

HOUSE No. 4773

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, June 18, 2024.

The committee on Ways and Means, to whom was referred the Bill promoting access to midwifery care and out-of-hospital birth options (House, No. 4566), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 4773).

For the committee,

AARON MICHLEWITZ.

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**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 after the word “counselors”, in line 7, the
3 following words:- the board of registration in midwifery.

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

6 There shall be a board of allied health professions, hereinafter called the board, which
7 shall consist of 15 members who are residents of the commonwealth to be appointed by the
8 governor. Three of such members shall be qualified athletic trainers licensed in accordance with
9 section 23B of chapter 112; 2 of such members shall be occupational therapists licensed in
10 accordance with said section 23B; 1 such member shall be an occupational therapy assistant
11 licensed in accordance with said section 23B; 2 of such members shall be physical therapists
12 licensed in accordance with said section 23B; 1 such member shall be a physical therapist
13 assistant licensed in accordance with said section 23B; 3 of such members shall be lactation

14 consultants licensed in accordance with said section 23B; 2 of such members shall be a physician
15 licensed in accordance with section 2 of chapter 112; and 1 such member shall be selected from
16 and shall represent the general public.

17 SECTION 3. Said section 11A of said chapter 13, as so appearing, is hereby further
18 amended by striking out the words “or physical therapy”, in lines 51 and 52, and inserting in
19 place thereof the following words:- physical therapy or lactation consulting.

20 SECTION 4. Said chapter 13 is hereby further amended by adding the following section:-

21 Section 110. (a) There shall be within the department of public health a board of
22 registration in midwifery, hereinafter called the board. The board shall consist of 9 members who
23 are residents of the commonwealth to be appointed by the governor: 5 of whom shall be
24 midwives licensed under section 293 of chapter 112 with not less than 5 years of experience in
25 the practice of midwifery; 1 of whom shall be an obstetrician-gynecologist licensed to practice
26 medicine under section 2 of said chapter 112 with experience working with midwives; 1 of
27 whom shall be a maternal-fetal medicine specialist licensed to practice medicine under said
28 section 2 of said chapter 112 with experience working with midwives; 1 of whom shall be a
29 certified nurse-midwife licensed under section 80B of said chapter 112 and authorized to practice
30 nurse midwifery under section 80C of said chapter 112; and 1 of whom shall be a member of the
31 public. When making the appointments, the governor shall consider members with experience
32 working on the issue of racial disparities in maternal health. The appointed members shall serve
33 for terms of 3 years. Upon the expiration of a term of office, a member shall continue to serve
34 until a successor has been appointed and qualified. A member shall not serve for more than 2
35 consecutive full terms; provided, however, that a person who is chosen to fill a vacancy in an

36 unexpired term of a prior board member may serve for 2 consecutive full terms in addition to the
37 remainder of such unexpired term. A member may be removed by the governor for neglect of
38 duty, misconduct, malfeasance or misfeasance in the office after a written notice of the charges
39 against the member and sufficient opportunity to be heard thereon. Upon the death, resignation,
40 or removal for cause of a member of the board, the governor shall fill the vacancy for the
41 remainder of that member's term.

42 (b) Annually, the board shall elect from its membership a chair and a secretary who shall
43 serve until their successors have been elected and qualified. The board shall meet not less than 4
44 times annually and may hold additional meetings at the call of the chair or upon the request of
45 not less than 5 members. A quorum for the conduct of official business shall be a majority of
46 those appointed. Board members shall serve without compensation but shall be reimbursed for
47 actual and reasonable expenses incurred in the performance of their duties. The members shall be
48 public employees for the purposes of chapter 258 for all acts or omissions within the scope of
49 their duties as board members.

50 SECTION 5. Chapter 32A of the General Laws is hereby amended by inserting after
51 section 17S the following section:-

52 Section 17T. The commission shall provide to any active or retired employee of the
53 commonwealth who is insured under the group insurance commission coverage for postpartum
54 depression screenings conducted pursuant to section 247 of chapter 111.

55 SECTION 6. Section 1E of chapter 46 of the General Laws, as appearing in the 2022
56 Official Edition, is hereby amended by inserting after the definition of "Administrator" the
57 following definition:-

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

60 SECTION 7. Said section 1E of said chapter 46, as so appearing, is hereby further
61 amended by inserting after the definition of “Hospital medical officer” the following definition:-

62 “Licensed midwife”, a midwife licensed to practice by the board of registration in
63 midwifery pursuant to section 293 of chapter 112.

