

Vermont Commission on Women

Meeting Minutes

Friday, January 19, 2024 | 9:30 a.m. – 12:30 p.m.

This meeting is ONLINE ONLY

Commissioners Present: Susan Sussman, Brenda Churchill, Nancy Kaplan, Sophia Rabe, Linda Joy Sullivan, Kelly-Rue Riso, Alex Hilliard, Kellie Campbell, Ashley Messier, Annie Mackin

Commissioners Absent: Heather Bouchey, Hazel Brewster, Esther Charlestin, Wendy Knight, Sarah Mell

Advisors present: Margaret Overman, Kara Casey, Jessica Barquist

Staff present: Cary Brown

Facilitating: Nancy Kaplan

Recording: Cary Brown

1. Meeting called to order

9:33 a.m.

2. Approve agenda

Agenda approved

3. Welcome and introductions

Everyone introduced themselves

4. Review group agreements (attached)

reviewed

5. Approve [minutes of December 15, 2023](#)

Passed with no opposition

6. Committee updates

Housing & Caregiving Committee

This committee has not met and has no updates.

Workplace Equity & Security Committee

- Equal pay visibility campaign planned for March
- Equal pay compact updating list and re-engaging, thinking about role, thinking about how to use our staff and commissioner resources
- The committee is thinking about the values and objectives that the EPC is designed to fulfill and whether EPC as it's currently structured is what we want to continue, or whether we want to rework it to better meet our goals. The committee will meet again and present thoughts for broader discussion at the next VCW meeting.
- LEEP toolkit could be a resource
- we need to think about how to include smaller businesses, not just big hitters who commonly do equal pay reviews

- We should consider how would this could take away resources from paid leave

Health Equity Committee

- Talked about freestanding birth centers but will hold off on that since we're talking about it later in this meeting
- Not a Luxury – fundraiser coming up that we'll help promote – in VIEW and will be more social media promotion by Karen

7. Women Can Do/youth engagement

Karen

POSTPONED

8. Staff updates

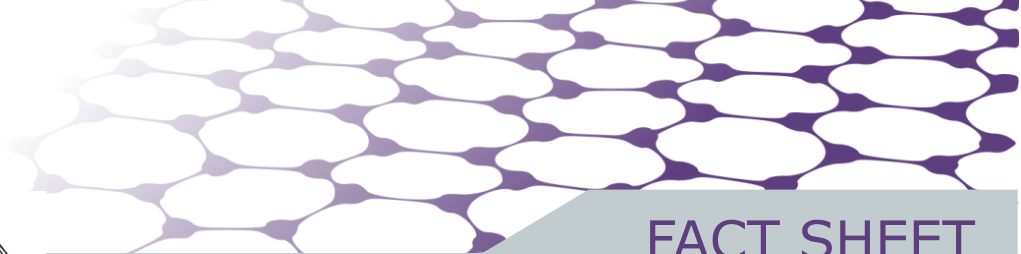
- Group supports our joining the medicare savings program coalition
- Group supports the priorities of the Alzheimer's Association of VT
- Kellie and Alex will work with Cary to meet with a representative from the NE Kingdom Council on Aging
- Reminder about weekly update meeting – please send to everyone again
- The Network is hiring quite a few people
- We continue to work with the Women's Caucus
- VWW reviving youth advisory council, would love to have VCW involved
- VWW is doing more with looking at pay equity with the employers they're working with, looking at reenergizing LEEP toolkit
- Let's Talk cards – VWW is thinking about looking at SH deck and how to adjust it and use it with high schoolers
- PPNNE – looking at what's next after constitutional amendment passed – looking at how to engage in more coalitions and support partners more

9. Child tax credit update

- **GUEST: Julie Lowell, Public Assets Institute**
Presentation

10. Freestanding birthing centers bill discussion

- **GUEST: Laurie Foster**
Attached: Freestanding Birth Centers fact sheet



Licensure of Freestanding Birth Centers Support Birthing Choices for Vermont Families

Unnecessary Barrier to Care: The Certificate of Need (CON) Process

Vermont is one of only eight states without a freestanding birth center.

