



## Memorandum in Support

### A. 259a (Gottfried) / S.1414a (Rivera)

*An act to amend the public health law, in relation to accreditation, approval, and operation of midwifery birth centers*

New York Midwives (NYM) represents the interests of licensed midwives, as well as the welfare of women, children and families in New York. **NYM supports the passage of A.259a/S.1414a, which will allow Midwifery Birth Centers (MBCs) in NY to meet national accreditation standards for purposes of complying with certain New York State licensing requirements.** Specifically, the bill clarifies the definition of "accrediting organization" in relation to licensing MBCs; and requires that a MBC accredited by a national birth center accrediting body be deemed to meet New York State requirements to operate as a midwifery birth center, contingent on obtaining and maintaining such accreditation. **Compliance with national accrediting requirements would allow MBCs to follow reasonable safety standards** while removing obstacles to opening these facilities.

The Governor's New York Covid Maternity Task Force produced recommendations to expand alternative out-of-hospital birthing sites. In June 2020, the DOH released regulations for MBC licensure. **However, this licensure process still contains barriers which have prevented any MBC from opening during this crisis.** Bill A.259a/S.1414a is needed to rectify the following barriers to MBC licensure:

- **MBCs are subject to the same licensing criteria that large hospitals must meet, which is both unnecessary and often inaccessible for independently owned small businesses.**
- Current establishment (CON) and regulatory requirements of DOH are cost prohibitive and require substantial funds upfront to even initiate the MBC licensing process. Pre-approval expenses are estimated to require up to \$200,000 and a timeline of at least 18-24 months, and must include a consultant to navigate the complicated New York State CON application process.
- Regulations pertaining to larger Article 28 facilities unnecessarily increase construction costs for MBC facilities, typically only accommodating 4-5 birthing people, **without improving public safety.**

**Many other states utilize the national accreditation by the Commission for the Accreditation of Birth Centers (CABC) as the industry-standard-setting requirement for licensure of birth centers.** Greater public access to nationally accredited MBCs provides benefits to New Yorkers, including lower rates of cesarean section, fewer routine labor interventions, and more breastfeeding support. Midwifery Birth Centers are uniquely positioned to assist the state in meeting its Medicaid Redesign Team maternal and child health goals. Moreover, MBCs provide education in family nutrition, infant feeding, obesity prevention, and family planning, as well as mothers' groups for information sharing and peer advising. Importantly, MBCs were found to save \$30,000,000 for the 15,574 births studied during a recent demonstration model.<sup>1</sup>

In the last 20 years across New York State, long-standing midwifery services, hospital maternity units, and conventional birth centers have been closed. **In response, in 2016, the legislature amended Public Health Law Article 28 to license MBCs to expand access to essential maternity care services.** As the Covid-19 pandemic began, hospitals struggled to provide care to Covid patients, limiting space for birthing people, and creating an increased risk of virus exposure, causing the census of the 4 currently licensed birth centers to double. With the passage of this bill, there are at least 5 MBCs in development throughout the state who could immediately begin serving New York families as a safe birthing alternative when this bill is passed.

**MBCs address lack of access to appropriate maternity care in rural and black communities.** In a recent survey issued by the U.S. Department of Health and Human Services, seven upstate New York counties had no practicing OB/GYN, and ten upstate counties had no hospital offering maternity services. Downstate, access to care outside of the hospital system is limited. **Racial disparities in birth and neonatal outcomes in NY are among the highest in the country,** a dire crisis that MBCs are uniquely suited to address. A recent New York Times article highlighted the growing trend of Black birthing people choosing birth centers as a direct way to protect their experience of care from the reality of racism and disparate birth outcomes.

**For these reasons, NYM strongly supports the passage of A.259a (Gottfried)/S.1414a (Rivera).**

<sup>1</sup> *Outcomes of Birth Centers: demonstration of a durable model.* (2013). <https://www.birthcenters.org/page/NBCSII>

<sup>2</sup> Proujansky, A. (2021, March 11). Why Black Women Are Rejecting Hospitals in Search of Better Births. *New York Times*. <https://www.nytimes.com/2021/03/11/nyregion/birth-centers-new-jersey.html>