Planned home birth. Committee Opinion No. 697. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e117–22. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/04/planned-home-birth.

[ii] Levels of maternal care. Obstetric Care Consensus No. 9. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;134:e41–55. https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care.

[iii] *Id.*

[iv] American Association of Birth Centers, National Standards for Birth Centers, last accessed Nov. 23, 2024, https://www.birthcenters.org/birth-center-standards.

[v] American Association of Birth Centers, Standards for Birth Centers, Revised 2017, https://assets.noviams.com/novi-file-uploads/aabc/downloads/AABC-STANDARDS-RV2017-9c9b1c18.pdf.
[vi] Levels of maternal care. Obstetric Care Consensus No. 9. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;134:e41–55. https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care.

[vii] Centers for Disease Control, National Center for Health Statistics, Fertility Rates by State, last accessed February 12, 2025, https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.htm.

[viii] Katy Savage, VT Digger, Springfield Hospital to close birthing center by June, Mar. 20, 2019, https://vtdigger.org/2019/03/20/springfield-hospital-close-birthing-center-june/.
[ix] Stacey McMorrow, et al., Urban Institute, Following Labor and Delivery Unit Closures in Rural New Hampshire, Driving Time to the Nearest Unit Doubled, Oct. 27,2021, https://www.urban.org/research/publication/following-labor-and-delivery-unit-closures-rural-new-hampshire-driving-time-nearest-unit-doubled.
[x] Charlotte Huff, KFF Health News, How Low Can They Go? Rural Hospitals Weigh Keeping Obstetric Units When Births Decline, Nov. 12, 2021, https://kffhealthnews.org/news/article/how-low-can-they-go-rural-hospitals-weigh-keeping-obstetric-units-when-births-decline/.
[xi] Id.