

HOUSE No. 4785

House bill No. 4773, as changed by the committee on Bills in the Third Reading and as amended and passed to be engrossed by the House. June 20, 2024.

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 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 2 sections:-

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 17U. (a) The commission shall provide to any active or retired employee of the
56 commonwealth who is insured under the group insurance commission coverage for the

57 provision of medically necessary pasteurized donor human milk and donor human milk-derived
58 products, provided that:

59 (i) the milk is obtained from a human milk bank that meets quality guidelines established
60 by the department of public health;

61 (ii) a licensed medical practitioner has issued a written order for the provision of such
62 human breast milk or donor human milk-derived products for the covered infant; and

63 (iii) the covered infant meets the following conditions:-

64 (1) is under the age of 6 months;

65 (2) is undergoing treatment in an inpatient setting for a congenital or acquired condition
66 that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital
67 or acquired condition that may benefit from the use of such human breast milk as determined by
68 the department of public health; and

69 (3) is medically or physically unable to receive maternal breast milk or participate in
70 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
71 support, to produce maternal breast milk in sufficient quantities or caloric density.

72 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
73 payment arrangement, the commission shall include the cost of reimbursement provided under
74 subsection (a) of this section for donor human milk and donor human milk-derived products in
75 the development of the reimbursement rate for such diagnosis related group or bundled payment.

76 SECTION 6. Section 1E of chapter 46 of the General Laws, as appearing in the 2022

77 Official Edition, is hereby amended by inserting after the definition of “Administrator” the
78 following definition:-

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

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

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

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

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

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

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

94 (j) The commissioner shall promulgate regulations that provide for the automatic
95 registration of licensed midwives, upon the receipt of the fee as herein provided, to issue written
96 prescriptions in accordance with the provisions of section 295 of chapter 112 and the regulations

97 issued by the board of registration in midwifery under said section 295 of said chapter 112,
98 unless the registration of such licensed midwife has been suspended or revoked pursuant to the
99 provisions of section 13 or section 14 or unless such registration is denied for cause by the
100 commissioner pursuant to chapter 30A. Prior to promulgating such regulations, the
101 commissioner shall consult with the board of registration in midwifery and the department of
102 public health.

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

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

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

112 SECTION 13A. Section 240 of chapter 111 of the General Laws, inserted by section 43
113 of chapter 28 of the acts of 2023, is hereby amended by striking out subsection (d), the second
114 time the subsection appears, and subsection (e), and inserting in place thereof the following 3
115 subsections:-

116 (e)(1) The committee shall consist of the following members: the commissioner, or their
117 designee, who shall serve as chair; the assistant secretary for MassHealth, or their designee, a

118 representative of the department of public health; the executive director of the health policy
119 commission, or their designee; a representative of the Perinatal-Neonatal Quality Improvement
120 Network of Massachusetts; the chief medical examiner, or their designee; the chair of the
121 Massachusetts chapter of the American College of Obstetrics and Gynecology, or their designee;
122 the chair of the Massachusetts chapter of the American College of Nurse Midwives, or their
123 designee; the chair of the Massachusetts chapter of the Association of Women's Health, Obstetric
124 and Neonatal Nurses, or their designee; and the commissioner shall appoint the following
125 members: a medical professional with obstetric and neonatal nursing training; a medical
126 professional with training in cardiology; a medical professional with training in pathology; a
127 medical professional with expertise in substance use prevention and treatment; a psychology,
128 social work or other mental health professional; a representative from academia in a relevant
129 field; a medical professional with formal anesthesiology training; a medical professional with
130 maternal fetal medicine or perinatology training; a medical professional with psychiatric
131 training; a medical professional with family medicine training; the director of a federally-funded
132 Healthy Start program, or their designee; 2 individuals who practice as doulas; 2 community or
133 family members who have been directly affected by a maternal death; a member of a
134 community-based organization; a representative from the department of children and families;
135 and a law enforcement officer.

136 (2) Each member, other than the commissioner, shall serve for a term of 3 years and until
137 their successor is appointed. Nothing in this section shall prohibit the commissioner from
138 appointing a committee member to serve additional terms. The committee shall convene as
139 deemed necessary by the department. The commissioner shall, to the extent feasible, appoint
140 members representing the racial, ethnic and geographic diversity of the commonwealth and shall

141 prioritize appointing members from communities and groups most impacted by maternal
142 mortality and maternal morbidity.

