

SENATE No. 1415

The Commonwealth of Massachusetts

PRESENTED BY:

Liz Miranda

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to birthing justice in the Commonwealth.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Liz Miranda</i>	<i>Second Suffolk</i>	
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/30/2023</i>
<i>Paul W. Mark</i>	<i>Berkshire, Hampden, Franklin and Hampshire</i>	<i>1/30/2023</i>
<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>1/30/2023</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>1/30/2023</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>	<i>1/30/2023</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>1/30/2023</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>2/7/2023</i>
<i>Samantha Montaño</i>	<i>15th Suffolk</i>	<i>2/7/2023</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>	<i>2/7/2023</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>2/8/2023</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>2/8/2023</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/8/2023</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>2/8/2023</i>
<i>Steven Owens</i>	<i>29th Middlesex</i>	<i>2/8/2023</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>2/8/2023</i>
<i>Lydia Edwards</i>	<i>Third Suffolk</i>	<i>2/8/2023</i>

<i>Patricia A. Duffy</i>	<i>5th Hampden</i>	<i>2/8/2023</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>	<i>2/8/2023</i>
<i>Anne M. Gobi</i>	<i>Worcester and Hampshire</i>	<i>2/8/2023</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>2/8/2023</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>2/8/2023</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>2/8/2023</i>
<i>James C. Arena-DeRosa</i>	<i>8th Middlesex</i>	<i>2/14/2023</i>
<i>Jacob R. Oliveira</i>	<i>Hampden, Hampshire and Worcester</i>	<i>2/14/2023</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>2/21/2023</i>
<i>Adrienne Pusateri Ramos</i>	<i>14th Essex</i>	<i>2/21/2023</i>
<i>Daniel Cahill</i>	<i>10th Essex</i>	<i>2/21/2023</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/21/2023</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>3/2/2023</i>
<i>Christopher Richard Flanagan</i>	<i>1st Barnstable</i>	<i>3/2/2023</i>
<i>Michael P. Kushmerek</i>	<i>3rd Worcester</i>	<i>3/2/2023</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>3/2/2023</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>	<i>3/2/2023</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>3/6/2023</i>
<i>Brendan P. Crighton</i>	<i>Third Essex</i>	<i>3/15/2023</i>
<i>Tommy Vitolo</i>	<i>15th Norfolk</i>	<i>3/16/2023</i>
<i>Erika Uyterhoeven</i>	<i>27th Middlesex</i>	<i>3/27/2023</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>3/29/2023</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>4/27/2023</i>
<i>Robyn K. Kennedy</i>	<i>First Worcester</i>	<i>5/15/2023</i>
<i>Simon Cataldo</i>	<i>14th Middlesex</i>	<i>7/13/2023</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>7/13/2023</i>
<i>Estela A. Reyes</i>	<i>4th Essex</i>	<i>7/18/2023</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>	<i>7/26/2023</i>
<i>Susan L. Moran</i>	<i>Plymouth and Barnstable</i>	<i>7/26/2023</i>
<i>Adam Gomez</i>	<i>Hampden</i>	<i>9/27/2023</i>
<i>Manny Cruz</i>	<i>7th Essex</i>	<i>12/11/2023</i>
<i>Pavel Payano</i>	<i>First Essex</i>	<i>1/31/2024</i>

SENATE No. 1415

By Ms. Miranda, a petition (accompanied by bill, Senate, No. 1415) of Liz Miranda, Lindsay N. Sabadosa, Paul W. Mark, Tram T. Nguyen and other members of the General Court for legislation relative to birthing justice in the Commonwealth. Public Health.

The Commonwealth of Massachusetts

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

An Act relative to birthing justice in the Commonwealth.

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. Chapter 118E of the General Laws, as appearing in the 2014 Official 2
2 Edition, is hereby amended by inserting after Section 10L the following: -

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

6 SECTION 2. Chapter 38 of the general laws is hereby amended by inserting after section
7 2A the following section: --

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

9 “Authorized local health agency”, shall mean a health board, department, or other
10 governmental entity that is authorized by the department of public health to receive timely data

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

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

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

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

28 SECTION 3. Section 9 of chapter 13 of the General Laws, as appearing in the 2020
29 Official Edition, is hereby amended by inserting, in line 7, after the word “counselors” the
30 following words:- , the board of registration in midwifery.

31 SECTION 4. Said chapter 13, as so appearing, is hereby further amended by adding the
32 following section:-

33 Section 110. (a) There shall be within the department of public health a board of
34 registration in midwifery. The board shall consist of 8 members to be appointed by the governor,
35 5 of whom shall be midwives with not less than 5 years of experience in the practice of
36 midwifery and who shall be licensed under sections 276 to 289, inclusive, of chapter 112, 1 of
37 whom shall be a physician licensed to practice medicine under section 2 of said chapter 112 with
38 experience working with midwives, 1 of whom shall be a certified nurse-midwife licensed to
39 practice midwifery under section 80B of said chapter 112 and 1 of whom shall be a member of
40 the public. Four of the members of the board of registration in midwifery shall have experience
41 working on the issue of racial disparities in maternal health or be a member of a population that
42 is underrepresented in the midwifery profession. When making the appointments, the governor
43 shall consider the recommendations of organizations representing certified professional
44 midwives in the commonwealth. The appointed members shall serve for terms of 3 years. Upon
45 the expiration of a term of office, a member shall continue to serve until a successor has been
46 appointed and qualified. A member shall not serve for more than 2 consecutive terms; provided,
47 however, that a person who is chosen to fill a vacancy in an unexpired term of a prior board
48 member may serve for 2 consecutive terms in addition to the remainder of that unexpired term. A
49 member may be removed by the governor for neglect of duty, misconduct, malfeasance or
50 misfeasance in the office after a written notice of the charges against the member and sufficient
51 opportunity to be heard thereon. Upon the death or removal for cause of a member of the board,
52 the governor shall fill the vacancy for the remainder of that member's term after considering
53 suggestions from a list of nominees provided by organizations representing certified professional
54 midwives in the commonwealth. For the initial appointment of the board, the 5 members
55 required to be licensed midwives shall be persons with at least 5 years of experience in the

56 practice of midwifery who meet the eligibility requirements set forth in subsection (a) of section
57 281 of chapter 112. Members of the board shall be residents of the commonwealth.

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

66 SECTION 5. Section 1E of chapter 46 of the General Laws, as appearing in the 2020
67 Official Edition, is hereby amended by inserting after the definition of “Physician” the following
68 definition:-

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

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

73 SECTION 7. Section 1 of chapter 94C of the general laws, as appearing in the 2020
74 Official Edition, is hereby amended by inserting after the definition of “Isomer” the following
75 definition:-

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

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

80 (j) The commissioner shall promulgate regulations which provide for the automatic
81 registration of licensed midwives, upon the receipt of the fee as herein provided, to issue written
82 prescriptions in accordance with the provisions of sections 279 of chapter 112 and the
83 regulations issued by the board of registration in midwifery under said section 279 of chapter
84 112, unless the registration of such licensed midwife has been suspended or revoked pursuant to
85 the provisions of section 13 or section 14 or unless such registration is denied for cause by the
86 commissioner pursuant to the provisions of chapter 30A. Prior to promulgating such regulations,
87 the commissioner shall consult with the board of registration in midwifery.

88 SECTION 9. Section 9 of said chapter 94C, as so appearing, is hereby amended by
89 inserting in paragraph (a), after the words “certified nurse midwife as provided in section 80C of
90 said chapter 112” the following words:- , licensed midwife as limited by subsection (j) of said
91 section 7 and section 279 of said chapter 112.

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

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

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

101 SECTION 13. The definition of “medical peer review committee” in section 1 of chapter
102 111 of the General Laws, as appearing in the 2020 official edition, is hereby amended by adding
103 the following sentence:- “Medical peer review committee” shall include a committee or
104 association that is authorized by a midwifery society or association to evaluate the quality of
105 midwifery services or the competence of midwives and suggest improvements in midwifery
106 practices to improve patient care.

107 SECTION 14. Section 202 of said chapter 111, as so appearing, is hereby amended by
108 inserting, in the second and third paragraphs, after the word “attendance”, in each instance, the
109 following words:- or midwife in attendance.

110 SECTION 15. Said section 202, as so appearing, is hereby further amended by inserting,
111 in the fourth paragraph, after the word “attendance” the following words:- or without the
112 attendance of a midwife,.

113 SECTION 16. Section 204 of said chapter 111, as so appearing, is hereby amended by
114 inserting, in lines 7, 12 and 28, after the word “medicine”, in each instance, the following word:-
115 , midwifery.

116 SECTION 17. Chapter 112 of the General Laws, as appearing in the 2020 Official
117 Edition, is hereby amended by adding the following new sections:-

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

120 “Board”, the board of registration in midwifery, established under section 110 of chapter
121 13.

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

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

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

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

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

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

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

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

135 Section 277. Nothing in sections 276 to 288, inclusive, of this chapter shall limit or
136 regulate the practice of a licensed physician, certified nurse-midwife, or licensed basic or

137 advanced emergency medical technician. The practice of midwifery shall not constitute the
138 practice of medicine, certified nurse-midwifery or emergency medical care.

139 Section 278. (a) The board shall:

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

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

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

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

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

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

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

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

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

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

156 (B) maintenance of records of care, including client charts;
157 (C) participation in peer review; and
158 (D) development of standardized informed consent, reporting and written emergency
159 transport plan forms;

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

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

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

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

170 (d) Notwithstanding any other provision in this section, the board shall not issue any
171 regulations that require a licensed midwife to practice under the supervision of or in
172 collaboration with another healthcare provider or to enter into an agreement, written or
173 otherwise, with another healthcare provider.

174 Section 279. A licensed midwife duly registered to issue written prescriptions in
175 accordance with the provisions of subsection (j) of section 7 of chapter 94C may order, possess,
176 purchase, and administer pharmaceutical agents consistent with the scope of midwifery practice,

177 including without limitation antihemorrhagic agents including but not limited to oxytocin,
178 misoprostol and methergine; intravenous fluids for stabilization; vitamin K; eye prophylaxes;
179 oxygen; antibiotics for Group B Streptococcal antibiotic prophylaxes; Rho (D) immune globulin;
180 local anesthetic; epinephrine; and other pharmaceutical agents identified by the board, however,
181 that nothing in this section shall be construed to permit a licensed midwife's use of
182 pharmaceutical agents which are (a) controlled substances as described by Title 21 U.S.C.
183 Section 812 or in chapter 94C, except for those listed in schedule VI; or (b) not identified by
184 rules and regulations promulgated by the board of registration in midwifery as consistent with
185 the scope of midwifery practice.

186 Section 280. A person who desires to be licensed and registered as a licensed midwife
187 shall apply to the board in writing on an application form prescribed and furnished by the board.
188 The applicant shall include in the application statements under oath satisfactory to the board
189 showing that the applicant possesses the qualifications described under section 281 prior to any
190 examination which may be required under section 278. The secretary of administration and
191 finance, pursuant to section 3B of chapter 7, shall establish a license application fee, a license
192 renewal fee and any other fee applicable under sections 276 to 288, inclusive, of this chapter;
193 provided, however, that such license applicant and license renewal fees shall not exceed \$200
194 biennially. The board, in consultation with the secretary of administration and finance, shall
195 institute a process for applicants to apply for a financial hardship waiver, which may reduce or
196 fully exempt an applicant from paying the fee pursuant to this section. Fees collected by the
197 board shall be deposited into the Quality in Health Professions Trust Fund pursuant to section
198 35X of chapter 10 to support board operations and administration and to reimburse board
199 members for actual and necessary expenses incurred in the performance of their official duties.

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

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

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

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

214 Section 282.

215 The board may license in a like manner, without examination, any midwife who has been
216 licensed in another state under laws which, in the opinion of the board, require qualifications and
217 maintain standards substantially the same as those of this commonwealth for licensed midwives,
218 provided, however, that such midwife applies and remits fees as provided for in section 279.

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

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

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

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

234 Section 286. A health care provider that consults with or accepts a transport, transfer or
235 referral from a licensed midwife, or that provides care to a client of a licensed midwife or such
236 client's newborn, shall not be liable in a civil action for personal injury or death resulting from
237 an act or omission by the licensed midwife, unless the professional negligence or malpractice of
238 the health care provider was a proximate cause of the injury or death.

239 Section 287. (a) The board may petition any court of competent jurisdiction for an
240 injunction against any person practicing midwifery or any branch thereof without a license

241 granted pursuant to sections 276 to 288, inclusive, of this chapter. Proof of damage or harm
242 sustained by any person shall not be required for issuance of such injunction. Nothing in this
243 section shall relieve a person from criminal prosecution for practicing without a license.

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

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

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

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

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

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

260 Section 288. A licensed midwife, registered by the board of registration in midwifery
261 pursuant to sections 276 to 288, inclusive, of this chapter, who provides services to any person or

262 beneficiary covered by Title XIX of the Social Security Act or MassHealth pursuant to section
263 9A of chapter 118E, may accept the Medicaid or MassHealth approved rate as payment in full
264 for such services; provided, that a licensed midwife who accepts the Medicaid or MassHealth
265 approved rate pursuant to this section shall be reimbursed at said rate for such services

266 SECTION 18. Chapter 118E of the General Laws, as appearing in the 2020 Official
267 Edition, is hereby amended in section 10A by adding the words “licensed midwife,” after the
268 word “physician,” in line 15 and after the word “pediatrician,” in line 20, and by inserting at the
269 end of the section the following sentence:- The division shall provide coverage for midwifery
270 services including prenatal care, childbirth and postpartum care provided by a licensed midwife
271 regardless of the site of services.

272 SECTION 19. The board established pursuant to section 110 of chapter 13 of the General
273 Laws shall adopt rules and promulgate regulations pursuant to this act within 1 year from the
274 effective date of this act.

275 SECTION 20. The board established pursuant to section 110 of chapter 13 of the General
276 Laws shall promulgate regulations for the licensure of individuals practicing midwifery prior to
277 the date on which the board commences issuing licenses; provided, however, that individuals
278 practicing midwifery in the commonwealth as of the date on which the board commences issuing
279 licenses shall have 2 years from that date to complete the requirements necessary for licensure.

280 SECTION 21. Nothing in this act shall preclude a person who was practicing midwifery
281 before the effective date of this act from practicing midwifery in the commonwealth until the
282 board establishes procedures for the licensure of midwives pursuant to this act.

283 SECTION 22. The department of public health shall promulgate regulations within 1 year
284 from the effective date of this act, governing birth centers, consistent with standards set forth by
285 the American Association of Birth Centers, including without limitation authorizing licensed
286 professional midwives to practice in birth centers as primary birth attendants, director of birth
287 centers, and director of clinical affairs. Licensed professional midwives practicing in licensed
288 birth centers shall not be required to enter into any agreement for supervision or collaboration
289 with any other healthcare provider or hospital.

290 SECTION 23. Chapter 118E of the General Laws is hereby amended by inserting after
291 section 10N the following section:-

292 Section 10O: Medicaid Coverage for Doula Services.

293 (A) For purposes of this section, the term “doula services” shall have the following
294 meaning:

295 “Doula Services” are physical, emotional, and informational support, but not medical
296 care, provided by trained doulas to individuals and families during and after pregnancy, labor,
297 childbirth, miscarriage, stillbirth or pregnancy loss. Doula services include but are not limited to:

298 (1) continuous labor support;

299 (2) prenatal, postpartum, and bereavement home or in-person visits throughout the
300 perinatal period, lasting until 1 year after birth, pregnancy loss, stillbirth, or miscarriage;

301 (3) accompanying pregnant individuals to health care and social services appointments;

302 (4) providing support to individuals for loss of pregnancy or infant from conception

303 through one year postpartum;

304 (5) connecting individuals to community-based and state- and federally-funded resources,
305 including those which address social determinants of health;

306 (6) making oneself available (being on-call) around the time of birth or loss as well as
307 providing support for any concerns of pregnant individuals throughout pregnancy and until one
308 year after birth, pregnancy loss, stillbirth, or miscarriage.

309 (7) providing support for other individuals providing care for a birthing parent, including
310 a birthing parent's partner and family members.

