To whom it may concern, 10/28/2024

Thank you for the opportunity to share comments on the proposed birth center regulations. My name is Zev Colsen, I was born and raised in Massachusetts and I’m a MEAC educated, Certified Professional Midwife. I was trained in a birth center in El Paso, Texas, and I’m a former employee at the American Association of Birth Centers (AABC). I want to begin by expressing gratitude to the legislators and those at DPH who have worked for these changes–I had been living in Tennessee, and I moved back to Massachusetts in August because the Maternal Health Bill will allow me to practice as a CPM in a birth center. As I make these suggestions, I want to emphasize that there are many aspects of these regulations that I commend and sincerely appreciate. The additional changes I’m suggesting are meant to shore up two goals; promoting birth center sustainability and reducing regulatory barriers that don’t increase safety.

### Sustainability

Firstly, it’s necessary to integrate CPMs throughout the regulations as primary attendants in birth centers. Baystate Birth Coalition has submitted line edits that detail all instances in which CPMs need to be added to the language, so I won’t go into every section here. But I want to emphasize the importance of ensuring that birth centers can hire CPMs as primary midwives to address the workforce shortage, which is one of the most serious hurdles to birth center sustainability. During my time at AABC I saw multiple birth centers close due to staffing shortages. CPMs also need to be added to the list of professionals qualified to hold the Administrative Director position. Nearly half of all birth centers nationwide are owned and operated by CPMs which includes administrative management–we’re more than qualified for this role. I would go further to argue that AABC’s standards do not require a clinician to fill this non-clinical role. Across the country many qualified non-clinicians with backgrounds in business, healthcare administration, public health, and other specialties, can and do hold this position. Specifically, as written, these regulations would not allow Nashira Baril, founder of Neighborhood Birth Center, MPH, expert in maternal child health strategy, and obviously an extremely qualified and visionary leader, to hold the Administrative Director role at Neighborhood Birth Center.

Another staffing related sustainability issue is that birth assistants are required to be RNs with labor and delivery experience. I enjoy working with RNs and value them as important members of the birth team, however it can be very hard for birth centers to sustain this staffing requirement. It is absolutely possible to train any RN as a birth assistant, and furthermore, it is possible to train other non-RNs as birth assistants, as per AABC standards. At a minimum, CPMs should be added as qualified birth assistants.

A final staffing related sustainability change I’d like to suggest is that birth centers should not be required to have a nutritionist on staff, as midwives provide comprehensive nutritional counseling in every appointment. Requiring a nutritionist on staff is not aligned with AABC standards and it’s not typical in birth centers nationally. This would be an unnecessary and expensive redundancy.

### Regulatory Barriers

I also want to talk about regulatory compliance and pathways to licensure for birth centers. It’s incredibly important that we take this opportunity, provided by the legislative change, to establish pathways to licensure that actually promote and support the development of more birth centers in the state. When we look at population-similar states with policy landscapes that do support the development of birth centers, we see that Arizona has 12 birth centers, Virginia has 24 and Washington State has 34 (see attached AABC birth center map). Meanwhile, Massachusetts only has one birth center left. We need to go beyond a more nebulous commitment to increasing the number of birth centers, and delve into the details. We have to ask ourselves–why and how are we making it so hard for birth centers to open and operate sustainably here? And importantly where are the opportunities to make it easier without compromising on quality and safety?

There are of course many answers to those questions, and these regulations, as written, provide a number of excellent solutions. In terms of opportunities to optimize these regs, three additional items emerge: licensure deemed by accreditation, an exemption for birth centers from the Determination of Need requirement, and facility guidelines that align with AABC and CABC requirements.

Starting with deemed licensure: this mechanism allows birth centers who are accredited by our accrediting body, the Commission for the Accreditation of Birth Centers (CABC), to be automatically licensed by the state. The Maternal Health Bill requires alignment of the MA birth center regulations with AABC’s Standards for Birth Centers. To take a step back–AABC publishes and holds the national Standards for Birth Centers. Those standards are implemented through CABC’s rigorous accreditation process. So it makes sense to allow licensure deemed by accreditation in order to align our birth center regulations with AABC’s Standards. Other states including Minnesota and Louisiana, use this pathway successfully and Massachusetts already allows deemed licensure for Ambulatory Surgical Centers through their accrediting body. So the question becomes–why not birth centers?

We’ve been told that deemed licensure is not being proposed for birth centers because of discomfort or lack of familiarity with the birth center model. I genuinely understand that community birth is an unfamiliar concept for many. Regulators are sincere in their concerns about the safety of birthing people and babies–I will always welcome questions and good-faith concerns about the model. At the same time, I cannot emphasize this enough, we have four decades of data to demonstrate that birth centers provide safe, high quality, comprehensive care. Research indicates that birth centers are just as safe as hospitals for babies, and are in fact, far safer for birthing people, especially when we consider morbidity. (Please see attached AABC Perinatal Data Registry Bibliography.) Birth centers and the midwifery model of care are also valuable tools in the fight for racial health equity. Respectfully, we cannot afford to allow unfounded safety concerns to prevent birth centers from opening. We urgently need more birth centers to provide high quality care to our communities, and in order to have more birth centers, we need to reduce unnecessary barriers.

Along those lines, birth centers should be exempt from the state’s determination of need law. It’s an unreasonable burden that doesn’t offer any added value in terms of patient safety. When birth centers are subject to similar laws in other states (often called Certificate of Need), it is associated with fewer birth centers opening in the state. If we want to see more birth centers in Massachusetts, we should drop the Determination of Need requirement. (Please see AABC’s position statement on Certificate of Need attached.)

Facility guidelines should be aligned with AABC standards and CABC indicators, and the state should actively seek out input from these two organizations in order to develop a robust and specific set of facilities guidelines that ensure patient safety without imposing excessive, expensive, and unnecessary equipment and architectural requirements.

Finally, abortion is listed as a prohibited procedure in birth centers. This *must* be removed. Birth centers can and do provide both medication abortion and procedural abortion. They provide abortion care safely and with high regard for patient dignity and self determination. I want to add a personal anecdote from my experience as an abortion doula and clinic escort in Knoxville, Tennessee. On the afternoon that the Dobbs decision was handed down, the only abortion clinic in town closed permanently. Patients were pounding on the door, weeping, begging the clinic to keep their appointments and perform their procedures. These folks were turned away and forced to travel out of state to seek care, as have all patients seeking abortion care since then. I’m not being dramatic when I say that in Massachusetts and other states with reproductive healthcare protections, we have a moral responsibility to scale up abortion access. Birth centers can and should be part of a broader strategy to increase access to safe and compassionate abortion care.

Thank you again for your time and commitment to birth equity in Massachusetts.

-Zev Colsen, Certified Professional Midwife

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