143 (f) Not later than December 31 of each even-numbered year, the committee shall submit
144 to the clerks of the house of representatives and the senate, the house and senate committees on
145 ways and means and the joint committee on public health a report, including, but not limited to:

146 (i) a description of the incidents of maternal mortality and severe maternal morbidity
147 reviewed during the immediately preceding 24 months, provided in a manner that shall not allow
148 for the identification of any person;

149 (ii) a summary of the disparities identified and reviewed;

150 (iii) recommendations to reduce maternal mortality and severe maternal morbidity in the
151 commonwealth; and

152 (iv) recommendations for any legislation or other changes to policy to reduce maternal
153 mortality and severe maternal morbidity or otherwise improve the delivery of health care in the
154 commonwealth.

155 (g) Notwithstanding any general or special law to the contrary, upon the determination of
156 a majority of the committee, that the review of any information or record is necessary to carry
157 out the purpose of this section, the committee shall request and the relevant offices and agencies
158 shall provide requested records or information from any agency, department or office of the
159 commonwealth including, but not limited to: (i) the executive office of health and human
160 services and its constituent agencies; (ii) the executive office of public safety and security; (iii)
161 the center for health information and analysis; (iv) the office of patient protection; (v) any health

162 care facility, state comprehensive health planning agency or acute-care hospital as defined in
163 section 25B; and (vi) any health care provider or professional licensed pursuant to chapter 112.
164 The committee may receive and solicit voluntary information, including oral or written
165 statements relating to any case that may come before the committee from any public or private
166 entity and any person including, but not limited to, a patient in a case of maternal morbidity.

167 SECTION 14. Said chapter 111 is hereby further amended by inserting after section 24O
168 the following section:-

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

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

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

174 (b) The department shall establish a program to conduct an in-depth fetal and infant
175 mortality review of each individual fetal or infant death occurring within the commonwealth in
176 order to identify social, economic and systems factors associated with fetal and infant deaths and
177 inform public health policy programs. For each case of fetal or infant death to be reviewed, the
178 department may collect relevant data from a variety of sources, which may include physician and
179 hospital records in addition to relevant information from local boards of health and community
180 organizations.

181 (c) The department may promulgate regulations, consistent with this section, regarding
182 the process for conducting fetal infant mortality reviews, which may include guidance from the

183 federal Health Resources and Services Administration’s national fetal, infant and child death
184 review program.

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

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

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

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

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

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

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

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

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

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

215 SECTION 15A. Section 110A of said chapter 111, as appearing in the 2022 Official
216 Edition, is hereby amended by striking out the first paragraph and inserting in place thereof the
217 following paragraph:-

218 The physician attending a newborn child shall cause said child to be subjected to tests for
219 phenylketonuria, cretinism, Duchenne muscular dystrophy, and such other specifically treatable
220 genetic or biochemical disorders or treatable infectious diseases which may be determined by
221 testing as specified by the commissioner. The commissioner shall convene an advisory
222 committee on newborn screening to assist the commissioner in determining which tests are
223 necessary; provided, that said advisory committee shall convene not less than twice per year.

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

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

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

232 Section 245. (a) The commissioner shall develop and disseminate to the public,
233 information regarding pregnancy loss, including miscarriage and recurrent miscarriage, which
234 shall include information on: (i) the awareness of pregnancy loss and the incidence and
235 prevalence of pregnancy loss among pregnant people; and (ii) the accessibility of the range of
236 evidence-based treatment options, as medically appropriate, for pregnancy loss, including, but
237 not limited to, comprehensive mental health supports, necessary procedures and medications and
238 culturally responsive supports including as pregnancy-loss doula care. The commissioner shall
239 ensure that information disseminated pursuant to this section is available in multiple languages,
240 including Spanish, Portuguese, Mandarin, Cantonese, Haitian Creole, and other commonly
241 spoken languages in the commonwealth.

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

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

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

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

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

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

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

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

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

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

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

288 (b) Every postnatal individual who receives health care services from a primary care
289 provider, obstetrician, gynecologist, certified nurse-midwife, or licensed midwife shall be offered
290 a screening for postpartum depression, and, if the postnatal individual does not object to such
291 screening, such primary care provider, certified nurse-midwife, or licensed midwife shall ensure
292 that the postnatal individual is appropriately screened for postpartum depression in line with
293 evidence-based guidelines.

