PACIFIC LEGAL FOUNDATION

April 1, 2025

Statement before Iowa Senate Committee on Health and Human Services Subcomittee in Support of HF 887

Re: Testimony—Increasing Access to Maternal and Other Healthcare in Iowa
By Kileen Lindgren, Pacific Legal Foundation

To: Representatives Warme, Pike, and Trone Garriott

Thank you for your time today. My name is Kileen Lindgren, and I am legal policy manager at Pacific Legal Foundation. PLF is a nonprofit, public interest law firm with 18 U.S. Supreme Court wins on behalf of Americans' constitutional rights—including 4 past two years. We are dedicated to defending and promoting equality and opportunity for all, protecting private property rights, and ensuring the constitutional separation of powers in courtrooms and capitols around the country. Founded in 1973, PLF has litigated over 2400 constitutional cases, including many in defense of opportunity to provide and receive healthcare options.

Demand for birth centers is increasing. Given the low number of birth centers in most states, many people who want to deliver in a birth center are forced to travel several hours while in labor or opt for a home birth instead. We currently represent midwives in Iowa who desire to provide safe and proven methods of maternal care but are precluded from doing so by Iowa law. HF 887 addresses this issue and a good step toward improved healthcare access for all Iowans. At its core, this bill is about healthcare autonomy and ensuring women are empowered to direct their healthcare pre-pregnancy, during pregnancy, and post-partum. Many women today are seeking providers who will respect their autonomy to choose where and how to deliver and with whom present. And they want to know that their healthcare providers will respect their medical decisions. Thus, many women are seeking maternity care outside of hospitals. Passing this bill is an important step toward increasing access to patient-centered maternity care.

Research shows that birth centers are safe and effective. When comparing outcomes among low-risk pregnancies, research shows that birth centers consistently have outcomes that are the same or better than hospitals.[1] Other research on Medicaid participants shows that birth center births resulted it: (1) fewer preterm and low birth weight births and (2) fewer cesarean births. Other medical interventions were reduced in birth center births and "a significant cost savings was identified for Medicaid participants."[2] Simply put, encouraging birth centers to open is good for patients and good for the state budget. The academic research on CON laws is extensive, and it should give this Committee confidence that exempting birth centers from the CON process (or any other facility or service) will help increase access to care and decrease healthcare costs. In fact, agencies in every presidential administration since President Reagan have publicly called for states to rethink CON laws because these laws do not increase access to healthcare, increase the quality of healthcare, decrease healthcare costs, or ensure that underserved populations receive care.[3]

If this bill is enacted, Iowa will join several states that have exempted birth centers from their CON laws recently. In 2024, Georgia and Tennessee exempted birth centers from CON. In 2023, Connecticut, South Carolina, and West Virginia exempted birth centers from CON. States as different as Connecticut and West Virginia have recognized that CON laws are decreasing access to this important care. Moreover, Iowa should pursue healthcare freedom for all its citizens at all phases of life by eliminating all of the impediments that CON requirements force on patients and providers.

Thank you for considering this impactful reform,

KILEEN LINDGREN
Legal Policy Manager

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[1] Alliman, J., *et al.* (2022). Freestanding birth centers: an evidence-based option for birth. *The Journal of perinatal education*, *31*(1), 8, https://pmc.ncbi.nlm.nih.gov/articles/PMC8827343/#ref2; Benatar, S., Garrett, A. B., Howell, E., & Palmer, A. (2013). Midwifery care at a freestanding birth center: a safe and effective alternative to conventional maternity care. *Health services research*, *48*(5), 1750-1768, https://doi.org/10.1111/1475-6773.12061

[2] Alliman, *et al.*, *supra* n.2.

[3] This list of federal agencies includes the Department of Health and Human Services, the Department of Justice, Antitrust Division, the Federal Trade Commission, the Department of the Treasury, and the Department of Labor. Likewise, the Kaiser Family Foundation has recommended that states repeal CON laws in two 2024 publications. *See* State Efforts to Control Healthcare Costs: lessons Learned and Insights for the Future, 25–27 https://www.aspeninstitute.org/wp-content/uploads/2024/05/HMS-State-Efforts-to-Control-Healthcare-Costs-R3-1-1.pdf and https://www.kff.org/health-costs/issue-brief/ten-things-to-know-about-consolidation-in-health-care-provider-markets/

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HF 887: Increasing Access to Birth Centers & Other Healthcare

Families in Iowa need access to more maternal care, but certificate of need (CON) laws prevent birth centers from opening. HF 887 would allow birth centers to open in Iowa without a CON. Birth centers are a safe alternative to hospitals and are required to comply with health and safety standards found in licensure laws.

Facts About Freestanding Birth Centers & The Impact of CON Laws

- Birth centers are small, home-like facilities that offer prenatal care and childbirth services using a midwifery and wellness model - they are not hospitals or surgery centers.
- Staff are licensed, properly trained, and care for healthy women with routine pregnancies.
- Care at birth centers is patient-centered. Providers foster relationships with their patients, which reduces stress and promotes trust.
- Birth centers partner with qualified physicians and other obstetric/pediatric consultants.
- Birth Centers are not a new concept—Iowa currently has none due to the difficulty of opening, not lack of need. Florida alone has 21 and there are more than 400 birth centers nationwide.
- When comparing birth center deliveries to similar, low-risk hospital deliveries, birth centers have lower rates of preterm birth, fewer low birthweight births, and lower cesarean rates. (1)
- Birth centers provide significant cost savings for private pay and Medicaid patients. One study estimates a savings of $2,000 per birth. (2)
- Hospitals are prepared to care for people requiring medical intervention, but 85% of pregnancies are low risk and do not need expensive intervention. The risk of providing unneeded medical interventions is increased in hospitals.
- Women who choose birth centers want an alternative to a hospital delivery and may choose homebirth or leave the state to access a birth center.
- Academic research confirms that CON laws increase healthcare costs, decrease access to care, and negatively impact quality. (3)
- In 2023, several states including those as different as CT and WV repealed CON for birth centers.
- The U.S. Department of Justice and Federal Trade Commission (and other federal agencies including the Department of Health and Human Services) have urged states to repeal CON laws for decades.

(1) Alliman, J., Bauer, K., & Williams, T. (2022). Freestanding birth centers: an evidence-based option for birth. The Journal of perinatal education, 31(1), 8, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8827343/.
(2) See Rebekka Dekker. (Jan. 31, 2013). National BC Study II, https://www.birthcenters.org/news/nbcs2.
(3) See Jaimie Cavanaugh & Matthew D. Mitchell. (Aug. 2023). Striving for Better Care: A Review of Kentucky's Certificate of Need Law. 18–41, https://ij.org/report/striving-for-better-care/.

Scan this code to learn more about how CON laws block access to needed healthcare.

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