

HOUSE No. 4566

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, April 22, 2024.

The committee on Public Health, to whom were referred the petition (accompanied by bill, Senate, No. 1335) of Joanne M. Comerford, Jack Patrick Lewis, Jason M. Lewis, Lydia Edwards and other members of the General Court for legislation to update the regulations governing licensed birth centers in Massachusetts, the petition (accompanied by bill, Senate, No. 1375) of Cindy F. Friedman, Rebecca L. Rausch, Patrick M. O'Connor, Vanna Howard and other members of the General Court for legislation relative to postpartum depression screening, the petition (accompanied by bill, Senate, No. 1414) of Liz Miranda, Lydia Edwards and Jason M. Lewis for legislation relative to conducting fetal and infant mortality review, the petition (accompanied by bill, Senate, No. 1457) of Rebecca L. Rausch, Jack Patrick Lewis, Hannah Kane, Jason M. Lewis and other members of the General Court for legislation to promote access to midwifery care and out-of-hospital birth options, the petition (accompanied by bill, House, No. 2163) of Carole A. Fiola and others that the Division of Medical Assistance be directed to provide coverage for screenings for postpartum depression, the petition (accompanied by bill, House, No. 2187) of Patricia A. Haddad and Carole A. Fiola relative to conducting fetal and infant mortality review, the petition (accompanied by bill, House, No. 2209) of Kay Khan, Brandy Fluker Oakley and others for legislation to establish a board of registration in midwifery and further regulating out-of-hospital birth access and safety, the petition (accompanied by bill, House, No. 2265) of Lindsay N. Sabadosa and others for legislation to establish a pregnancy loss awareness program within the Department of Public Health, and the petition (accompanied by bill, House, No. 3616) of Manny Cruz, Chynah Tyler and others relative to the regulations governing licensed birth centers, reports recommending that the accompanying bill (House, No. 4566) ought to pass.

For the committee,

MARJORIE C. DECKER.

HOUSE No. 4566

The Commonwealth of Massachusetts

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

An Act promoting access to midwifery care and out-of-hospital birth options.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 9 of chapter 13 of the General Laws, as appearing in the 2022
2 Official Edition, is hereby amended by inserting, in line 7, after the word “counselors” the
3 following words:- the board of registration in midwifery.

4 SECTION 2. Section 11A of chapter 13 of the General Laws, as so appearing, is hereby
5 amended by striking out the first paragraph and inserting in place thereof the following
6 paragraph:-

7 There shall be a board of allied health professions, hereinafter called the board,
8 which shall consist of 12 members to be appointed by the governor. Members of the board shall
9 be residents of the commonwealth and citizens of the United States. Three of such members shall
10 be athletic trainers licensed in accordance with section 23B of chapter 112; 2 of such members
11 shall be occupational therapists licensed in accordance with said section 23B; 1 such member
12 shall be an occupational therapy assistant licensed in accordance with said section 23B; 2 of such
13 members shall be physical therapists licensed in accordance with said section 23B; 1 such

14 member shall be a physical therapist assistant licensed in accordance with said section 23B; 1
15 such member shall be a lactation consultant licensed in accordance with said section 23B; 1 such
16 member shall be a physician licensed in accordance with section 2 of chapter 112; and 1 such
17 member shall be selected from and shall represent the general public.

18 SECTION 3. Said chapter 13, as so appearing, is hereby further amended by adding the
19 following section:-

20 Section 110. (a) There shall be within the department of public health a board of
21 registration in midwifery. The board shall consist of 8 members to be appointed by the governor,
22 5 of whom shall be midwives with not less than 5 years of experience in the practice of
23 midwifery and who shall be licensed under sections 276 to 289, inclusive, of chapter 112, 1 of
24 whom shall be a physician licensed to practice medicine under section 2 of said chapter 112 with
25 experience working with midwives, 1 of whom shall be a certified nurse-midwife licensed to
26 practice midwifery under section 80B of said chapter 112 and 1 of whom shall be a member of
27 the public. Four of the members of the board of registration in midwifery shall have experience
28 working on the issue of racial disparities in maternal health or be a member of a population that
29 is underrepresented in the midwifery profession. When making the appointments, the governor
30 shall consider the recommendations of organizations representing certified professional
31 midwives in the commonwealth. The appointed members shall serve for terms of 3 years. Upon
32 the expiration of a term of office, a member shall continue to serve until a successor has been
33 appointed and qualified. A member shall not serve for more than 2 consecutive terms; provided,
34 however, that a person who is chosen to fill a vacancy in an unexpired term of a prior board
35 member may serve for 2 consecutive terms in addition to the remainder of that unexpired term. A
36 member may be removed by the governor for neglect of duty, misconduct, malfeasance or

