

## **Birth Center Bill Information for 12/15/20 House Committee on Health Care Meeting**

### **Written Testimony from AlexAnn Westlake Oregon Affiliate of the American College of Nurse Midwives**

Madam Chair and Members of the Committee,

My name is AlexAnn Westlake and I am a Certified Nurse Midwife in Eugene, Oregon. I am also a member of the Board of the Oregon Affiliate of the American College of Nurse Midwives and I am the director of a nonprofit birth center that is in the process of starting up in Lane County called Our Community Birth Center.

I am here today to share testimony regarding the Birth Center Reimbursement Bill. This bill was developed in stakeholder group that met for over a year with everyone at the table including insurers, physicians, and midwives. This bill will increase access to midwifery birth center care in Oregon which research shows will result in improved health outcomes and lower health care costs. The changes made by this bill are consistent with the specific current recommendations to improve outcomes and increase patient satisfaction from Centers for Medicare and Medicaid Services, National Academies of Sciences, Engineering, and Medicine, Black Mamas Matter Alliance, Center for Health Care Strategies, and Institute for Medicaid Innovation.

We are in the midst of a long-standing crisis of high perinatal death rates. Black, Indigenous, and People of Color are two to five times more likely to die around the time of childbirth than their White counterparts. This crisis is largely attributed to systemic racism and bias in our health care systems, as well as the overuse of cesarean sections for birth. Both issues are present in Oregon.

Midwifery birth center care can help address this crisis and improve outcomes through personalized care guided by evidence and with wrap around support for pregnant and birthing families. The [Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care](#) toolkit (2018) calls for policymakers to ensure access to midwifery care in order to reduce current cesarean section overuse and increase patient-centered care.

In Oregon, we are fortunate to have comprehensive licensing and regulations for three types of midwives. The three types of licensed midwives in Oregon include Certified Nurse Midwives, licensed by the Oregon State Board of Nursing, Certified Professional Midwives, licensed by the Board of Direct Entry Midwifery, and Naturopathic Doctors with a Natural Birth Certificate, licensed by the Naturopathic Board. Oregon also has advanced perinatal data collection so we know our birth outcomes and we know that all types of licensed midwives provide safe care. If you have heard that community birth or midwifery care is unsafe, that is inaccurate and outdated information.

The data in Oregon shows that birthing parents receiving care from each type of licensed midwife have excellent health outcomes in each birth setting, including hospital, birth center, and homebirth. In addition, birth centers have been studied by CMS through the Strong Start for Mothers and Newborns study in 2018 and have been shown to decrease c-section rates, decrease preterm birth, increase patient satisfaction, and simultaneously lower the costs of health care.

This bill will enable more pregnant people in Oregon to access birth center care in two ways. First, more birth centers will be able to accept more insurance types making it accessible to people in our communities. Second, more birth centers will be able to open in communities that currently don't have access to birth center care because they will have access to fair negotiations for reimbursement to cover the costs of the care they provide and therefore keep their doors open.

In addition, this bill will increase the integration of perinatal health care throughout Oregon by bringing midwives and birth centers into the circle of integrated care rather than pushing them away to the fringes of our perinatal health care system.

Oregon families want access to midwifery birth center care. As a midwife who is in the process of starting a birth center, I receive regular inquiries from families asking when our birth center will open. It is particularly heartbreaking to tell them the birth center is not open yet during COVID-19 when people are urgently seeking birth center care to reduce their risk of exposure to COVID-19, conserve hospital resources, and obtain personalized support during the pandemic. We recognize pandemic precautions and the added emotional stress on pregnant people are far from over and the demand for birth center services and support will be on-going. This bill will make a significant difference for families in Oregon because lack of fair reimbursement from insurance is a barrier to establishing more birth centers, particularly in underserved parts of Oregon or in response to crises like a pandemic.

