

SENATE No. 2928

Senate, July 30, 2024 -- Text of the Senate amendment to the House Bill relative to increasing access to perinatal health care (House, No. 4785) (being the text of Senate document numbered 2899, printed as amended)

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

1 SECTION 1. Chapter 6A of the General Laws is hereby amended by inserting after
2 section 16FF the following section:-

3 Section 16GG. (a) As used in this section, the following words shall have the following
4 meanings unless the context clearly requires otherwise:

5 “Eligible entity”, a non-profit or community-based organization or health center serving
6 perinatal individuals including, but not limited to: (i) a recognized Indian tribe or tribal
7 organization; (ii) an organization serving individuals from medically underserved populations
8 and other underserved populations; and (iii) a public health agency, including a municipal public
9 health department.

10 “Medically underserved populations”, a historically underserved population or a
11 population within a geographic area with a lack of access to primary care, behavioral health or
12 perinatal healthcare providers or have a high infant mortality, high poverty or high elderly
13 population, as determined by the secretary.

14 “Perinatal”, relating to the time period from the first day of pregnancy to 1 year following
15 the end of the pregnancy.

16 “Perinatal individuals”, biological parents, birthing persons, adoptive parents, foster
17 parents and any other individuals involved in the gestation, birth and custodial care of an infant
18 and those who have lost a pregnancy due to a stillbirth, miscarriage or a medical termination.

19 “Secretary”, the secretary of health and human services.

20 (b) Subject to appropriation, the secretary shall establish a program to award grants to
21 eligible entities to address mental health conditions and substance use disorders for perinatal
22 individuals.

23 (c) The secretary shall promulgate regulations and guidelines as necessary to develop and
24 implement the grant application process and eligible uses of grant funds pursuant to this section.

25 (d) The secretary shall give preference to eligible entities that:

26 (i) are community-based organizations or entities partnering with community-based
27 organizations to address mental health conditions or substance use disorders in perinatal
28 individuals; and

29 (ii) operate in areas with high rates of adverse perinatal health outcomes or significant
30 disparities in perinatal health outcomes, as determined by the secretary.

31 (e) An eligible entity that receives a grant under this section shall use funds for
32 establishing or expanding programs that improve or address mental health, behavioral health or
33 substance use disorders for perinatal individuals with a focus on perinatal individuals from
34 medically underserved populations.

35 (f) The secretary shall provide, directly or by contract, technical assistance to entities
36 seeking a grant or receiving a grant under this section for the development, use, evaluation and
37 post-grant period sustainability of the program proposed, established or expanded through the
38 grant. The secretary shall advertise or promote such technical assistance to eligible entities to
39 raise awareness about the grants and technical assistance.

40 (g) The secretary shall promulgate regulations as necessary to implement subsection (f)
41 and for the collection of quantitative and qualitative data, delineated by demographic
42 information, on the activities conducted and individuals served pursuant to such grants.

43 SECTION 2. Chapter 32A of the General Laws is hereby amended by inserting after
44 section 17S the following 2 sections:-

45 Section 17T. The commission shall provide to any active or retired employee of the
46 commonwealth who is insured under the group insurance commission coverage for post-
47 pregnancy depression screenings. For the purposes of this section, the term “post-pregnancy
48 depression” shall mean postpartum depression occurring after childbirth or after the end of the
49 pregnancy.

50 Section 17U. The commission shall provide to any active or retired employee of the
51 commonwealth who is insured under the group insurance commission coverage for the universal
52 postpartum home visiting program administered by the department of public health. Such
53 coverage shall not be subject to cost-sharing, including co-payments and co-insurance, and shall
54 not be subject to any deductible; provided, however, that cost-sharing shall be required if the
55 applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status
56 as a result of the prohibition on cost-sharing for this service.

57 SECTION 3. Section 1E of chapter 46 of the General Laws, as appearing in the 2022
58 Official Edition, is hereby amended by inserting after the definition of “Administrator” the
59 following definition:-

60 “Certified nurse midwife”, a nurse licensed under section 80B of said chapter 112 and
61 authorized to practice nurse midwifery under section 80C of said chapter 112.

62 SECTION 4. Said section 1E of said chapter 46, as so appearing, is hereby further
63 amended by inserting after the definition of “Hospital medical officer” the following definition:-

64 “Licensed certified professional midwife”, an individual who provides midwifery
65 services and is licensed by the department of public health pursuant to chapter 111.

66 SECTION 5. Section 3B of said chapter 46, as so appearing, is hereby amended by
67 inserting after the word “physician”, in line 1, the following words:- , certified nurse-midwife
68 and licensed certified professional midwife.

69 SECTION 6. Section 1 of chapter 94C of the General Laws, as so appearing, is hereby
70 amended by inserting after the definition of “Isomer” the following definition:-

71 “Licensed certified professional midwife”, an individual who provides midwifery
72 services and is licensed by the department of public health pursuant to chapter 111.