37 misfeasance in the office after a written notice of the charges against the member and sufficient
38 opportunity to be heard thereon. Upon the death or removal for cause of a member of the board,
39 the governor shall fill the vacancy for the remainder of that member's term after considering
40 suggestions from a list of nominees provided by organizations representing certified professional
41 midwives in the commonwealth. For the initial appointment of the board, the 5 members
42 required to be licensed midwives shall be persons with at least 5 years of experience in the
43 practice of midwifery who meet the eligibility requirements set forth in subsection (a) of section
44 281 of chapter 112. Members of the board shall be residents of the commonwealth.

45 (b) Annually, the board shall elect from its membership a chair and a secretary
46 who shall serve until their successors have been elected and qualified. The board shall meet not
47 less than 4 times annually and may hold additional meetings at the call of the chair or upon the
48 request of not less than 4 members. A quorum for the conduct of official business shall be a
49 majority of those appointed. Board members shall serve without compensation but shall be
50 reimbursed for actual and reasonable expenses incurred in the performance of their duties. The
51 members shall be public employees for the purposes of chapter 258 for all acts or omissions
52 within the scope of their duties as board members.

53 SECTION 4. Chapter 38 of the general laws is hereby amended by inserting after section
54 2A the following section: --

55 Section 2B. As used in this section, the term below shall have the following
56 meaning: -

57 "Authorized local health agency", shall mean a health board, department, or other
58 governmental entity that is authorized by the department of public health to receive timely data

59 relative to fetal and infant deaths for assessing, planning, improving and monitoring the service
60 systems and community resources that support child and maternal health.

61 The department of public health shall establish a process for designating
62 authorized local health agencies. This process may include reasonable criteria regarding the
63 level of expertise, workforce capacity, or organizational capacity. Authorized local health
64 agencies shall be authorized to conduct in-depth fetal infant mortality review of each individual
65 infant and fetal death occurring within their jurisdiction, in order to identify local factors
66 associated with fetal and infant deaths and inform public health policy programs.

67 For each case of fetal or infant death to be reviewed, authorized local health
68 agencies are hereby authorized to collect relevant data from a variety of sources, which may
69 include physician and hospital records in addition to relevant community program records.
70 Authorized local health agencies are authorized to collect, and the department is authorized to
71 provide, timely access to vital records and other data reasonably necessary for fetal and infant
72 mortality review.

73 The department may issue additional guidance through policy or regulation,
74 consistent with this section, regarding the process for conducting fetal infant mortality reviews
75 by authorized local health agencies, which may include guidance from the National Fetal and
76 Infant Mortality Review Program.

77 SECTION 5. Section 1E of chapter 46 of the General Laws, as appearing in the 2022
78 Official Edition, is hereby amended by inserting after the definition of “Physician” the following
79 definition:-

80 “Licensed midwife,” shall mean a midwife licensed to practice by the board of
81 registration in midwifery as provided in sections 276 to 289 of chapter 112.

82 SECTION 6. Section 3B of said chapter 46, as so appearing, is hereby amended by
83 inserting after the word “physician”, in line 1, the following words:- or licensed midwife.

84 SECTION 7. Section 1 of chapter 94C of the general laws, as appearing in the 2022
85 Official Edition, is hereby amended by inserting after the definition of “Isomer” the following
86 definition:-

87 “Licensed midwife,” shall mean a midwife licensed to practice by the board of
88 registration in midwifery as provided in sections 276 to 289 of chapter 112.