Oregon has been a leader in legislation that improves the health of our families and this bill can be another step in that direction. Please support the birth center bill to improve access to care for Oregon families,

AlexAnn Westlake, CNM

Oregon Affiliate of the American College of Nurse Midwives

## **Written Testimony from Silke Akerson - Oregon Midwifery Council**

Chair Salinas and members of the House Health Care Committee,

My name is Silke Akerson and I am Certified Professional Midwife and the executive director of the Oregon Midwifery Council. I am asking for your support for LC 1109 to increase access to midwifery care and birth centers for Oregon families. Birth centers and midwifery care improve outcomes, reduce costs, and increase patient satisfaction. The proposed bill, which was originally presented to you in 2019, is the result of over a year of meetings in a stakeholder work group convened by Representative Keny-Guyer with Oregon insurers, CCOs, midwives, birth centers, and the Oregon Health Authority. The robust contributions of all stakeholders created a sound bill that makes sense for families, insurers, and the health care system.

Midwives in Oregon provide safe, excellent, and cost-effective care in hospital, birth center, and home birth settings. Midwifery care, in all three settings, improves outcomes for mothers and babies and leads to lower rates of preterm birth, low birth weight, and cesarean while greatly increasing rates of breastfeeding. These improvements in outcomes provide health benefits and cost-savings not just at the time of birth but across the life-span. There is a high demand for midwifery care and birth centers that has increased during the COVID-19 pandemic.

As you heard from AlexAnn, Oregon licenses three types of midwives and all three provide excellent care for the 4 percent of Oregon families who choose community birth in a birth center or home birth. Community birth with midwives in Oregon is a safe option for low-risk mothers and babies and safety is further improved when midwives are integrated into maternity care systems. Different midwife types often work together in the same birth center or home birth practice. I am happy to provide the Oregon Vital Records data showing that birth centers and home birth are safe for Oregon mothers and babies if any of you are interested.

Midwifery care in hospital, birth center, and home birth settings reduces costs for insurers and for the health care system as a whole. The cost of hospital birth in Oregon varies from about \$12,000 to \$30,000 depending on the birth while the total cost (including prenatal, birth and postpartum care) of a birth center is between \$5,000-10,000 and home birth is between \$3,000 and \$5,000. The 2018 CMS Strong Start for Mothers and Newborns study showed that birth center care for Medicaid recipients improved outcomes and cost \$2,010 less per mother-baby pair which represents a savings of over 2 million dollars for every 1,000 births.

Even though midwives provide excellent, safe, and cost-effective care, over half of Oregon insurers provide limited or no coverage for midwifery care in the birth center or home birth setting and many pay birth centers far below cost for their facility fee. There are a significant number of plans that provide no coverage for home birth or only cover one of the three types of Oregon licensed midwives. Oregon midwives and birth centers have worked for the past 10 years to negotiate with Oregon insurers and CCOs with limited success. While there are plans providing fair and adequate access to midwifery care, there are many more that will not consider covering or contracting with midwives due to misinformation or bias about midwives and out-of-hospital birth. In fact, a number of insurers have drastically decreased their facility fee payment

to birth centers so that birth centers are being paid thousands of dollars less than their cost per birth and some birth centers have closed and others are struggling to stay open as a result.

Many Oregon families currently don't have insurance coverage for basic, appropriate and evidence-based maternity care options like birth centers. This means that midwifery care is inaccessible to low-income families, who are shown to most benefit from midwifery care, while middle-class families are often forced to pay out-of-pocket or have the personal decision of place of birth and provider decided by their insurer. Inequities in access like this have disproportionate effects on families who are Black, Indigenous, people of color, and poor. This bill is part of the recommended solutions to our maternal and infant health crisis put forth by organizations from Black Mamas Matter Alliance to the National Academies of Science, Medicine, and Engineering and would ensure that pregnant people in Oregon have equal access to maternity care options.

The birth center bill would:

1. Require Oregon insurers and CCOs to cover midwifery care in the hospital, birth center, and home setting with all three licensed midwife types.
2. Require Oregon insurers to pay birth centers a fair facility fee based on their actual costs and good faith negotiation standard.
3. Direct the Department of Business and Consumer Services to report to the legislature on the impact of the law.

The birth center bill would not:

1. Require insurers to contract with any licensed midwife
2. Prevent insurers from having robust credentialing requirements or guidelines for planned community birth.
3. Conflict with the Health Evidence Review Commission coverage guidance (we are aware that OHA may want further clarification in this section and are open to rewording).
4. Increase costs for Oregon insurers.