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

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

304 SECTION 19. Section 23A of chapter 112 of the General Laws, as appearing in the 2022
305 Official Edition, is hereby amended by striking out, in lines 1 and 2, the words “twenty-three A
306 to twenty-three P” and inserting in place thereof the following words:- 23A to 23P^{3/4}.

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

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

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

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

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

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

329 SECTION 22. The first paragraph of said section 23B of said chapter 112, as so
330 appearing, is hereby amended by striking out the fourth sentence and inserting in place thereof

331 the following sentence:- An applicant who furnishes satisfactory proof that they are of good
332 moral character and that they have met the educational and clinical practice requirements set
333 forth in section 23F, 23G, 23H, 23I, 23J or 23J½, shall, upon payment of a fee determined by the
334 secretary of administration and finance, be examined by the board, and if found qualified, and if
335 the applicant passes the examination, shall be licensed to practice.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

375 SECTION 33. Said chapter 112 is hereby further amended by inserting after section
376 23P½ the following section:-

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

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

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

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

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

397 “Board”, the board of registration in midwifery, established under section 110 of chapter
398 13.

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

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

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

404 “Low-risk pregnancy”, a pregnancy with no maternal or fetal factors that place the
405 pregnancy at significantly increased risk for complications, as determined through regulation by
406 the board in consultation with the department of public health, including, but not limited to,
407 factors related to maternal or fetal health conditions likely to affect the pregnancy and the
408 gestational age and presentation of the fetus at the time of labor and delivery.

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

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

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

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

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

416 (iii) prescribing, dispensing or administering pharmaceutical agents consistent with
417 section 295.

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

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

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

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

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

434 (iii) a traditional birth attendant who provides midwifery services to a client that has
435 cultural or religious birth traditions that have historically included the attendance of traditional
436 birth attendants; provided, that no fee for the traditional birth attendant's services is
437 contemplated, charged or received and the birth attendant serves only individuals and families in
438 a distinct cultural or religious group;

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

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

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

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

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

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

452 (iv) to adopt and provide a uniform, proctored examination for applicants to measure the
453 qualifications necessary for licensure; provided, however, that the board may adopt a

454 standardized national exam, including the examination required for certification by the NARM
455 or a successor or equivalent entity;

456 (v) to develop practice standards for licensed midwives that shall include, but not be
457 limited to: (A) the adoption of ethical standards for licensed midwives; (B) the maintenance of
458 records of care, including client charts; (C) the participation in peer review; (D) the development
459 of standardized informed consent forms; and (E) the development of a standardized written
460 emergency transport plan forms relative to the timely transfer of a newborn or client to a
461 hospital;

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

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

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

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

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

479 (b) The initial license and renewal fee shall be established pursuant to section 3B of
480 chapter 7; provided, however, that such fees shall not exceed \$200 biennially. The board, in
481 consultation with the secretary of administration and finance, shall institute a process for
482 applicants to apply for a financial hardship waiver, which may reduce or fully exempt an
483 applicant from paying the fee pursuant to this section. Fees collected by the board shall be
484 deposited into the Quality in Health Professions Trust Fund pursuant to section 35X of chapter
485 10 to support board operations and administration and to reimburse board members for
486 reasonable expenses incurred in the performance of their official duties.

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

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

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

497 (ii) a midwifery bridge certificate issued by the NARM or a successor credential;
498 provided that an applicant is: (A) certified as a certified professional midwife within 5 years after
499 the effective date of this section and completed a midwifery education and training program from
500 an educational program or institution that is not accredited by the MEAC; or (B) licensed as a
501 professional midwife in a state that does not require completion of a midwifery education and
502 training program from an educational program or institution that is accredited by the MEAC.

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

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

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

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

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

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

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

536 Section 296. When accepting a client for care, a licensed midwife shall obtain the client's
537 informed consent, which shall be evidenced by a written statement in a form prescribed by the

538 board and signed by both the licensed midwife and the client. The signed form shall be included
539 in the client's record of care. The form shall include, but not be limited to, the following: (i) an
540 acknowledgement that the licensed midwife is not authorized to practice medicine; (ii) a
541 description of written practice guidelines, services provided and the risks and benefits of birth in
542 the client's chosen environment; and (iii) disclosure that the client may be referred for a
543 consultation with or have their care transferred to a physician if the client requires care that is
544 outside the midwife's scope of practice.