89 SECTION 8. Section 7 of said chapter 94C, as so appearing, is hereby amended by
90 adding the following new subsection:-

91 (j) The commissioner shall promulgate regulations which provide for the
92 automatic registration of licensed midwives, upon the receipt of the fee as herein provided, to
93 issue written prescriptions in accordance with the provisions of sections 279 of chapter 112 and
94 the regulations issued by the board of registration in midwifery under said section 279 of chapter
95 112, unless the registration of such licensed midwife has been suspended or revoked pursuant to
96 the provisions of section 13 or section 14 or unless such registration is denied for cause by the
97 commissioner pursuant to the provisions of chapter 30A. Prior to promulgating such regulations,
98 the commissioner shall consult with the board of registration in midwifery.

99 SECTION 9. Section 9 of said chapter 94C, as so appearing, is hereby amended by
100 inserting in paragraph (a), after the words “certified nurse midwife as provided in section 80C of

101 said chapter 112” the following words:- , licensed midwife as limited by subsection (j) of said
102 section 7 and section 279 of said chapter 112.

103 SECTION 10. Section 9 of said chapter 94C, as so appearing, is hereby further amended
104 in paragraph (b), by inserting after the words “midwife” in each place that they appear, the
105 following words:- , licensed midwife.

106 SECTION 11. Said section 9 of said chapter 94C, as so appearing, is hereby further
107 amended in paragraph (b), by inserting after the words “nurse-midwifery” in each place that they
108 appear, the following words:- , midwifery.

109 SECTION 12. Section 9 of said chapter 94C is further amended in paragraph (c), by
110 inserting after the words “certified nurse midwife” in each place that they appear, the following
111 words:- , licensed midwife.

112 SECTION 13. The definition of “medical peer review committee” in section 1 of chapter
113 111 of the General Laws, as appearing in the 2022 official edition, is hereby amended by adding
114 the following sentence:- “Medical peer review committee” shall include a committee or
115 association that is authorized by a midwifery society or association to evaluate the quality of
116 midwifery services or the competence of midwives and suggest improvements in midwifery
117 practices to improve patient care.

118 SECTION 14. Section 51 of chapter 111 of the General Laws, as appearing in the
119 2022 Official Edition, is hereby amended by adding after the word “Gynecologists,” in line 106,
120 the following words:- , American College of Nurse Midwives, American Association of Birth
121 Centers.

122 SECTION 15. Section 202 of said chapter 111, as so appearing, is hereby amended by
123 inserting, in the second and third paragraphs, after the word “attendance”, in each instance, the
124 following words:- or midwife in attendance.

125 SECTION 16. Said section 202, as so appearing, is hereby further amended by inserting,
126 in the fourth paragraph, after the word “attendance” the following words:- or without the
127 attendance of a midwife,.

128 SECTION 17. Section 204 of said chapter 111, as so appearing, is hereby amended by
129 inserting, in lines 7, 12 and 28, after the word “medicine”, in each instance, the following word:-
130 , midwifery.

131 SECTION 18. Chapter 111 of the General Laws is hereby amended by adding the
132 following section:-

133 Section 244. (a) The commissioner shall develop and disseminate to the public
134 information regarding pregnancy loss, including information on: (i) awareness of pregnancy loss
135 and the incidence and prevalence of pregnancy loss among pregnant people; and (ii) the
136 accessibility of the range of evidence-based treatment options, as medically appropriate, for
137 pregnancy loss, including miscarriage and recurrent miscarriage, including but not limited to
138 comprehensive mental health supports, necessary procedures and medications and culturally
139 responsive supports such as pregnancy-loss doula care.

140 The commissioner may disseminate information to the public directly or through
141 arrangements with agencies carrying out intra-agency initiatives, nonprofit organizations,
142 consumer groups, community organizations, institutions of higher education or state or local
143 public-private partnerships.

144 (b) The commissioner shall expand and coordinate programs for conducting and
145 supporting evidence-based research with respect to causes of and current and novel treatment
146 options and procedures for pregnancy loss.

147 (c) The commissioner shall, in consultation with and in accordance with
148 guidelines from relevant medical societies, develop and disseminate to perinatal health care
149 workers, including midwives, physician assistants, nurse practitioners, clinical nurse specialists
150 and non-clinical perinatal health care workers, information on pregnancy loss for the purpose of
151 ensuring that such perinatal health care workers remain informed about current information
152 regarding pregnancy loss, including miscarriage and recurrent miscarriage, and prioritizing both
153 the physical and mental health care of the patient. For purposes of this subsection, the term
154 “perinatal health care worker” shall include any doula, community health worker, peer supporter,
155 breastfeeding and lactation educator or counselor, nutritionist or dietitian, childbirth educator,
156 social worker, home visitor, language interpreter or navigator.

