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ACOG
THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

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To The House Committee on Health Care:

My name is Stella Dantas and I am both a past Chair and past Legislative Chair for the Oregon Section of ACOG. Currently, there are two bills regarding reimbursement relating to care provided at freestanding birth centers. Oregon ACOG strongly opposes both pieces of legislation.

The two pieces of legislation are:

- **HB 3451.** This would require the Health Authority to reimburse freestanding birth centers based on median cost of the center to provide the care to the state.
- **HB 3456.** This is an insurance mandate that would require health plans to reimburse direct entry midwives that work at free standing birth center if the care would have been reimbursed if it occurred with a physician or nurse midwife in a hospital setting.

Freestanding birth centers operate independently and although they can refer clients to hospitals for care, many do not currently partner with a hospital and therefore, do not have immediate access to the range of services offered by the hospital. This then limits the types of patients that can be cared for at these facilities.

Due to concern of the rise in maternal death related to childbirth in the United States, the American Congress of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) recently issued *Levels of Maternal Care*, the first consensus document establishing levels of care for perinatal and postnatal women.

This document outlines the following on birth centers.

Definition: Peripartum care of low-risk women with uncomplicated singleton term pregnancies with a vertex presentation who are expected to have an uncomplicated birth
Capabilities:

- Capability and equipment to provide low-risk maternal care and a readiness at all times to initiate emergency procedures to meet unexpected needs of the woman and newborn within the center, and to facilitate transport to an acute care setting when necessary.
- An established agreement with a receiving hospital with policies and procedures for timely transport.
- Data collection, storage, and retrieval.
- Ability to initiate quality improvement programs that include efforts to maximize patient safety.
- Medical consultation available at all times

Types of Health Care Providers:

- Every birth attended by at least two professionals:
    - Primary maternal care providers. This includes CNMs, CMs, CPMs, and licensed midwives who are legally recognized to practice within the jurisdiction of the birth center; family physicians; and ob-gyns.
- Availability of adequate numbers of qualified professionals with competence in level I care criteria and ability to stabilize and transfer high-risk women and newborns.

Additionally, the birth centers in Oregon are all licensed but not accredited and many of them do not meet the above criteria.

Another current challenge to providing appropriate levels of care are that many of the attendants at birth centers are CPMs. Even though there are some CPMs who have completed an accredited program and national certification, CPMs in general currently lack a uniform minimum standard of accredited education. In fact, the CNMs did not support the federal recognition of CPMs under the Social Security Act due to this issue.

Oregonians deserve high standards of care and we should be promoting the highest standards of education of our women's health care providers. At the same time, we should prioritize helping patients understand what facilities (given their risk stratification) are safe and appropriate for them to deliver.

Given the above issues, we should not be considering any legislation regarding reimbursement of birth centers before we have legislated better guidelines for those centers on risk stratification of appropriate births (i.e. first step is to await HERC criteria on low risk births). With regards to the reimbursement of CPMs, we should not be legislating reimbursement of providers that currently, do not meet the International Standards of Midwifery.

This is a patient safety issue. If we are to provide blind reimbursement for care, we are silently approving of the care provided both at these centers and by these providers. Therefore, we create and financially support a system that potentially provides disparate care for patients on Medicaid.

Local and state health care regulations, national accreditation and professional organization guidelines, and identified regional perinatal health care services in our state should determine the appropriate level of care to be provided by a given facility. Until we have state and regional authorities working together to determine the appropriate coordinated system of care, potentiate a system that provides coverage for substandard care.

Respectfully,

Stella Dantas, MD, FACOG
Past Chair and Past Legislative Chair
Oregon Section, ACOG