

# HB199/SB103: THE MARY CAROL AKERS BIRTH CENTERS ACT

HB199 Primary Sponsor: Majority Caucus Whip Jason Nemes

SB103 Primary Sponsor: Senator Shelley Funke Frommeyer

*HB199/SB103 exempts freestanding alternative birth centers from the certificate of need requirement and modernizes the facility licensure requirements.*



Kentucky Birth  
COALITION



KENTUCKY AFFILIATE of the  
AMERICAN COLLEGE  
of NURSE-MIDWIVES

With women, for a lifetime®  
NACPMI Kentucky state chapter



Kentucky Association  
of Nurse Practitioners  
& Nurse-Midwives



Metro United Way

## About Freestanding Birth Centers (FSBC)<sup>1</sup>

- A small home-like health care facility, separate from a hospital, for childbirth using a midwifery and wellness model.
- Support for pregnancy and birth as a natural physiological process, “normal until proven otherwise.”
- Staffed by licensed, qualified staff who care for healthy women with healthy pregnancies.
- Equipped to provide routine care and initiate emergency procedures.
- Integrated into the healthcare system, works with qualified obstetric/pediatric consultants, and has a relationship with a hospital that provides acute OB/GYN care.
- FSBCs are not a new concept for KY and are mentioned throughout KRS and KAR

### **HB199/SB103 Supported By:**

- Frontier Nursing University
- KY Affiliate of American College of Nurse-Midwives
- Kentucky Association of Nurse Practitioners & Nurse-Midwives
- Kentucky Chapter of National Association of Certified Professional Midwives
- Kentucky Birth Coalition
- American Association of Birth Centers
- Metro United Way
- Kentucky Youth Advocates

## Why Kentucky Needs Freestanding Birth Centers

- **Consumers want freestanding birth centers!** Families travel out of state to utilize FSBCs in Indiana, West Virginia, and Tennessee. Kentucky is one of only 8 states with no FSBCs.
- Freestanding birth centers achieve better outcomes than hospitals on quality measures such as cesarean rate for low-risk women, elective delivery prior to 39 weeks, and breastfeeding.<sup>2, 8</sup>
- Birth centers use fewer medical interventions, which saves health dollars and reduces the risk of complications.
- One large study showed that more than 9 out of 10 women (94%) who entered labor planning a birth center birth achieved a vaginal birth. This means that the C-section rate for women in birth centers is more than 4 times lower than what is seen among low-risk women in Kentucky<sup>3,4</sup>.
- Substantial savings for Medicaid! The Strong Start for Newborns and Mothers program shows a savings of about \$2,000 per birth at birth centers.<sup>2</sup>
- Kentucky scored a F on the 2022 (it was D- in 2019) March of Dimes Report Card<sup>5</sup>. Removing barriers for FSBCs associated with the CON process would increase access to a high-quality model of maternity care.
- Mounting evidence shows that CONs do not do what they were intended for: cost-savings and improved distribution/availability of health care options.<sup>6</sup>

## Different From Hospitals

- Birth centers are NOT hospitals and do not compete with hospitals. They provide different types of care to different groups of people. While a few KY hospitals offer midwifery care, this is the exclusive model in FSBCs.
- Hospitals are prepared to care for those requiring medical interventions. Eighty-five percent of pregnancies are low risk and do not need expensive medical interventions. The risk of medical interventions for women who do not need them is increased in a hospital.
- Freestanding birth centers are small (usually 2-4 beds) and essentially outpatient in nature. Most people giving birth spend less than twenty-four hours at the center. Kentucky already excludes several other outpatient services from the CON requirement per changes made by 2018’s House Bill 444.
- With respect to prenatal and postpartum services, FSBCs function more like a physician’s or midwife’s office than a health care facility.
- As small businesses, FSBCs attempts for a CON can be blocked by hospitals with claims of providing the same services. This happened as recently as 2017 when, after multiple appeals, a certified nurse-midwife exhausted her finances and left Kentucky.<sup>7</sup>

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- <sup>1</sup> American Association of Birth Centers. What is a birth center? [https://www.birthcenters.org/page/bce\\_what\\_is\\_a\\_bc](https://www.birthcenters.org/page/bce_what_is_a_bc)
- <sup>2</sup> American Association of Birth Centers. National Birth Center II Study. <https://www.birthcenters.org/page/NBCSII>
- <sup>3</sup> American Association of Birth Centers. National Birth Center II Study. <https://www.birthcenters.org/page/NBCSII>
- <sup>4</sup> Ceseareanrates.org. NTSV Cesarean Birth Rate Dashboard: Kentucky. <https://www.cesareanrates.org/kentucky>
- <sup>5</sup> 2022 March of Dimes Report Card. March of Dimes. <https://www.marchofdimes.org/report-card>
- <sup>6</sup> Stratmann, T and Russ, J+. Do Certificate-of-Need Laws Increase Indigent Care? (07/15/2014). MERCATUS WORKING PAPER. Available at SSRN: <https://ssrn.com/abstract=3211637>
- <sup>7</sup> Issues Regarding Kentucky's Certificate of Need Process.  
Summary of Birth Center Certificate of Need Case and Current Status. December 2018.
- <sup>8</sup> Rooks, J.P., Weatherby, N.L., Ernst, E.K., Stapleton, S., Rosen, D., & Rosenfield, A. (1989). Outcomes of care in birth centers. The national birth center study. *New England Journal of Medicine*, 321(26), 1804-11. <https://www.ncbi.nlm.nih.gov/pubmed/2687692>