157 (d) The commissioner shall, in a manner that protects personal privacy and
158 complies with federal law, collect and assess data regarding pregnancy loss, including
159 information disaggregated by race, ethnicity, health insurance status, disability, income level and
160 geography on the prevalence of, the incidence of and knowledge about pregnancy loss.

161 SECTION 19. Section 23A of chapter 112 of the General Laws, as appearing in the 2022
162 Official Edition, is hereby amended by inserting after the definition of “Board” the following
163 definitions:-

164 “International Board Certified Lactation Consultant (IBCLC)” means a person
165 who holds current certification from the International Board of Lactation Consultant Examiners

166 (IBLCE) as a lactation consultant after demonstrating the appropriate education, knowledge, and
167 experience necessary for independent clinical practice.

168 “International Board of Lactation Consultant Examiners (IBLCE)” means the
169 international certification body that confers the International Board Certified Lactation
170 Consultant credential. and which is independently accredited by the National Commission of
171 Certifying Agencies.

172 “Lactation consulting” means the clinical application of scientific principles and a
173 multidisciplinary body of evidence for evaluation, problem identification, treatment, education
174 and consultation to families regarding the course of lactation and infant feeding; including but
175 not limited to: (i) clinical lactation assessment through the systematic collection of subjective
176 and objective data; (ii) analysis of data and creation of a plan of care; (iii) development and
177 implementation of a lactation care plan with demonstration and instruction to parents and
178 communication to the primary health care provider(s); (iv) provision of lactation education to
179 parents and health care providers; and (v) recommendation and use of assistive devices.

180 “Lactation consultant” means a person who is in good standing as a lactation
181 consultant with the IBLCE, or its successor organization and is duly licensed to practice lactation
182 consulting in accordance with section 23B.

183 “Perinatal health worker” means a doula, community health worker, peer
184 counselor, WIC (Women Infants and Children) peer counselor, peer supporter, breastfeeding and
185 lactation educator or counselor, childbirth educator, social worker, home visitor and/or any other
186 perinatal educator.

187 “Practice” means rendering or offering to render, for compensation, lactation
188 consulting to any individual, family, or group of individuals.

189 SECTION 20. Section 23B of said chapter 112, as so appearing, is hereby amended by
190 striking out, in line 8, the words “and physical therapist assistants” and inserting in place thereof
191 the following words: - , physical therapist assistants and lactation consultants.

192 SECTION 21. Section 23C of said chapter 112, as so appearing, is hereby amended by
193 inserting after the word “assistant”, in line 4, the following words: - or lactation consultant.

194 SECTION 22. Said section 23C of said chapter 112, as so appearing, is hereby further
195 amended by inserting after the word “chapter”, in line 11, the following words:- ; as a lactation
196 consultant duly licensed under this chapter.

197 SECTION 23. Section 23D of said chapter 112, as so appearing, is hereby amended by
198 inserting after the words “physical therapist assistant”, in line 3, the following words:- , or
199 lactation consultant.

200 SECTION 24. Clause (b) of section 23E of said chapter 112, as so appearing, is hereby
201 amended by inserting after the word “assistant”, in line 8, the following words:- or lactation
202 consultant.

203 SECTION 25. Clause (c) of said section 23E of said chapter 112, as so appearing, is
204 hereby amended by inserting after the word “therapy”, in line 14, the following words:- or
205 lactation consulting.

206 SECTION 26. Clause (e) of said section 23E of said chapter 112, as so appearing, is
207 hereby amended by inserting after the words “physical therapy services”, in line 21, the
208 following words:- or lactation consulting.

209 SECTION 27. Said clause (e) of said section 23E of said chapter 112, as so appearing, is
210 hereby further amended by inserting after the words “physical therapist”, in line 24, the
211 following words:- or lactation consultant.