545 Section 297. (a) A licensed midwife shall only provide care to a client in the case of a
546 low-risk pregnancy. If at any point during pregnancy, childbirth or postpartum care a client or
547 the newborn's condition deviates from normal, it shall be the duty of the licensed midwife to
548 immediately refer or transfer the client or newborn to a physician. If a physician determines that
549 the client's condition has been resolved such that the risk factors presented by a client's disease
550 or condition are not likely to significantly affect the course of pregnancy or childbirth, the
551 licensed midwife may resume care of the client and resume assisting the client during their
552 pregnancy, childbirth or postpartum care. A licensed midwife shall not provide or continue to
553 provide midwifery care to a client whose pregnancy is no longer low-risk; provided, however, in
554 such circumstances nothing in this section shall prohibit a licensed midwife from remaining
555 present in a supportive capacity throughout pregnancy and childbirth, in accordance with the
556 client's wishes. If at any point after delivery, the newborn's condition deviates from normal, the
557 licensed midwife shall immediately refer or transfer the client to a physician.

558 (b) A licensed midwife shall prepare, in a form prescribed by the board, a written plan for
559 the appropriate delivery of emergency care. The plan shall include, but not be limited to: (i)

560 consultation with other health care providers; (ii) emergency transfer to a hospital; and (iii)
561 access to neonatal intensive care units and obstetrical units or other patient care areas.

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

566 SECTION 35. Section 10A of chapter 118E of the General Laws, as appearing in the
567 2022 Official Edition, is hereby amended by striking out, in lines 17 and 21, the words "or
568 certified nurse midwife", each time they appear, and inserting in place thereof, in each instance,
569 the following words:- certified nurse midwife or licensed midwife.

570 SECTION 36. Said section 10A of said chapter 118E, as so appearing, is hereby further
571 amended by inserting after the first paragraph the following 2 paragraphs:-

572 The division shall provide coverage for services rendered by a certified nurse-midwife
573 designated to engage in the practice of nurse-midwifery by the board of registration in nursing
574 pursuant to section 80C of chapter 112, and the payment rate for a service provided by a certified
575 nurse-midwife that is within the scope of the certified nurse midwife's authorization to practice
576 shall be equal to the payment rate for the same service if performed by a physician.

577 The division shall provide coverage for midwifery services, including prenatal care,
578 childbirth and postpartum care, provided by a licensed midwife regardless of the site of services.

579 SECTION 37. Said chapter 118E is hereby further amended by inserting after section
580 10Q the following 3 sections:-

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

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

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

597 Section 10T. (a) The division and its contracted health insurers, health plans, health
598 maintenance organizations, behavioral health management firms and third-party administrators
599 under contract to a Medicaid managed care organization or primary care clinician plan shall
600 provide coverage for the provision of medically necessary pasteurized donor human milk and
601 donor human milk-derived products, provided that:

602 (i) the milk is obtained from a human milk bank that meets quality guidelines established
603 by the department of public health;

604 (ii) a licensed medical practitioner has issued a written order for the provision of such
605 human breast milk or donor human milk-derived products for the covered infant; and

606 (iii) the covered infant meets the following conditions:-

607 (1) is under the age of 6 months;

608 (2) is undergoing treatment in an inpatient setting for a congenital or acquired condition
609 that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital
610 or acquired condition that may benefit from the use of such human breast milk as determined by
611 the department of public health; and

612 (3) is medically or physically unable to receive maternal breast milk or participate in
613 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
614 support, to produce maternal breast milk in sufficient quantities or caloric density.

615 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
616 payment arrangement, the commission shall include the cost of reimbursement provided under
617 subsection (a) of this section for donor human milk and donor human milk-derived products in
618 the development of the reimbursement rate for such diagnosis related group or bundled payment.

619 SECTION 37A. Subsection (c) of section 148C of chapter 149 of the General Laws, as
620 appearing in the 2022 Official Edition, is hereby amended by striking out, in line 61, the word
621 “section.”, and inserting in place thereof the following words:- section; or.

622 SECTION 37B. Said subsection (c) of said section 148C of said chapter 149, as so
623 appearing, is hereby further amended by adding the following clause:-

624 (5) address the employee's own physical and mental health needs, and those of their
625 spouse, if the employee or the employee's spouse experiences pregnancy loss or a failed assisted
626 reproduction, adoption or surrogacy.