64 SECTION 8. Section 3B of said chapter 46, as so appearing, is hereby amended by
65 inserting after the word “physician”, in line 1, the following words:- certified nurse-midwife or
66 licensed midwife.

67 SECTION 9. Section 1 of chapter 94C of the General Laws, as so appearing, is hereby
68 amended by inserting after the definition of “Isomer” the following definition:-

69 “Licensed midwife”, a midwife licensed to practice by the board of registration in
70 midwifery pursuant to section 293 of chapter 112.

71 SECTION 10. Section 7 of said chapter 94C, as so appearing, is hereby amended by
72 adding the following subsection:-

73 (j) The commissioner shall promulgate regulations that provide for the automatic
74 registration of licensed midwives, upon the receipt of the fee as herein provided, to issue written
75 prescriptions in accordance with the provisions of section 295 of chapter 112 and the regulations
76 issued by the board of registration in midwifery under said section 295 of said chapter 112,
77 unless the registration of such licensed midwife has been suspended or revoked pursuant to the
78 provisions of section 13 or section 14 or unless such registration is denied for cause by the

79 commissioner pursuant to chapter 30A. Prior to promulgating such regulations, the
80 commissioner shall consult with the board of registration in midwifery and the department of
81 public health.

82 SECTION 11. Section 9 of said chapter 94C, as so appearing, is hereby amended by
83 inserting after the figure “112”, in line 7, the following words:- , licensed midwife as limited by
84 subsection (j) of said section 7 and section 295 of said chapter 112.

85 SECTION 12. Said section 9 of said chapter 94C, as so appearing, is hereby further
86 amended by inserting after the word “midwife”, in lines 24, 33, 38, 69, 75, 78 and 87, in each
87 instance, the following words:- , licensed midwife.

88 SECTION 13. Said section 9 of said chapter 94C, as so appearing, is hereby further
89 amended by inserting after the word “nurse-midwifery”, in line 29, the following word:- ,
90 midwifery.

91 SECTION 14. Chapter 111 of the General Laws is hereby amended by inserting after
92 section 24O the following section:-

93 Section 24P. (a) As used in this section the following words shall, unless the context
94 clearly requires otherwise, have the following meanings:

95 “Fetal death”, as defined in section 202.

96 “Infant death”, the death of an infant that occurs between the birth of the infant and 1
97 year of age.

98 (b) The department shall establish a program to conduct an in-depth fetal and infant
99 mortality review of each individual fetal or infant death occurring within the commonwealth in

100 order to identify social, economic and systems factors associated with fetal and infant deaths and
101 inform public health policy programs. For each case of fetal or infant death to be reviewed, the
102 department may collect relevant data from a variety of sources, which may include physician and
103 hospital records in addition to relevant information from local boards of health and community
104 organizations.

105 (c) The department may promulgate regulations, consistent with this section, regarding
106 the process for conducting fetal infant mortality reviews, which may include guidance from the
107 federal Health Resources and Services Administration’s national fetal, infant and child death
108 review program.

109 SECTION 15. Said chapter 111 is hereby further amended by inserting after section 51L
110 the following section:-

111 Section 51M. (a) The department shall promulgate regulations relative to the operation
112 and maintenance of birth centers licensed as clinics pursuant to section 51, hereinafter referred to
113 as “freestanding birth centers.”

114 (b) The regulations shall include, but shall not be limited to, a licensed freestanding birth
115 center having:

116 (i) a detailed and written plan on the premises for transfer of a client to a nearby hospital
117 providing obstetrical and newborn services as needed for emergency treatment beyond that
118 provided by the birth center;

119 (ii) policies and procedures to ensure coordination of ongoing care and transfer when
120 complications occur that render the patient ineligible for birth center care during the antepartum,
121 intrapartum or postpartum period;

122 (iii) an administrative director responsible for implementing and overseeing the
123 operational policies of the birth center;

124 (iv) a director of clinical affairs on staff who shall be a certified nurse-midwife or
125 physician licensed to practice in the commonwealth whose professional scope of practice
126 includes preconception, prenatal, labor, birth and postpartum care and early care of the newborn
127 and who may be the primary attendants during the perinatal period; and

128 (v) birth attendants that are certified nurse midwives, licensed midwives, physicians or
129 other providers licensed to practice in the commonwealth whose professional scope of practice
130 includes preconception, prenatal, labor, birth and postpartum care and early care of the newborn
131 and who may be the primary attendants in accordance with their professional scope of practice.