311 (B) Coverage of Doula Services:

312 (1) The Division shall provide coverage of doula services to pregnant individuals and
313 postpartum individuals up to 12 months following the end of the pregnancy who are eligible for
314 medical assistance under this chapter and/or through Title XIX or Title XXI of the Social
315 Security Act. The Division shall provide the same coverage of doula services to pregnant and
316 postpartum individuals who are not otherwise eligible for medical assistance under this chapter
317 or Titles XIX or XXI of the Social Security Act solely because of their immigration status.

318 (2) The Division must cover continuous support through labor and childbirth, and at least
319 up to six doula visits across the prenatal and one year postpartum period, including at least two
320 postpartum visits, without the need for prior authorization. The Division must also establish a
321 procedure to cover additional doula visits as needed.

322 (C) Creation of Doula Advisory Committee: There is hereby created a Doula Advisory
323 Committee.

324 (1) The committee shall consist of 10-12 members to be appointed by the commissioner
325 of public health, or designee.

326 (a) All but 2 of the members must be practicing doulas from the community; the
327 remaining 2 members must be individuals from the community who have experienced pregnancy
328 as a MassHealth member and are not practicing doulas.

329 (b) Among the members described in (a) above:

330 (i) at least 1 member must be a person who identifies as belonging to the LGBTQIA+
331 community;

332 (iii) at least 1 member must be a person who has experienced a severe maternal
333 morbidity, a perinatal mental health or mood disorder, or a near-death experience while pregnant
334 or in maternity care;

335 (iv) at least 1 member must be a person who identifies as a person with disabilities or
336 disabled person;

337 (c) The members of the committee shall represent a diverse range of experience levels-
338 from doulas new to the practice to more experienced doulas.

339 (d) The members of the committee shall be from areas within the Commonwealth where
340 maternal and infant outcomes are worse than the state average, as evidenced by the MA
341 Department of Public Health's most current perinatal data available at the time the member is
342 appointed.

343 (e) The members of the committee shall represent an equitable geographic distribution
344 from across the Commonwealth.

345 (2) The committee must be convened within six months of passage of this law.

346 (3) Of the initial appointments to the Doula Advisory Committee, half shall be appointed
347 to a term of 2 years and half shall be appointed to a term of 18 months. Thereafter, all terms shall
348 be 2 years. The commissioner of public health, or designee, shall fill vacancies as soon as
349 practicable.

350 (4) At least once every 8 weeks, the Division must meet with the Doula Advisory
351 Committee to consult about at least the following:

352 (a) the scope of doula services covered by MassHealth;

353 (b) doula competencies required for reimbursement by MassHealth, and standards of
354 proof or demonstration of those competencies;

355 (c) the recruitment of a diverse workforce of doulas to provide services to MassHealth
356 members;

357 (d) the development of comprehensive and high quality continuing education and training
358 that is free or low-cost to doulas committed to providing services to MassHealth members, as
359 well as the development of mentorship and career growth opportunities for doulas providing
360 services to MassHealth members;

361 (e) the performance of any third party administrators of MassHealth's doula coverage
362 program, and standards and processes around billing for and prompt reimbursement of doula
363 services;

364 (f) establishing grievance procedures for doulas, MassHealth members, and health care
365 providers about MassHealth’s coverage of doula services and/or the provision of doula services
366 to MassHealth members;

367 (g) outreach to the public and stakeholders about how to access doula care for
368 MassHealth members, and about the availability of and advantages of doula care;

369 (h) the evaluation and collection of data on the provision of, outcomes of, access to, and
370 satisfaction with doula care services provided to MassHealth members;

371 (i) maintaining a reimbursement rate for doula services that incentivizes and supports a
372 diverse workforce representative of the communities served, and establishing a recurring
373 timeframe to review that rate in light of inflation and changing costs of living in the
374 commonwealth;

375 (j) how to ensure that MassHealth’s doula reimbursement program is directed towards the
376 goal of reducing inequities in maternal and birth outcomes among racial, ethnic, and cultural
377 populations who reside in all areas within the commonwealth, as evidenced by the most current
378 perinatal data supplied by the department of public health.

379 (5) Each year, the Doula Advisory Committee must, by a majority vote of a quorum of its
380 members, select an individual to serve as its chairperson for a one year term. The Doula
381 Advisory Committee may replace the chairperson in the same manner mid-term.

382 (6) The Doula Advisory Committee may, by a majority vote of a quorum of its members,
383 reduce the frequency of meetings with MassHealth to less than once every 8 weeks.

384 (7) The division and the Department of Public Health shall seek resources to offer
385 reasonable compensation to members of the Doula Advisory Committee for fulfilling their
386 duties, and must reimburse members for actual and necessary expenses incurred while fulfilling
387 their duties.

388 (8) The division, in partnership with the Doula Advisory Committee, shall conduct at
389 least 1 public hearing or forum each year until three years after passage of this law. The purposes
390 of these hearings or forums shall be to gather feedback from the public and to inform the public
391 about MassHealth's coverage of doula care.

392 SECTION 24. Chapter 29 of the Massachusetts General Laws is hereby amended by
393 inserting after section 2QQQQQ the following section:-

394 Section 2RRRRR. (a) There shall be established and set up on the books of the
395 commonwealth a separate fund known as the Doula Workforce Development Trust Fund,
396 hereinafter called the fund. The fund shall be administered by the department of career services
397 which shall contract with the Commonwealth Corporation to administer the fund. The fund shall
398 be credited with: (i) revenue from appropriations or other money authorized by the general court
399 and specifically designated to be credited to the fund; (ii) interest earned on such revenues; and
400 (iii) funds from public and private sources; and other gifts, grants and donations for the growth,
401 training and continuous support of the doula workforce. Amounts credited to the fund shall not
402 be subject to further appropriation and any money remaining in the fund at the end of a fiscal
403 year shall not revert to the General Fund.

404 (b) The Commonwealth Corporation shall make expenditures from the fund for the
405 purposes of:

406 (i) the development and expansion of comprehensive doula training available across the
407 commonwealth, including the development of doula training focused on meeting the needs of
408 MassHealth members;

409 (ii) ensuring that doulas committed to serving MassHealth members have access to high
410 quality doula training at no- or low-cost to them;

411 (iii) the recruitment and retention of doulas from communities with high concentrations
412 of MassHealth members, as well as areas within the commonwealth where maternal and infant
413 outcomes are worse than the state average, as evidenced by the MA Department of Public
414 Health's perinatal data.

415 (iv) expanding doula mentoring opportunities across the state, which provide new doulas
416 the opportunity to attend births and incentivize experienced practicing doulas to take on mentees.

417 (v) leveraging funds to secure future federal funding to support doula workforce
418 development in the commonwealth.

419 (c) The director of career services shall annually, not later than December 31, report to
420 the secretary of administration and finance, the house and senate committees on ways and means
421 and the joint committee on labor and workforce development on the efforts undertaken in
422 support of section (b) above; the number of doulas recruited and trained as a result of activities
423 taken in support of (b) above, including but not limited to sex, gender identity, race, and ethnicity
424 of such doulas; the amount of grants and identities of grantees awarded in support of section (b)
425 above; and the availability of doula training at no- or low-cost to doulas committed to serving
426 MassHealth members.

427 SECTION 25. Chapter 111 of the General Laws is hereby amended by inserting in
428 section 70E after “Every patient or resident of a facility shall have the right:”:

429 (p) to have their birth doula’s continuous presence during labor and delivery. Facilities
430 shall not place an undue burden on a patient’s doula’s access to clinical labor and delivery
431 settings, and shall not arbitrarily exclude a patient’s doula from such settings.

432 SECTION 26. Notwithstanding any general or special law to the contrary the
433 commissioner of the department of development services shall include neonatal abstinence
434 syndrome under the definition of Closely Related Development Conditions as defined under 115
435 CMR 2 and 115 CMR 6.06(1).

436 SECTION 27. Chapter 123B, section 2 is hereby amended by inserting after the first
437 paragraph the following paragraph:-

438 The department of developmental services shall promulgate regulations to facilitate
439 interagency coordination with agencies including, but not limited to, the department of public
440 health, the department of mental health, and the department of early and secondary education and
441 continuation of care during and in the transition provision of Children’s Supports to support
442 access to health care and other services to improve social determinants of health.

443 SECTION 28. Chapter 111 of the General Laws is hereby amended by inserting after
444 section 110H the following sections:-

445 Section 110I: Required Newborn Screening for Congenital Cytomegalovirus

446 For the purposes of this section, the following words shall, unless the context clearly
447 requires otherwise, have the following meanings:-

448 “Birthing facility”, an inpatient or ambulatory health care facility licensed by the
449 department of public health that provides birthing and newborn care services.

450 “Congenital Cytomegalovirus (hereinafter referred to as cCMV) screening”, the
451 identification of a newborn who may have congenital CMV infection or has cCMV confirmed
452 through the use of a saliva or urine test.

453 “Department”, the department of public health.

454 “Newborn,” any liveborn infant who has not yet attained the age of 21 days from a birth
455 occurring in the commonwealth or from a birth prior to transfer to a hospital in the
456 commonwealth.

457 The department, in consultation with the perinatal advisory committee, shall develop
458 regulations for all hospitals and birthing facilities requiring cCMV screening within one year of
459 the passage of this legislation. These regulations shall consider evidence-based guidance.

460 The cCMV screening shall be performed using a saliva PCR test unless one is
461 unavailable in which case a urine PCR test may be used. If positive, a saliva PCR test would
462 require a confirmatory urine PCR test. The department may approve another test to conduct
463 cCMV screening; provided, however, that the test shall be, at the discretion of the department, at
464 least as accurate, widely available and cost-effective as a saliva or urine PCR test. A screening
465 shall be performed within 21 days from the date of birth and before the newborn infant is
466 discharged from the birthing facility to the care of the parent or guardian; provided, however,
467 that the screening shall not be performed if the parent or guardian of the newborn infant objects
468 to the screening based upon a sincerely held religious belief of the parent or guardian. The

469 cCMV educational materials outlined in section 70I(b) shall be provided to the parent or
470 guardian of the infant at the time of cCMV screening.

471 A hospital that provides birthing and newborn services or a birthing facility shall adopt
472 protocols for cCMV screening using a saliva or urine PCR test or another test approved by the
473 department under this section for all newborns prior to discharge, and not to exceed 21 days from
474 the date of birth, based on the department's regulations, on or before January 1, 2023.

475 The cost of providing the newborn cCMV screening shall be a covered benefit
476 reimbursable by all health insurers, except for supplemental policies that only provide coverage
477 for specific diseases, hospital indemnity, Medicare supplement or other supplemental policies. In
478 the absence of a third-party payer, the charges for the newborn cCMV screening shall be paid by
479 the Commonwealth.

480 A hospital or birthing facility shall report annually to the department data including, but
481 not limited to, the number of cCMV tests administered and the outcomes of said tests. The
482 hospital or birthing facility shall inform, orally and in writing, a parent or guardian of the
483 newborn infant the result of the cCMV screening test regardless of its outcome. This information
484 shall also be provided in writing to the newborn infant's primary care physician and to the
485 department through its electronic birth certificate system or such mechanism as specified by the
486 department.

487 The department shall review the protocols required under this section and the
488 implementation of these protocols as part of its birthing facility licensure review processes.

489 The department shall promulgate regulations to implement the cCMV screening program.

490 Nothing in this statute shall preclude newborns born at home from obtaining said cCMV
491 screening.

492 Section 110J: Advisory Committee for CMV Screening Program

493 There is hereby established an advisory committee for the purpose of implementing the
494 provisions of Section 110I. The advisory committee shall consist of the following members to be
495 appointed by the commissioner of the department: a representative of the hospital industry; a
496 primary care pediatrician or family practitioner; an otolaryngologist; a neonatologist; an
497 infectious disease specialist; a clinician representing newborn nurseries; an audiologist; an
498 ophthalmologist; an obstetrician-gynecologist; a representative of the commonwealth's early
499 intervention program; 2 parents and/or guardians of a child impacted by cCMV; 2 medical
500 professionals; a developer of preventative and/or therapeutic interventions for cCMV; a teacher
501 of the deaf; and a representative of the department.

502 The advisory committee shall advise the department regarding the validity and cost of
503 proposed cCMV regulations and/or cCMV screening, and shall recommend standards for
504 performing and interpreting screening tests based on the most current technological methods, for
505 documenting test results and follow-up, and for facilitating interaction between professionals and
506 agencies that participate in follow-up care. Members of the advisory committee shall serve
507 without compensation. The advisory committee shall be provided support services by the
508 department.

509 SECTION 29. Chapter 111 of the General Laws is hereby further amended by inserting
510 after Section 70H the following section:-

511 Section 70I: Congenital cytomegalovirus; public information program; annual report

512 (a) The commissioner of the department shall establish, promote, and maintain a public
513 information program regarding congenital cytomegalovirus, hereinafter referred to as cCMV.
514 Such program shall be conducted throughout the commonwealth, and under said program, a
515 hospital or birthing facility as defined in section 70E or any healthcare provider, physician
516 assistant, nurse or midwife who renders prenatal or postnatal care shall give expectant or new
517 parents or guardians information provided by the department under subsection (b). Such
518 information shall be made available at the first prenatal appointment or at a preconception visit if
519 applicable, whichever is earliest.

520 (b) The department shall make available to any healthcare provider, physician assistant,
521 nurse or midwife who renders prenatal or postnatal care or offers fertility counseling or care to a
522 parent or guardian the following: (i) up-to-date evidence-based, written information about cCMV
523 and universal cCMV screening that has been vetted by an appropriate group of medical experts
524 as determined by the department in conjunction with the advisory committee as established in
525 section 110J of said Chapter 111; provided, however, that the written information provided shall
526 include preventative measures that can be taken throughout pregnancy, and (ii) contact or other
527 referral information for additional educational and support resources. The department may also
528 make such information available to any other person who seeks information about cCMV
529 infections.

530 SECTION 30. Section 17C of chapter 32A of the General Laws, as appearing in the 2018
531 Official Edition, is hereby amended by inserting after the words “coverage for”, in line 3, the
532 following words:- abortion and abortion-related care,.

533 SECTION 31. Said section 17C of said chapter 32A, as so appearing, is hereby further
534 amended by inserting after the second paragraph the following paragraphs:-

535 Coverage provided under this section shall not be subject to any deductible, coinsurance,
536 copayment or any other cost-sharing requirement. Coverage offered under this section shall not
537 impose unreasonable restrictions or delays in the coverage.

538 Benefits for an enrollee under this section shall be the same for the enrollee's covered
539 spouse and covered dependents.

540 The commission shall ensure plan compliance with this chapter.

541 SECTION 32. Section 10A of chapter 118E of the General Laws, as appearing in the
542 2018 Official Edition, is hereby amended by inserting after the words "coverage for", in line 1,
543 the following words:- abortion and abortion-related care,.

544 SECTION 33. Said section 10A of said chapter 118E, as so appearing, is hereby further
545 amended by adding the following paragraphs:-

546 Coverage provided under this section shall not be subject to any deductible, coinsurance,
547 copayment or any other cost-sharing requirement. Coverage offered under this section shall not
548 impose unreasonable restrictions or delays in the coverage.

549 Benefits for an enrollee under this section shall be the same for the enrollee's covered
550 spouse and covered dependents.

551 Nothing in this section shall be construed to deny or restrict the division's authority to
552 ensure its contracted health insurers, health plans, health maintenance organizations, behavioral

553 health management firms and third-party administrators under contract to a Medicaid managed
554 care organization or primary care clinician plan are in compliance with this chapter.

555 SECTION 34. Section 47F of chapter 175 of the General Laws, as appearing in the 2018
556 Official Edition, is hereby amended by inserting after the words “for the expense of”, in line 20,
557 the following words:- abortion and abortion-related care,.

558 SECTION 35. Said section 47F of said chapter 175, as so appearing, is hereby further
559 amended by inserting after the third paragraph the following paragraphs:-

560 Coverage provided under this section shall not be subject to any deductible, coinsurance,
561 copayment or any other cost-sharing requirement. Coverage offered under this section shall not
562 impose unreasonable restrictions or delays in the coverage.

563 Benefits for an enrollee under this section shall be the same for the enrollee’s covered
564 spouse and covered dependents.