73 SECTION 7. Section 7 of said chapter 94C, as so appearing, is hereby amended by
74 adding the following subsection:-

75 (j) A licensed certified professional midwife shall not be required to register pursuant to
76 this section to purchase, possess or administer controlled substances approved by the department
77 as necessary to practice as a licensed certified professional midwife.

78 SECTION 8. Section 9 of said chapter 94C, as so appearing, is hereby amended by
79 inserting after the figure “112”, in line 7, the following words:- , licensed certified professional
80 midwife pursuant to subsection (j) of said section 7 and section 250 of chapter 111.

81 SECTION 9. Said section 9 of said chapter 94C, as so appearing, is hereby further
82 amended by inserting after the word “midwife”, in lines 24, 33, 38, 69, 75, 78 and 87, in each
83 instance, the following words:- , licensed certified professional midwife.

84 SECTION 10. Said section 9 of said chapter 94C, as so appearing, is hereby further
85 amended by inserting after the word “nurse-midwifery”, in line 29, the following word:- ,
86 midwifery.

87 SECTION 11. Chapter 111 of the General Laws is hereby amended by inserting after
88 section 51L the following section:-

89 Section 51M. (a) The department shall promulgate regulations relative to the operation
90 and maintenance of birth centers licensed as clinics pursuant to section 51. For the purposes of
91 this section, “freestanding birth centers” shall mean birth centers licensed as clinics pursuant to
92 section 51.

93 (b) The regulations shall include, but not be limited to, requirements that a freestanding
94 birth center:

95 (i) keep a detailed and written plan on the premises for the transfer of a client to a nearby
96 hospital providing obstetrical and newborn services as needed for emergency treatment that is
97 beyond the capabilities of the freestanding birth center;

98 (ii) maintain policies and procedures to ensure coordination of the ongoing care and
99 transfer of a patient when complications occur that render the patient ineligible for freestanding
100 birth center care during the antepartum, intrapartum or postpartum period;

101 (iii) employ an administrative director responsible for implementing and overseeing the
102 operational policies of the freestanding birth center;

103 (iv) employ a director of clinical affairs who shall be a certified nurse-midwife or
104 physician licensed to practice in the commonwealth whose professional scope of practice
105 includes preconception, prenatal, labor, birth and postpartum care and early care of newborns;
106 provided, however, that a director of clinical affairs may be the primary attendant during the
107 perinatal period; and

108 (v) employ birth attendants that are certified nurse midwives, licensed certified
109 professional midwives, physicians or other providers licensed to practice in the commonwealth
110 whose professional scope of practice includes preconception, prenatal, labor, birth and
111 postpartum care and early care of newborns; provided, however, that birth attendants may be the
112 primary attendants in accordance with their professional scope of practice.

113 (c) Regulations promulgated pursuant to this section shall not require a licensed
114 freestanding birth center or its directors, providers or staff to practice under the supervision of a
115 hospital or other health care provider or to enter into an agreement, written or otherwise, with
116 another hospital or health care provider or maintain privileges at a hospital.

117 (d) To be licensed by the department as a freestanding birth center pursuant to subsection
118 (a) and section 51, a freestanding birth center shall provide reimbursable services to individuals
119 with public health insurance on a non-discriminatory basis.

120 (e) Only freestanding birth centers and hospital-affiliated birth centers licensed pursuant
121 to 105 CMR 140 and 105 CMR 142 shall include the words “birth center” or “birthing center” in
122 such center’s name.

123 SECTION 12. Said chapter 111 is hereby further amended by inserting after section 70H
124 the following section:-

125 Section 70I. (a) The department shall establish, promote and maintain a public
126 information program regarding congenital cytomegalovirus, which shall include information on:
127 (i) current, evidence-based information pertaining to congenital cytomegalovirus that has been
128 vetted by medical experts, as determined by the department; (ii) additional resources or referrals
129 for congenital cytomegalovirus and support for families and healthcare providers; and (iii)
130 preventative measures to avoid contracting congenital cytomegalovirus.

131 (b) Healthcare providers, including, but not limited to, physician assistants, nurses, nurse-
132 midwives and licensed certified professional midwives, that render prenatal or postnatal care
133 shall provide expecting parents with information provided by the department under subsection
134 (a) at said parents’ first prenatal appointment. The department shall also make such information
135 available on the department website and to persons seeking information about congenital
136 cytomegalovirus.

137 SECTION 13. Section 202 of said chapter 111, as appearing in the 2022 Official Edition,
138 is hereby amended by inserting after the word “physician”, in line 17, the following words:- ,
139 certified nurse-midwife or licensed certified professional midwife.

140 SECTION 14. Said section 202 of said chapter 111, as so appearing, is hereby further
141 amended by inserting after the word “death”, in line 19, the following words:- ; provided, that a

142 physician shall file such report if a certified nurse-midwife or licensed certified professional
143 midwife was not in attendance.