132 (c) No regulations shall require a licensed freestanding birth center or the directors and
133 providers on staff to practice under the supervision of a hospital or another health care provider
134 or to enter into an agreement, written or otherwise, with another hospital or health care provider,
135 or maintain privileges at a hospital.

136 (d) In order to be licensed as freestanding birth centers pursuant to subsection (a) and
137 under section 51 by the department, a freestanding birth center shall provide reimbursable
138 services to individuals with public health insurance on a non-discriminatory basis.

139 SECTION 16. Section 202 of said chapter 111, as appearing in the 2022 Official Edition,
140 is hereby amended by inserting after the word “physician”, in line 17, the following words:- ,
141 certified nurse-midwife or licensed midwife.

142 SECTION 17. Said section 202 of said chapter 111, as so appearing, is hereby further
143 amended by inserting after the word “attendance”, in line 17, the following words:- , or without
144 the attendance of a certified nurse-midwife or licensed midwife,.

145 SECTION 18. Said chapter 111 is hereby further amended by adding the following 3
146 sections:-

147 Section 245. (a) The commissioner shall develop and disseminate to the public,
148 information regarding pregnancy loss, including miscarriage and recurrent miscarriage, which
149 shall include information on: (i) the awareness of pregnancy loss and the incidence and
150 prevalence of pregnancy loss among pregnant people; and (ii) the accessibility of the range of
151 evidence-based treatment options, as medically appropriate, for pregnancy loss, including, but
152 not limited to, comprehensive mental health supports, necessary procedures and medications and
153 culturally responsive supports including as pregnancy-loss doula care.

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

158 (c) The commissioner shall develop and coordinate programs for conducting and
159 supporting evidence-based research with respect to the causes of and current and novel treatment
160 options and procedures for pregnancy loss.

161 (d) The commissioner shall, in consultation with and in accordance with guidelines from
162 relevant professional boards of registration, develop and disseminate to perinatal health care
163 workers information on pregnancy loss to ensure that such perinatal health care workers remain
164 informed about current information regarding pregnancy loss and prioritizing both the physical
165 and mental health care of patients experiencing pregnancy loss. For purposes of this subsection,
166 the term “perinatal health care worker” shall include, but shall not be limited to, a licensed
167 midwife, physician assistant, nurse practitioner, clinical nurse specialist, doula, community
168 health worker, peer supporter, licensed lactation consultant, nutritionist or dietitian, childbirth
169 educator, social worker, trained family support specialist or home visitor, and language
170 interpreter or navigator.

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

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

177 “Perinatal individual”, an individual that is either pregnant or is within 12 months from
178 the date of giving birth.

179 “Perinatal mood and anxiety disorders”, any mental health disorder experienced by a
180 perinatal individual during the period of time from the beginning of pregnancy up until 1 year
181 following the birth of a child, including, but not limited to, postpartum depression.

182 (b) The department shall develop and maintain a comprehensive digital resource center
183 on perinatal mood and anxiety disorders. The digital resource center shall be available to the
184 public at no cost on the department’s website, and shall include information and resources for: (i)
185 health care providers and organizations serving perinatal individuals to aid them in diagnosing,
186 treating or making appropriate referrals for individuals experiencing perinatal mood and anxiety
187 disorders; (ii) perinatal individuals and their families to aid them in understanding and
188 identifying perinatal mood and anxiety disorders and how to navigate available resources and
189 obtain treatment.

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

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

198 Section 247. (a) For the purposes of this section, “postnatal individual” shall refer to an
199 individual who is within 12 months of giving birth.

200 (b) Every postnatal individual who receives health care services from a primary care
201 provider, obstetrician, gynecologist, certified nurse-midwife, or licensed midwife shall be offered
202 a screening for postpartum depression, and, if the postnatal individual does not object to such
203 screening, such primary care provider, certified nurse-midwife, or licensed midwife shall ensure

204 that the postnatal individual is appropriately screened for postpartum depression in line with
205 evidence-based guidelines.

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

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

216 SECTION 19. Section 23A of chapter 112 of the General Laws, as appearing in the 2022
217 Official Edition, is hereby amended by striking out, in lines 1 and 2, the words “twenty-three A
218 to twenty-three P” and inserting in place thereof the following words:- 23A to 23P³/₄.

219 SECTION 20. Said section 23A of said chapter 112, as so appearing, is hereby further
220 amended by inserting after the definition of “Board” the following 4 definitions:-

221 “International board certified lactation consultant”, a person who holds current
222 certification from the International Board of Lactation Consultant Examiners as a lactation
223 consultant after demonstrating the appropriate education, knowledge and experience necessary
224 for independent clinical practice.