627 SECTION 38. Chapter 175 of the General Laws is hereby amended by inserting after
628 section 47UU the following 2 sections:-

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

633 Section 47WW. (a) Any policy, contract, agreement, plan or certificate of insurance
634 issued, delivered or renewed within the commonwealth, which is considered creditable coverage
635 under section 1 of chapter 111M, shall provide coverage for the provision of medically necessary
636 pasteurized donor human milk and donor human milk-derived products, provided that:

637 (i) the milk is obtained from a human milk bank that meets quality guidelines established
638 by the department of public health;

639 (ii) a licensed medical practitioner has issued a written order for the provision of such
640 human breast milk or donor human milk-derived products for the covered infant; and

641 (iii) the covered infant meets the following conditions:-

642 (1) is under the age of 6 months;

643 (2) is undergoing treatment in an inpatient setting for a congenital or acquired condition
644 that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital
645 or acquired condition that may benefit from the use of such human breast milk as determined by
646 the department of public health; and

647 (3) is medically or physically unable to receive maternal breast milk or participate in
648 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
649 support, to produce maternal breast milk in sufficient quantities or caloric density.

650 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
651 payment arrangement, the commission shall include the cost of reimbursement provided under
652 subsection (a) of this section for donor human milk and donor human milk-derived products in
653 the development of the reimbursement rate for such diagnosis related group or bundled payment.

654 SECTION 39. Chapter 176A of the General Laws is hereby amended by inserting after
655 section 8VV the following 2 sections:-

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

660 Section 8XX. (a) Any contract between a subscriber and the corporation under an
661 individual or group hospital service plan that is delivered, issued or renewed within the

662 commonwealth shall provide coverage for the provision of medically necessary pasteurized
663 donor human milk and donor human milk-derived products, provided that:

664 (i) the milk is obtained from a human milk bank that meets quality guidelines established
665 by the department of public health;

666 (ii) a licensed medical practitioner has issued a written order for the provision of such
667 human breast milk or donor human milk-derived products for the covered infant; and

668 (iii) the covered infant meets the following conditions:-

669 (1) is under the age of 6 months;

670 (2) is undergoing treatment in an inpatient setting for a congenital or acquired condition
671 that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital
672 or acquired condition that may benefit from the use of such human breast milk as determined by
673 the department of public health; and

674 (3) is medically or physically unable to receive maternal breast milk or participate in
675 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
676 support, to produce maternal breast milk in sufficient quantities or caloric density.

677 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
678 payment arrangement, the commission shall include the cost of reimbursement provided under
679 subsection (a) of this section for donor human milk and donor human milk-derived products in
680 the development of the reimbursement rate for such diagnosis related group or bundled payment.

681 SECTION 40. Chapter 176B of the General Laws is hereby amended by inserting after
682 section 4VV the following 2 sections:-

683 Section 4WW. Any subscription certificate under an individual or group medical service
684 agreement delivered, issued or renewed within the commonwealth, which is considered
685 creditable coverage under section 1 of chapter 111M, shall provide coverage for postpartum
686 depression screenings conducted pursuant to section 247 of chapter 111.

687 Section 4XX. (a) Any subscription certificate under an individual or group medical
688 service agreement delivered, issued or renewed within the commonwealth, which is considered
689 credible coverage under section 1 of chapter 111M, shall provide coverage for the provision of
690 medically necessary pasteurized donor human milk and donor human milk-derived products,
691 provided that:

692 (i) the milk is obtained from a human milk bank that meets quality guidelines established
693 by the department of public health;

694 (ii) a licensed medical practitioner has issued a written order for the provision of such
695 human breast milk or donor human milk-derived products for the covered infant; and

696 (iii) the covered infant meets the following conditions:-

697 (1) is under the age of 6 months;

698 (2) is undergoing treatment in an inpatient setting for a congenital or acquired condition
699 that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital
700 or acquired condition that may benefit from the use of such human breast milk as determined by
701 the department of public health; and

702 (3) is medically or physically unable to receive maternal breast milk or participate in
703 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
704 support, to produce maternal breast milk in sufficient quantities or caloric density.

705 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
706 payment arrangement, the commission shall include the cost of reimbursement provided under
707 subsection (a) of this section for donor human milk and donor human milk-derived products in
708 the development of the reimbursement rate for such diagnosis related group or bundled payment.