565 A policy of accident and sickness insurance that is purchased by an employer that is a
566 church or qualified church-controlled organization, as defined in section 47W of this chapter,
567 shall be exempt from covering abortion and abortion-related care at the request of the employer.
568 An employer that invokes the exemption under this section shall provide written notice to
569 prospective enrollees prior to enrollment with the plan and such notice shall list the health care
570 methods and services for which the employer will not provide coverage for religious reasons.

571 SECTION 36. Section 8H of Chapter 176A of the General Laws, as appearing in the
572 2018 Official Edition, is hereby amended by inserting after the words “expense for”, in line 8,
573 the following words:- abortion and abortion-related care,.

574 SECTION 37. Said section 8H of said chapter 176A, as so appearing, is hereby further
575 amended by striking out, in lines 9 and 10, the words “to the same extent that benefits are
576 provided for medical conditions not related to pregnancy”.

577 SECTION 38. Said section 8H of said chapter 176A, as so appearing, is hereby further
578 amended by inserting after the third paragraph the following paragraphs:-

579 Coverage provided under this section shall not be subject to any deductible, coinsurance,
580 copayment or any other cost-sharing requirement. Coverage offered under this section shall not
581 impose unreasonable restrictions or delays in the coverage.

582 Benefits for an enrollee under this section shall be the same for the enrollee’s covered
583 spouse and covered dependents.

584 A policy of accident and sickness insurance that is purchased by an employer that is a
585 church or qualified church-controlled organization, as defined in section 8W of this chapter, shall
586 be exempt from covering abortion and abortion-related care at the request of the employer. An
587 employer that invokes the exemption under this subsection shall provide written notice to
588 prospective enrollees prior to enrollment with the plan and such notice shall list the health care
589 methods and services for which the employer will not provide coverage for religious reasons.

590 SECTION 39. Section 4H of chapter 176B of the General Laws, as appearing in the 2018
591 Official Edition, is hereby amended by inserting after the words “expense for”, in lines 7 and 8,
592 the following words:- abortion and abortion-related care,.

593 SECTION 40. Said section 4H of said chapter 176B, as so appearing, is hereby further
594 amended by striking out, in lines 8 to 10, inclusive, the words “to the same extent that benefits
595 are provided for medical conditions not related to pregnancy”.

596 SECTION 41. Said section 4H of said chapter 176B, as so appearing, is hereby further
597 amended by inserting after the third paragraph the following paragraphs:-

598 Coverage provided under this section shall not be subject to any deductible, coinsurance,
599 copayment or any other cost-sharing requirement. Coverage offered under this section shall not
600 impose unreasonable restrictions or delays in the coverage.

601 Benefits for an enrollee under this section shall be the same for the enrollee’s covered
602 spouse and covered dependents.

603 A policy of accident and sickness insurance that is purchased by an employer that is a
604 church or qualified church-controlled organization, as defined in section 4W of this chapter, shall
605 be exempt from covering abortion and abortion-related care at the request of the employer. An
606 employer that invokes the exemption under this subsection shall provide written notice to
607 prospective enrollees prior to enrollment with the plan and such notice shall list the health care
608 methods and services for which the employer will not provide coverage for religious reasons.

609 SECTION 42. Section 4I of chapter 176G of the General Laws, as appearing in the 2018
610 Official Edition, is hereby amended by inserting after the words “coverage for”, in lines 1 and 2,
611 the following words:- abortion and abortion-related care,.

612 SECTION 43. Said section 4I of said chapter 176G, as so appearing, is hereby further
613 amended by inserting after the second paragraph the following paragraphs:-

614 Coverage provided under this section shall not be subject to any deductible, coinsurance,
615 copayment or any other cost-sharing requirement. Coverage offered under this section shall not
616 impose unreasonable restrictions or delays in the coverage.

617 Benefits for an enrollee under this section shall be the same for the enrollee's covered
618 spouse and covered dependents.

619 A health maintenance contract that is purchased by an employer that is a church or
620 qualified church-controlled organization, as defined in section 40 of this chapter, shall be exempt
621 from covering abortion and abortion-related care at the request of the employer. An employer
622 that invokes the exemption under this subsection shall provide written notice to prospective
623 enrollees prior to enrollment with the plan and such notice shall list the health care methods and
624 services for which the employer will not provide coverage for religious reasons.

625 SECTION 44. Sections 1 to 14, inclusive, shall apply to all policies, contracts and
626 certificates of health insurance subject to chapters 32A, 118E, 175, 176A, 176B and 176G of the
627 General Laws that are delivered, issued or renewed 6 months from the effective date of this act.

628 SECTION 45. Section 47C of chapter 175 is hereby amended by striking out the word
629 "annually" and inserting in place thereof the following words:- once per calendar year.

630 SECTION 46. Chapter 111 of the General Laws, as appearing in the 2016 Official
631 Edition, is hereby amended by inserting, after section 2J, the following new section:-

632 Section 2K. (a) As used in this section, the following words shall have the following
633 meanings unless context clearly requires otherwise:

634 "Commissioner," the commissioner of the department of public health.

635 “Department,” the department of public health.

636 “Fund,” the diaper benefits trust fund.

637 “Organization,” an entity, including but not limited to, that acts in whole or in part as a
638 diaper bank, diaper distribution organization, food bank or food pantry.

639 “Pilot program,” an organization or organizations receiving funds from the department to
640 provide diapers to low-income families with diaper-wearing infants and/or children.
641 Organizations may collaborate to maximize distribution in their respective regions.

642 (b) There shall be established and set up on the books of the commonwealth a fund to
643 address diaper insufficiency that shall be administered by the commissioner. The fund shall be
644 credited with: (i) revenue from appropriations or other money authorized by the general court
645 and specifically designated to the fund; (ii) interest earned on such revenues; and (iii) funds from
646 public and private sources such as gifts, grants and donations to further the pilot program.
647 Amounts credited to the fund shall not be subject to further appropriation and any money
648 remaining in the fund at the end of the fiscal year shall not revert to the General Fund.

649 (c) The department shall distribute resources from the fund by issuing a request for
650 proposal through which an organization or organizations may apply. Funds received shall be
651 used for one or more of the following purposes: (i) acquiring diapers, (ii) storing diapers, (iii)
652 distributing diapers, (iv) organizing diaper drives, or (v) marketing the pilot program.

653 The department shall grant funds based on the demonstrated capacity and need of the
654 applicant. The department shall fund up to 12 applicants no more than 2 of which shall be from
655 the western region of the commonwealth; no more than 2 of which shall be from the central

656 region of the commonwealth; no more than 2 of which shall be from the eastern region of the
657 commonwealth; no more than 2 of which shall be from the southeastern region of the
658 commonwealth; no more than 2 of which shall be from Cape Cod or the Islands; and no more
659 than 2 of which shall be from the Merrimack valley.

660 Amounts received from private sources shall be approved by the commissioner of the
661 department and subject to review before being deposited in the fund to ensure that pledged funds
662 are not accompanied by conditions, explicit or implicit, on distributing diapers.

663 (d) Not later than one year after the implementation of each pilot program said
664 department shall provide a report to the joint committee on children, families and persons with
665 disabilities and to the house and senate committees on ways and means. The report shall include,
666 but not be limited to: (i) the number of children receiving diapers through the pilot program; (ii)
667 the number of households receiving diapers through the pilot program; (iii) the number of
668 diapers distributed through the pilot program to families in each region; (iv) an explanation of
669 the organization's distribution process and allocation determination; (v) the sources and the
670 amounts remaining in the fund; (vi) if and how the pilot program was able to leverage additional
671 support; (vii) the amounts distributed and the purpose of expenditures from the fund; and (viii)
672 the advisability of expanding the pilot program.

673 SECTION 47. Chapter 32A of the General Laws is hereby amended by adding the
674 following section:-

675 Section 31. The commission shall provide to any active or retired employee of the
676 commonwealth insured under the group insurance commission coverage for services rendered by
677 a certified nurse midwife designated to engage in the practice of nurse-midwifery by the board of

678 registration in nursing pursuant to section 80C of chapter 112; provided, however, that the
679 following conditions are met: (1) the service rendered is within the scope of the certified nurse
680 midwife's authorization to practice by the board of registration in nursing; (2) the policy or
681 contract currently provides benefits for identical services rendered by a health care provider
682 licensed by the commonwealth; and (3) the reimbursement for the services provided shall be in
683 the same amount as the reimbursement paid under the policy to a licensed physician performing
684 the service in the area served. An insurer may not reduce the reimbursement paid to a licensed
685 physician to achieve compliance with this section.

686 SECTION 48. Chapter 118E of the General Laws is hereby amended by adding the
687 following section:-

688 Section 80. The division shall provide coverage for services rendered by a certified nurse
689 midwife designated to engage in the practice of nurse-midwifery by the board of registration in
690 nursing pursuant to section 80C of chapter 112; provided, however, that the following conditions
691 are met: (1) the service rendered is within the scope of the certified nurse midwife's
692 authorization to practice by the board of registration in nursing; (2) the policy or contract
693 currently provides benefits for identical services rendered by a health care provider licensed by
694 the commonwealth; and (3) the reimbursement for the services provided shall be in the same
695 amount as the reimbursement paid under the policy to a licensed physician performing the
696 service in the area served. An insurer may not reduce the reimbursement paid to a licensed
697 physician to achieve compliance with this section.

698 SECTION 49. Section 47E of Chapter 175 of the General Laws, as appearing in the 2018
699 Official Edition, is hereby amended by adding the following sentences:- The reimbursement for

700 the services provided pursuant to this section shall be in the same amount as the reimbursement
701 paid under the policy to a licensed physician performing the service in the area served. An
702 insurer may not reduce the reimbursement paid to a licensed physician in order to comply with
703 this section.

704 SECTION 50. Chapter 176A of the General Laws is hereby amended by inserting after
705 section 80O the following section:-

706 Section 8PP. Any contract between a subscriber and the corporation under an individual
707 or group hospital service plan which is delivered, issued or renewed in the commonwealth shall
708 provide as a benefit to all individual subscribers and members within the commonwealth and to
709 all group members having a principal place of employment within the commonwealth for
710 services rendered by a certified nurse midwife designated to engage in the practice of nurse-
711 midwifery by the board of registration in nursing pursuant to section 80C of chapter 112;
712 provided, however, that the following conditions are met: (1) the service rendered is within the
713 scope of the certified nurse midwife's authorization to practice by the board of registration in
714 nursing; (2) the policy or contract currently provides benefits for identical services rendered by a
715 health care provider licensed by the commonwealth; and (3) the reimbursement for the services
716 provided shall be in the same amount as the reimbursement paid under the policy to a licensed
717 physician performing the service in the area served. An insurer may not reduce the
718 reimbursement paid to a licensed physician in order to comply with this section.

719 SECTION 51. Section 4G of Chapter 176B of the General Laws, as appearing in the
720 2018 Official Edition, is hereby amended by adding the following sentences:- The
721 reimbursement for the services provided pursuant to this section shall be in the same amount as

722 the reimbursement paid under the policy to a licensed physician performing the service in the
723 area served. An insurer may not reduce the reimbursement paid to a licensed physician in order
724 to comply with this section.

725 SECTION 52. Section 4 of Chapter 176G is of the General Laws, as so appearing, is
726 hereby amended by adding the following subsection:-

727 (g) services rendered by a certified nurse midwife designated to engage in the practice of
728 nurse-midwifery by the board of registration in nursing pursuant to section 80C of chapter 112,
729 subject to the terms of a negotiated agreement between the health maintenance organization and
730 the provider of health care services. The reimbursement for the services provided shall be in the
731 same amount as the reimbursement paid under the policy to a licensed physician performing the
732 service in the area served. An insurer may not reduce the reimbursement paid to a licensed
733 physician in order to comply with this section.

734 SECTION 53. Chapter 94C, as appearing in the 2018 Official Edition, is hereby
735 amended by inserting, after section 19D, the following section:-

736 Section 19E. A registered pharmacist may prescribe and dispense hormonal contraceptive
737 patches and self-administered oral hormonal contraceptives to a person who is:

738 (a) At least 18 years of age, regardless of whether the person has evidence of a previous
739 prescription from a primary care practitioner or women's health care practitioner for a hormonal
740 contraceptive patch or self-administered oral hormonal contraceptive; or

741 (b) Under 18 years of age, only if the person has evidence of a previous prescription from
742 a primary care practitioner or women’s health care practitioner for a hormonal contraceptive
743 patch or self-administered oral hormonal contraceptive.

744 The board shall adopt rules to establish, in consultation with the Massachusetts Medical
745 Board, the Massachusetts State Board of Nursing and the MassHealth, and in consideration of
746 guidelines established by the American Congress of Obstetricians and Gynecologists, standard
747 procedures for the prescribing of hormonal contraceptive patches and self-administered oral
748 hormonal contraceptives by pharmacists. The rules adopted under this subsection must require a
749 pharmacist to:

750 (a) Complete a training program approved by the State Board of Pharmacy that is related
751 to prescribing hormonal contraceptive patches and self-administered oral hormonal
752 contraceptives;

753 (b) Provide a self-screening risk assessment tool that the patient must use prior to the
754 pharmacist’s prescribing the hormonal contraceptive patch or self-administered oral hormonal
755 contraceptive;

756 (c) Refer the patient to the patient’s primary care practitioner or women’s health care
757 practitioner upon prescribing and dispensing the hormonal contraceptive patch or self-
758 administered oral hormonal contraceptive;

759 (d) Provide the patient with a written record of the hormonal contraceptive patch or self-
760 administered oral hormonal contraceptive prescribed and dispensed and advise the patient to
761 consult with a primary care practitioner or women’s health care practitioner; and

762 (e) Dispense the hormonal contraceptive patch or self-administered oral hormonal
763 contraceptive to the patient as soon as practicable after the pharmacist issues the prescription.

764 The rules adopted must prohibit a pharmacist from:

765 (a) Requiring a patient to schedule an appointment with the pharmacist for the
766 prescribing or dispensing of a hormonal contraceptive patch or self-administered oral hormonal
767 contraceptive; and

768 (b) Prescribing and dispensing a hormonal contraceptive patch or self-administered oral
769 hormonal contraceptive to a patient who does not have evidence of a clinical visit for women's
770 health within the three years immediately following the initial prescription and dispensation of a
771 hormonal contraceptive patch or self-administered oral hormonal contraceptive by a pharmacist
772 to the patient.

773 SECTION 54. Section 51A of chapter 119 of the general laws is hereby amended in
774 subsection (a) in the first paragraph by striking out the words:-

775 (iii) physical dependence upon an addictive drug at birth,

776 SECTION 55. Said section 51A is hereby further amended by inserting in subsection (a)
777 after the second paragraph a new subsection:

778 (a ½) Separate from the reporting requirements under subsection (a), health care
779 providers involved in the delivery or care of infants affected by in-utero substance exposure or a
780 Fetal Alcohol Spectrum disorder, shall notify the Department of such condition in such infants as
781 required under 42 U.S.C. § 1506a(b)(2)(B)(ii). Such notification shall not include the names or

782 identifying information of the parents or the infant, shall not constitute a report that any parent
783 has abused or neglected a child, and shall not trigger or require prosecution for any illegal action.

784 SECTION 56. Chapter 111 of the General Laws, as appearing in the 2018 Official
785 Edition, is hereby amended by striking subsection (4) of section 51G and inserting in place
786 thereof the following section:

787 (4) (a) A hospital shall notify the department of a proposed closure at least one calendar
788 year in advance of the date of the proposed closure or discontinuance of an essential health
789 service.

790 (b) At least 30 days prior to notifying the department of the proposed closure or
791 discontinuance of an essential health service, the hospital shall inform either electronically or in
792 writing the Department and the following parties of its intent to submit notice: (a) The hospital's
793 patient and family council; (b) Each staff member of the hospital; (c) Every labor organization
794 that represents the hospital's workforce during the period of the essential services closure; (d)
795 The members of the General Court who represent the city or town in which the hospital is
796 located; and; (e) A representative of the local officials of the city or town in which the hospital is
797 located. The department shall define essential services according to 105 CMR 130.