225 “International Board of Lactation Consultant Examiners”, the international certification
226 body that confers the International Board Certified Lactation Consultant credential and which is
227 independently accredited by the National Commission for Certifying Agencies.

228 “Lactation consulting”, the clinical application of scientific principles and a
229 multidisciplinary body of evidence for evaluation, problem identification, treatment, education
230 and consultation to families regarding the course of lactation and infant feeding; including but
231 not limited to: (i) clinical lactation assessment through the systematic collection of subjective
232 and objective data; (ii) analysis of data and creation of a plan of care; (iii) development and
233 implementation of a lactation care plan with demonstration and instruction to parents and
234 communication to the primary health care provider; (iv) provision of lactation education to
235 parents and health care providers; and (v) recommendation and use of assistive devices.

236 “Licensed lactation consultant”, a person licensed to practice lactation consulting in
237 accordance with section 23B.

238 SECTION 21. Section 23B of said chapter 112, as so appearing, is hereby amended by
239 striking out, in line 8, the words “and physical therapist assistants” and inserting in place thereof
240 the following words:- , physical therapist assistants and lactation consultants.

241 SECTION 22. The first paragraph of said section 23B of said chapter 112, as so
242 appearing, is hereby amended by striking out the fourth sentence and inserting in place thereof
243 the following sentence:- An applicant who furnishes satisfactory proof that they are of good
244 moral character and that they have met the educational and clinical practice requirements set
245 forth in section 23F, 23G, 23H, 23I, 23J or 23J½, shall, upon payment of a fee determined by the

246 secretary of administration and finance, be examined by the board, and if found qualified, and if
247 the applicant passes the examination, shall be licensed to practice.

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

250 SECTION 24. Said section 23C of said chapter 112, as so appearing, is hereby further
251 amended by inserting after the word “chapter”, in line 11, the following words:- ; as a licensed
252 lactation consultant.

253 SECTION 25. Section 23D of said chapter 112, as so appearing, is hereby amended by
254 inserting after the words “physical therapist assistant”, in line 3, the following words:- , or a
255 licensed lactation consultant.

256 SECTION 26. Section 23E of said chapter 112, as so appearing, is hereby amended by
257 inserting after the word “assistant”, in line 8, the following words:- or lactation consultant.

258 SECTION 27. Said section 23E of said chapter 112, as so appearing, is hereby further
259 amended by inserting after the word “therapy”, in line 14, the following words:- or lactation
260 consulting.

261 SECTION 28. Said section 23E of said chapter 112, as so appearing, is hereby further
262 amended by inserting after the words “physical therapy services”, in line 21, the following
263 words:- or lactation consulting services.

264 SECTION 29. Said section 23E of said chapter 112, as so appearing, is hereby further
265 amended by inserting after the words “physical therapist”, in line 24, the following words:- or
266 licensed lactation consultant.

267 SECTION 30. Said chapter 112 is hereby further amended by inserting after section 23J
268 the following section:-

269 Section 23J½. An applicant for licensure as a lactation consultant shall:

270 (i) be at least 18 years of age;

271 (ii) have submitted a completed application upon a form and in such manner as the board
272 prescribes, accompanied by applicable fees;

273 (iii) have met the education and clinical standards established for international board
274 certified lactation consultants by the International Board of Lactation Consultant Examiners, or
275 its successor organization;

276 (iv) have passed an examination adopted or administered by the board; provided,
277 however, that the board may adopt a standardized national exam, including the examination
278 required for certification by the International Board of Lactation Consultant Examiners or a
279 successor or equivalent entity; and

280 (v) have completed such other requirements as may be prescribed by the board.

281 SECTION 31. Section 23K of said chapter 112, as so appearing, is hereby amended by
282 inserting after the words “physical therapy”, in line 9, the following words:- , or lactation
283 consulting.

284 SECTION 32. Section 23L of said chapter 112, as so appearing, is hereby amended by
285 striking out, in line 3, the words “or physical therapist assistant” and inserting in place thereof
286 the following words:- physical therapist assistant, or licensed lactation consultant.

287 SECTION 33. Said chapter 112 is hereby further amended by inserting after section
288 23P½ the following section:-

289 Section 23P¾. (a) Except as otherwise provided in this section and sections 23C and 23E,
290 no person shall provide lactation consulting services unless they are licensed to practice as a
291 lactation consultant pursuant to section 23B.

292 (b) Nothing in this section shall be construed to prevent the practice of lactation
293 consulting by members of other licensed health care professions when such practice is consistent
294 with the accepted standards and scope of practice for their respective professions; provided,
295 however, that such persons shall not use the title “licensed lactation consultant” unless licensed
296 pursuant to this chapter.

