—Slug:.....COMM-0872.opin.letter.010_barry

—Contributor.....Kate Barry

—Contributor email.....katebarryteam@gmail.com

—For section.....Voices/Letters from readers

—Format.....LETTERS - Opinions - Letters to the Editor

—Dateline.....Saxtons River

—Article Number:.....43854

Notes from editor (not for publication):

HEADLINE ELEMENTS:

####BEGIN HED####

To replace birthing center, how would we pay for it?

####END HED####

####BEGIN SUBHED####

####END SUBHED####

TEXT BODY:

####BEGIN TEXT####

How do we open another birthing center in Brattleboro?

If we want to have a real, productive (pun intended) discussion about replacing the birthing center and OB-GYN services we are losing at Brattleboro Memorial Hospital, we have to talk about the actual financial mechanics.

Just asking "How do we open another one?" isn't enough, because we need to look at the business models and the state funding systems that govern local healthcare. Sustainability

is economic as much as it environmental. (Don't make me bust out my master's capstone.)

Here are my two ideas for possible models for a birthing center in Brattleboro:

• A private/for-profit model: This would allow for agile business operations, but to survive the high costs of malpractice insurance and specialized staff, a private practice would be forced to heavily rely on premier private insurance or out-of-pocket cash pay.

Question: Is it possible to tap into Medicaid *and* be a private practice?

• A nonprofit/community model: This allows for grant funding and donations.

Question: Would there be enough donations, fundraising vessels, and a donor pool big enough for the metrics that BMH posted? BMH's obstetrics unit lost $3.8 million in 2025 and is on track to lose $4.8 million this year.

The underlying issue always comes back to how Vermont handles healthcare financing. Medicaid and Dr. Dynasaur cover a huge portion of births in our region, but the state's reimbursement rates are notoriously low.

How can any independent model succeed in Brattleboro when the state's Medicaid reimbursement structure actively penalizes low-margin, high-risk rural maternal care? Is the only real path forward forcing a structural change at the state level through the Green Mountain Care Board, or is there a financial framework we are missing?

I'd love to hear from local healthcare workers!

####END TEXT####

BIO/COATTAIL:

####BEGIN BIO/COATTAIL####

####END BIO/COATTAIL####

Last issue in which this file can be run:

####BEGIN MAXISSUE####

41 0

####END MAXISSUE####

Links:

####BEGIN LINKS####

42

####END LINKS####

Video:

####BEGIN VIDEO####

43

####END VIDEO####

Logline (social media):

####BEGIN LOGLINE####

44

####END LOGLINE####