798 (c) At least 30 days prior to notifying the department of the proposed closure of an
799 essential health service, a detailed account of any community engagement and planning which
800 has occurred prior to such filing, and such other information as the Commissioner may require
801 shall be presented to the department. With respect to the proposed closure of an essential health
802 service, the hospital shall also send a copy of the notice that it submits to the Department to the
803 Health Policy Commission, Office of the Attorney General, Center for Health Information and

804 Analysis, and Executive Office of Labor and Workforce Development as well as each of the
805 health care coalitions and community groups identified by the hospital in its notice to the
806 department.

807 (d) The hospital proposing the discontinuance shall provide, with their initial notice to the
808 department, evidence of support or non-opposition to the proposed change from each
809 municipality to which it provides the service as a health care resource, as determined pursuant to
810 section 16T of chapter 6A of the General Laws, or, if a statement of non-opposition cannot be
811 obtained, evidence of having given notice and allowed an opportunity for comment from said
812 municipalities. Any notice given without meeting the requirements of this paragraph shall not
813 constitute notice to the department for the purpose of establishing the earliest date on which the
814 hospital may close or discontinue an essential health service.

815 (e) The department shall, in the event that a hospital proposes to discontinue an essential
816 health service or services, determine whether any such discontinued services are necessary for
817 preserving access and health status in the hospital's service area, require the hospital to submit a
818 plan for assuring access to such necessary services following the hospital's closure of the
819 service, and assure continuing access to such services in the event that the department determines
820 that their closure will significantly reduce access to necessary services. This plan shall include
821 the creation of a community oversight committee comprised of a representative from each
822 municipality to which the hospital provides the service as a health care resource as well as non-
823 managerial employees, including registered nurses and ancillary staff, from the hospital, and a
824 representative from a local interfaith organization to ensure that any plan approved by the
825 department is followed. The community oversight group shall inform the department in the event
826 the plan is not executed and followed by the hospital. If the hospital's plan for assuring

827 continued access to a necessary service relies upon the availability of similar services at another
828 hospital or health facility with which it does not share common ownership, the department shall
829 require the hospital to submit with said plan a statement from each other hospital or health
830 facility listed in the plan, affirming their capacity to provide continued access as described in the
831 plan. The department shall conduct a public hearing prior to a determination on the closure of
832 said essential services or of the hospital. No original license shall be granted to establish or
833 maintain an acute-care hospital, as defined by section 25B, unless the applicant submits a plan, to
834 be approved by the department, for the provision of community benefits, including the
835 identification and provision of essential health services. In approving the plan, the department
836 may take into account the applicants existing commitment to primary and preventive health care
837 services and community contributions as well as the primary and preventive health care services
838 and community contributions of the predecessor hospital. The department may waive this
839 requirement, in whole or in part, at the request of the applicant which has provided or at the time
840 the application is filed, is providing, substantial primary and preventive health care services and
841 community contributions in its service area.

842 (f) If a hospital executes a plan to discontinue an essential health service, said plan not
843 having been approved by the department pursuant to this section, the Attorney General shall seek
844 an injunction to require that the essential health service be maintained for the duration of the
845 notice period outlined in subsection (a). Additionally, that hospital shall not be eligible to have
846 an application approved pursuant to section 25C for a period of three years from the date the
847 service is discontinued, or until the essential health service is restored, or until such time as the
848 department is satisfied that a plan is in place that, at the time of the discontinuance, would have
849 met the requirements of paragraph (c).

850 SECTION 57. Section 51 of chapter 111 of the General Laws, as appearing in the 2020
851 Official Edition, is hereby amended by adding after the word “Gynecologists,” in line 106, the
852 following words:- , American College of Nurse Midwives, American Association of Birth
853 Centers.

854 SECTION 58. (a) The department of public health shall promulgate revised regulations
855 under the Code of Massachusetts Regulations 105 CMR 140.000 and 142.000 governing the
856 facility and operation of licensed birth centers in consultation with Seven Sisters Birth Center,
857 Neighborhood Birth Center, American College of Nurse Midwives Massachusetts Affiliate, and
858 other entities operating or planning to open birth centers in Massachusetts to bring the
859 regulations in accordance with chapter 111 of the General Laws and the standards of the
860 American Association of Birth Centers or any successor organization, and to ensure safe,
861 equitable and accessible birth options for birth center clients.

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

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

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

869 (iii) the department shall not require a licensed free-standing birth center or the directors
870 and providers on staff to practice under the supervision of a hospital or another health care

871 provider or to enter into an agreement, written or otherwise, with another hospital or health care
872 provider, or maintain privileges at a hospital;

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

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

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

885 SECTION 59. The department shall issue the revised regulations under section 2 of this
886 act no later than 180 days after the effective date of this act.

887 SECTION 60. Chapter 118E of the General Laws is hereby amended by inserting after
888 section 10N the following section:-

889 Section 10O: Medicaid Coverage for Doula Services.

890 (A) For purposes of this section, the term “doula services” shall have the following
891 meaning:

892 “Doula Services” are physical, emotional, and informational support, but not medical
893 care, provided by trained doulas to individuals and families during and after pregnancy, labor,
894 childbirth, miscarriage, stillbirth or pregnancy loss. Doula services include but are not limited to:

895 (1) continuous labor support;

896 (2) prenatal, postpartum, and bereavement home or in-person visits throughout the
897 perinatal period, lasting until 1 year after birth, pregnancy loss, stillbirth, or miscarriage;

898 (3) accompanying pregnant individuals to health care and social services appointments;

899 (4) providing support to individuals for loss of pregnancy or infant from conception
900 through one year postpartum;

901 (5) connecting individuals to community-based and state- and federally-funded resources,
902 including those which address social determinants of health;

903 (6) making oneself available (being on-call) around the time of birth or loss as well as
904 providing support for any concerns of pregnant individuals throughout pregnancy and until one
905 year after birth, pregnancy loss, stillbirth, or miscarriage.

906 (7) providing support for other individuals providing care for a birthing parent, including
907 a birthing parent’s partner and family members.

908 (B) Coverage of Doula Services:

909 (1) The Division shall provide coverage of doula services to pregnant individuals and
910 postpartum individuals up to 12 months following the end of the pregnancy who are eligible for
911 medical assistance under this chapter and/or through Title XIX or Title XXI of the Social

912 Security Act. The Division shall provide the same coverage of doula services to pregnant and
913 postpartum individuals who are not otherwise eligible for medical assistance under this chapter
914 or Titles XIX or XXI of the Social Security Act solely because of their immigration status.

915 (2) The Division must cover continuous support through labor and childbirth, and at least
916 up to six doula visits across the prenatal and one year postpartum period, including at least two
917 postpartum visits, without the need for prior authorization. The Division must also establish a
918 procedure to cover additional doula visits as needed.

919 (C) Creation of Doula Advisory Committee: There is hereby created a Doula Advisory
920 Committee.

921 (1) The committee shall consist of 10-12 members to be appointed by the commissioner
922 of public health, or designee.

923 (a) All but 2 of the members must be practicing doulas from the community; the
924 remaining 2 members must be individuals from the community who have experienced pregnancy
925 as a MassHealth member and are not practicing doulas.

926 (b) Among the members described in (a) above:

927 (i) at least 1 member must be a person who identifies as belonging to the LGBTQIA+
928 community;

929 (iii) at least 1 member must be a person who has experienced a severe maternal
930 morbidity, a perinatal mental health or mood disorder, or a near-death experience while pregnant
931 or in maternity care;

932 (iv) at least 1 member must be a person who identifies as a person with disabilities or
933 disabled person;

934 (c) The members of the committee shall represent a diverse range of experience levels-
935 from doula new to the practice to more experienced doula.

936 (d) The members of the committee shall be from areas within the Commonwealth where
937 maternal and infant outcomes are worse than the state average, as evidenced by the MA
938 Department of Public Health's most current perinatal data available at the time the member is
939 appointed.

940 (e) The members of the committee shall represent an equitable geographic distribution
941 from across the Commonwealth.

942 (2) The committee must be convened within six months of passage of this law.

943 (3) Of the initial appointments to the Doula Advisory Committee, half shall be appointed
944 to a term of 2 years and half shall be appointed to a term of 18 months. Thereafter, all terms shall
945 be 2 years. The commissioner of public health, or designee, shall fill vacancies as soon as
946 practicable.

947 (4) At least once every 8 weeks, the Division must meet with the Doula Advisory
948 Committee to consult about at least the following:

949 (a) the scope of doula services covered by MassHealth;

950 (b) doula competencies required for reimbursement by MassHealth, and standards of
951 proof or demonstration of those competencies;

952 (c) the recruitment of a diverse workforce of doulas to provide services to MassHealth
953 members;

954 (d) the development of comprehensive and high quality continuing education and training
955 that is free or low-cost to doulas committed to providing services to MassHealth members, as
956 well as the development of mentorship and career growth opportunities for doulas providing
957 services to MassHealth members;

958 (e) the performance of any third party administrators of MassHealth's doula coverage
959 program, and standards and processes around billing for and prompt reimbursement of doula
960 services;

961 (f) establishing grievance procedures for doulas, MassHealth members, and health care
962 providers about MassHealth's coverage of doula services and/or the provision of doula services
963 to MassHealth members;

964 (g) outreach to the public and stakeholders about how to access doula care for
965 MassHealth members, and about the availability of and advantages of doula care;

966 (h) the evaluation and collection of data on the provision of, outcomes of, access to, and
967 satisfaction with doula care services provided to MassHealth members;

968 (i) maintaining a reimbursement rate for doula services that incentivizes and supports a
969 diverse workforce representative of the communities served, and establishing a recurring
970 timeframe to review that rate in light of inflation and changing costs of living in the
971 commonwealth;

972 (j) how to ensure that MassHealth’s doula reimbursement program is directed towards the
973 goal of reducing inequities in maternal and birth outcomes among racial, ethnic, and cultural
974 populations who reside in all areas within the commonwealth, as evidenced by the most current
975 perinatal data supplied by the department of public health.

976 (5) Each year, the Doula Advisory Committee must, by a majority vote of a quorum of its
977 members, select an individual to serve as its chairperson for a one year term. The Doula
978 Advisory Committee may replace the chairperson in the same manner mid-term.

979 (6) The Doula Advisory Committee may, by a majority vote of a quorum of its members,
980 reduce the frequency of meetings with MassHealth to less than once every 8 weeks.

981 (7) The division and the Department of Public Health shall seek resources to offer
982 reasonable compensation to members of the Doula Advisory Committee for fulfilling their
983 duties, and must reimburse members for actual and necessary expenses incurred while fulfilling
984 their duties.

985 (8) The division, in partnership with the Doula Advisory Committee, shall conduct at
986 least 1 public hearing or forum each year until three years after passage of this law. The purposes
987 of these hearings or forums shall be to gather feedback from the public and to inform the public
988 about MassHealth’s coverage of doula care.

989 SECTION 61. Chapter 32A of the General Laws, as appearing in the 2014 Official
990 Edition, is hereby amended by inserting after section 27 the following section:

991 Section 28. (a) Any coverage offered by the commission to any active or retired
992 employee of the commonwealth insured under the group insurance commission shall provide
993 coverage for all doula services as defined in Section XX.

994 (b) Nothing in this section shall be construed to deny or restrict in any way the group
995 insurance commission’s authority to ensure plan compliance with this chapter.

996 SECTION 3. Chapter 118E of the General Laws, as so appearing, is hereby amended by
997 inserting after section 10I the following section:

998 10J (a) The division and its contracted health insurers, health plans, health maintenance
999 organizations, behavioral health management firms and third-party administrators under contract
1000 to a Medicaid managed care organization or primary care clinician plan shall provide coverage
1001 for all doula services as defined in Section XX.

1002 (b) Nothing in this section shall be construed to deny or restrict in any way the group
1003 insurance commission’s authority to ensure plan compliance with this chapter.

1004 SECTION 62. Chapter 175 of the General Laws, as so appearing, is hereby amended by
1005 inserting after section 47W(c) the following:

1006 (d) An individual policy of accident and sickness insurance issued pursuant to section
1007 108 that provides hospital expense and surgical expense and any group blanket policy of accident
1008 and sickness insurance issued pursuant to section 110 that provides hospital expense and surgical
1009 expense insurance, delivered, issued or renewed by agreement between the insurer and the
1010 policyholder, within or without the Commonwealth, (hereinafter “policy”) shall provide benefits

1011 for residents of the Commonwealth and all group members having a principal place of
1012 employment within the Commonwealth coverage for all doula services as defined in Section XX.

1013 (e) Nothing in this section shall be construed to deny or restrict in any way the division of
1014 insurance's authority to ensure compliance with this chapter.

1015 SECTION 63. Chapter 176A of the General Laws, as so appearing, is hereby amended by
1016 inserting after section 8W(c) the following:

1017 (d) Any contract between a subscriber and the corporation under an individual or group
1018 hospital service plan that is delivered, issued or renewed within or without the Commonwealth
1019 and that provides benefits for outpatient services shall provide to all individual subscribers and
1020 members within the Commonwealth and to all group members having a principal place of
1021 employment within the Commonwealth coverage for all doula services as defined in Section XX.

1022 (e) Nothing in this section shall be construed to deny or restrict in any way the division of
1023 insurance's authority to ensure compliance with this chapter.

1024 SECTION 64. Chapter 176B of the General Laws, as so appearing, is hereby amended by
1025 inserting after section 4W(c) the following:

1026 (d) Any subscription certificate under an individual or group medical service agreement
1027 that is delivered, issued or renewed within or without the Commonwealth and that provides
1028 benefits for outpatient services shall provide to all individual subscribers and members within the
1029 Commonwealth and to all group members having a principal place of employment within the
1030 Commonwealth coverage for all doula services as defined in Section XX.

1031 (e) Nothing in this subsection shall be construed to deny or restrict in any way the
1032 division of insurance's authority to ensure medical service agreement compliance with this
1033 chapter.

1034 SECTION 65. Chapter 176G of the General Laws, as so appearing, is hereby amended by
1035 inserting after section 4O(c) the following:

1036 (d) Any individual or group health maintenance contract that is issued, renewed or
1037 delivered within or without the Commonwealth and that provides benefits for outpatient
1038 prescription drugs or devices shall provide to residents of the Commonwealth and to persons
1039 having a principal place of employment within the Commonwealth coverage for all doula
1040 services as defined in Section XX.

1041 (e) Nothing in this subsection shall be construed to deny or restrict in any way the
1042 division of insurance's authority to ensure health maintenance contract compliance with this
1043 chapter.

1044 SECTION 66. Sections 1 through 6 of this act shall apply to all policies, contracts and
1045 certificates of health insurance subject to chapters 32A, chapter 118E, chapter 175, chapter
1046 176A, chapter 176B, and chapter 176G which are delivered, issued or renewed on or after
1047 September 1, 2024.

1048 SECTION 67. Chapter 29 of the Massachusetts General Laws is hereby amended by
1049 inserting after section 2QQQQQ the following section:-

1050 Section 2RRRRR. (a) There shall be established and set up on the books of the
1051 commonwealth a separate fund known as the Doula Workforce Development Trust Fund,

1052 hereinafter called the fund. The fund shall be administered by the department of career services
1053 which shall contract with the Commonwealth Corporation to administer the fund. The fund shall
1054 be credited with: (i) revenue from appropriations or other money authorized by the general court
1055 and specifically designated to be credited to the fund; (ii) interest earned on such revenues; and
1056 (iii) funds from public and private sources; and other gifts, grants and donations for the growth,
1057 training and continuous support of the doula workforce. Amounts credited to the fund shall not
1058 be subject to further appropriation and any money remaining in the fund at the end of a fiscal
1059 year shall not revert to the General Fund.

1060 (b) The Commonwealth Corporation shall make expenditures from the fund for the
1061 purposes of:

1062 (i) the development and expansion of comprehensive doula training available across the
1063 commonwealth, including the development of doula training focused on meeting the needs of
1064 MassHealth members;

1065 (ii) ensuring that doulas committed to serving MassHealth members have access to high
1066 quality doula training at no- or low-cost to them;

1067 (iii) the recruitment and retention of doulas from communities with high concentrations
1068 of MassHealth members, as well as areas within the commonwealth where maternal and infant
1069 outcomes are worse than the state average, as evidenced by the MA Department of Public
1070 Health's perinatal data.