297 (c) Nothing in the chapter shall prevent perinatal health workers from performing
298 breastfeeding education functions consistent with the accepted standards of their respective
299 occupations; provided, however, such persons shall not use the title “licensed lactation
300 consultant” unless licensed pursuant to this chapter. For the purposes of this subsection,
301 “perinatal health worker” shall mean any perinatal educator, including, but not limited to, a
302 doula, community health worker, peer counselor, peer supporter, breastfeeding
303 and lactation educator or counselor within the Women Infants and Children Program, childbirth
304 educator or social worker.

305 SECTION 34. Said chapter 112 is hereby further amended by adding the following 8
306 sections:-

307 Section 290. As used in sections 290 to 297, inclusive, the following words shall, unless
308 the context clearly requires otherwise, have the following meanings:

309 “Board”, the board of registration in midwifery, established under section 110 of chapter
310 13.

311 “Certified nurse-midwife”, a nurse licensed under section 80B and authorized to practice
312 nurse midwifery under section 80C.

313 “Client”, a person under the care of a licensed midwife.

314 “Licensed midwife”, a person registered by the board to practice midwifery in the
315 commonwealth under section 293.

316 “Low-risk pregnancy”, a pregnancy with: (i) an absence of any preexisting maternal
317 disease or condition likely to affect the pregnancy; (ii) an absence of a significant disease or
318 condition arising from the pregnancy; and (iii) other criteria as determined by the board in
319 consultation with the department of public health, including, but not limited to, criteria related to
320 the gestational age and presentation of the fetus at the time of labor and delivery.

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

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

323 Section 291. (a) The practice of midwifery by a licensed midwife shall include, but shall
324 not be limited to:

325 (i) the practice of providing maternity care to a client during the preconception period and
326 the antepartum, intrapartum and postpartum periods of a low-risk pregnancy;

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

328 (iii) prescribing, dispensing or administering pharmaceutical agents consistent with
329 section 295.

330 (b) A licensed midwife shall accept and provide care to clients only in accordance with
331 the scope and standards of practice under this section and regulations promulgated by the board
332 pursuant to section 292.

333 (c) The practice of midwifery shall not constitute the practice of medicine, certified
334 nurse-midwifery or emergency medical care.

335 (d) Nothing in this section shall regulate, restrict or prohibit the practice, service or
336 activities of:

337 (i) a person licensed in the commonwealth from engaging in activities within the scope of
338 practice of the profession or occupation for which such person is licensed, including, but not
339 limited to: the practice of a licensed physician, certified-nurse midwife or certified emergency
340 medical technician; provided, however, that such person does not represent to the public, directly
341 or indirectly, that such person is licensed under section 293 and that such person does not use
342 any name, title or designation indicating that such person is licensed under said section 293;

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

346 (iii) a traditional birth attendant who provides midwifery services to a client that has
347 cultural or religious birth traditions that have historically included the attendance of traditional
348 birth attendants; provided, that no fee for the traditional birth attendant's services is

349 contemplated, charged or received and the birth attendant serves only individuals and families in
350 a distinct cultural or religious group;

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

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

354 Section 292. (a) The board shall have the following powers and duties:

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

358 (ii) to administer the licensing process, including, but not limited to: (A) receiving,
359 reviewing, approving and rejecting applications for licensure; (B) issuing, renewing, suspending,
360 revoking and reinstating licenses; (C) investigating complaints against persons licensed under
361 section 293; and (D) holding hearings and ordering disciplinary sanctions against a person who
362 violates sections 290 to 297, inclusive, or any regulation promulgated by the board;

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

364 (iv) to adopt and provide a uniform, proctored examination for applicants to measure the
365 qualifications necessary for licensure; provided, however, that the board may adopt a
366 standardized national exam, including the examination required for certification by the NARM
367 or a successor or equivalent entity;

368 (v) to develop practice standards for licensed midwives that shall include, but not be
369 limited to: (A) the adoption of ethical standards for licensed midwives; (B) the maintenance of

370 records of care, including client charts; (C) the participation in peer review; (D) the development
371 of standardized informed consent forms; and (E) the development of a standardized written
372 emergency transport plan forms relative to the timely transfer of a newborn or client to a
373 hospital;

374 (vi) to promulgate regulations requiring licensed midwives to have professional
375 malpractice liability insurance or a suitable bond or other indemnity against liability for
376 professional malpractice in such an amount as may be determined by the board; provided,
377 however, that such amount shall be not less than that required for certified-nurse midwives
378 pursuant to section 80B;

379 (vii) to establish and maintain records of its actions and proceedings in accordance with
380 public records laws; and

381 (viii) adopt professional continuing education requirements for licensed midwives
382 seeking renewal consistent with those maintained by the NARM.