212 SECTION 28. Said chapter 112 is hereby amended by inserting after section 23J the
213 following section:-

214 Section 23J½. An applicant for licensure as a lactation consultant shall be
215 certified by the International Board of Lactation Consultant Examiners as an International Board
216 Certified Lactation Consultant.

217 SECTION 29. Clause (c) of section 23K of said chapter 112, as appearing in the 2018
218 Official Edition, is hereby amended by inserting after the words “physical therapy”, in line 9, the
219 following words:- or lactation consulting.

220 SECTION 30. Section 23L of said chapter 112, as so appearing, is hereby amended by
221 inserting after the words “physical therapist assistant”, in line 3, the following words:- or
222 lactation consultant.

223 SECTION 31. Said chapter 112 is hereby amended by inserting after section 23P½ the
224 following section:-

225 Section 23P¾. (a) No person shall hold themselves out to others as a lactation
226 consultant unless they hold a valid license issued in accordance with this chapter.

227 (b) Nothing shall prevent the practice of lactation consulting by members of other
228 licensed healthcare professions when such practice is consistent with the accepted standards and
229 scope of practice for their respective professions; provided, however, such persons shall not: (1)
230 use the title “licensed lactation consultant” unless licensed pursuant to this chapter; nor (2) use
231 the title “lactation consultant” unless said person is an International Board Certified Lactation
232 Consultant.

233 (c) Nothing in this chapter shall prevent the practice of lactation consulting by
234 students, interns or persons preparing for the practice of lactation consulting under the
235 supervision of a supervisor or any licensed professional as listed in subsection (a); provided,
236 however, such persons shall not: (1) use the title “licensed lactation consultant” unless licensed
237 pursuant to this chapter; nor (2) use the title “lactation consultant” unless said person is an
238 International Board Certified Lactation Consultant.

239 (d) Nothing in the chapter shall prevent perinatal health workers from performing
240 breastfeeding education functions consistent with the accepted standards of their respective
241 occupations; provided, however, such persons shall not: (1) use the title “licensed lactation
242 consultant” unless licensed pursuant to this chapter; nor (2) use the title “lactation consultant”
243 unless said person is an International Board Certified Lactation Consultant.

244 (e) Nothing in this chapter shall prevent a nonresident International Board
245 Certified Lactation Consultant from practicing lactation consulting in the Commonwealth for 6
246 months without licensure.

247 SECTION 32. Chapter 112 of the General Laws, as appearing in the 2022 Official
248 Edition, is hereby amended by adding the following sections:-

249 Section 276. As used in sections 276 to 288, inclusive, of this chapter, the
250 following words shall have the following meanings unless the context clearly requires otherwise:

251 “Board”, the board of registration in midwifery, established under section 110 of
252 chapter 13.

253 “Certified nurse-midwife”, a nurse with advanced training and who has obtained
254 certification by the American Midwifery Certification Board.

255 “Certified professional midwife”, a professional independent midwifery
256 practitioner who has obtained certification by the NARM."

257 “Client”, a person under the care of a licensed midwife, as described by a written
258 statement pursuant to section 284 of this chapter.

259 “Licensed midwife”, a person registered by the board to practice midwifery in the
260 commonwealth under sections 276 to 288, inclusive, of this chapter.

261 “MBC”, the midwifery bridge certificate issued by the NARM or its successor
262 credential.

263 “MEAC”, the Midwifery Education Accreditation Council or its successor
264 organization.

265 “Midwifery”, the practice of providing primary care to a client and newborn
266 during the preconception, antepartum, intrapartum and postpartum periods.

267 “NARM”, the North American Registry of Midwives or its successor
268 organization.

269 Section 277. Nothing in sections 276 to 288, inclusive, of this chapter shall limit
270 or regulate the practice of a licensed physician, certified nurse-midwife, or licensed basic or
271 advanced emergency medical technician. The practice of midwifery shall not constitute the
272 practice of medicine, certified nurse-midwifery or emergency medical care.