1071 (iv) expanding doula mentoring opportunities across the state, which provide new doulas
1072 the opportunity to attend births and incentivize experienced practicing doulas to take on mentees.

1073 (v) leveraging funds to secure future federal funding to support doula workforce
1074 development in the commonwealth.

1075 (c) The director of career services shall annually, not later than December 31, report to
1076 the secretary of administration and finance, the house and senate committees on ways and means
1077 and the joint committee on labor and workforce development on the efforts undertaken in
1078 support of section (b) above; the number of doulas recruited and trained as a result of activities
1079 taken in support of (b) above, including but not limited to sex, gender identity, race, and ethnicity
1080 of such doulas; the amount of grants and identities of grantees awarded in support of section (b)
1081 above; and the availability of doula training at no- or low-cost to doulas committed to serving
1082 MassHealth members.

1083 SECTION 68. Chapter 111 of the General Laws is hereby amended by inserting in
1084 section 70E after “Every patient or resident of a facility shall have the right:”:

1085 (p) to have their birth doula’s continuous presence during labor and delivery. Facilities
1086 shall not place an undue burden on a patient’s doula’s access to clinical labor and delivery
1087 settings, and shall not arbitrarily exclude a patient’s doula from such settings.

1088 SECTION 69. Section 17C of chapter 32A of the General Laws, as most recently
1089 amended by section 8 of chapter 127 of the acts of 2022, is hereby amended by striking out the
1090 third paragraph and inserting in place thereof the following paragraph:-

1091 Coverage provided under this section shall not be subject to any deductible, coinsurance,
1092 copayment or any other cost-sharing requirement; provided, however, that deductibles,
1093 coinsurance or copayments shall be required if the applicable plan is governed by the federal
1094 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on

1095 deductibles, coinsurance or copayments for these services. Coverage offered under this section
1096 shall not impose unreasonable restrictions or delays in the coverage.

1097 SECTION 70. Said section 17C of said chapter 32A, as most recently amended by
1098 section 8 of chapter 127, is hereby further amended by adding the following sentence:-

1099 The commission shall ensure plan compliance with this section.

1100 SECTION 71. Section 10A of chapter 118E of the General Laws, as most recently
1101 amended by section 19 of chapter 127 of the acts of 2022, is hereby amended by adding the
1102 following paragraphs:-

1103 Nothing in this section shall be construed to deny or restrict the division's authority to
1104 ensure its contracted health insurers, health plans, health maintenance organizations, behavioral
1105 health management firms and third-party administrators under contract to a Medicaid managed
1106 care organization or primary care clinician plan are in compliance with this chapter.

1107 The division shall ensure plan compliance with this chapter.

1108 SECTION 72. Section 47F of chapter 175 of the General Laws, as most recently
1109 amended by section 22 of chapter 127 of the acts of 2022, is hereby amended by striking out the
1110 fourth paragraph and inserting in place thereof the following paragraph:-

1111 Coverage provided under this section shall not be subject to any deductible, coinsurance,
1112 copayment or any other cost-sharing requirement; provided, however, that deductibles,
1113 coinsurance or copayments shall be required if the applicable plan is governed by the federal
1114 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on

1115 deductibles, coinsurance or copayments for these services. Coverage offered under this section
1116 shall not impose unreasonable restrictions or delays in the coverage.

1117 SECTION 73. Said section 47F of said chapter 175, as recently amended by section 22 of
1118 chapter 127 of the acts of 2022, is hereby further amended by adding the following sentence:-

1119 The commissioner shall ensure plan compliance with this section.

1120 SECTION 74. Section 8H of chapter 176A of the General Laws, as most recently
1121 amended by section 26 of chapter 127 of the acts of 2022, is hereby amended by striking out the
1122 fourth paragraph and inserting in place thereof the following paragraph:-

1123 Coverage provided under this section shall not be subject to any deductible, coinsurance,
1124 copayment or any other cost-sharing requirement; provided, however, that deductibles,
1125 coinsurance or copayments shall be required if the applicable plan is governed by the federal
1126 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on
1127 deductibles, coinsurance or copayments for these services. Coverage offered under this section
1128 shall not impose unreasonable restrictions or delays in the coverage.

1129 SECTION 75. Said section 8H of said chapter 176A, as most recently amended by
1130 section 26 of chapter 127 of the acts of 2022, is hereby further amended by adding the following
1131 sentence:-

1132 The commissioner shall ensure plan compliance with this section.

1133 SECTION 76. Section 4H of chapter 176B of the General Laws, as most recently
1134 amended by section 29 of chapter 127 of the acts of 2022, is hereby amended by striking out the
1135 fourth paragraph and inserting in place thereof the following paragraph:-

1136 Coverage provided under this section shall not be subject to any deductible, coinsurance,
1137 copayment or any other cost-sharing requirement; provided, however, that deductibles,
1138 coinsurance or copayments shall be required if the applicable plan is governed by the federal
1139 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on
1140 deductibles, coinsurance or copayments for these services. Coverage offered under this section
1141 shall not impose unreasonable restrictions or delays in the coverage.

1142 SECTION 77. Said section 4H of said chapter 176B, as most recently amended by
1143 section 29 of chapter 127 of the acts of 2022, is hereby further amended by adding the following
1144 sentence:-

1145 The commissioner shall ensure plan compliance with this section.

1146 SECTION 78. Section 4I of chapter 176G of the General Laws, as most recently
1147 amended by section 31 of chapter 127 of the acts of 2022, is hereby amended by striking out the
1148 third paragraph and inserting in place thereof the following paragraph:-

1149 Coverage provided under this section shall not be subject to any deductible, coinsurance,
1150 copayment or any other cost-sharing requirement; provided, however, that deductibles,
1151 coinsurance or copayments shall be required if the applicable plan is governed by the federal
1152 Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on
1153 deductibles, coinsurance or copayments for these services. Coverage offered under this section
1154 shall not impose unreasonable restrictions or delays in the coverage.

1155 SECTION 79. Said section 4I of said chapter 176G, as most recently amended by section
1156 31 of chapter 127 of the acts of 2022, is hereby amended by adding the following sentence:-

1157 The commissioner shall ensure plan compliance with this section.

1158 SECTION 80. Sections 1 to 11, inclusive, shall apply to all policies, contracts and
1159 certificates of health insurance subject to chapters 32A, 118E, 175, 176A, 176B and 176G of the
1160 General Laws that are delivered, issued or renewed 6 months from the effective date of this act.

1161 SECTION 81. (A) There is hereby created in the department of job and family services
1162 the Massachusetts commission on fatherhood. The commission shall consist of the following
1163 members:

1164 (1) (a) Four members of the house of representatives appointed by the speaker of the
1165 house, not more than two of whom are members of the same political party. Two of the members
1166 must be from legislative districts that include a county or part of a county that is among the one-
1167 third of counties in this state with the highest number per capita of households headed by
1168 females.

1169 (b) Two members of the senate appointed by the president of the senate, each from a
1170 different political party. One of the members must be from a legislative district that includes a
1171 county or part of a county that is among the one-third of counties in this state with the highest
1172 number per capita of households headed by females.

1173 (2) The governor, or the governor's designee;

1174 (3) One representative of the judicial branch of government appointed by the chief justice
1175 of the supreme court;

1176 (4) The directors of health, job and family services, rehabilitation and correction, and
1177 youth services and the superintendent of public instruction, or their designees;

1178 (5) Two representative of the Massachusetts family and children first cabinet council
1179 created under section 121.37 of the Revised Code appointed by the chairperson of the council;

1180 (6) Five representatives of the general public appointed by the governor. These members
1181 shall have extensive experience in issues related to fatherhood.

1182 (B) The appointing authorities of the Massachusetts commission on fatherhood shall
1183 make initial appointments to the commission within thirty days after the effective date of this
1184 section. Of the initial appointments to the commission made pursuant to divisions (A)(3), (5),
1185 and (6) of this section, three of the members shall serve a term of one year and four shall serve a
1186 term of two years. Members so appointed subsequently shall serve two-year terms. A member
1187 appointed pursuant to division (A)(I) of this section shall serve on the commission until the end
1188 of the general assembly from which the member was appointed or until the member ceases to
1189 serve in the chamber of the general assembly in which the member serves at the time of
1190 appointment, whichever occurs first. The governor or the governor's designee shall serve on the
1191 commission until the governor ceases to be governor. The directors and superintendent or their
1192 designees shall serve on the commission until they cease, or the director or superintendent a
1193 designee represents ceases, to be director or superintendent. Each member shall serve on the
1194 commission from the date of appointment until the end of the term for which the member was
1195 appointed. Members may be reappointed.

1196 Vacancies shall be filled in the manner provided for original appointments. Any member
1197 appointed to fill a vacancy occurring prior to the expiration date of the term for which the
1198 member's predecessor was appointed shall serve on the commission for the remainder of that
1199 term. A member shall continue to serve on the commission subsequent to the expiration date of

1200 the member's term until the member's successor is appointed or until a period of sixty days has
1201 elapsed, whichever occurs first. Members shall serve without compensation but shall be
1202 reimbursed for necessary expenses

1203 SECTION 82. Chapter 32A of the General Laws, is hereby amended by inserting after
1204 section 30 the following section:-

1205 Section 31. The commission shall provide to any active or retired employee of the
1206 commonwealth who is insured under the group insurance commission coverage for the universal
1207 postpartum home visiting program administered by the department of public health. Such
1208 coverage shall not be subject to any cost-sharing, including co-payments and co-insurance, and
1209 shall not be subject to any deductible.

1210 SECTION 83. Chapter 111 is hereby amended by adding after Section 243 the following
1211 section:-

1212 Section 244. (a) For the purposes of this section, the following words shall have the
1213 following meanings:-

1214 “Department”, the department of public health.

1215 “Provider”, an entity or individual that provides universal postpartum home visiting
1216 services.

1217 “Programs”, entities or providers qualified by the department of public health to provide
1218 universal postpartum home visiting services.

1219 “Universal postpartum home visiting services”, evidence-based, voluntary home or
1220 community-based services for birthing people and caregivers with newborns, regardless of age,

1221 income, number of children, or other criteria. Services shall be delivered by a qualified health
1222 professional with maternal and child health training, as defined by the department of public
1223 health, during at least one visit in the family's home or a mutually agreed upon location within
1224 eight weeks postpartum, and one follow-up visit no later than three months after the first visit.
1225 Services shall include, but not be limited to, screenings for unmet health needs including
1226 reproductive health services, maternal and infant nutritional needs, substance use, emotional
1227 health including postpartum depression personal safety/domestic violence; clinical assessment of
1228 the birthing person and infant; brief intervention; education and support; referrals to community
1229 resources, such as breastfeeding supports; and follow up phone calls.

1230 (b) The department shall establish and administer a statewide system of programs
1231 providing universal postpartum home visiting services. The department shall be the lead agency
1232 for the coordination of all government funding, both state and federal, for such programs. The
1233 department may contract with agencies, individuals or groups for the provision of such services,
1234 subject to appropriation. The department shall begin implementation of the universal newborn
1235 nurse home visiting program first in those communities with the greatest inequities in maternal
1236 health outcomes, as identified by the department. The department shall scale up the program to
1237 achieve universal, statewide access within six years of the passage of this act.

1238 (c) In designing the program designed in subsection (b) of this section, the department
1239 shall consult, coordinate, and collaborate, as necessary, with insurers that offer health benefit
1240 plans in the commonwealth, MassHealth officials, hospitals, local public health departments,
1241 birthing centers, existing early childhood home visiting programs, community-based
1242 organizations, and social service providers.

1243 (d) A provider of universal postpartum home visiting services shall determine whether
1244 any recipient for whom it provides said services are or may be eligible for coverage of said
1245 services through an alternative source. The department is the payer of last resort, and a provider
1246 shall request payment for services it provides from third-party payers pursuant to chapters 32A,
1247 118E, 175, 176A, 176B, or 176G of the General Laws, before payment is requested from the
1248 department.

1249 (e) The department shall collect and analyze data generated by the program to monitor
1250 and assess the effectiveness of universal postpartum home visiting services. The department shall
1251 work with other state agencies to develop protocols for sharing data, including the timely sharing
1252 of data with primary care providers of care to the families with newborns receiving the services.
1253 Programs which are in receipt of state or federal funding for said services shall report such
1254 information as requested by the department for the purpose of monitoring, assessing the
1255 effectiveness of such programs, initiating quality improvement, and reducing health disparities.

1256 SECTION 84. Chapter 118E of the General Laws, is hereby amended by inserting after
1257 section 10N the following section:-

1258 Section 10O. The division and its contracted managed care organizations, accountable
1259 care organizations, health plans, integrated care organizations, third-party administrators, or
1260 other entities contracting with the division to administer benefits, shall provide coverage for
1261 universal postpartum home visiting services, in accordance with operational standards set by the
1262 department of public health pursuant to section 244 of chapter 111 of the General Laws. Such
1263 coverage shall not be subject to any cost-sharing.

1264 SECTION 85. Chapter 175 of the General Laws, is hereby amended by inserting after
1265 section 47PP the following section:-

1266 Section 47QQ. An individual policy of accident and sickness insurance issued pursuant to
1267 section 108 that provides hospital expense and surgical expense insurance or a group blanket or
1268 general policy of accident and sickness insurance issued pursuant to section 110 that provides
1269 hospital expense and surgical expense insurance that is issued or renewed within the
1270 commonwealth shall provide coverage for universal postpartum home visiting services, in
1271 accordance with operational standards set by the department of public health pursuant to section
1272 244 of chapter 111 of the General Laws. Such coverage shall not be subject to any cost-sharing,
1273 including co-payments and co-insurance, and shall not be subject to any deductible; provided,
1274 however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is
1275 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
1276 of the prohibition on co-payments, coinsurance or deductibles for these services.

1277 SECTION 86. Chapter 176A of the General Laws, is hereby amended by inserting after
1278 section 8KK the following section:-

1279 Section 8LL. Any contract between a subscriber and the corporation under an individual
1280 or group hospital service plan which is delivered, issued or renewed within the commonwealth
1281 shall provide coverage for universal postpartum home visiting services, in accordance
1282 with operational standards set by the department of public health pursuant to section 244 of
1283 chapter 111 of the General Laws. Such coverage shall not be subject to any cost-sharing,
1284 including co-payments and co-insurance, and shall not be subject to any deductible; provided,
1285 however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is

1286 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
1287 of the prohibition on co-payments, coinsurance or deductibles for these services.

1288 SECTION 87. Chapter 176B of the General Laws, is hereby amended by inserting after
1289 section 4KK the following section:-

1290 Section 4LL. Any subscription certificate under an individual or group medical service
1291 agreement delivered, issued or renewed within the commonwealth shall provide coverage for
1292 universal postpartum home visiting services, in accordance with operational standards set by the
1293 department of public health pursuant to section 244 of chapter 111 of the General Laws. Such
1294 coverage shall not be subject to any cost-sharing, including co-payments and co-insurance, and
1295 shall not be subject to any deductible; provided, however, that co-payments, coinsurance or
1296 deductibles shall be required if the applicable plan is governed by the Federal Internal Revenue
1297 Code and would lose its tax-exempt status as a result of the prohibition on co-payments,
1298 coinsurance or deductibles for these services.

1299 SECTION 88. Chapter 176G of the General Laws, is hereby amended by inserting after
1300 section 4KK the following section:-

1301 Section 4LL. Any individual or group health maintenance contract that is issued or
1302 renewed within the commonwealth shall provide coverage for universal postpartum home
1303 visiting services, in accordance with operational standards set by the department of public health
1304 pursuant to section 244 of chapter 111 of the General Laws. Such coverage shall not be subject
1305 to any cost-sharing, including co-payments and co-insurance, and shall not be subject to any
1306 deductible; provided, however, that co-payments, coinsurance or deductibles shall be required if
1307 the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-

1308 exempt status as a result of the prohibition on co-payments, coinsurance or deductibles for these
1309 services.

1310 SECTION 89. Chapter 32A of the General Laws, is hereby amended by inserting after
1311 section 30 the following section:-

1312 Section 31. The commission shall provide to any active or retired employee of the
1313 commonwealth who is insured under the group insurance commission coverage for the universal
1314 postpartum home visiting program administered by the department of public health. Such
1315 coverage shall not be subject to any cost-sharing, including co-payments and co-insurance, and
1316 shall not be subject to any deductible.