144 SECTION 15. Said chapter 111 is hereby further amended by adding the following 7
145 sections:-

146 Section 245. (a) The commissioner shall develop and disseminate to the public
147 information regarding pregnancy loss and treatment, which shall include information on: (i) the
148 prevalence of pregnancy loss, including miscarriage and recurrent miscarriages, among pregnant
149 people; and (ii) the accessibility and range of evidence-based treatment options, as medically
150 appropriate, for pregnancy loss, including, but not limited to, comprehensive mental health
151 supports, necessary procedures and medications and culturally responsive supports including, but
152 not limited to, doula care. The commissioner shall ensure that information disseminated pursuant
153 to this section is available in multiple languages, including, but not limited to, Spanish,
154 Portuguese, Mandarin, Cantonese, Haitian Creole and other spoken languages in the
155 commonwealth.

156 (b) The commissioner may disseminate information pursuant to this section to the public
157 directly through the department's website or through arrangements with agencies carrying out
158 intra-agency initiatives, nonprofit organizations, consumer groups, community organizations,
159 institutions of higher education or state or local public-private partnerships.

160 (c) The commissioner shall develop and coordinate programs for conducting and
161 supporting evidence-based research on the causes of pregnancy loss and treatment options.

162 (d) The commissioner shall, in consultation with relevant professional boards of
163 registration, develop and disseminate to perinatal health care workers information on pregnancy

164 loss to ensure that such perinatal health care workers remain informed about current information
165 regarding pregnancy loss and prioritizing both the physical and mental health care of patients
166 experiencing pregnancy loss. For the purposes of this subsection, the term “perinatal health care
167 worker” shall include, but not be limited to, a licensed certified professional midwife, physician
168 assistant, nurse practitioner, clinical nurse specialist, doula, community health worker, nurse-
169 midwife, physicians, peer supporter, lactation consultant, nutritionist or dietitian, childbirth
170 educator, social worker, trained family support specialist or home visitor and language
171 interpreter or navigator.

172 (e) The commissioner shall, in a manner that protects personal privacy and complies with
173 federal law, collect and assess data regarding pregnancy loss, including information delineated
174 by race, ethnicity, health insurance status, disability, income level and geography on the
175 prevalence of and knowledge about pregnancy loss.

176 Section 246. (a) As used in this section, the following words shall have the following
177 meanings unless the context clearly requires otherwise:

178 “Perinatal individual”, an individual that is either pregnant or is within 12 months from
179 the end of pregnancy.

180 “Perinatal mood and anxiety disorders”, mental health disorders, including, but not
181 limited to, postpartum depression, experienced by a perinatal individual during the period of time
182 between the beginning of pregnancy and 1 year after the end of pregnancy.

183 (b) The department shall develop and maintain a comprehensive digital resource center
184 on perinatal mood and anxiety disorders. The digital resource center shall be available to the
185 public at no cost on the department’s website and shall include information and resources for: (i)

186 health care providers and organizations serving perinatal individuals to aid them in treating and
187 making appropriate referrals for individuals experiencing perinatal mood and anxiety disorders;
188 and (ii) perinatal individuals and their families to aid them in understanding and identifying
189 perinatal mood and anxiety disorders and how to navigate available resources and obtain
190 treatment.

191 (c) In developing the comprehensive digital resource center, the department shall consult
192 with: (i) health care professionals, including, but not limited to, obstetricians, gynecologists,
193 pediatricians, primary care providers, certified nurse-midwives, licensed certified professional
194 midwives, psychiatrists and other mental health clinicians; (ii) organizations serving perinatal
195 individuals; and (iii) health insurance carriers.

196 (d) The department shall develop and implement a public information campaign to
197 promote awareness of perinatal mood and anxiety disorders, which shall promote the digital
198 resource center developed pursuant to this section.

199 Section 247. (a) For the purposes of this section, “postnatal individual” shall mean an
200 individual who reached the end of pregnancy within the previous 12 months and “post-
201 pregnancy depression” shall mean postpartum depression occurring after childbirth or after the
202 end of the pregnancy.

203 (b) Every postnatal individual who receives health care services from a primary care
204 provider, obstetrician, gynecologist, certified nurse-midwife or licensed certified professional
205 midwife shall be offered a screening for post-pregnancy depression and, if the postnatal
206 individual does not object to such screening, such primary care provider, certified nurse-midwife

207 or licensed certified professional midwife shall ensure that the postnatal individual is
208 appropriately screened for post-pregnancy depression in line with evidence-based guidelines.

209 (c) Every postnatal individual whose infant receives health care services from a
210 pediatrician shall be offered a screening for post pregnancy depression by the infant's
211 pediatrician and, if the postnatal individual does not object to such screening, such pediatrician
212 shall ensure that the postnatal individual is appropriately screened for post-pregnancy depression
213 in line with evidence-based guidelines.