This bill has great support from consumers and is supported by the Oregon Nurses Association, Forward Together, the Oregon Association of Birth Centers, the Oregon Affiliate of the American College of Nurse Midwives, the Oregon Midwifery Council, and the Nurse Practitioners of Oregon.

Please support this simple solution to improve access to safe and affordable care for Oregon mothers and families. AlexAnn and I are available to answer any questions you have about this bill or about midwifery and birth centers in Oregon.

Thank you for your consideration,

Silke Akerson, CPM, LDM  
Oregon Midwifery Council



## 2021 Birth Center Reimbursement Bill Info Sheet

**This bill provides insurance coverage for birth center and home births attended by Certified Nurse Midwives, Certified Professional Midwives, and Naturopathic Doctors.**

**2019 Oregon HB 2845:**

<https://olis.oregonlegislature.gov/liz/2019R1/Measures/Overview/HB2845>

**Oregon regulates the practice of three types of midwives:**

- Certified Nurse Midwives, licensed by the Oregon State Board of Nursing as Nurse Practitioners
- Certified Professional Midwives, licensed by the Board of Direct Entry Midwifery
- Naturopathic Doctors with a Natural Birth Certificate, licensed by the Naturopathic Board

In addition, birth centers facilities in Oregon are licensed by the Oregon Health Authority and are required to meet specific standards for licensure.

**Birth Center facilities fees are rarely and inadequately covered by insurance, leaving fewer birth options for families.** They are covered by the Oregon Health Plan at a rate that is significantly under cost. This bill addresses these facilities fees and requires that insurers offer birth center options and negotiate fairly for reimbursement amounts based on actual costs.

**Midwifery care improves outcomes and reduces costs.** A study of birth center outcomes by Centers for Medicare and Medicaid Services showed **lower cesarean section rates, fewer preterm births, fewer low birth weight babies, and a lower cost to the health care system** ([Strong Start for Mothers and Newborns, 2018](#)). Birth center fees in Oregon range from \$6,000-\$12,000, while uncomplicated hospital births are at least \$18,000.

**We are in a maternity care crisis that is harming Black, Indigenous, and People of Color** who are 2-5 times more likely to die around the time of childbirth than white people. This crisis is due systemic racism and bias in our health care systems and overuse of cesarean sections for birth. Both issues are present in Oregon. Community-based midwifery care can help address this crisis and improve outcomes through personalized care and reduction of unnecessary cesarean surgeries. The [Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care](#) toolkit (2018) calls for policymakers to “ensure access to doula support and midwifery care” to reduce current cesarean section overuse and increase woman-centered care.

**Access to midwifery care in the community setting (birth center and home-birth) became even more important in the COVID-19 pandemic.** These birth settings provide a safe haven

for healthy pregnancy and birth by avoiding the risk of exposure to infections in the hospital, conserving hospital resources for those who are sick, and providing the extra support and attention that pregnant people need and deserve during emotionally challenging times.

**National Consensus.** A 2020 report on birth settings by The National Academies of Sciences, Engineering, Medicine highlights that: **“Women have the right to informed choice of the birth setting they desire, but to exercise that choice, they must have access to options for birth settings.... It is also important that reimbursement levels be adequate to support quality care and allow providers across settings to sustain services.** Currently, payment to providers through Medicaid and Medicare may not cover the full cost of care and prevents some providers from accepting more women with Medicaid coverage” ([Birth Settings in America: Outcomes, Quality, Access, and Choice](#), 2020).

**Access to insurance coverage for midwifery care and fair reimbursement of birth center facility fees are crucial to the health and wellbeing of pregnant people in Oregon.** This bill will improve access to community-based midwifery care, improve health outcomes, and reduce costs to the health care system. Increasing access to community-based midwifery care in Oregon has the potential to improve outcomes for People of Color who are disproportionately impacted by the national perinatal health crisis.

#### **Coalition Members in Support of this Legislation:**

American College of Nurse Midwives  
Oregon Nurses Association  
Forward Together

Oregon Midwifery Council  
Oregon Association of Birth Centers  
Nurse Practitioners of Oregon

#### **Interested in supporting this bill? Contact:**

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#### **References:**

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