383 (b) Nothing in this section shall be construed to authorize the board to promulgate
384 regulations that require a licensed midwife to practice under the supervision of or in
385 collaboration with another health care provider.

386 Section 293. (a) A person who desires to be licensed as a midwife under this section shall
387 apply to the board in writing on an application form prescribed and furnished by the board. The
388 application shall include a sworn statement and contain information satisfactory to the board to
389 demonstrate that the applicant possesses the qualifications necessary for licensure under this
390 section.

391 (b) The initial license and renewal fee shall be established pursuant to section 3B of
392 chapter 7; provided, however, that such fees shall not exceed \$200 biennially. The board, in
393 consultation with the secretary of administration and finance, shall institute a process for
394 applicants to apply for a financial hardship waiver, which may reduce or fully exempt an
395 applicant from paying the fee pursuant to this section. Fees collected by the board shall be
396 deposited into the Quality in Health Professions Trust Fund pursuant to section 35X of chapter
397 10 to support board operations and administration and to reimburse board members for
398 reasonable expenses incurred in the performance of their official duties.

399 (c) An applicant for licensure under this section shall: (i) be of good moral character; (ii)
400 be a graduate of a high school or its equivalent; (iii) have completed a formal midwifery
401 education and training program consistent with subsection (d); (iv) possess a valid certified
402 professional midwife credential from the NARM; and (v) have satisfactorily completed the
403 examination required by the board.

404 (d) An applicant for a license to practice midwifery as a licensed midwife shall submit to
405 the board proof of successful completion of a formal midwifery education and training program
406 as follows:

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

409 (ii) a midwifery bridge certificate issued by the NARM or a successor credential;
410 provided that an applicant is: (A) certified as a certified professional midwife within 5 years after
411 the effective date of this section and completed a midwifery education and training program from
412 an educational program or institution that is not accredited by the MEAC; or (B) licensed as a

413 professional midwife in a state that does not require completion of a midwifery education and
414 training program from an educational program or institution that is accredited by the MEAC.

415 (e) The board may license in a like manner, without examination, any midwife who has
416 been licensed in another state under laws which, in the opinion of the board, require
417 qualifications and maintain standards substantially the same as those of this commonwealth for
418 licensed midwives; provided, however, that such midwife applies and remits to the board the
419 appropriate application fee under this section.

420 (f) The board may petition a court of competent jurisdiction for an injunction against any
421 person practicing midwifery without a license granted pursuant to section 293. Proof of damage
422 or harm sustained by any person shall not be required for issuance of such an injunction. Nothing
423 in this section shall relieve a person from criminal prosecution for practicing midwifery without
424 a license.

425 Section 294. (a) The board may, after a hearing pursuant to chapter 30A, suspend or
426 revoke the license of a licensed midwife, or reprimand, censure or otherwise discipline a licensed
427 midwife for any of the reasons set forth in section 61.

428 (b) No person filing a complaint or reporting information pursuant to this section or
429 assisting the board at its request in any manner in discharging its duties and functions shall be
430 liable in any cause of action arising out of providing such information or assistance; provided,
431 however, that the person making the complaint or reporting such information or providing such
432 assistance does so in good faith.

433 (c) A person subject to any disciplinary action taken by the board pursuant to this section
434 may file a petition for judicial review pursuant to section 64.

435 Section 295. (a) A licensed midwife duly registered to issue written prescriptions in
436 accordance with the provisions of subsection (j) of section 7 of chapter 94C may order, possess,
437 purchase and administer pharmaceutical agents consistent with the scope of midwifery practice,
438 including: (i) antihemorrhagic agents, including, but not limited to, oxytocin, misoprostol and
439 methergine; (ii) intravenous fluids for stabilization; (iii) vitamin K; (iv) eye prophylaxes; (v)
440 oxygen; (vi) antibiotics for Group B Streptococcal; (vii) antibiotic prophylaxes; (viii) Rho(D)
441 immune globulin; (ix) local anesthetic; (x) epinephrine; and (xi) other pharmaceutical agents
442 identified by the board through rules or regulations in consultation with the department of public
443 health.