273 Section 278. (a) The board shall:

274 (i) adopt rules and promulgate regulations governing licensed midwives and the
275 practice of midwifery to promote public health, welfare and safety, consistent with the essential
276 competencies identified by the NARM;

277 (ii) administer the licensing process, including, but not limited to:

278 (A) receiving, reviewing, approving, rejecting and issuing applications for
279 licensure;

280 (B) renewing, suspending, revoking and reinstating licenses;

281 (C) investigating complaints against persons licensed under sections 276 to 288,
282 inclusive, of this chapter;

283 (D) holding hearings and ordering the disciplinary sanction of a person who
284 violates sections 276 to 288, inclusive, of this chapter or a regulation of the board;

285 (iii) establish administrative procedures for processing applications and renewals;

286 (iv) have the authority to adopt and provide a uniform, proctored examination for
287 applicants to measure the qualifications necessary for licensure;

288 (v) develop practice standards for licensed midwives that shall include, but not be
289 limited to:

290 (A) adoption of ethical standards for licensed midwives and apprentice midwives;

291 (B) maintenance of records of care, including client charts;

292 (C) participation in peer review; and

293 (D) development of standardized informed consent, reporting and written
294 emergency transport plan forms;

295 (vi) establish and maintain records of its actions and proceedings in accordance
296 with public records laws; and

297 (vii) adopt professional continuing education requirements for licensed midwives
298 seeking renewal consistent with those maintained by the NARM.

299 (b) Nothing in this section shall limit the board's authority to impose sanctions
300 that are considered reasonable and appropriate by the board. A person subject to any disciplinary
301 action taken by the board under this section or taken due to a violation of any other law, rule or
302 regulation may file a petition for judicial review pursuant to section 64 of this chapter.

303 (c) A licensed midwife shall accept and provide care to clients only in accordance
304 with the scope and standards of practice identified in the rules adopted pursuant to this section.

305 (d) Notwithstanding any other provision in this section, the board shall not issue
306 any regulations that require a licensed midwife to practice under the supervision of or in

307 collaboration with another healthcare provider or to enter into an agreement, written or
308 otherwise, with another healthcare provider.

309 Section 279. A licensed midwife duly registered to issue written prescriptions in
310 accordance with the provisions of subsection (j) of section 7 of chapter 94C may order, possess,
311 purchase, and administer pharmaceutical agents consistent with the scope of midwifery practice,
312 including without limitation antihemorrhagic agents including but not limited to oxytocin,
313 misoprostol and methergine; intravenous fluids for stabilization; vitamin K; eye prophylaxes;
314 oxygen; antibiotics for Group B Streptococcal antibiotic prophylaxes; Rho (D) immune globulin;
315 local anesthetic; epinephrine; and other pharmaceutical agents identified by the board, however,
316 that nothing in this section shall be construed to permit a licensed midwife's use of
317 pharmaceutical agents which are (a) controlled substances as described by Title 21 U.S.C.
318 Section 812 or in chapter 94C, except for those listed in schedule VI; or (b) not identified by
319 rules and regulations promulgated by the board of registration in midwifery as consistent with
320 the scope of midwifery practice.

321 Section 280. A person who desires to be licensed and registered as a licensed
322 midwife shall apply to the board in writing on an application form prescribed and furnished by
323 the board. The applicant shall include in the application statements under oath satisfactory to the
324 board showing that the applicant possesses the qualifications described under section 281 prior to
325 any examination which may be required under section 278. The secretary of administration and
326 finance, pursuant to section 3B of chapter 7, shall establish a license application fee, a license
327 renewal fee and any other fee applicable under sections 276 to 288, inclusive, of this chapter;
328 provided, however, that such license applicant and license renewal fees shall not exceed \$200
329 biennially. The board, in consultation with the secretary of administration and finance, shall

330 institute a process for applicants to apply for a financial hardship waiver, which may reduce or
331 fully exempt an applicant from paying the fee pursuant to this section. Fees collected by the
332 board shall be deposited into the Quality in Health Professions Trust Fund pursuant to section
333 35X of chapter 10 to support board operations and administration and to reimburse board
334 members for actual and necessary expenses incurred in the performance of their official duties.

335 Section 281. (a) To be eligible for registration and licensure by the board as a
336 licensed midwife, an applicant shall: (i) be of good moral character; (ii) be a graduate of a high
337 school or its equivalent; and (iii) possess a valid certified professional midwife credential from
338 the NARM.