214 (d) If a health care professional administering a screening in accordance with this section
215 determines, based on the screening methodology administered, that the postnatal individual is
216 likely to be suffering from post-pregnancy depression, such health care professional shall discuss
217 available treatments for post-pregnancy depression, including pharmacological treatments, and
218 provide an appropriate referral to a mental health clinician.

219 Section 248. (a) As used in this section, the following words shall have the following
220 meanings unless the context clearly requires otherwise:

221 "Programs", entities or providers qualified by the department to provide universal
222 postpartum home visiting services.

223 "Provider", an entity or individual that provides universal postpartum home visiting
224 services.

225 "Universal postpartum home visiting services", evidence-based, voluntary home or
226 community-based services for birthing people and caregivers with newborns, including, but not
227 limited to: (i) screenings for unmet health needs including reproductive health services; (ii)

228 maternal and infant nutritional needs; and (iii) emotional health supports, including post
229 pregnancy depression supports.

230 (b) The department shall establish and administer a statewide system of programs
231 providing universal postpartum home visiting services. Services shall be delivered by a qualified
232 health professional with maternal and pediatric health training, as defined by the department;
233 provided, however, that at least 1 visit shall occur at the patient's home or a mutually agreed
234 upon location within 8 weeks postpartum.

235 (c) A provider of universal postpartum home visiting services shall determine whether a
236 recipient of its services is covered or may be eligible for coverage through an alternative source.
237 A provider shall request payment for services it provides from third-party payers pursuant to
238 chapters 32A, 118E, 175, 176A, 176B or 176G before payment is requested from the
239 department.

240 (d) The department shall monitor and assess the effectiveness of universal postpartum
241 home visiting services. Programs which are in receipt of state or federal funding for said services
242 shall report such information as requested by the department for the purpose of monitoring,
243 assessing the effectiveness of such programs, initiating quality improvement and reducing health
244 disparities.

245 Section 249. (a) As used in this section, the following words shall have the following
246 meanings unless the context requires otherwise:

247 "Certified nurse-midwife", a nurse licensed under section 80B of chapter 112 and
248 authorized to practice nurse midwifery under section 80C of said chapter 112.

249 (b) The department shall establish a program for the licensure of licensed certified
250 professional midwives. The department shall determine qualifications of a licensed certified
251 professional midwife and develop an application process and application for licensure as a
252 licensed certified professional midwife, including the recertification process and continued
253 education requirements; provided, however, that a valid certified professional midwife credential
254 from the North American Registry of Midwives shall serve as a basis for licensure.

255 (c) The department shall establish minimum standards for licensure of licensed certified
256 professional midwives including, but not limited to, education, training, experience and ethical
257 standards.

258 (d) A person who seeks licensure as a licensed certified professional midwife shall
259 complete an application, in a manner determined by the department, which shall include proof of
260 completion of the education, training and experience licensure requirements. Said application
261 shall be accompanied by a registration fee to be determined annually by the secretary of
262 administration and finance under the provision of section 3B of chapter 7; provided, however,
263 that the department shall create a hardship waiver to reduce the fee for applicants. If the
264 department deems an applicant satisfactory, the department shall issue a license to such
265 applicant.

266 (e) Such licenses shall expire on December 31 of each even-numbered year. The fee for
267 renewal of licensure shall be determined annually by the secretary of administration and finance
268 under the provision of section 3B of chapter 7.

269 (f) The department shall promulgate such rules and regulations as it deems necessary to
270 enable proper licensure and oversight of licensed certified professional midwives.

271 (g) The department may suspend or revoke any license to practice as a licensed certified
272 professional midwife or discipline any such licensee for any violation of the law or regulation;
273 provided, however, that the department shall provide the holder of such license the opportunity
274 for a hearing pursuant to chapter 30A; provided, however, that the department may suspend the
275 license of a licensee who poses an imminent danger to the public without a hearing; provided
276 further, that the licensee shall be afforded a hearing within 7 business days of receipt of a notice
277 of such denial, refusal to renew, revocation, limitation, suspension or other disciplinary action.

278 (h) No individual shall practice as a licensed certified professional midwife or assume
279 such title without a license issued by the department. A person shall not hold themselves out as a
280 licensed certified professional midwife after the expiration date of their license and by doing so,
281 may be subject to a fine determined by regulations promulgated by the department.

282 (i) The department shall investigate complaints against persons licensed as licensed
283 certified professional midwives.

284 (j) Nothing in this section shall be construed to authorize the department to promulgate
285 regulations that require a licensed certified professional midwife to practice under the
286 supervision of or in collaboration with another health care provider.

287 (k) When making determinations pursuant to this section, including, but not limited to,
288 promulgating rules and regulations, the department shall directly engage not less than 5 licensed
289 certified professional midwives, each of whom shall have not less than 5 years of experience in
290 the practice of midwifery, in the decision-making process.