1317 SECTION 90. Chapter 111 is hereby amended by adding after Section 243 the following
1318 section:-

1319 Section 244. (a) For the purposes of this section, the following words shall have the
1320 following meanings:-

1321 “Department”, the department of public health.

1322 “Provider”, an entity or individual that provides universal postpartum home visiting
1323 services.

1324 “Programs”, entities or providers qualified by the department of public health to provide
1325 universal postpartum home visiting services.

1326 “Universal postpartum home visiting services”, evidence-based, voluntary home or
1327 community-based services for birthing people and caregivers with newborns, regardless of age,
1328 income, number of children, or other criteria. Services shall be delivered by a qualified health

1329 professional with maternal and child health training, as defined by the department of public
1330 health, during at least one visit in the family's home or a mutually agreed upon location within
1331 eight weeks postpartum, and one follow-up visit no later than three months after the first visit.
1332 Services shall include, but not be limited to, screenings for unmet health needs including
1333 reproductive health services, maternal and infant nutritional needs, substance use, emotional
1334 health including postpartum depression personal safety/domestic violence; clinical assessment of
1335 the birthing person and infant; brief intervention; education and support; referrals to community
1336 resources, such as breastfeeding supports; and follow up phone calls.

1337 (b) The department shall establish and administer a statewide system of programs
1338 providing universal postpartum home visiting services. The department shall be the lead agency
1339 for the coordination of all government funding, both state and federal, for such programs. The
1340 department may contract with agencies, individuals or groups for the provision of such services,
1341 subject to appropriation. The department shall begin implementation of the universal newborn
1342 nurse home visiting program first in those communities with the greatest inequities in maternal
1343 health outcomes, as identified by the department. The department shall scale up the program to
1344 achieve universal, statewide access within six years of the passage of this act.

1345 (c) In designing the program designed in subsection (b) of this section, the department
1346 shall consult, coordinate, and collaborate, as necessary, with insurers that offer health

1347 benefit plans in the commonwealth, MassHealth officials, hospitals, local public health
1348 departments, birthing centers, existing early childhood home visiting programs, community-
1349 based organizations, and social service providers.

1350 (d) A provider of universal postpartum home visiting services shall determine whether
1351 any recipient for whom it provides said services are or may be eligible for coverage of said
1352 services through an alternative source. The department is the payer of last resort, and a provider
1353 shall request payment for services it provides from third-party payers pursuant to chapters 32A,
1354 118E, 175, 176A, 176B, or 176G of the General Laws, before payment is requested from the
1355 department.

1356 (e) The department shall collect and analyze data generated by the program to monitor
1357 and assess the effectiveness of universal postpartum home visiting services. The department shall
1358 work with other state agencies to develop protocols for sharing data, including the timely sharing
1359 of data with primary care providers of care to the families with newborns receiving the services.
1360 Programs which are in receipt of state or federal funding for said services shall report such
1361 information as requested by the department for the purpose of monitoring, assessing the
1362 effectiveness of such programs, initiating quality improvement, and reducing health disparities.

1363 SECTION 91. Chapter 118E of the General Laws, is hereby amended by inserting after
1364 section 10N the following section:-

1365 Section 10O. The division and its contracted managed care organizations, accountable
1366 care organizations, health plans, integrated care organizations, third-party administrators, or
1367 other entities contracting with the division to administer benefits, shall provide coverage for
1368 universal postpartum home visiting services, in accordance with operational standards set by the
1369 department of public health pursuant to section 244 of chapter 111 of the General Laws. Such
1370 coverage shall not be subject to any cost-sharing.

1371 SECTION 92. Chapter 175 of the General Laws, is hereby amended by inserting after
1372 section 47PP the following section:-

1373 Section 47QQ. An individual policy of accident and sickness insurance issued pursuant to
1374 section 108 that provides hospital expense and surgical expense insurance or a group blanket or
1375 general policy of accident and sickness insurance issued pursuant to section 110 that provides
1376 hospital expense and surgical expense insurance that is issued or renewed within the
1377 commonwealth shall provide coverage for universal postpartum home visiting services, in
1378 accordance with operational standards set by the department of public health pursuant to section
1379 244 of chapter 111 of the General Laws. Such coverage shall not be subject to any cost-sharing,
1380 including co-payments and co-insurance, and shall not be subject to any deductible; provided,
1381 however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is
1382 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
1383 of the prohibition on co-payments, coinsurance or deductibles for these services.

1384 SECTION 93. Chapter 176A of the General Laws, is hereby amended by inserting after
1385 section 8KK the following section:-

1386 Section 8LL. Any contract between a subscriber and the corporation under an individual
1387 or group hospital service plan which is delivered, issued or renewed within the commonwealth
1388 shall provide coverage for universal postpartum home visiting services, in accordance
1389 with operational standards set by the department of public health pursuant to section 244 of
1390 chapter 111 of the General Laws. Such coverage shall not be subject to any cost-sharing,
1391 including co-payments and co-insurance, and shall not be subject to any deductible; provided,
1392 however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is

1393 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
1394 of the prohibition on co-payments, coinsurance or deductibles for these services.

1395 SECTION 94. Chapter 176B of the General Laws, is hereby amended by inserting after
1396 section 4KK the following section:-

1397 Section 4LL. Any subscription certificate under an individual or group medical service
1398 agreement delivered, issued or renewed within the commonwealth shall provide coverage for
1399 universal postpartum home visiting services, in accordance with operational standards set by the
1400 department of public health pursuant to section 244 of chapter 111 of the General Laws. Such
1401 coverage shall not be subject to any cost-sharing, including co-payments and co-insurance, and
1402 shall not be subject to any deductible; provided, however, that co-payments, coinsurance or
1403 deductibles shall be required if the applicable plan is governed by the Federal Internal Revenue
1404 Code and would lose its tax-exempt status as a result of the prohibition on co-payments,
1405 coinsurance or deductibles for these services.

1406 SECTION 95. Chapter 176G of the General Laws, is hereby amended by inserting after
1407 section 4KK the following section:-

1408 Section 4LL. Any individual or group health maintenance contract that is issued or
1409 renewed within the commonwealth shall provide coverage for universal postpartum home
1410 visiting services, in accordance with operational standards set by the department of public health
1411 pursuant to section 244 of chapter 111 of the General Laws. Such coverage shall not be subject
1412 to any cost-sharing, including co-payments and co-insurance, and shall not be subject to any
1413 deductible; provided, however, that co-payments, coinsurance or deductibles shall be required if
1414 the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-

1415 exempt status as a result of the prohibition on co-payments, coinsurance or deductibles for these
1416 services.

1417 SECTION 96. Only free-standing and hospital-affiliated birth centers licensed pursuant
1418 to 105 CMR 140.000 and 105 CMR 142.000 shall use the terms birth center or birthing center in
1419 their clinic's name.

1420 SECTION 97. (a) In General.—Beginning on the date that is 6 months after the date of
1421 enactment of this Act, and annually thereafter, in each State that receives a grant under subpart 1
1422 of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10151
1423 et seq.) (commonly referred to as the “Edward Byrne Memorial Justice Grant Program”) and that
1424 does not have in effect throughout the State for such fiscal year laws restricting the use of
1425 restraints on pregnant individuals in prison that are substantially similar to the rights, procedures,
1426 requirements, effects, and penalties set forth in section 4322 of title 18, United States Code, the
1427 amount of such grant that would otherwise be allocated to such State under such subpart for the
1428 fiscal year shall be decreased by 25 percent.

1429 (b) Reallocation.—Amounts not allocated to a State for failure to comply with subsection
1430 (a) shall be reallocated in accordance with subpart 1 of part E of title I of the Omnibus Crime
1431 Control and Safe Streets Act of 1968 (34 U.S.C. 10151 et seq.) to States that have complied with
1432 such subsection.

1433 SECTION 98. (a) In General.—Not later than 1 year after the date of enactment of this
1434 Act, the Attorney General, acting through the Director of the Bureau of Prisons, shall establish,
1435 in not fewer than 6 Bureau of Prisons facilities, programs to optimize maternal health outcomes

1436 for pregnant and postpartum individuals incarcerated in such facilities. The Attorney General
1437 shall establish such programs in consultation with stakeholders such as—

1438 (1) relevant community-based organizations, particularly organizations that represent
1439 incarcerated and formerly incarcerated individuals and organizations that seek to improve
1440 maternal health outcomes for pregnant and postpartum individuals from racial and ethnic
1441 minority groups;

1442 (2) relevant organizations representing patients, with a particular focus on patients from
1443 racial and ethnic minority groups;

1444 (3) organizations representing maternity care providers and maternal health care
1445 education programs;

1446 (4) perinatal health workers; and

1447 (5) researchers and policy experts in fields related to maternal health care for incarcerated
1448 individuals.

1449 (b) Start Date.—Each selected facility shall begin facility programs not later than 18
1450 months after the date of enactment of this Act.

1451 (c) Facility Priority.—In carrying out subsection (a), the Director shall give priority to a
1452 facility based on—

1453 (1) the number of pregnant and postpartum individuals incarcerated in such facility and,
1454 among such individuals, the number of pregnant and postpartum individuals from racial and
1455 ethnic minority groups; and

1456 (2) the extent to which the leaders of such facility have demonstrated a commitment to
1457 developing exemplary programs for pregnant and postpartum individuals incarcerated in such
1458 facility.

1459 (d) Program Duration.—The programs established under this section shall be for a 5-year
1460 period.

1461 (e) Programs.—Bureau of Prisons facilities selected by the Director shall establish
1462 programs for pregnant and postpartum incarcerated individuals, and such programs may—

1463 (1) provide access to perinatal health workers from pregnancy through the postpartum
1464 period;

1465 (2) provide access to healthy foods and counseling on nutrition, recommended activity
1466 levels, and safety measures throughout pregnancy;

1467 (3) train correctional officers to ensure that pregnant incarcerated individuals receive safe
1468 and respectful treatment;

1469 (4) train medical personnel to ensure that pregnant incarcerated individuals receive
1470 trauma-informed, culturally congruent care that promotes the health and safety of the pregnant
1471 individuals;

1472 (5) provide counseling and treatment for individuals who have suffered from—

1473 (A) diagnosed mental or behavioral health conditions, including trauma and substance
1474 use disorders;

1475 (B) trauma or violence, including domestic violence;

- 1476 (C) human immunodeficiency virus;
- 1477 (D) sexual abuse;
- 1478 (E) pregnancy or infant loss; or
- 1479 (F) chronic conditions;
- 1480 (6) provide evidence-based pregnancy and childbirth education, parenting support, and
1481 other relevant forms of health literacy;
- 1482 (7) provide clinical education opportunities to maternity care providers in training to
1483 expand pathways into maternal health care careers serving incarcerated individuals;
- 1484 (8) offer opportunities for postpartum individuals to maintain contact with the
1485 individual’s newborn child to promote bonding, including enhanced visitation policies, access to
1486 prison nursery programs, or breastfeeding support;
- 1487 (9) provide reentry assistance, particularly to—
- 1488 (A) ensure access to health insurance coverage and transfer of health records to
1489 community providers if an incarcerated individual exits the criminal justice system during such
1490 individual’s pregnancy or in the postpartum period; and
- 1491 (B) connect individuals exiting the criminal justice system during pregnancy or in the
1492 postpartum period to community-based resources, such as referrals to health care providers,
1493 substance use disorder treatments, and social services that address social determinants maternal
1494 of health; or

1495 (10) establish partnerships with local public entities, private community entities,
1496 community-based organizations, Indian Tribes and tribal organizations (as such terms are
1497 defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C.
1498 5304)), and urban Indian organizations (as such term is defined in section 4 of the Indian Health
1499 Care Improvement Act (25 U.S.C. 1603)) to establish or expand pretrial diversion programs as
1500 an alternative to incarceration for pregnant and postpartum individuals. Such programs may
1501 include—

1502 (A) evidence-based childbirth education or parenting classes;

1503 (B) prenatal health coordination;

1504 (C) family and individual counseling;

1505 (D) evidence-based screenings, education, and, as needed, treatment for mental and
1506 behavioral health conditions, including drug and alcohol treatments;

1507 (E) family case management services;

1508 (F) domestic violence education and prevention;

1509 (G) physical and sexual abuse counseling; and

1510 (H) programs to address social determinants of health such as employment, housing,
1511 education, transportation, and nutrition.

1512 (f) Implementation And Reporting.—A selected facility shall be responsible for—

1513 (1) implementing programs, which may include the programs described in subsection (e);

1514 and

1515 (2) not later than 3 years after the date of enactment of this Act, and 6 years after the date
1516 of enactment of this Act, reporting results of the programs to the Director, including information
1517 describing—

1518 (A) relevant quantitative indicators of success in improving the standard of care and
1519 health outcomes for pregnant and postpartum incarcerated individuals in the facility, including
1520 data stratified by race, ethnicity, sex, gender, age, geography, disability status, the category of
1521 the criminal charge against such individual, rates of pregnancy-related deaths, pregnancy-
1522 associated deaths, cases of infant mortality and morbidity, rates of preterm births and low-
1523 birthweight births, cases of severe maternal morbidity, cases of violence against pregnant or
1524 postpartum individuals, diagnoses of maternal mental or behavioral health conditions, and other
1525 such information as appropriate;

1526 (B) relevant qualitative and quantitative evaluations from pregnant and postpartum
1527 incarcerated individuals who participated in such programs, including measures of patient-
1528 reported experience of care; and

1529 (C) strategies to sustain such programs after fiscal year 2026 and expand such programs
1530 to other facilities.

1531 (g) Report.—Not later than 6 years after the date of enactment of this Act, the Director
1532 shall submit to the Attorney General and to the Congress a report describing the results of the
1533 programs funded under this section.

1534 (h) Oversight.—Not later than 1 year after the date of enactment of this Act, the Attorney
1535 General shall award a contract to an independent organization or independent organizations to
1536 conduct oversight of the programs described in subsection (e).

1537 (i) Authorization Of Appropriations.—There is authorized to be appropriated to carry out
1538 this section \$10,000,000 for each of fiscal years 2022 through 2026.

1539 SECTION 99. (a) Establishment.—Not later than 1 year after the date of enactment of
1540 this Act, the Attorney General, acting through the Director of the Bureau of Justice Assistance,
1541 shall award Justice for Incarcerated Moms grants to States to establish or expand programs in
1542 State and local prisons and jails for pregnant and postpartum incarcerated individuals. The
1543 Attorney General shall award such grants in consultation with stakeholders such as—

1544 (1) relevant community-based organizations, particularly organizations that represent
1545 incarcerated and formerly incarcerated individuals and organizations that seek to improve
1546 maternal health outcomes for pregnant and postpartum individuals from racial and ethnic
1547 minority groups;

1548 (2) relevant organizations representing patients, with a particular focus on patients from
1549 racial and ethnic minority groups;

1550 (3) organizations representing maternity care providers and maternal health care
1551 education programs;

1552 (4) perinatal health workers; and

1553 (5) researchers and policy experts in fields related to maternal health care for incarcerated
1554 individuals.

1555 (b) Applications.—Each applicant for a grant under this section shall submit to the
1556 Director of the Bureau of Justice Assistance an application at such time, in such manner, and
1557 containing such information as the Director may require.

