BABIES ACT (S.1598/H.R.5202)

Better **A**vailability of **B**irth Centers **I**mproves Outcomes and **E**xpands **S**avings

The BABIES Act is a bill to promote optimal maternity outcomes by expanding access to birth centers and exploring more effective payment models for birth center care.

Originally introduced in the 116th Congress by Senator Ben Ray Luján (D-NM) in the Senate, and by Congresswomen Katherine Clark (D-MA), Lucille Roybal-Allard (D-CA), and Jaime Herrera Beutler (R-WA) in the House, the bill would establish a **Medicaid demonstration program** to develop and advance innovative payment models for freestanding birth center services for women with a low-risk pregnancy. The BABIES Act would set up demonstration model Birth and Health Centers in 6 states. The demonstration would consist of implementing prospective payment systems for care provided in these facilities. The demonstration also will include in-depth evaluation of the centers, their outcomes, and realized savings to the Medicaid program. The goal will be to provide access to high-quality midwifery-led care to more women who currently lack this care.

The **BABIES Act** was reintroduced in the 118th Congress (S.5262) in the Senate by Ben Ray Luján (D-NM) with an addition that would expand access to birth centers by **providing grants administered by HRSA for start-up funding** for birth centers. This funding could be used toward costs related to renovation or construction of buildings, equipment purchase, or costs related to accreditation or licensure. The bill was reintroduced in the 119th Congress (S.1598/H.R.5202) by Senator Ben Ray Luján and Representatives Kelly Morrison (D-MN) and Ashley Hinson (R-IA).

Why this legislation is needed

The U.S. is experiencing a crisis in maternal healthcare. Maternal mortality rates in the U.S. are higher than in any other developed nation and are not improving. Each year, more than 815 women die due to pregnancy complications, and for every maternal death, another 70 experience a life-threatening condition (Hoyert, National Center for Health Statistics, 2024). Preterm birth rates, now 10.4% of all births, have continued to increase each year (CDC, 2024). Preterm birth is one of the leading causes of infant mortality in the U.S (March of Dimes, 2024).

Childbearing people of color, particularly African Americans and Native Americans, and other vulnerable populations, including those living in rural and inner-city areas, experience disparities during and after childbirth with higher rates of poor outcomes for both mothers and infants. Rates for maternal mortality for African American women are 3 times the national rate. Infant mortality, preterm, and low birth weight births are all significantly higher among vulnerable populations.

Over 35% of all US counties are considered Maternity Care Deserts, defined as counties that lack perinatal care providers (March of Dimes, 2024). When people are forced to travel further for care, the risk of poor outcomes increases. According to the March of Dimes, birth centers can help to alleviate this shortage of access to care (March of Dimes, 2024).

The birth center model of midwifery-led care has been shown through the Strong Start for Mothers and Newborns evaluation and multiple other studies to improve outcomes for mothers and infants,

lowering preterm birth, low birth weight, and cesarean births. Evaluations conducted by the Urban Institute showed a $2000 savings for each pregnancy where care was provided in the birth center due to better outcomes, fewer NICU admissions, and fewer cesarean births (Alliman et al., 2019; DuBay et al., 2020).

Increasing access for more women and families to the birth center model of care will lead to better health for all our mothers and newborns.

For more information or to cosponsor the bill, please contact:

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