291 Section 250. (a) A licensed certified professional midwife may purchase, possess and
292 administer to their patients those controlled substances designated by the department as

293 necessary to practice as a licensed certified professional midwife; provided, however, that in
294 designating controlled substances under this subsection, the department shall directly engage not
295 less than 5 licensed certified professional midwives, each of whom shall have not less than 5
296 years of experience in the practice of midwifery.

297 (b) The department shall issue a statewide standing order to authorize licensed certified
298 professional midwives to administer to their patients those controlled substances designated by
299 the department as necessary to practice as a licensed certified professional midwife. Such
300 standing order may be issued by the commissioner or by a practitioner designated by the
301 commissioner who is registered to distribute or dispense a controlled substance during
302 professional practice under section 7 of chapter 94C and shall include, but not be limited to,
303 written and standardized procedures and protocols for the administration of the authorized
304 controlled substances by licensed certified professional midwives to their patients.

305 (c) Except for an act of gross negligence or willful misconduct, the commissioner or
306 practitioner who issues the statewide standing order under this section shall not be subject to any
307 criminal or civil liability or any professional disciplinary action.

308 (d) This section shall not apply to certified nurse midwives licensed pursuant to section
309 80B of chapter 112.

310 Section 251. (a) The practice of midwifery by a licensed certified professional midwife
311 shall include, but not be limited to:

312 (i) the practice of providing maternity care to a client during the preconception period and
313 the antepartum, intrapartum and postpartum periods; provided, however, that the department
314 may, through regulations or other guidance, establish rules to limit the practice of midwifery by a

315 licensed certified professional midwife based on the risk level of the pregnancy deemed
316 appropriate by the department;

317 (ii) the practice of providing newborn care; and

318 (iii) prescribing, dispensing or administering pharmaceutical agents consistent with
319 section 250.

320 (b) A licensed certified professional midwife shall provide care to clients in accordance
321 with the scope and standards of practice under this section and any regulations promulgated by
322 the department pursuant to section 249.

323 (c) A licensed certified professional midwife shall prepare, in a format prescribed by the
324 department, a written plan for the appropriate delivery of emergency care. The plan shall include,
325 but not be limited to: (i) consultation with other health care providers; (ii) emergency transfer to
326 a hospital; and (iii) access to neonatal intensive care units and obstetrical units or other patient
327 care areas.

328 (d) When accepting a client for care, a licensed certified professional midwife shall
329 obtain the client's informed consent, which shall be evidenced by a written statement in a format
330 prescribed by the department that shall be included in the client's record of care and be signed by
331 both the licensed certified professional midwife and the client. The form shall include, but not be
332 limited to: (i) an acknowledgement that the licensed certified professional midwife is not
333 authorized to practice medicine; (ii) a description of written practice guidelines, services
334 provided and the risks and benefits of birth in the client's chosen environment; and (iii)
335 disclosure that the client may be referred for a consultation with or have their care transferred to
336 a physician if the client requires care that is outside the midwife's scope of practice.

337 (e) The department shall develop standards for licensed certified professional midwives
338 to maintain client records, including client charts.

339 (f) The practice of midwifery shall not constitute the practice of medicine, certified nurse
340 midwifery or emergency medical care.

341 (g) Nothing in this section shall be construed to authorize the department to promulgate
342 regulations that require a licensed certified professional midwife to practice under the
343 supervision of or in collaboration with another health care provider.

344 (h) Nothing in this section shall regulate:

345 (i) a person licensed in the commonwealth from acting within the scope of practice of the
346 profession or occupation for which such person is licensed, including, but not limited to, a
347 licensed physician, certified-nurse midwife or certified emergency medical technician; provided,
348 however, that such person shall not represent to the public, directly or indirectly, that such person
349 is licensed under section 249 and that such person shall not use any name, title or designation
350 indicating that such person is licensed under said section 249;

351 (ii) a person employed as a midwife by the federal government or an agency; provided,
352 however, that the person shall provide midwifery services solely under the direction and control
353 of the organization by which such person is employed;

354 (iii) a traditional birth attendant who provides midwifery services to a client that has
355 cultural or religious birth traditions that have historically included the attendance of traditional
356 birth attendants; provided, however, that no fee for the traditional birth attendant's services shall

357 be contemplated, charged or received and the birth attendant shall serve only individuals and
358 families in a distinct cultural or religious group;

359 (iv) persons who are members of tribal communities and provide traditional midwife
360 services to members of their communities; or

361 (v) a person rendering aid in an emergency.

362 (i) A health care provider that consults with or accepts a transport, transfer or referral
363 from a licensed certified professional midwife, or that provides care to a client of a licensed
364 certified professional midwife or such client's newborn, shall not be liable in a civil action for
365 personal injury or death caused by an act or omission by the licensed certified professional
366 midwife.

367 (j) When making determinations pursuant to this section, including, but not limited to,
368 establishing rules, prescribing formats and developing standards, the department shall directly
369 engage not less than 5 licensed certified professional midwives, each of whom shall have not less
370 than 5 years of experience in the practice of midwifery, in the decision-making process.

