



**Vermont Commission on Women  
Health Equity Committee Meeting  
Thursday, August 10, 2023  
12:00 p.m. – 1:00 p.m. via teleconference  
MEETING MINUTES**

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**Present:** Sarah Mell, Hazel Brewster

**Absent:** Nancy Kaplan, Alex Hilliard, Karen Cygnarowicz

**Recording:** Sarah Mell

**Guests:** Laurie Foster, Rinn Mandeville, Lindsay Lachant, and Gail Zatz

**Called to order** at 12:05 p.m.

Hazel and Sarah spent the first 30 minutes reflecting on the share materials about Freestanding Birth Centers and gathering questions for the presenters.

VT Birth Centers presentation given by guests.

- showed video and shared one-page info sheet
- overview of what's going on nationally
- overview of what's going on legislatively in VT
- equity issues involved with birth center choice

Listed Benefits of Birth Centers:

- Reductions in C-sections; low-birth weight; pre-term babies; reduction in maternal morbidity
- Cost savings for families
- Patient satisfaction

Vermont is one of eight states without a birth center - so people are leaving to give birth in NH and MA; we have midwives leaving the state to work in birth centers - provider crisis impact; Vermont families don't have this as an option though it is demonstrated to be safe, satisfying, and lower cost.

Legislatively, multiple attempts to have birth centers licensed (as far back as the 80s). Objection from hospital interests. Introduced in the House in 2021, Senate in 2022, and again the House 2023 - was not taken up in 2021, Senate took it up in 2022 and debated it, amended it with a lot of restrictions that would make it impossible; 2023 - support in House Health Committee, but the Chair would not take up the bill. Hospital objection - not arguing about the safety or that it's a poor choice, but that if Birth Centers open in the rural areas that it will impact the financial bottom line of hospital maternity centers. Have not shared evidence.

Birth Centers rely on nearby hospitals and have the potential to bring income to hospitals through labs and ultrasounds; not all choosing this method would go to a hospital regardless (home or out of state).

CON - Certificate of Need - process to develop to prevent duplication of services and to save money - wouldn't meet the financial threshold and provide different services - but nationally CONs are a bit part of this conversation. Bills here have said that a CON would not be required. Goal is to go forward next session and make this happen, but issues are not going to go away. Here to garner support to overcome that barrier.

Q - data on how many folks leaving the state? Handful of folks a month in MA. NH - satellite office in Burlington that funnels to NH; only 1 in MA but building 3 more in the coming year; Northampton, Keene, and Hanover are the ones drawing people.

Q - In dream scenario - where would you locate them? Southern VT (between Bennington and Rutland, a gap area for home birth midwives and hospitals with limited options, no water birth); Burlington would be a prime area - New American population could be better served(?) and an opportunity for residents to learn.

Q - Insurance and this process? Yes - most states have legislation to regulate this as well.

Nationally - started in 1975; so many studies demonstrating this has good outcomes, etc. alternative option for maternity care - ways to change the system; midwifery care is the way to go; 0.5% nationally; 3% out of hospital births in VT.

Equity - LGBTQIA community with more personalized care that is led by someone who is actively educating themselves to address queer issues - see the same provider, etc. - continuity of care; Black people at such higher risk of death and birth centers reduce that risk; from a patient perspective BCs have better outcomes; from a provider perspective get to work in a setting that is actively working toward addressing DEI issues and connections; woman dominated field - owned and run by women - restriction of trade issues?; in Alabama ACLU suing AL DOH that a birthing center would need to be licensed as a hospital in order to operate.

Q - Workforce challenges? Do we have the staffing to stand these up? They don't foresee this being a problem as nurses who want to work in birth centers are likely not the ones wanting to work in a hospital. Flexibility in staffing sizes.

Risk of free births at home without this option.

Q - is our population one of the barriers here? They don't think so. OBGYNs lose a hospital money. they have heard this. There's so few births so "why bother"?

**Meeting adjourned** at 1:05pm.