

Chair Greenlick and the House Committee on Health care,

My name is Tracy Lawson-Allen, CPM, LDM and I am a licensed direct-entry midwife at Andaluz Waterbirth Center, working with birthing families from Multnomah, Washington, Clackamas, and Yamhill counties. I am writing to ask you to support HB 3451 and HB 3456 which ask insurers to compensate licensed birth centers for the work we do to care for low-risk women.

Recently, birth centers have gained national attention as a viable option for safe out-of-hospital birth and a way to cut costs for insurers and low-risk birthing families who desire this model of care. The birth center model also reduces the cesarean rate. Our birth centers have been giving excellent evidence-based care to our birthing families and our statistics reflect this. In 2013, the last year for which statistics are currently available, we had a 6% cesarean rate and 100% positive outcomes for moms and babies. Our statistics support that the work we do is both safe and reduces the rate of surgical births. We risk out appropriately, utilizing the hospital when it is needed, at a rate of approximately 25% (this number includes all clients being risked out either during pregnancy or in labor). Birth centers have a vital role to uphold in the interests of serving the needs of the public and keeping health care costs down.

I am writing on behalf of HB 3451 which would allow birth centers to continue to care for women who are on OHP at a reimbursement rate that is commensurate with the cost of caring for these clients. Currently, birth centers are not compensated by the Oregon Health Authority at a rate that is sustainable or comparable to what birth center birth costs other payors. The birth centers struggle to care for these clients, many of whom benefit greatly from being in a model of care where we offer hour-long appointments and free classes that help to get families off to a healthy start. The reimbursement that is currently offered for women on OHP is far below what is needed to meet the costs of caring for them. We need HB 3451 to pass to ensure reimbursement meets the costs associated with offering birth center care and that we continue to be able to care for and support our OHP clients.

I am also writing on behalf of HB 3456 which requires health benefit plans to reimburse the cost of care provided by licensed direct-entry midwives at freestanding birth centers. Licensed midwives are working at birth centers throughout Oregon and upholding the birth center model described above and helping to ensure that it remains an appropriate option for low-risk birthing women in Oregon. We practice alongside other provider types, giving the same care and contributing to the same outcomes, in the capacity that our license allows. Our license is sufficient to allow us to give this care and to bill insurance, but insurers are inconsistent in recognizing us through insurance reimbursement. We are a small number of providers that have been somewhat marginalized by the insurance industry and ask that you support HB 3456 to help insurers to recognize the beneficial role that licensed direct-entry midwives play in the birth center model of care.

As a midwife at Andaluz Waterbirth Center in my seventh year, and a four-time Andaluz client myself, it is important to me and my family that the birth center model of care is supported by these bills.

Sincerely,

Tracy Lawson-Allen, CPM, LDM