339 (b) An applicant for a license to practice midwifery as a certified professional
340 midwife shall submit to the board proof of successful completion of a formal midwifery
341 education and training program as follows:

342 (i) a certificate of completion or equivalent from an educational program or
343 institution accredited by the MEAC; or

344 (ii) an MBC, provided that an applicant: (1) is certified as a certified professional
345 midwife within 5 years after the effective date of this section and completed a midwifery
346 education and training program from an educational program or institution that is not accredited
347 by the MEAC; or (2) is licensed as a professional midwife in a state that does not require
348 completion of a midwifery education and training program from an educational program or
349 institution that is accredited by the MEAC.

350 Section 282. The board may license in a like manner, without examination, any
351 midwife who has been licensed in another state under laws which, in the opinion of the board,

352 require qualifications and maintain standards substantially the same as those of this
353 commonwealth for licensed midwives, provided, however, that such midwife applies and remits
354 fees as provided for in section 279.

355 Section 283. (a) The board may, after a hearing pursuant to chapter 30A, revoke,
356 suspend or cancel the license of a licensed midwife, or reprimand or censure a licensed midwife,
357 for any of the reasons set forth in section 61.

358 (b) No person filing a complaint or reporting information pursuant to this section
359 or assisting the board at its request in any manner in discharging its duties and functions shall be
360 liable in any cause of action arising out of providing such information or assistance; provided,
361 however, that the person making the complaint or reporting or providing such information or
362 assistance does so in good faith and without malice.

363 Section 284. When accepting a client for care, a licensed midwife shall obtain the
364 client's informed consent, which shall be evidenced by a written statement in a form prescribed
365 by the board and signed by both the licensed midwife and the client.

366 Section 285. A licensed midwife shall prepare, in a form prescribed by the board,
367 a written plan for the appropriate delivery of emergency care. The plan shall include, but not be
368 limited to: (i) consultation with other health care providers; (ii) emergency transfer; and (iii)
369 access to neonatal intensive care units and obstetrical units or other patient care areas.

370 Section 286. A health care provider that consults with or accepts a transport,
371 transfer or referral from a licensed midwife, or that provides care to a client of a licensed
372 midwife or such client's newborn, shall not be liable in a civil action for personal injury or death

373 resulting from an act or omission by the licensed midwife, unless the professional negligence or
374 malpractice of the health care provider was a proximate cause of the injury or death.

375 Section 287. (a) The board may petition any court of competent jurisdiction for
376 an injunction against any person practicing midwifery or any branch thereof without a license
377 granted pursuant to sections 276 to 288, inclusive, of this chapter. Proof of damage or harm
378 sustained by any person shall not be required for issuance of such injunction. Nothing in this
379 section shall relieve a person from criminal prosecution for practicing without a license.

380 (b) Nothing in this section shall prevent or restrict the practice, service or
381 activities of:

382 (i) a person licensed in the commonwealth from engaging in activities within the
383 scope of practice of the profession or occupation for which such person is licensed; provided,
384 however, that such person does not represent to the public, directly or indirectly, that such person
385 is licensed under sections 276 to 289, inclusive, and that such person does not use any name, title
386 or designation indicating that such person is licensed under said sections 276 to 289, inclusive;

387 (ii) a person employed as a midwife by the federal government or an agency
388 thereof if that person provides midwifery services solely under the direction and control of the
389 organization by which such person is employed;

390 (iii) a traditional birth attendant who provides midwifery services if no fee is
391 contemplated, charged or received, and such person has cultural or religious traditions that have
392 historically included the attendance of traditional birth attendants at birth, and the birth attendant
393 serves only individuals and families in that distinct cultural or religious group;

394 (iv) persons who are members of Native American communities and provide
395 traditional midwife services to their communities; or

396 (v) any person rendering aid in an emergency.

