

Paving the Way for Birth Centers in Kentucky

There are 384 Birth Centers in 40 states and DC. Kentucky has none. Women and Families need to travel out of state for Birth Center care. Isn't it time, Kentucky?

Why does Kentucky need Birth Centers?

Advantages to Birth Center care:

-higher rates of patient satisfaction

-health care dollar savings

-reduction in cesarean section rate (AABC, 2020)

According to Stapleton et al. (2013) 93% of women utilizing a birth center had a spontaneous vaginal birth while the cesarean birth rate was only 6%. These findings are particularly important in addressing nationwide increases in cesarean birth rates.

Currently, Kentucky has the **9th highest** cesarean section rate in the country with **34.3%** of births occurring by cesarean section in 2018

(CDC, 2020)

Has it been attempted before?

The Visitation Birth and Family Wellness Center



Mary Carol Akers, CNM

Successful career as a CNM with a background in military service as a Lieutenant Colonel. Delivered well over 6,000 babies during her 38 year career. She served leadership capacities on a local, state and national level.

Applied for a <u>Certificate of Need</u> in 2012, halted her pursuit in 2017 when a court denied her application after 3 area hospitals asserted they were affected by the development of her Birth Center. The hospitals claimed they already provided adequate birth services. Mary Carol exhausted over \$200,000 of her own money and subsequently left Kentucky.

Certificate of Need (CON) Barrier

"

-CON laws first mandated nationally in 1974 to reduce overutilization and duplication of health services.

-Designed to reduce wasteful spending in order to decrease healthcare costs.

-A provider must justify to state regulators who decide if the project or service is sustainable and meets the needs of the community.



-Some states have eliminated the CON. 35 states still have the requirement in place.

-Having to obtain a CON is expensive, lengthy, complicated and often litigious. -Arguments against CON laws cite the potential for CON's to be granted or denied based on political or institutional influence and not in the interest of the community. (Cauchi and Noble, 2018)



Legislative Efforts in Kentucky



 2018: House Bill 444:
Introduced to update and liberalize the CON process in Ky.

2. 2019: Senate Bill 84: Introduced to issue licenses to CPMs.

3. 2020: House Bill 311:Introduced to exempt Free StandingBirth Centers from requiring CON.

Exempted primary care centers, specified health clinics, retail-based clinics and ambulatory care centers from needing a CON.

Integrates CPMs into the health care system, provides for the ability to obtain and administer medications, calls for educational standards to be in line with US MERA

Updates old, outdated administrative regulations ***which already exist***

Signed into Law, April 2018

1

Signed into Law, April 2019

1

<u>1/23/20</u>: Introduced in the House of Representatives. <u>1/27/20</u>: Progressed to Health and Family Services Committee (H)



Grassroots Efforts



Birth

COALITION

KBC: Consumer led organization working to expand birth options for Kentucky families. KBC was instrumental in the passage of SB 84 in 2019.

KBC: Educates that Kentucky already has legislative provisions that permit Birth Centers. Kentucky also has regulations that provide for Medicaid reimbursement. KBC retains the services of a Lobbyist and regularly hosts fundraising events. KBC emphasizes that women and families are also constituents who become advocates for Birth Center care to their legislators. KBC will pursue another bill in the 2021 Legislative Session to exempt Birth Centers from requiring a CON.

Kentucky is the birth place of Midwifery

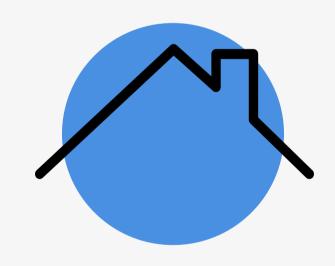


Kentucky is the home of FNU - the largest continually operating Nurse Midwifery program in the country. Founded in 1939 by Mrs. Mary Breckinridge, whose mission was to educate midwives to improve healthcare for women and families in rural areas.



A Theoretical Framework for Change

Kingdon (2011) provides a theoretical structure by which agendas are developed to affect change using Three Streams, or paths flowing independently and eventually converging into a force that creates change. These three paths are 1. a problem, 2. a policy and 3. politics. Kingdon describes these paths or streams as not being just random, happenstance occurrences, but rather very structured, highly organized routes to agenda setting and must come together for an agenda to be implemented (Kingdon, 2011)



1. Problem: Lack of Birth Centers in Kentucky

2. Policy Proposal: Exempt Birth Centers from CON in Kentucky

3. Political Challenge: Repeat hospital opposition to legislative efforts or CON applications in the future



References

American Association of Birth Centers (2020, March 19). AABC Press Kit. Perkiomenville, Pennsylvania, United States of America. Retrieved from: https://www.birthcenters.org/news/494795/Freestanding-Birth-Centers-Offer-Options-During-COVID-19-Pandemic.htm

American Association of Birth Centers (2020, May). AABC Press Kit. Perkiomenville, Pennsylvania, United States of America. Retrieved from: https://www.birthcenters.org/page/bc_experience

Cauchi, R. and Noble, A. (2018) National Conference of State Legislators (8/17/2018) Retrieved from: http://www.ncsl.org/research/health/con-certificate-of- need-state-laws.aspx

Centers for Disease Control and Prevention; National Center for Health Statistics (2020) https://www.cdc.gov/nchs/pressroom/states/kentucky/ky.htm

https://frontier.edu/about-frontier/

https://kentuckyhomebirthcoalition.com/legislation-2020/

Kingdon, J.W. (2011). Agendas, Alternaties, and Public Policies. (2nd ed.). Boston: Longman

https://apps.legislature.ky.gov/recorddocuments/bill/20RS/hb311/orig_bill.pdf

Stapleton, S. R., Osborne, C., & Illuzzi, J. (2013). Outcomes of care in birth centers: Demonstration of a durable model. *Journal of Midwifery and Women's Health*, 58 (1), 3–14. doi:10.1111/jmwh.12003