371 SECTION 16. Chapter 112 of the General Laws is hereby amended by inserting after
372 section 2D the following section:-

373 Section 2E. A person shall not provide ultrasound services pertaining to a possible or
374 actual pregnancy except under the supervision of a provider or other licensed health care
375 professional who, acting within their scope of practice, provides medical care for people who are
376 pregnant or may become pregnant.

377 SECTION 17. Section 10A of chapter 118E of the General Laws, as appearing in the
378 2022 Official Edition, is hereby amended by striking out, in lines 17 and 21, the words “or
379 certified nurse midwife”, and inserting in place thereof, in each instance, the following words:-
380 certified nurse midwife or licensed certified professional midwife.

381 SECTION 18. Said section 10A of said chapter 118E, as so appearing, is hereby further
382 amended by inserting after the first paragraph the following 2 paragraphs:-

383 The division shall provide coverage for services rendered by a certified nurse midwife
384 designated to engage in the practice of nurse-midwifery by the board of registration in nursing
385 pursuant to section 80C of chapter 112 and the payment rate for a service provided by a certified
386 nurse midwife that is within the scope of the certified nurse midwife’s authorization to practice
387 shall be equal to the payment rate for the same service if the service was performed by a
388 physician.

389 The division shall provide coverage for midwifery services, including prenatal care,
390 childbirth and postpartum care, provided by a licensed certified nurse midwife regardless of the
391 site of services.

392 SECTION 19. Said chapter 118E is hereby further amended by inserting after section
393 10Q the following 4 sections:-

394 Section 10R. (a) For purposes of this section, the following terms shall have the
395 following meanings unless the context clearly requires otherwise:

396 “Maternal and infant health outcomes”, outcomes arising for the gestational parent and
397 the gestational parent’s offspring during the pregnancy including pregnancy complications,
398 maternal morbidity, infant mortality and preterm births.

399 “Doula services”, physical, emotional and informational support provided by trained
400 doulas to individuals and families during and after pregnancy, labor, childbirth, miscarriage,
401 stillbirth, adoption or pregnancy loss, as determined appropriate by the division; provided,
402 however, that “doula services” shall not constitute medical care.

403 (b) The division and its contracted health insurers, health plans, health maintenance
404 organizations, behavioral health management firms and third-party administrators under contract
405 to a Medicaid managed care organization, accountable care organization or primary care
406 clinician plan shall provide coverage of doula services to pregnant individuals and postpartum
407 individuals up to 12 months following the end of the pregnancy and adoptive parents of infants
408 until the infants reach 1 year of age; provided, however, that the division shall cover not less than
409 6 doula visits across the prenatal and 1-year postpartum period or until an adopted infant reaches
410 1 year of age.

411 (c) In determining the scope of doula services, the division shall consult with the
412 department of public health and bureau of family health and nutrition.

413 Section 10S. (a) For the purposes of this section, “noninvasive prenatal screening” shall
414 mean a cell-free DNA prenatal screening to ascertain if a pregnancy has a risk of fetal
415 chromosomal aneuploidy; provided, however, that such screening shall include, but not be
416 limited to, an analysis of chromosomes 13, 18 and 21.

417 (b) The division and its contracted health insurers, health plans, health maintenance
418 organizations, behavioral health management firms and third-party administrators under contract
419 to a Medicaid managed care organization, accountable care organization or primary care
420 clinician plan shall provide coverage under all benefit plans for noninvasive prenatal screening
421 and shall not limit availability and coverage for such screening based on the age of the pregnant
422 patient or any other risk factor, unless the limitation is part of the generally accepted standards of
423 professional practice as recommended by the American College of Obstetricians and
424 Gynecologists.

425 Section 10T. The division and its contracted health insurers, health plans, health
426 maintenance organizations, behavioral health management firms and third-party administrators
427 under contract to a Medicaid managed care organization, accountable care organization or
428 primary care clinician plan shall provide coverage for post-pregnancy depression screenings. For
429 the purposes of this section, the term “post-pregnancy depression” shall include postpartum
430 depression occurring after childbirth or after the end of the pregnancy. Section 10U. The
431 division and its and its contracted health insurers, health plans, health maintenance organizations,
432 behavioral health management firms and third-party administrators under contract to a Medicaid
433 managed care organization, accountable care organization or primary care clinician plan or other
434 entities contracting with the division to administer benefits shall provide coverage for universal
435 postpartum home visiting services, in accordance with operational standards set by the
436 department of public health pursuant to section 248 of chapter 111. Such coverage shall not be
437 subject to any cost-sharing; provided, however, that cost-sharing shall be required if the
438 applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status
439 as a result of the prohibition on cost-sharing for this service.

