



AABC
AMERICAN ASSOCIATION
OF
BIRTH CENTERS

March 16, 2023

Public Health Committee
CT General Assembly
State Capitol
Hartford, Connecticut 06106-1562

Dear Public Health Committee:

The American Association of Birth Centers (AABC) submits these comments as testimony in support of **Bill No. 986, An Act Protecting Maternal Health**.

AABC is a national membership organization supporting freestanding birth centers, physicians, midwives, consumers, and other stakeholders of birth centers. Among its many activities, AABC maintains the evidence-based Standards for Birth Centers and works with birth centers to provide the highest quality of care in this family-centered model. Decades of research studies demonstrate safety and improved outcomes from midwifery-led care in birth centers^{1, 2 3 4 5}

The CMS funded Strong Start study resulted in reduced preterm births, cesarean rates, and a reduction in racial disparities among participants who had prenatal care in birth centers.^{ii iii}

In addition, AABC has recognized the elements in legislation and regulation that support best practices in birth center operations. The proposed Bill No. 986 contains several of these elements, which AABC supports.

The Proposed Bill No. 986 would remove the Certificate of Need (CON) requirement for freestanding birth centers. AABC supports the removal of the Certificate of Need requirement because birth center beds are not the same as hospital beds and shouldn't be compared. Birth center beds are limited to the care of lower risk maternity care clients, for labor, birth, postpartum and newborn care only. Requirements for CON decrease access to birth centers and birth center care to those who desire it.

Bill No. 986 also requires CABC accreditation of birth centers. AABC supports birth center accreditation, so care is provided at the highest level of quality. AABC also support requiring birth center accreditation by the CABC because they are the only national accrediting body that uses the national Standards for Birth Centers in their accreditation.

The proposed bill also requires hospitals to accept transfers from licensed birth centers. We strongly support this element of the proposed legislation. Having good communication any time a transfer is needed ensures the health and safety of the childbearing person and newborn. Transfers should be seamless to optimize outcomes. We always encourage good communications between birth centers, hospitals, and providers, centering the patient's needs.

AABC supports that the proposed bill language does not require physician supervision of the birth center. Birth centers are a part of the maternal healthcare system and will always work in collaboration with the larger healthcare network, which includes consulting with physicians, other providers, and hospitals when needed for patient care outside the scope of the birth center. These consultative and collaborative relationships are an important part of providing high quality care. Requiring supervision presents multiple barriers to providing access to midwifery-led birth center care.

Finally, AABC supports the sunseting of the previous Maternity Hospital regulations, which raise many barriers to the start-up and operation of freestanding birth centers. Birth centers are not hospitals, so requiring hospital regulations is not appropriate for freestanding birth centers.

The American Association of Birth Centers supports Governor's Bill No. 986 and encourages the swift passage and implementation of the proposed legislation. Please do not hesitate to contact us with any questions.

Sincerely,



Jill Alliman, DNP, CNM, FACNM
Government Affairs Committee Chair



Kate Bauer, MBA
Executive Director

¹ Stapleton, S.R., Osborne, C., Illuzzi, J. (2013). Outcomes of care in birth centers: demonstration of a durable model. *J Midwifery Womens Health*. 58(1):3-14.

² Alliman, J., Stapleton, S., Wright, J., Bauer, K., Slider, K., Jolles, D. (2019). Strong Start in birth centers: Sociodemographic characteristics, care processes, and outcomes for mothers and newborns. *Birth*. 46(2), 234-243. doi: 10.1111/birt.12433

³ Dubay, L., Hill, I., Garrett, B., Blavin, F., Johnston, E., Howell, E., ... & Cross-Barnet, C. (2020). Improving Birth Outcomes And Lowering Costs For Women On Medicaid: Impacts Of 'Strong Start For Mothers And Newborns' An evaluation of the federal Strong Start for Mothers and Newborns program's impact on birth outcomes and costs for Medicaid-covered women. *Health Affairs*, 39(6), 1042-1050.

⁴ Jolles, D.R., Langford, R., Stapleton, S., Cesario, S., Koci, A., Alliman J. (2017). Outcomes of childbearing Medicaid beneficiaries engaged in care at strong start birth center sites between 2012 and 2014. *Birth*. 44(4):298-305

⁵ Jolles, D., Hoehn-Velasco, L., Ross, L., Stapleton, S., Joseph, J., Alliman, J., ... & Wright, J. (2022). Strong Start innovation: equitable outcomes across public and privately insured clients receiving birth center care. *Journal of Midwifery & Women's Health*.