397 Section 288. A licensed midwife, registered by the board of registration in
398 midwifery pursuant to sections 276 to 288, inclusive, of this chapter, who provides services to
399 any person or beneficiary covered by Title XIX of the Social Security Act or MassHealth
400 pursuant to section 9A of chapter 118E, may accept the Medicaid or MassHealth approved rate
401 as payment in full for such services; provided, that a licensed midwife who accepts the Medicaid
402 or MassHealth approved rate pursuant to this section shall be reimbursed at said rate for such
403 services

404 SECTION 33. Chapter 118E of the General Laws, as appearing in the 2022 Official
405 Edition, is hereby amended in section 10A by adding the words “licensed midwife,” after the
406 word “physician,” in line 15 and after the word “pediatrician,” in line 20, and by inserting at the
407 end of the section the following sentence:- The division shall provide coverage for midwifery
408 services including prenatal care, childbirth and postpartum care provided by a licensed midwife
409 regardless of the site of services.

410 SECTION 34. Chapter 118E of the General Laws, as appearing in the 2018 Official
411 Edition, is hereby amended by inserting after Section 10N the following: -

412 Section 10O. The division shall provide coverage of screenings by pediatricians
413 for postpartum depression in mothers of newly born children during any visit to a pediatrician’s
414 office taking place for up to one year from the date of the child’s birth.

415 SECTION 35. (a) The department of public health shall promulgate revised regulations
416 under the Code of Massachusetts Regulations 105 CMR 140.000 and 142.000 governing the
417 facility and operation of licensed birth centers in consultation with Seven Sisters Birth Center,
418 Neighborhood Birth Center, American College of Nurse Midwives Massachusetts Affiliate, and
419 other entities operating or planning to open birth centers in Massachusetts to bring the
420 regulations in accordance with chapter 111 of the General Laws and the standards of the
421 American Association of Birth Centers or any successor organization, and to ensure safe,
422 equitable and accessible birth options for birth center clients.

423 (b) The regulations shall include, but not be limited to, the following provisions:

424 (i) a licensed free-standing birth center shall have a detailed and written plan on
425 the premises for transfer of a client to a nearby hospital providing obstetrical and newborn
426 services as needed for emergency treatment beyond that provided by the birth center;

427 (ii) a licensed free-standing birth center shall develop policies and procedures to
428 ensure coordination of ongoing care and transfer when complications occur which render the
429 patient ineligible for birth center care during the antepartum, intrapartum or postpartum period;

430 (iii) the department shall not require a licensed free-standing birth center or the
431 directors and providers on staff to practice under the supervision of a hospital or another health
432 care provider or to enter into an agreement, written or otherwise, with another hospital or health
433 care provider, or maintain privileges at a hospital;

434 (iv) a licensed free-standing birth center shall have an administrative director
435 responsible for implementing and overseeing the operational policies of the birth center;

436 (v) a licensed free-standing birth center shall have a director of clinical affairs on
437 staff who shall be a nurse midwife or physician licensed and in good standing in Massachusetts
438 whose professional scope of practice includes preconception, prenatal, labor, birth, and
439 postpartum care and early care of the newborn and who may be the primary attendants during the
440 perinatal period in accordance with chapter 112 of the General Laws; and

441 (vi) birth attendants at licensed free-standing birth centers shall be midwives,
442 physicians, or other providers licensed and in good standing in Massachusetts whose
443 professional scope of practice includes preconception, prenatal, labor, birth, and postpartum care
444 and early care of the newborn and who may be the primary attendants in accordance with chapter
445 112 of the General Laws.

446 (b) The department shall issue the revised regulations no later than 180 days after the
447 effective date of this act.

448 SECTION 36. The board established pursuant to section 110 of chapter 13 of the General
449 Laws shall adopt rules and promulgate regulations pursuant to this act within 1 year from the
450 effective date of this act.

451 SECTION 37. The board established pursuant to section 110 of chapter 13 of the General
452 Laws shall promulgate regulations for the licensure of individuals practicing midwifery prior to
453 the date on which the board commences issuing licenses; provided, however, that individuals
454 practicing midwifery in the commonwealth as of the date on which the board commences issuing
455 licenses shall have 2 years from that date to complete the requirements necessary for licensure.

456 SECTION 38. Subsection (a) of section 23P³/₄ of chapter 112, as inserted by section 31,
457 shall take effect 3 years after the effective date of this act.

458 SECTION 39. Nothing in this act shall preclude a person who was practicing midwifery
459 before the effective date of this act from practicing midwifery in the commonwealth until the
460 board establishes procedures for the licensure of midwives pursuant to this act.

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