440 SECTION 20. Subsection (c) of section 148C of chapter 149 of the General Laws, as
441 appearing in the 2022 Official Edition, is hereby amended by striking out clauses (3) and (4) and
442 inserting in place thereof the following 3 clauses:-

443 (3) attend the employee’s routine medical appointment or a routine medical appointment
444 for the employee’s child, spouse, parent, or parent of spouse;

445 (4) address the psychological, physical or legal effects of domestic violence as defined in
446 subsection (g1/2) of section 1 of chapter 151A, except that the definition of employee in
447 subsection (a) will govern for purposes of this section; or

448 (5) address the employee’s own physical and mental health needs, and those of the
449 employee’s spouse, if the employee or the employee’s spouse experiences pregnancy loss or a
450 failed assisted reproduction, adoption or surrogacy.

451 SECTION 21. Section 47C of chapter 175 of the General Laws, as so appearing, is
452 hereby amended by striking out, in line 62, the word “annually” and inserting in place thereof the
453 following words:- once per calendar year.

454 SECTION 22. Section 47E of said chapter 175, as so appearing, is hereby amended by
455 adding the following 2 sentences:- The reimbursement for the services provided pursuant to this
456 section shall be in the same amount as the reimbursement paid under the policy to a licensed
457 physician performing the service in the area served. An insurer may not reduce the
458 reimbursement paid to a licensed physician in order to comply with this section.

459 SECTION 23. Said chapter 175 is hereby further amended by inserting after section
460 47UU the following 2 sections:-

461 Section 47VV. Any policy, contract, agreement, plan or certificate of insurance issued,
462 delivered or renewed within the commonwealth, which is considered creditable coverage under
463 section 1 of chapter 111M, shall provide coverage for post pregnancy depression screenings.

464 Section 47WW. An individual policy of accident and sickness insurance issued pursuant
465 to section 108 that provides hospital expense and surgical expense insurance or a group blanket
466 or general policy of accident and sickness insurance issued pursuant to section 110 that provides
467 hospital expense and surgical expense insurance that is issued or renewed within the
468 commonwealth shall provide coverage for universal postpartum home visiting services, in
469 accordance with operational standards set by the department of public health pursuant to section
470 248 of chapter 111. Such coverage shall not be subject to any cost-sharing, including co-
471 payments and co-insurance, and shall not be subject to any deductible; provided, however, that
472 co-payments, coinsurance or deductibles shall be required if the applicable plan is governed by
473 the Internal Revenue Code and would lose its tax-exempt status due to the prohibition on co-
474 payments, coinsurance or deductibles for these services.

475 SECTION 24. Chapter 176A of the General Laws is hereby amended by inserting after
476 section 8VV the following 2 sections:-

477 Section 8WW. Any contract between a subscriber and the corporation under an
478 individual or group hospital service plan that is delivered, issued or renewed within the
479 commonwealth shall provide coverage for post-pregnancy depression screenings. For the
480 purposes of this section, the term “post-pregnancy depression” shall mean postpartum depression
481 occurring after childbirth or after the end of the pregnancy.

482 Section 8XX. Any contract between a subscriber and the corporation under an individual
483 or group hospital service plan which is delivered, issued or renewed within the commonwealth
484 shall provide coverage for universal postpartum home visiting services, in accordance with
485 operational standards set by the department of public health pursuant to section 248 of chapter
486 111. Such coverage shall not be subject to any cost-sharing, including co-payments and co-
487 insurance, and shall not be subject to any deductible; provided, however, that co-payments,
488 coinsurance or deductibles shall be required if the applicable plan is governed by the Internal
489 Revenue Code and would lose its tax-exempt status due to the prohibition on co-payments,
490 coinsurance or deductibles for these services.

491 SECTION 25. Said chapter 176A is hereby further amended by inserting after section
492 8XX the following section:-

493 Section 8YY. Any contract between a subscriber and the corporation under an individual
494 or group hospital service plan, which is delivered, issued or renewed in the commonwealth, shall
495 provide as a benefit to all individual subscribers and members within the commonwealth and to
496 all group members having a principal place of employment within the commonwealth for
497 services rendered by a certified nurse midwife designated to engage in the practice of nurse
498 midwifery by the board of registration in nursing pursuant to section 80C of chapter 112;
499 provided, however, that the: (i) service rendered is within the scope of the certified nurse
500 midwife's authorization to practice by the board of registration in nursing; (ii) policy or contract
501 currently provides benefits for identical services rendered by a health care provider licensed by
502 the commonwealth; and (iii) reimbursement for the services provided shall be in the same
503 amount as the reimbursement paid under the policy to a licensed physician performing the

504 service in the area served. An insurer may not reduce the reimbursement paid to a licensed
505 physician in order to comply with this section.

506 SECTION 26. Section 4G of chapter 176B of the General Laws, as appearing in the 2018
507 Official Edition, is hereby amended by adding the following 2 sentences:- The reimbursement
508 for the services provided pursuant to this section shall be in the same amount as the
509 reimbursement paid under the policy to a licensed physician performing the service in the area
510 served. An insurer may not reduce the reimbursement paid to a licensed physician in order to
511 comply with this section.

