

HB 2388 Written Testimony from Silke Akerson - Oregon Midwifery Council

February 24, 2021

Chair Prusak 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 you to support HB 2388 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. This 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.

Maternity care is in crisis in our country. We don't have enough maternity care providers and we have the highest maternal mortality rate of any high-income, developed nation in spite of spending more on care than any other country. Midwives are part of the solution to this crisis. 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 can provide the Oregon Center for Health Statistics 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 birth centers or 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 actual 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.

HB 2388 would:

1. Require Oregon insurers and CCOs 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.

HB 2388 would not:

1. Require insurers to contract with any licensed midwife
2. Prevent insurers from having malpractice and credentialing requirements or guidelines for planned community birth.
3. Conflict with the Health Evidence Review Commission coverage guidance.
4. Increase costs for Oregon insurers.

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

Please support this simple solution to improve access to safe and affordable care for Oregon mothers and families. I am 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