444 (b) Nothing in this section shall be construed to permit a licensed midwife's use of
445 pharmaceutical agents which are: (i) controlled substances as defined in chapter 94C, except for
446 those listed in schedule VI; or (ii) not identified by the board of registration in midwifery as
447 consistent with the scope of midwifery practice pursuant to subsection (a).

448 Section 296. When accepting a client for care, a licensed midwife shall obtain the client's
449 informed consent, which shall be evidenced by a written statement in a form prescribed by the
450 board and signed by both the licensed midwife and the client. The signed form shall be included
451 in the client's record of care. The form shall include, but not be limited to, the following: (i) an
452 acknowledgement that the licensed midwife is not authorized to practice medicine; (ii) a
453 description of written practice guidelines, services provided and the risks and benefits of birth in
454 the client's chosen environment; and (iii) disclosure that the client may be referred for a
455 consultation with or have their care transferred to a physician if the client requires care that is
456 outside the midwife's scope of practice.

457 Section 297. (a) A licensed midwife shall only provide care to a client in the case of a
458 low-risk pregnancy. If at any point during pregnancy, childbirth or postpartum care a client or
459 the newborn's condition deviates from normal, it shall be the duty of the licensed midwife to
460 immediately refer or transfer the client or newborn to a physician. If a physician determines that
461 the client's condition has been resolved such that the risk factors presented by a client's disease
462 or condition are not likely to significantly affect the course of pregnancy or childbirth, the
463 licensed midwife may resume care of the client and resume assisting the client during their
464 pregnancy, childbirth or postpartum care. A licensed midwife shall not provide or continue to
465 provide midwifery care to a client whose pregnancy is no longer low-risk; provided, however, in
466 such circumstances nothing in this section shall prohibit a licensed midwife from remaining
467 present in a supportive capacity throughout pregnancy and childbirth, in accordance with the
468 client's wishes. If at any point after delivery, the newborn's condition deviates from normal, the
469 licensed midwife shall immediately refer or transfer the client to a physician.

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

474 (c) A health care provider that consults with or accepts a transport, transfer or referral
475 from a licensed midwife, or that provides care to a client of a licensed midwife or such client's
476 newborn, shall not be liable in a civil action for personal injury or death resulting solely from an
477 act or omission by the licensed midwife.

478 SECTION 35. Section 10A of chapter 118E of the General Laws, as appearing in the
479 2022 Official Edition, is hereby amended by striking out, in lines 17 and 21, the words “or
480 certified nurse midwife”, each time they appear, and inserting in place thereof, in each instance,
481 the following words:- certified nurse midwife or licensed midwife.

482 SECTION 36. The first paragraph of said section 10A of said chapter 118E, as so
483 appearing, is hereby further amended by adding the following sentence:- The division shall
484 provide coverage for midwifery services including prenatal care, childbirth and postpartum care
485 provided by a licensed midwife regardless of the site of services.

486 SECTION 37. Said chapter 118E is hereby further amended by inserting after section
487 10Q the following 2 sections:-

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

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

499 Section 10S. The division and its contracted health insurers, health plans, health
500 maintenance organizations, behavioral health management firms and third-party administrators
501 under contract to a Medicaid managed care organization or primary care clinician plan shall
502 provide coverage for postpartum depression screenings conducted pursuant to section 247 of
503 chapter 111.

504 SECTION 38. Chapter 175 of the General Laws is hereby amended by inserting after
505 section 47UU the following section:-

506 Section 47VV. Any policy, contract, agreement, plan or certificate of insurance issued,
507 delivered or renewed within the commonwealth, which is considered creditable coverage under
508 section 1 of chapter 111M, shall provide coverage for postpartum depression screenings
509 conducted pursuant to section 247 of chapter 111.

510 SECTION 39. Chapter 176A of the General Laws is hereby amended by inserting after
511 section 8VV the following section:-

512 Section 8WW. Any contract between a subscriber and the corporation under an
513 individual or group hospital service plan that is delivered, issued or renewed within the
514 commonwealth shall provide coverage for postpartum depression screenings conducted pursuant
515 to section 247 of chapter 111.

516 SECTION 40. Chapter 176B of the General Laws is hereby amended by inserting after
517 section 4VV the following section:-

518 Section 4WW. Any subscription certificate under an individual or group medical service
519 agreement delivered, issued or renewed within the commonwealth, which is considered

520 creditable coverage under section 1 of chapter 111M, shall provide coverage for postpartum
521 depression screenings conducted pursuant to section 247 of chapter 111.