512 SECTION 27. Section 4G of chapter 176B of the General Laws, as appearing in the 2018
513 Official Edition, is hereby amended by adding the following 2 sentences:- The reimbursement
514 for the services provided pursuant to this section shall be in the same amount as the
515 reimbursement paid under the policy to a licensed physician performing the service in the area
516 served. An insurer may not reduce the reimbursement paid to a licensed physician in order to
517 comply with this section.

518 SECTION 28. Chapter 176B of the General Laws is hereby amended by inserting after
519 section 4VV the following 2 sections:-

520 Section 4WW. Any subscription certificate under an individual or group medical service
521 agreement delivered, issued or renewed within the commonwealth shall provide coverage for
522 post-pregnancy depression screenings. For the purposes of this section, the term “post-pregnancy
523 depression” shall mean postpartum depression occurring after childbirth or after the end of the
524 pregnancy.

525 Section 4XX. Any subscription certificate under an individual or group medical service
526 agreement delivered, issued or renewed within the commonwealth shall provide coverage for
527 universal postpartum home visiting services, in accordance with operational standards set by the
528 department of public health pursuant to section 248 of chapter 111 . Such coverage shall not be
529 subject to any cost-sharing, including co-payments and co-insurance, and shall not be subject to
530 any deductible; provided, however, that co-payments, coinsurance or deductibles shall be
531 required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-
532 exempt status due to the prohibition on co-payments, coinsurance or deductibles for these
533 services.

534 SECTION 29. The first paragraph of section 4 of chapter 176G is of the General Laws, as
535 so appearing, is hereby amended by adding the following clause:-

536 (g) services rendered by a certified nurse midwife designated to engage in the practice of
537 nurse midwifery by the board of registration in nursing pursuant to section 80C of chapter 112,
538 subject to the terms of a negotiated agreement between the health maintenance organization and
539 the provider of health care services; provided, however, that the reimbursement for the services
540 provided shall be in the same amount as the reimbursement paid under the policy to a licensed
541 physician performing the service in the area served; and provided further, that An insurer may
542 not reduce the reimbursement paid to a licensed physician in order to comply with this section.

543 SECTION 30. Chapter 176G of the General Laws is hereby amended by inserting after
544 section 4NN the following 2 sections:-

545 Section 4OO. An individual or group health maintenance contract that is issued or
546 renewed within or without the commonwealth shall provide coverage for post-pregnancy

547 depression screenings. For the purposes of this section, the term “post-pregnancy depression”
548 shall mean postpartum depression occurring after childbirth or after the end of the pregnancy.

549 Section 4PP. Any individual or group health maintenance contract that is issued or
550 renewed within or without the commonwealth shall provide coverage for universal postpartum
551 home visiting services, in accordance with operational standards set by the department of public
552 health pursuant to section 248 of chapter 111. Such coverage shall not be subject to any cost-
553 sharing, including co-payments and co-insurance, and shall not be subject to any deductible;
554 provided, however, that co-payments, coinsurance or deductibles shall be required if the
555 applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status
556 due to the prohibition on co-payments, coinsurance or deductibles for these services.

557 SECTION 31. (a) The department of public health shall study and report on the
558 feasibility and costs of requiring malpractice liability insurance for licensed certified professional
559 midwives in the commonwealth, which shall include, but not be limited to: (i) cost of
560 malpractice insurance; (ii) impacts on midwifery care accessibility; and (iii) best practices in the
561 area of malpractice insurance for midwives.

562 (b) Not later than August 1, 2025, the department shall submit its report and
563 recommendations to the clerks of the senate and house of representatives, the joint committee on
564 health care financing, the joint committee on public health and senate and house committees on
565 ways and means.

566 SECTION 32. Notwithstanding any general or special law to the contrary, the initial
567 midwifery engagements pursuant to sections 249, 250 and 251 of chapter 111 of the General
568 Laws, inserted by section 15, shall be certified professional midwives, each of whom shall: (i)

569 have not less than 5 years of experience in the practice of midwifery; and (ii) hold a certificate of
570 completion or equivalent from an educational program or institution accredited by the Midwifery
571 Education Accreditation Council.

572 SECTION 33. (a) The department of public health shall promulgate regulations pursuant
573 to section 51M of chapter 111 of the General Laws not later than 180 days after the effective date
574 of this act.

575 (b) Prior to promulgating initial regulations pursuant to said section 51M of said chapter
576 111, the department shall consider the standards adopted by the American Association of Birth
577 Centers and consult with Seven Sisters Birth Center LLC, Neighborhood Birth Center, Inc. and
578 the Massachusetts Affiliate of ACNM, Inc.

579 SECTION 34. The department of public health shall adopt rules and promulgate
580 regulations pursuant to sections 249 and 250 of chapter 111 within 1 year from the effective date
581 of this act.