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Good morning and thank you all for taking my testimony.

My name is Laurie Foster, I am a midwife and I have been serving Vermont families since 1982, now recently retired. I have worked in all settings - in private practice attending home and hospital births, in a small community hospital midwifery practice, and for just a few years in a tertiary care center. My primary training as a midwife occurred in free-standing birth centers in Texas.

I am the legislative liaison for the Vermont Affiliate of the American College of Nurse-Midwives and a member of the Vermont Birth Center Coalition. I have been involved in promoting legislation to license free-standing birth centers for the past 6 years.

I strongly support S.18 and I encourage this committee to pass the bill as written. I have spent a considerable amount of my time working towards this goal because I believe that birth matters and that Vermont families deserve the opportunity to choose a maternity care option that offers **improved outcomes, lower costs, and greater satisfaction**. C-section rates among people using birth centers are 6% vs. 26% for low risk people in the hospital setting. There is a full 50% reduction in preterm and low birth rate babies, representing an enormous savings in both money and stress on the babies and families. Birth centers provide more affordable care, with better outcomes at no additional cost (and in fact, with savings) to the state.

Choice in birth setting is a reproductive right, and we know Vermonters support reproductive rights. It is also a health equity issue, and health equity is a goal we all believe in. A statewide research project

conducted in 2023, showed that over 95% of Vermonters believe a birth center would benefit their communities. We also know that families in driving distance of the state border go to New Hampshire and Massachusetts to access birth center care.

This is an opportune time for Vermont to join the majority of states, 42 out of 50, that have birth centers as an option.

In the past six years the main obstacle to passing this legislation has been the question of the CON. We know from national statistics that the requirement of a CON is a major barrier to opening birth centers. We also know that the CON process has not served the purpose of decreasing costs, increasing access or increasing quality. In fact the original federal mandate for states to implement a CON process in the 1970s was repealed in the 1980s for this reason. By considering this legislation **we are acknowledging the need for birth centers in Vermont.** Birth centers are by nature small, low tech labors of love. Although the likelihood of a birth center reaching the financial thresholds set by the CON statute, even at the present rates, is extremely remote, the statute has the word “including” in front of those thresholds, and thus allows a CON to be applied to any health care project. Requiring a CON would ensure that no birth centers will open in Vermont, and make this entire process an exercise in futility.

We have heard the argument from hospitals that birth centers will threaten the financial viability of hospital birthing units and that smaller hospitals are most vulnerable. ***There is absolutely no evidence that this will occur***, and I can assure you that there is actually evidence to the contrary

- There is extensive national data from the American Association of Birth Centers with no indication that birth centers threaten hospitals. In fact, birth centers bring the most financially beneficial services associated with maternity care into local hospitals in the form of lab work, ultrasound services, consultations and transfers.

- A reasonable estimation of the number of families a rural birth center will serve is 4-5 families a month. Of these families, it is highly likely that more than half would be people who would have otherwise had a home birth or gone out of the catchment area to give birth in other places.
- We must also consider that if a couple of births a month are enough to close a hospital, this could occur by natural fluctuation of birth rates anyway, or a new home birth midwife moving into a community, which could happen at any time.
- Data from the state vital statistics indicates that small rural hospitals are serving less than 60% of the birthing families in their catchment area, so perhaps their focus should be more on how to bring those families going elsewhere back to their local hospital, rather than worry about how a birth center may impact their financial bottom line.
 - In the case of North Country, in 2022, 146 births occurred in the hospital, while 250 families in Orleans county had babies, equaling 104 families that sought care elsewhere.
 - In the case of Brattleboro in the same year, 173 births occurred in the hospital while in Windham County 323 families had babies, equaling 150 families that went elsewhere.

I want to make it very clear that no midwife working in or owning a birth center wants to close down the local maternity unit. Birth centers actually rely on local maternity units, as I stated earlier, for lab work, ultrasounds, consultations and transfers. As a state we should be promoting cooperation among maternity care providers, rather than competition. We would like to work together to serve our birthing community, rather than commodify birthing families as a financial resource to be bargained for.

I wholeheartedly agree with Devon Green that the plight of the financial fragility of hospital maternity units is an issue of poor reimbursement for services for women and children. By allowing this inequity to continue,

we miss the opportunity to promote a strong start for our Vermont families. The Vermont Birth Center Coalition is eager to join VAHHS in working towards fairer reimbursement practices.... But that issue is separate from birthing choices for Vermont families – ***especially the choice that has the best outcomes for low-risk pregnancies, saves individuals and the state money, and provides better patient satisfaction.*** In what other scenario would we, as a state, deny Vermonters a choice that is safer and less expensive?

Birth centers are a labor of love. They are almost always opened by midwives who care deeply about mothers, babies, and families. If this legislation is passed as written, we will be lucky to have 2-3 birth centers opened in the next 5-10 years. In the state of New Hampshire, which is a more populace state that has had birth centers for over four decades, there are five birth centers.

The Vermont Birth Coalition and the VT Affiliate of the American College of Nurse-midwives asks that the committee pass the bill as written, with the CON exemption, so we have a process that will allow birth centers to open, without arbitrary barriers.