1558 (c) Use Of Funds.—A State that is awarded a grant under this section shall use such grant
1559 to establish or expand programs for pregnant and postpartum incarcerated individuals, and such
1560 programs may—

1561 (1) provide access to perinatal health workers from pregnancy through the post-partum
1562 period;

1563 (2) provide access to healthy foods and counseling on nutrition, recommended activity
1564 levels, and safety measures throughout pregnancy;

1565 (3) train correctional officers to ensure that pregnant incarcerated individuals receive safe
1566 and respectful treatment;

1567 (4) train medical personnel to ensure that pregnant incarcerated individuals receive
1568 trauma-informed, culturally congruent care that promotes the health and safety of the pregnant
1569 individuals;

1570 (5) provide counseling and treatment for individuals who have suffered from—

1571 (A) diagnosed mental or behavioral health conditions, including trauma and substance
1572 use disorders;

1573 (B) trauma or violence, including domestic violence;

1574 (C) human immunodeficiency virus;

1575 (D) sexual abuse;

1576 (E) pregnancy or infant loss; or

1577 (F) chronic conditions;

1578 (6) provide evidence-based pregnancy and childbirth education, parenting support, and
1579 other relevant forms of health literacy;

1580 (7) provide clinical education opportunities to maternity care providers in training to
1581 expand pathways into maternal health care careers serving incarcerated individuals;

1582 (8) offer opportunities for postpartum individuals to maintain contact with the
1583 individual’s newborn child to promote bonding, including enhanced visitation policies, access to
1584 prison nursery programs, or breastfeeding support;

1585 (9) provide reentry assistance, particularly to—

1586 (A) ensure access to health insurance coverage and transfer of health records to
1587 community providers if an incarcerated individual exits the criminal justice system during such
1588 individual’s pregnancy or in the postpartum period; and

1589 (B) connect individuals exiting the criminal justice system during pregnancy or in the
1590 postpartum period to community-based resources, such as referrals to health care providers,
1591 substance use disorder treatments, and social services that address social determinants of
1592 maternal health; or

1593 (10) establish partnerships with local public entities, private community entities,
1594 community-based organizations, Indian Tribes and tribal organizations (as such terms are
1595 defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C.
1596 5304)), and urban Indian organizations (as such term is defined in section 4 of the Indian Health
1597 Care Improvement Act (25 U.S.C. 1603)) to establish or expand pretrial diversion programs as

1598 an alternative to incarceration for pregnant and postpartum individuals. Such programs may
1599 include—

1600 (A) evidence-based childbirth education or parenting classes;

1601 (B) prenatal health coordination;

1602 (C) family and individual counseling;

1603 (D) evidence-based screenings, education, and, as needed, treatment for mental and
1604 behavioral health conditions, including drug and alcohol treatments;

1605 (E) family case management services;

1606 (F) domestic violence education and prevention;

1607 (G) physical and sexual abuse counseling; and

1608 (H) programs to address social determinants of health such as employment, housing,
1609 education, transportation, and nutrition.

1610 (d) Priority.—In awarding grants under this section, the Director of the Bureau of Justice
1611 Assistance shall give priority to applicants based on—

1612 (1) the number of pregnant and postpartum individuals incarcerated in the State and,
1613 among such individuals, the number of pregnant and postpartum individuals from racial and
1614 ethnic minority groups; and

1615 (2) the extent to which the State has demonstrated a commitment to developing
1616 exemplary programs for pregnant and postpartum individuals incarcerated in the prisons and jails
1617 in the State.

1618 (e) Grant Duration.—A grant awarded under this section shall be for a 5-year period.

1619 (f) Implementing And Reporting.—A State that receives a grant under this section shall
1620 be responsible for—

1621 (1) implementing the program funded by the grant; and

1622 (2) not later than 3 years after the date of enactment of this Act, and 6 years after the date
1623 of enactment of this Act, reporting results of such program to the Attorney General, including
1624 information describing—

1625 (A) relevant quantitative indicators of the program’s success in improving the standard of
1626 care and health outcomes for pregnant and postpartum incarcerated individuals in the facility,
1627 including data stratified by race, ethnicity, sex, gender, age, geography, disability status,
1628 category of the criminal charge against such individual, incidence rates of pregnancy-related
1629 deaths, pregnancy-associated deaths, cases of infant mortality and morbidity, rates of preterm
1630 births and low-birthweight births, cases of severe maternal morbidity, cases of violence against
1631 pregnant or postpartum individuals, diagnoses of maternal mental or behavioral health
1632 conditions, and other such information as appropriate;

1633 (B) relevant qualitative and quantitative evaluations from pregnant and postpartum
1634 incarcerated individuals who participated in such programs, including measures of patient-
1635 reported experience of care; and

1636 (C) strategies to sustain such programs beyond the duration of the grant and expand such
1637 programs to other facilities.

1638 (g) Report.—Not later than 6 years after the date of enactment of this Act, the Attorney
1639 General shall submit to the Congress a report describing the results of such grant programs.

1640 (h) Oversight.—Not later than 1 year after the date of enactment of this Act, the Attorney
1641 General shall award a contract to an independent organization or independent organizations to
1642 conduct oversight of the programs described in subsection (c).

1643 (i) Authorization Of Appropriations.—There is authorized to be appropriated to carry out
1644 this section \$10,000,000 for each of fiscal years 2022 through 2026.

1645 SECTION 100. (a) In General.—Not later than 2 years after the date of enactment of this
1646 Act, the Comptroller General of the United States shall submit to Congress a report on adverse
1647 maternal and infant health outcomes among incarcerated individuals and infants born to such
1648 individuals, with a particular focus on racial and ethnic disparities in maternal and infant health
1649 outcomes for incarcerated individuals.

1650 (b) Contents Of Report.—The report described in this section shall include—

1651 (1) to the extent practicable—

1652 (A) the number of pregnant individuals who are incarcerated in Bureau of Prisons
1653 facilities;

1654 (B) the number of incarcerated individuals, including those incarcerated in Federal, State,
1655 and local correctional facilities, who have experienced a pregnancy-related death, pregnancy-
1656 associated death, or the death of an infant in the most recent 10 years of available data;

1657 (C) the number of cases of severe maternal morbidity among incarcerated individuals,
1658 including those incarcerated in Federal, State, and local detention facilities, in the most recent 10
1659 years of available data;

1660 (D) the number of preterm and low-birthweight births of infants born to incarcerated
1661 individuals, including those incarcerated in Federal, State, and local correctional facilities, in the
1662 most recent 10 years of available data; and

1663 (E) statistics on the racial and ethnic disparities in maternal and infant health outcomes
1664 and severe maternal morbidity rates among incarcerated individuals, including those incarcerated
1665 in Federal, State, and local detention facilities;

1666 (2) in the case that the Comptroller General of the United States is unable determine the
1667 information required in subparagraphs (A) through (C) of paragraph (1), an assessment of the
1668 barriers to determining such information and recommendations for improvements in tracking
1669 maternal health outcomes among incarcerated individuals, including those incarcerated in
1670 Federal, State, and local detention facilities;

1671 (3) causes of adverse maternal health outcomes that are unique to incarcerated
1672 individuals, including those incarcerated in Federal, State, and local detention facilities;

1673 (4) causes of adverse maternal health outcomes and severe maternal morbidity that are
1674 unique to incarcerated individuals from racial and ethnic minority groups;

1675 (5) recommendations to reduce maternal mortality and severe maternal morbidity among
1676 incarcerated individuals and to address racial and ethnic disparities in maternal health outcomes

1677 for incarcerated individuals in Bureau of Prisons facilities and State and local prisons and jails;
1678 and

1679 (6) such other information as may be appropriate to reduce the occurrence of adverse
1680 maternal health outcomes among incarcerated individuals and to address racial and ethnic
1681 disparities in maternal health outcomes for such individuals.

1682 SECTION 101. (a) In General.—Not later than 2 years after the date of enactment of this
1683 Act, the Medicaid and CHIP Payment and Access Commission (referred to in this section as
1684 “MACPAC”) shall publish a report on the implications of pregnant and postpartum incarcerated
1685 individuals being ineligible for medical assistance under a State plan under title XIX of the
1686 Social Security Act (42 U.S.C. 1396 et seq.) that contains the information described in
1687 subsection.

1688 (b) Information Described.—For purposes of subsection (a), the information described in
1689 this subsection includes—

1690 (1) information on the effect of ineligibility for medical assistance under a State plan
1691 under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) on maternal health outcomes
1692 for pregnant and postpartum incarcerated individuals, concentrating on the effects of such
1693 ineligibility for pregnant and postpartum individuals from racial and ethnic minority groups; and

1694 (2) the potential implications on maternal health outcomes resulting from suspending
1695 eligibility for medical assistance under a State plan under such title of such Act when a pregnant
1696 or postpartum individual is incarcerated.

1697 SECTION 102. In this title, the following definitions apply:

1698 (1) ADVERSE MATERNAL AND INFANT HEALTH OUTCOMES.—The term
1699 “adverse maternal and infant health outcomes” includes the outcomes of preterm birth, low birth
1700 weight, stillbirth, infant or maternal mortality, and severe maternal morbidity.

1701 (2) INSTITUTION OF HIGHER EDUCATION.—The term “institution of higher
1702 education” has the meaning given such term in section 101 of the Higher Education Act of 1965
1703 (20 U.S.C. 1001).

1704 (3) MINORITY-SERVING INSTITUTION.—The term “minority-serving institution”
1705 means an entity specified in any of paragraphs (1) through (7) of section 371(a) of the Higher
1706 Education Act of 1965 (20 U.S.C. 1067q(a)).

1707 (4) RACIAL AND ETHNIC MINORITY GROUP.—The term “racial and ethnic
1708 minority group” has the meaning given such term in section 1707(g) of the Public Health Service
1709 Act (42 U.S.C. 300u–6(g)).

1710 (5) RISKS ASSOCIATED WITH CLIMATE CHANGE.—The term “risks associated
1711 with climate change” includes risks associated with extreme heat, air pollution, extreme weather
1712 events, and other environmental issues associated with climate change that can result in adverse
1713 maternal and infant health outcomes.

1714 (6) STAKEHOLDER ORGANIZATION.—The term “stakeholder organization”
1715 means—

1716 (A) a community-based organization with expertise in providing assistance to vulnerable
1717 individuals;

1718 (B) a nonprofit organization with expertise in maternal or infant health or environmental
1719 justice; and

1720 (C) a patient advocacy organization representing vulnerable individuals.

1721 (7) VULNERABLE INDIVIDUAL.—The term “vulnerable individual” means—

1722 (A) an individual who is pregnant;

1723 (B) an individual who was pregnant during any portion of the preceding 1-year period;

1724 and

1725 (C) an individual under 3 years of age.

1726 SECTION 103. (a) In General.—Not later than 180 days after the date of the enactment
1727 of this Act, the Secretary of Health and Human Services shall establish a grant program (in this
1728 section referred to as the “Program”) to protect vulnerable individuals from risks associated with
1729 climate change.

1730 (b) Grant Authority.—In carrying out the Program, the Secretary may award, on a
1731 competitive basis, grants to 10 covered entities.

1732 (c) Applications.—To be eligible for a grant under the Program, a covered entity shall
1733 submit to the Secretary an application at such time, in such form, and containing such
1734 information as the Secretary may require, which shall include, at a minimum, a description of the
1735 following:

1736 (1) Plans for the use of grant funds awarded under the Program and how patients and
1737 stakeholder organizations were involved in the development of such plans.

1738 (2) How such grant funds will be targeted to geographic areas that have
1739 disproportionately high levels of risks associated with climate change for vulnerable individuals.

1740 (3) How such grant funds will be used to address racial and ethnic disparities in—

1741 (A) adverse maternal and infant health outcomes; and

1742 (B) exposure to risks associated with climate change for vulnerable individuals.

1743 (4) Strategies to prevent an initiative assisted with such grant funds from causing—

1744 (A) adverse environmental impacts;

1745 (B) displacement of residents and businesses;

1746 (C) rent and housing price increases; or

1747 (D) disproportionate adverse impacts on racial and ethnic minority groups and other
1748 underserved populations.

1749 (d) Selection Of Grant Recipients.—

1750 (1) TIMING.—Not later than 270 days after the date of the enactment of this Act, the
1751 Secretary shall select the recipients of grants under the Program.

1752 (2) CONSULTATION.—In selecting covered entities for grants under the Program, the
1753 Secretary shall consult with—

1754 (A) representatives of stakeholder organizations;

1755 (B) the Administrator of the Environmental Protection Agency;

1756 (C) the Administrator of the National Oceanic and Atmospheric Administration; and

1757 (D) from the Department of Health and Human Services—

1758 (i) the Deputy Assistant Secretary for Minority Health;

1759 (ii) the Administrator of the Centers for Medicare & Medicaid Services;

1760 (iii) the Administrator of the Health Resources and Services Administration;

1761 (iv) the Director of the National Institutes of Health; and

1762 (v) the Director of the Centers for Disease Control and Prevention.

1763 (3) PRIORITY.—In selecting a covered entity to be awarded a grant under the Program,
1764 the Secretary shall give priority to covered entities that serve a county—

1765 (A) designated, or located in an area designated, as a nonattainment area pursuant to
1766 section 107 of the Clean Air Act (42 U.S.C. 7407) for any air pollutant for which air quality
1767 criteria have been issued under section 108(a) of such Act (42 U.S.C. 7408(a));

1768 (B) with a level of vulnerability of moderate-to-high or higher, according to the Social
1769 Vulnerability Index of the Centers for Disease Control and Prevention; or

1770 (C) with temperatures that pose a risk to human health, as determined by the Secretary, in
1771 consultation with the Administrator of the National Oceanic and Atmospheric Administration
1772 and the Chair of the United States Global Change Research Program, based on the best available
1773 science.

1774 (4) LIMITATION.—A recipient of grant funds under the Program may not use such
1775 grant funds to serve a county that is served by any other recipient of a grant under the Program.

1776 (e) Use Of Funds.—A covered entity awarded grant funds under the Program may only
1777 use such grant funds for the following:

1778 (1) Initiatives to identify risks associated with climate change for vulnerable individuals
1779 and to provide services and support to such individuals that address such risks, which may
1780 include—

1781 (A) training for health care providers, doulas, and other employees in hospitals, birth
1782 centers, midwifery practices, and other health care practices that provide prenatal or labor and
1783 delivery services to vulnerable individuals on the identification of, and patient counseling
1784 relating to, risks associated with climate change for vulnerable individuals;

1785 (B) hiring, training, or providing resources to community health workers and perinatal
1786 health workers who can help identify risks associated with climate change for vulnerable
1787 individuals, provide patient counseling about such risks, and carry out the distribution of relevant
1788 services and support;

1789 (C) enhancing the monitoring of risks associated with climate change for vulnerable
1790 individuals, including by—

1791 (i) collecting data on such risks in specific census tracts, neighborhoods, or other
1792 geographic areas; and

1793 (ii) sharing such data with local health care providers, doulas, and other employees in
1794 hospitals, birth centers, midwifery practices, and other health care practices that provide prenatal
1795 or labor and delivery services to local vulnerable individuals; and

1796 (D) providing vulnerable individuals—

1797 (i) air conditioning units, residential weatherization support, filtration systems, household
1798 appliances, or related items;

1799 (ii) direct financial assistance; and

1800 (iii) services and support, including housing and transportation assistance, to prepare for
1801 or recover from extreme weather events, which may include floods, hurricanes, wildfires,
1802 droughts, and related events.

1803 (2) Initiatives to mitigate levels of and exposure to risks associated with climate change
1804 for vulnerable individuals, which shall be based on the best available science and which may
1805 include initiatives to—

1806 (A) develop, maintain, or expand urban or community forestry initiatives and tree canopy
1807 coverage initiatives;

1808 (B) improve infrastructure, including buildings and paved surfaces;

1809 (C) develop or improve community outreach networks to provide culturally and
1810 linguistically appropriate information and notifications about risks associated with climate
1811 change for vulnerable individuals; and

1812 (D) provide enhanced services to racial and ethnic minority groups and other underserved
1813 populations.

1814 (f) Length Of Award.—A grant under this section shall be disbursed over 4 fiscal years.

1815 (g) Technical Assistance.—The Secretary shall provide technical assistance to a covered
1816 entity awarded a grant under the Program to support the development, implementation, and
1817 evaluation of activities funded with such grant.

1818 (h) Reports To Secretary.—

1819 (1) ANNUAL REPORT.—For each fiscal year during which a covered entity is
1820 disbursed grant funds under the Program, such covered entity shall submit to the Secretary a
1821 report that summarizes the activities carried out by such covered entity with such grant funds
1822 during such fiscal year, which shall include a description of the following:

1823 (A) The involvement of stakeholder organizations in the implementation of initiatives
1824 assisted with such grant funds.

1825 (B) Relevant health and environmental data, disaggregated, to the extent practicable, by
1826 race, ethnicity, gender, and pregnancy status.