522 SECTION 41. Chapter 176G of the General Laws is hereby amended by inserting after
523 section 4NN the following section:-

524 Section 40O. An individual or group health maintenance contract that is issued or
525 renewed within or without the commonwealth shall provide coverage for postpartum depression
526 screenings conducted pursuant to section 247 of chapter 111.

527 SECTION 42. (a) There shall be a task force on maternal health access and birthing
528 patient safety. The task force shall consist of: the commissioner of public health or a designee,
529 who shall serve as co-chair; the executive director of the health policy commission or a designee,
530 who shall serve as co-chair; the executive director of the center for health information and
531 analysis or a designee; the executive director of the Betsy Lehman center for patient safety and
532 medical error reduction or a designee; and 5 members appointed by the secretary of health and
533 human services, 1 of whom shall be a representative of the Massachusetts Health and Hospital
534 Association, Inc., 1 of whom shall be a representative of the Massachusetts Nurses Association,
535 1 of whom shall be a representative of the Massachusetts Medical Society, 1 of whom shall be
536 representative of the Perinatal-Neonatal Quality Improvement Network of Massachusetts, and 1
537 of whom shall be a representative of the Neighborhood Birth Center, Inc.

538 (b) The task force shall study and report maternal health access and birthing patient
539 safety. The task force shall: (i) study the current availability of and access to maternal health
540 services and maternal health care across regions of the commonwealth and among birthing
541 patient populations, including the essential service closure process, the adequacy of the maternal

542 health care workforce and other topics identified in subsection (c); (ii) identify methods to
543 increase the financial investment in and patient access to maternal health care across the
544 commonwealth and ensure equitable access for the most vulnerable birthing patient populations;
545 and (iii) issue a report on the task force's findings and policy recommendations.

546 (c) The task force shall study: (i) past essential services closures for inpatient maternity
547 units and acute-level birthing centers, and closures of community-based, office-based and
548 preventative maternal health care, including family planning services, obstetrics and gynecology
549 services and midwifery services; (ii) patient quality and safety considerations of essential service
550 closures of maternal care units, including quality, safety and staffing regulatory requirements
551 promulgated by the department of public health that inform acute level maternal care essential
552 service closures; and (iii) demographic information on patient populations whose access has been
553 most affected by past closures of or current limitations on the availability of maternal care
554 services, including, but not limited to, geography, type of insurance coverage, age, race,
555 ethnicity, income status, LGBTQA+ status and immigration status.

556 (d) Not later than September 1, 2025, the task force shall submit its report to the clerks of
557 the senate and house of representatives, the joint committee on health care financing and the joint
558 committee on public health.

559 SECTION 43. Notwithstanding any general or special law to the contrary, for the initial
560 appointments by the governor to the board of registration in midwifery pursuant to section 110 of
561 chapter 13 of the General Laws, inserted by section 4, the 5 members required to be licensed
562 midwives shall be persons with at least 5 years of experience in the practice of midwifery who

563 hold a certificate of completion or equivalent from an educational program or institution
564 accredited by the Midwifery Education Accreditation Council.

565 SECTION 44. The board of registration in midwifery established pursuant to section 110
566 of chapter 13 of the General Laws, inserted by section 4, shall issue temporary licensure for
567 individuals practicing midwifery and shall promulgate regulations for the temporary licensure of
568 individuals practicing midwifery within 180 days of the effective date of this act. Such
569 temporary licenses shall be valid until December 31, 2025.

570 SECTION 45. The board of registration in midwifery established pursuant to section 110
571 of chapter 13 of the General Laws, inserted by section 4, shall adopt rules and promulgate
572 regulations pursuant to this act within 1 year from the effective date of this act.

573 SECTION 46. (a) The department of public health shall promulgate regulations pursuant
574 to section 51M of chapter 111 of the General Laws, inserted by section 15, not later than 180
575 days after the effective date of this act.

576 (b) Prior to promulgating initial regulations pursuant to said section 51M of said chapter
577 111, the department shall consider, when developing regulations, the standards adopted by the
578 American Association of Birth Centers, and consult with Seven Sisters Birth Center LLC,
579 Neighborhood Birth Center, Inc., the Massachusetts Affiliate of ACNM, Inc. and other entities
580 operating or planning to open birth centers in the commonwealth.

581 SECTION 47. All individuals practicing lactation consulting required to be licensed
582 pursuant to section 23B of chapter 112, inserted by section 21, shall be licensed not later than
583 January 1, 2026.

584 SECTION 48. All individuals practicing midwifery consistent with section 291 of chapter
585 112 of the General Laws, inserted by section 34, shall be licensed not later than January 1, 2026.