



## Legislation Text

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### Res. No. 229

Resolution calling on the New York State Legislature to pass, and the Governor to sign, legislation to ease systemic barriers in opening birth centers in New York City and New York State

By Council Members Brewer, Schulman and Narcisse

Whereas, According to the American Association of Birth Centers, a birth center is a freestanding healthcare facility where childbirth care is provided within the midwifery and wellness model by licensed and qualified staff, that supports a person's right to give birth in a nurturing and more natural home-like setting as opposed to that of a traditional hospital; and

Whereas, According to the New York City Department of Health and Mental Hygiene, a midwife is described as a clinician who provides a range of pregnancy and birth health care after having completed an accredited midwifery education program, passing a national certifying exam and for some, obtaining a license from the New York State Education Department; and

Whereas, According to the Commonwealth Fund, fully incorporating midwives into the United States (U.S.) maternity care systems could reduce healthcare disparities and dramatically improve outcomes for childbearing people by potentially averting 41 percent of maternal deaths, 39 percent of neonatal deaths, and 25 percent of stillbirths; and

Whereas, Out of the 345 birth centers in the U.S., New York State has just three, with two being located downstate in Brooklyn; and

Whereas, On January 2, 2022, Governor Kathy Hochul announced the signing of S.1414-A/A.259-A, legislation intended to streamline the process for opening accredited midwifery birth centers in New York State; and

Whereas, While S.1414-A/A.259-A was enacted to ensure regulations governing the licensing, establishment, and operation of midwifery birth centers were consistent with the Midwifery Practice Act or the standards of national accrediting bodies specializing in midwifery birth centers, advocates argue the proposed regulations did not align with national accreditation standards for birthing centers as required in the new law; and

Whereas, According to advocates, rather than streamlining the licensing procedures and regulations to incentivize the creation of more midwife led freestanding birthing centers, several of the legislation's provisions created additional barriers which are onerous, restrictive, and require fees that are deemed too expensive for many applicants; and

Whereas, Prior to being signed into law in 2022, advocates were surprised to learn of last minute changes to the legislation which excluded the adoption of accreditation standards of the Commission for the Accreditation of Birth Centers (CABC), and instead required applicants to show their ability and intent to obtain that accreditation by first seeking and gaining approval from New York State's Public Health and Health Planning Commission (PHHPC), which includes an appointment by the Governor; and

Whereas, Another last minute change to the legislation requires applicants to show their ability to cover the costs of funding, renovation, construction, and the ability to meet safety standards at the time they submit their request for a particular building location intended for use as a birthing center-an existing standard previously put in place for larger hospitals; and

Whereas, Additionally, while an address must be provided for accreditation consideration, applicants have complained that having to rent or lease an empty commercial space before the application has been approved is financially untenable; and

Whereas, Additionally, the onerous Certificate of Need (CON) application process required by PHHPC entails a two-year process before construction may begin; and

Whereas, Other last minute changes require PHHPC to review completed and submitted birth center

applications on a regular basis instead of within months, as some applicants have complained; and

Whereas, Significantly, another last minute change to the legislation gives midwives the opportunity to go before the Council of PHHPC to argue their case as to why CABC's rules should be adopted; and

Whereas, If CABC's and PHHPC's standards and regulations differ, the State's legislation requires the state government officials to work with midwives to "harmonize" them; and

Whereas, Advocates and midwives worry that despite the directive for state officials to work in harmony with midwives, historically the panel of hospital representatives, now set to hear these arguments have been on record as having been against incorporating midwives as part of an interdisciplinary team of health care professionals; and

Whereas, The financial and opportunity costs involved in adhering to what is arguably a restrictive licensing process may dissuade many individuals who seek to open birthing centers in order to provide safe, affordable care as an alternative to in-patient hospital care for persons giving birth; now, therefore, be it

Resolved, That the Council of the City of New York calls on the New York State Legislature to pass, and the Governor to sign, legislation to ease systemic barriers in opening birthing centers in New York City and New York State.

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