709 SECTION 41. Chapter 176G of the General Laws is hereby amended by inserting after
710 section 4NN the following 2 sections:-

711 Section 4OO. An individual or group health maintenance contract that is issued or
712 renewed within or without the commonwealth shall provide coverage for postpartum depression
713 screenings conducted pursuant to section 247 of chapter 111.

714 Section 4PP. (a) An individual or group health maintenance contract that is issued or
715 renewed within or without the commonwealth shall provide coverage for the provision of
716 medically necessary pasteurized donor human milk and donor human milk-derived products,
717 provided that:

718 (i) the milk is obtained from a human milk bank that meets quality guidelines established
719 by the department of public health;

720 (ii) a licensed medical practitioner has issued a written order for the provision of such
721 human breast milk or donor human milk-derived products for the covered infant; and

722 (iii) the covered infant meets the following conditions:-

723 (1) is under the age of 6 months;

724 (2) is undergoing treatment in an inpatient setting for a congenital or acquired condition
725 that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital
726 or acquired condition that may benefit from the use of such human breast milk as determined by
727 the department of public health; and

728 (3) is medically or physically unable to receive maternal breast milk or participate in
729 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
730 support, to produce maternal breast milk in sufficient quantities or caloric density.

731 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
732 payment arrangement, the commission shall include the cost of reimbursement provided under
733 subsection (a) of this section for donor human milk and donor human milk-derived products in
734 the development of the reimbursement rate for such diagnosis related group or bundled payment.

735 SECTION 42. (a) There shall be a task force on maternal health access and birthing
736 patient safety. The task force shall consist of: the commissioner of public health or a designee,
737 who shall serve as co-chair; the executive director of the health policy commission or a designee,
738 who shall serve as co-chair; the executive director of the center for health information and
739 analysis or a designee; the executive director of the Betsy Lehman center for patient safety and
740 medical error reduction or a designee; and 5 members appointed by the secretary of health and
741 human services, 1 of whom shall be a representative of the Massachusetts Health and Hospital
742 Association, Inc., 1 of whom shall be a representative of the Massachusetts Nurses Association,
743 1 of whom shall be a representative of the Massachusetts Medical Society, 1 of whom shall be

744 representative of the Perinatal-Neonatal Quality Improvement Network of Massachusetts, and 1
745 of whom shall be a representative of the Neighborhood Birth Center, Inc.

746 (b) The task force shall study and report maternal health access and birthing patient
747 safety. The task force shall: (i) study the current availability of and access to maternal health
748 services and maternal health care across regions of the commonwealth and among birthing
749 patient populations, including the essential service closure process, the adequacy of the maternal
750 health care workforce and other topics identified in subsection (c); (ii) identify methods to
751 increase the financial investment in and patient access to maternal health care across the
752 commonwealth and ensure equitable access for the most vulnerable birthing patient populations;
753 and (iii) issue a report on the task force's findings and policy recommendations.

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

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

767 SECTION 43. Notwithstanding any general or special law to the contrary, for the initial
768 appointments by the governor to the board of registration in midwifery pursuant to section 110 of
769 chapter 13 of the General Laws, inserted by section 4, the 5 members required to be licensed
770 midwives shall be persons with at least 5 years of experience in the practice of midwifery who
771 hold a certificate of completion or equivalent from an educational program or institution
772 accredited by the Midwifery Education Accreditation Council.

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

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

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

784 (b) Prior to promulgating initial regulations pursuant to said section 51M of said chapter
785 111, the department shall consider, when developing regulations, the standards adopted by the

786 American Association of Birth Centers, and consult with Seven Sisters Birth Center LLC,
787 Neighborhood Birth Center, Inc., the Massachusetts Affiliate of ACNM, Inc. and other entities
788 operating or planning to open birth centers in the commonwealth.

789 SECTION 46A. The department of public health shall implement newborn screening
790 protocols for Duchenne muscular dystrophy pursuant to section 110A of chapter 111 of the
791 General Laws, as amended by section 15A, not later than 18 months after the effective date of
792 this act.

793 SECTION 47. All individuals practicing lactation consulting required to be licensed
794 pursuant to section 23B of chapter 112 of the General Laws, as amended by section 21, shall be
795 licensed not later than January 1, 2026.

796 SECTION 48. All individuals practicing midwifery consistent with section 291 of chapter
797 112 of the General Laws, inserted by section 34, shall be licensed not later than January 1, 2026.