

An Act updating the regulations governing licensed birth centers in Massachusetts, H.3616/S.1335

sponsored by Representative Manny Cruz, Representative Chynah Tyler, and Senator Jo Comerford

MASSACHUSETTS HAS **POOR** ACCESS TO BIRTH CENTERS COMPARED WITH OTHER STATES.

Recent birth center closures in Beverly and Cambridge, a new birth center in Northampton, and other birth centers in development highlight the urgent need to address structural barriers to opening and sustaining these valuable community health care resources.

H.3616/S.1335:

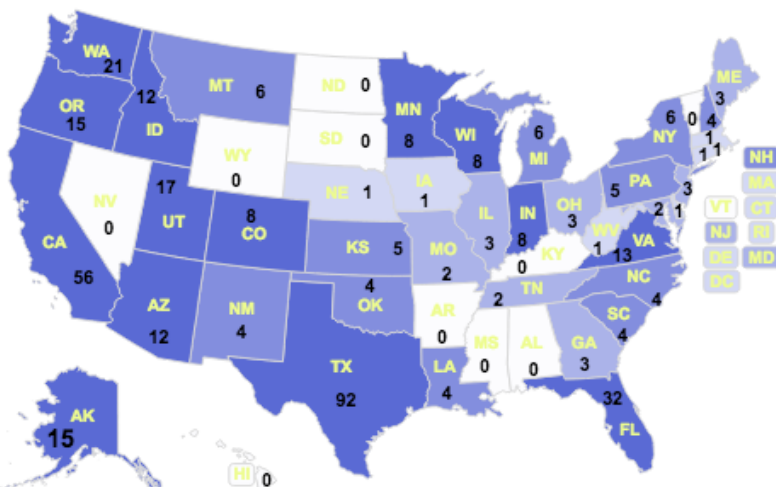
- Addresses outdated, costly regulations for birth centers not related to patient safety or satisfaction.
- Operationalizes recent recommendations to reduce regulatory barriers and scale up birth centers for healthier birth outcomes and more equitable access to birthing choices:
 - 2022 Report of the **Massachusetts Commission on Racial Inequities in Maternal Health**
 - 2021 Report on Midwifery from the **Massachusetts Health Policy Commission**
- Complements other bills that would expand the provider workforce and provide appropriate reimbursement for midwifery care in settings that include birth centers.

BIRTH CENTERS IN MASSACHUSETTS

Birth Center	Location	Ownership	Opened	Status
North Shore Birth Center	Beverly	Beverly Hospital/ Beth Israel Lahey Health	1980	Permanently closed in 2022
Cambridge Birth Center	Cambridge	Cambridge Health Alliance	1998	Closed since 2020
Seven Sisters Birth Center	Northampton	Independent, midwife-owned	2020	Open
Neighborhood Birth Center	Boston	Independent, non-profit	Soon!	In development



NUMBER OF FREESTANDING BIRTH CENTERS BY STATE



BIRTH CENTERS: A SCALABLE, COST-EFFECTIVE, AND SAFE OPTION.

- Birth centers are a homelike setting providing skilled midwifery care for low risk pregnancies.
- Better outcomes, lower cost:
 - Lower rates of preterm birth
 - Lower rates of low birthweight
 - Lower rates of C-section
 - \$2,000+ saved per birth

Source: Center for Medicare and Medicaid Services, "Strong Start for Mothers and Newborns," 2018



For more information, contact Emily Anesta at Bay State Birth Coalition, emily@baystatebirth.org or Katherine Rushfirth at Neighborhood Birth Center, katherine@neighborhoodbirthcenter.org

Data per 2021 AABC report, updated to reflect recent birth center closures in Massachusetts.

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WHAT WOULD S.1335/H.3616 DO?

The current Massachusetts Department of Health (DPH) regulations governing freestanding birth centers are antiquated, costly, and make it difficult for birth centers to open and thrive, and do not improve patient safety or outcomes. This bill would **require DPH to issue birth center guidelines that follow national standards set by the American Association of Birth Centers.**

THIS BILL WOULD NOT COMPROMISE SAFETY OR QUALITY.

- All birth center clinical care will still be provided and overseen by highly qualified, fully trained, and licensed midwives.
- All birth centers will still have close collaboration with OB-GYNs and 24/7 access to physician care for higher risk clinical scenarios.
- All birth centers will still have clear protocols, risk criteria, and screening for client eligibility.
- All birth centers will be required to establish efficient transfer policies for birthing people or babies who need hospital-based care.

THE ANTIQUATED REGULATIONS THAT NEED TO CHANGE:

<p>Remove unnecessary requirement for an OB-GYN to oversee clinical care provided by board-certified and licensed midwives</p>	<p>Why? Certified Nurse Midwives are have been licensed to practice fully independently in Massachusetts for over 10 years and have specialized training in out-of-hospital birth care. Integration of care allows for physician consults and transfers when needed. Studies show that having a supervising MD increases cost, makes it harder for birth centers to open, and <u>does not improve birthing outcomes.</u></p>
<p>Do not require birth assistants to be nurses who worked in Labor & Delivery units <i>within the past year</i></p>	<p>Why? Massachusetts is the only state with this onerous requirement. It massively <u>shrinks the pool of qualified birth assistants</u> and <u>increases staffing costs.</u> It makes it more challenging to hire a racially and culturally representative staff, which improves care and outcomes.</p>
<p>Do not require birth centers to adhere to facility standards of outpatient surgical units</p>	<p>Why? Requiring equipment and facilities needed for a surgical center (ex. O.R. lighting, sinks with elbow controls) significantly <u>increases the cost</u> of building and renovating clinical spaces for birth centers. Midwives do not perform C-sections and these standards are <u>not appropriate for low-intervention birth.</u></p>

Birth Centers are a critical solution to the maternal health crisis in Massachusetts!

DPH should follow national guidelines that guarantee clinical excellence and safety **WITHOUT** creating restrictive, costly and unnecessary barriers.

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