VERMONT*ALABAMA*ARKANSAS*
HAWAII*KENTUCKY*MISSISSIPPI*
NORTH DAKOTA*RHODE ISLAND

no basis in evidence that improves outcomes or access nor does it lower costs.

Addressing

There is an unmet need for care in our state. Vermonters have difficulty accessing care. Right now, many communities to find health care in neighboring states, traveling a significant distance to get the care they want and need. A significant number of Vermont families are served in Lebanon and Swanzey, NH and Northampton, MA each month. Vermont midwives are also leaving the state workforce to work as midwives in birth centers in other states - 2 of the 5 birth centers in NH are run by Vermont midwives.

CON laws are a significant barrier to the establishment of

freestanding birth centers.

- ❑ The majority of the 40 states that have licensure do not have CON requirements.
- ❑ CON requirements are stringent and costly – they were originally meant for hospital-like settings.
- ❑ In 1986, as evidence mounted that CON laws were failing to control healthcare costs or improve quality or access, the federal government repealed the CON mandate, and many states immediately began retiring their CON programs.

Who benefits from freestanding birth centers?

All low-risk pregnant people benefit from birth centers, because they achieve better outcomes, greater patient satisfaction, and lower costs. There are some demographics which would particularly benefit from birth center care, including BIPOC, New Americans, LGBTQ+ individuals, and people who have experienced abuse and trauma. Midwives and birth centers provide a safe environment with respectful, trauma-informed care.

How can freestanding birth centers support local hospitals?

Freestanding birth centers keep birthing families local. Birth centers bring business to local hospitals in the form of ancillary services, including laboratory, obstetric ultrasound, obstetric consultations, and transfer of care when necessary.

94% of Vermonters surveyed in 2023 believe that a birth center would benefit their community.
Community Education on Birth Center Care: Assessing the Landscape for Vermont Birth Options.
Lindsay Lachant, DNP, APRN/CNM

Licensure of Freestanding Birth Centers

Support Birthing Choices for Vermont Families

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Birth Center Safety & Benefits

- The White House Blueprint for Addressing the Maternal Health Crisis cites increasing free-standing birth centers as well as increasing the number of families served by midwives as an important action item (#4.4)
- In a study of over 15,000 birthing people in 79 different birth centers within the U.S., safety data was overwhelming.
- Birth center C-section rate was 6%, compared to 26% for low-risk pregnancies in hospitals nationally. Preterm and low birth weight babies were reduced by 50%. Urgent transfer rate from a birth center to a hospital was only 2%.
- Birth centers have been shown to reduce maternal morbidity, increase infant-parent bonding and increase breastfeeding initiation rates and duration.
- The American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), as well as the Society for Maternal-Fetal Medicine (SMFM) all endorse the birth center model of care as a safe and evidenced-based option for low-risk people.

Patient Satisfaction

- A growing body of research shows that **how** someone is made to feel, **who** cares for them, **how** they give birth and **where** they give birth has long-lasting emotional, psychological, and medical implications
- Birth centers offer “high touch and low tech” care that supports the whole person—listening, compassion, shared decision-making, and family-centered care are all hallmarks of midwifery and freestanding birth center care.
- Compared to a hospital setting, women who give birth in a freestanding birth center are twice as likely to rate their experience as positive.

Cost Savings

- Researchers estimate that more than \$30 million was saved over 3 years, because 15,774 women chose to have their babies in a freestanding birth center rather than in a hospital.
- “Strong Start for Mothers and Newborns” is a 2018 study by the Centers for Medicare and Medicaid Services (CMS) that found that rates of preterm birth, low birthweight, and cesarean section were lower among freestanding birth center participants than an equivalent population of Medicaid participants in a hospital setting.
- Cost saving facts from the CMS “Strong Start” study:
 - Total medical costs were more than \$2000 lower per mother-infant pair during the birth and the following year.
 - Estimated Medicaid savings by cesareans prevented per 10,000 = \$4.35 million
 - Estimated savings reduction in pre-term birth per 10,000 = \$24.25 million

Community Partners/Supporters

American College of Nurse-Midwives-VT
Affiliate

AIDS Project of Southern Vermont

Pride Center of Vermont

Shift Well

Vermont Association of Nurse Anesthetists