1827 (C) Qualitative feedback received from vulnerable individuals with respect to initiatives
1828 assisted with such grant funds.

1829 (D) Criteria used in selecting the geographic areas assisted with such grant funds.

1830 (E) Efforts to address racial and ethnic disparities in adverse maternal and infant health
1831 outcomes and in exposure to risks associated with climate change for vulnerable individuals.

1832 (F) Any negative and unintended impacts of initiatives assisted with such grant funds,
1833 including—

1834 (i) adverse environmental impacts;

1835 (ii) displacement of residents and businesses;

1836 (iii) rent and housing price increases; and

1837 (iv) disproportionate adverse impacts on racial and ethnic minority groups and other
1838 underserved populations.

1839 (G) How the covered entity will address and prevent any impacts described in
1840 subparagraph (F).

1841 (2) PUBLICATION.—Not later than 30 days after the date on which a report is
1842 submitted under paragraph (1), the Secretary shall publish such report on a public website of the
1843 Department of Health and Human Services.

1844 (i) Report To Congress.—Not later than the date that is 5 years after the date on which
1845 the Program is established, the Secretary shall submit to Congress and publish on a public
1846 website of the Department of Health and Human Services a report on the results of the Program,
1847 including the following:

1848 (1) Summaries of the annual reports submitted under subsection (h).

1849 (2) Evaluations of the initiatives assisted with grant funds under the Program.

1850 (3) An assessment of the effectiveness of the Program in—

- 1851 (A) identifying risks associated with climate change for vulnerable individuals;
- 1852 (B) providing services and support to such individuals;
- 1853 (C) mitigating levels of and exposure to such risks; and
- 1854 (D) addressing racial and ethnic disparities in adverse maternal and infant health
- 1855 outcomes and in exposure to such risks.
- 1856 (4) A description of how the Program could be expanded, including—
- 1857 (A) monitoring efforts or data collection that would be required to identify areas with
- 1858 high levels of risks associated with climate change for vulnerable individuals;
- 1859 (B) how such areas could be identified using the strategy developed under section 5; and
- 1860 (C) recommendations for additional funding.
- 1861 (j) Covered Entity Defined.—In this section, the term “covered entity” means a
- 1862 consortium of organizations serving a county that—
- 1863 (1) shall include a community-based organization; and
- 1864 (2) may include—
- 1865 (A) another stakeholder organization;
- 1866 (B) the government of such county;
- 1867 (C) the governments of one or more municipalities within such county;
- 1868 (D) a State or local public health department or emergency management agency;

1869 (E) a local health care practice, which may include a licensed and accredited hospital,
1870 birth center, midwifery practice, or other health care practice that provides prenatal or labor and
1871 delivery services to vulnerable individuals;

1872 (F) an Indian tribe or tribal organization (as such terms are defined in section 4 of the
1873 Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304));

1874 (G) an Urban Indian organization (as defined in section 4 of the Indian Health Care
1875 Improvement Act (25 U.S.C. 1603)); and

1876 (H) an institution of higher education.

1877 (k) Authorization Of Appropriations.—There is authorized to be appropriated to carry out
1878 this section \$100,000,000 for the period of fiscal years 2022 through 2025.

1879 SECTION 104. (a) In General.—Not later than 1 year after the date of the enactment of
1880 this Act, the Secretary of Health and Human Services shall establish a grant program (in this
1881 section referred to as the “Program”) to provide funds to health profession schools to support the
1882 development and integration of education and training programs for identifying and addressing
1883 risks associated with climate change for vulnerable individuals.

1884 (b) Grant Authority.—In carrying out the Program, the Secretary may award, on a
1885 competitive basis, grants to health profession schools.

1886 (c) Application.—To be eligible for a grant under the Program, a health profession school
1887 shall submit to the Secretary an application at such time, in such form, and containing such
1888 information as the Secretary may require, which shall include, at a minimum, a description of the
1889 following:

1890 (1) How such health profession school will engage with vulnerable individuals, and
1891 stakeholder organizations representing such individuals, in developing and implementing the
1892 education and training programs supported by grant funds awarded under the Program.

1893 (2) How such health profession school will ensure that such education and training
1894 programs will address racial and ethnic disparities in exposure to, and the effects of, risks
1895 associated with climate change for vulnerable individuals.

1896 (d) Use Of Funds.—A health profession school awarded a grant under the Program shall
1897 use the grant funds to develop, and integrate into the curriculum and continuing education of
1898 such health profession school, education and training on each of the following:

1899 (1) Identifying risks associated with climate change for vulnerable individuals and
1900 individuals with the intent to become pregnant.

1901 (2) How risks associated with climate change affect vulnerable individuals and
1902 individuals with the intent to become pregnant.

1903 (3) Racial and ethnic disparities in exposure to, and the effects of, risks associated with
1904 climate change for vulnerable individuals and individuals with the intent to become pregnant.

1905 (4) Patient counseling and mitigation strategies relating to risks associated with climate
1906 change for vulnerable individuals.

1907 (5) Relevant services and support for vulnerable individuals relating to risks associated
1908 with climate change and strategies for ensuring vulnerable individuals have access to such
1909 services and support.

1910 (6) Implicit and explicit bias, racism, and discrimination.

1911 (7) Related topics identified by such health profession school based on the engagement of
1912 such health profession school with vulnerable individuals and stakeholder organizations
1913 representing such individuals.

1914 (e) Partnerships.—In carrying out activities with grant funds, a health profession school
1915 awarded a grant under the Program may partner with one or more of the following:

1916 (1) A State or local public health department.

1917 (2) A health care professional membership organization.

1918 (3) A stakeholder organization.

1919 (4) A health profession school.

1920 (5) An institution of higher education.

1921 (f) Reports To Secretary.—

1922 (1) ANNUAL REPORT.—For each fiscal year during which a health profession school is
1923 disbursed grant funds under the Program, such health profession school shall submit to the
1924 Secretary a report that describes the activities carried out with such grant funds during such fiscal
1925 year.

1926 (2) FINAL REPORT.—Not later than the date that is 1 year after the end of the last fiscal
1927 year during which a health profession school is disbursed grant funds under the Program, the
1928 health profession school shall submit to the Secretary a final report that summarizes the activities
1929 carried out with such grant funds.

1930 (g) Report To Congress.—Not later than the date that is 6 years after the date on which
1931 the Program is established, the Secretary shall submit to Congress and publish on a public
1932 website of the Department of Health and Human Services a report that includes the following:

1933 (1) A summary of the reports submitted under subsection (f).

1934 (2) Recommendations to improve education and training programs at health profession
1935 schools with respect to identifying and addressing risks associated with climate change for
1936 vulnerable individuals.

1937 (h) Health Profession School Defined.—In this section, the term “health profession
1938 school” means an accredited—

1939 (1) medical school;

1940 (2) school of nursing;

1941 (3) midwifery program;

1942 (4) physician assistant education program;

1943 (5) teaching hospital;

1944 (6) residency or fellowship program; or

1945 (7) other school or program determined appropriate by the Secretary.

1946 (i) Authorization Of Appropriations.—There is authorized to be appropriated to carry out
1947 this section \$5,000,000 for the period of fiscal years 2022 through 2025.

1948 SECTION 105. (a) Establishment.—Not later than one year after the date of the
1949 enactment of this Act, the Director of the National Institutes of Health shall establish the
1950 Consortium on Birth and Climate Change Research (in this section referred to as the
1951 “Consortium”).

1952 (b) Duties.—

1953 (1) IN GENERAL.—The Consortium shall coordinate, across the institutes, centers, and
1954 offices of the National Institutes of Health, research on the risks associated with climate change
1955 for vulnerable individuals.

1956 (2) REQUIRED ACTIVITIES.—In carrying out paragraph (1), the Consortium shall—

1957 (A) establish research priorities, including by prioritizing research that—

1958 (i) identifies the risks associated with climate change for vulnerable individuals with a
1959 particular focus on disparities in such risks among racial and ethnic minority groups and other
1960 underserved populations; and

1961 (ii) identifies strategies to reduce levels of, and exposure to, such risks, with a particular
1962 focus on risks among racial and ethnic minority groups and other underserved populations;

1963 (B) identify gaps in available data related to such risks;

1964 (C) identify gaps in, and opportunities for, research collaborations;

1965 (D) identify funding opportunities for community-based organizations and researchers
1966 from racially, ethnically, and geographically diverse backgrounds; and

1967 (E) publish annual reports on the work and findings of the Consortium on a public
1968 website of the National Institutes of Health.

1969 (c) Membership.—The Director shall appoint to the Consortium representatives of such
1970 institutes, centers, and offices of the National Institutes of Health as the Director considers
1971 appropriate, including, at a minimum, representatives of—

1972 (1) the National Institute of Environmental Health Sciences;

1973 (2) the National Institute on Minority Health and Health Disparities;

1974 (3) the Eunice Kennedy Shriver National Institute of Child Health and Human
1975 Development;

1976 (4) the National Institute of Nursing Research; and

1977 (5) the Office of Research on Women’s Health.

1978 (d) Chairperson.—The Chairperson of the Consortium shall be designated by the Director
1979 and selected from among the representatives appointed under subsection (c).

1980 (e) Consultation.—In carrying out the duties described in subsection (b), the Consortium
1981 shall consult with—

1982 (1) the heads of relevant Federal agencies, including—

1983 (A) the Environmental Protection Agency;

1984 (B) the National Oceanic and Atmospheric Administration;

1985 (C) the Occupational Safety and Health Administration; and

- 1986 (D) from the Department of Health and Human Services—
- 1987 (i) the Office of Minority Health in the Office of the Secretary;
- 1988 (ii) the Centers for Medicare & Medicaid Services;
- 1989 (iii) the Health Resources and Services Administration;
- 1990 (iv) the Centers for Disease Control and Prevention;
- 1991 (v) the Indian Health Service; and
- 1992 (vi) the Administration for Children and Families; and
- 1993 (2) representatives of—
- 1994 (A) stakeholder organizations;
- 1995 (B) health care providers and professional membership organizations with expertise in
- 1996 maternal health or environmental justice;
- 1997 (C) State and local public health departments;
- 1998 (D) licensed and accredited hospitals, birth centers, midwifery practices, or other health
- 1999 care practices that provide prenatal or labor and delivery services to vulnerable individuals; and
- 2000 (E) institutions of higher education, including such institutions that are minority-serving
- 2001 institutions or have expertise in maternal health or environmental justice.

2002 SECTION 106. (a) In General.—The Secretary of Health and Human Services, acting

2003 through the Director of the Centers for Disease Control and Prevention, shall develop a strategy

2004 (in this section referred to as the “Strategy”) for designating areas that the Secretary determines

2005 to have a high risk of adverse maternal and infant health outcomes among vulnerable individuals
2006 as a result of risks associated with climate change.

2007 (b) Strategy Requirements.—

2008 (1) IN GENERAL.—In developing the Strategy, the Secretary shall establish a process to
2009 identify areas where vulnerable individuals are exposed to a high risk of adverse maternal and
2010 infant health outcomes as a result of risks associated with climate change in conjunction with
2011 other factors that can impact such health outcomes, including—

2012 (A) the incidence of diseases associated with air pollution, extreme heat, and other
2013 environmental factors;

2014 (B) the availability and accessibility of maternal and infant health care providers;

2015 (C) English-language proficiency among women of reproductive age;

2016 (D) the health insurance status of women of reproductive age;

2017 (E) the number of women of reproductive age who are members of racial or ethnic
2018 groups with disproportionately high rates of adverse maternal and infant health outcomes;

2019 (F) the socioeconomic status of women of reproductive age, including with respect to—

2020 (i) poverty;

2021 (ii) unemployment;

2022 (iii) household income; and

2023 (iv) educational attainment; and

2024 (G) access to quality housing, transportation, and nutrition.

2025 (2) RESOURCES.—In developing the Strategy, the Secretary shall identify, and
2026 incorporate a description of, the following:

2027 (A) Existing mapping tools or Federal programs that identify—

2028 (i) risks associated with climate change for vulnerable individuals; and

2029 (ii) other factors that can influence maternal and infant health outcomes, including the
2030 factors described in paragraph (1).

2031 (B) Environmental, health, socioeconomic, and demographic data relevant to identifying
2032 risks associated with climate change for vulnerable individuals.

2033 (C) Existing monitoring networks that collect data described in subparagraph (B), and
2034 any gaps in such networks.

2035 (D) Federal, State, and local stakeholders involved in maintaining monitoring networks
2036 identified under subparagraph (C), and how such stakeholders are coordinating their monitoring
2037 efforts.

2038 (E) Additional monitoring networks, and enhancements to existing monitoring networks,
2039 that would be required to address gaps identified under subparagraph (C), including at the
2040 subcounty and census tract level.

2041 (F) Funding amounts required to establish the monitoring networks identified under
2042 subparagraph (E) and recommendations for Federal, State, and local coordination with respect to
2043 such networks.

2044 (G) Potential uses for data collected and generated as a result of the Strategy, including
2045 how such data may be used in determining recipients of grants under the program established by
2046 section 2 or other similar programs.

2047 (H) Other information the Secretary considers relevant for the development of the
2048 Strategy.

2049 (c) Coordination And Consultation.—In developing the Strategy, the Secretary shall—

2050 (1) coordinate with the Administrator of the Environmental Protection Agency and the
2051 Administrator of the National Oceanic and Atmospheric Administration; and

2052 (2) consult with—

2053 (A) stakeholder organizations;

2054 (B) health care providers and professional membership organizations with expertise in
2055 maternal health or environmental justice;

2056 (C) State and local public health departments;

2057 (D) licensed and accredited hospitals, birth centers, midwifery practices, or other health
2058 care providers that provide prenatal or labor and delivery services to vulnerable individuals; and

2059 (E) institutions of higher education, including such institutions that are minority-serving
2060 institutions or have expertise in maternal health or environmental justice.

2061 (d) Notice And Comment.—At least 240 days before the date on which the Strategy is
2062 published in accordance with subsection (e), the Secretary shall provide—

2063 (1) notice of the Strategy on a public website of the Department of Health and Human
2064 Services; and

2065 (2) an opportunity for public comment of at least 90 days.

2066 (e) Publication.—Not later than 18 months after the date of the enactment of this Act, the
2067 Secretary shall publish on a public website of the Department of Health and Human Services—

2068 (1) the Strategy;

2069 (2) the public comments received under subsection (d); and

2070 (3) the responses of the Secretary to such public comments.

2071 SECTION 107. Create a temporary or permanent birthing justice steering committee that
2072 closely resembles the 2020 Health Equity Task Force formed by the legislature to address the
2073 impact of Covid 19. The tenants of that task force include: The Birthing Justice task force shall
2074 include:

2075 ● 4 members appointed by the Senate President, not more than 2 shall be members
2076 of the Senate

2077 ● 4 members Speaker of the house, not more than

2078 ● 2 of whom shall be members of the House of

2079 ● Representatives

2080 ● 1 member appointed by the minority leader of

2081 ● the Senate

- 2082 ● 1 member appointed by the minority leader of the House of Representatives

- 2083 ● The chair of the Massachusetts Asian-American

- 2084 ● Legislative Caucus or a designee

- 2085 ● The chair of the Massachusetts Black and Latino

- 2086 ● Legislative Caucus or a designee

- 2087 ● 2 Co-chairs of the Birthing Justice taskforce and the MA Women’s Caucus

- 2088 ● 4 residents who are recommended that work in birthing and reproductive justice
- 2089 in the Commonwealth

- 2090 ● At least 2 members who have not been recommended by Senate President or
- 2091 Speaker that served in the 2021 Special Commission on Racial Inequities in Maternal Health

- 2092 ● Steering Committee membership shall reflect diverse representation in the
- 2093 commonwealth including, but not limited to, diverse cultures, races, ethnicities, languages,
- 2094 disabilities, gender identities, sexual orientations, geographic locations and ages.

- 2095 ● Appointees of the Senate President, Speaker of the House, Minority Leader of the
- 2096 Senate and Minority Leader of the House who are not members of the general court shall be
- 2097 knowledgeable in public health or healthcare. When making appointments, the Senate President,
- 2098 Speaker of the House, Minority Leader of the Senate and Minority Leader of the House shall
- 2099 give consideration to individuals who have experience addressing disparities in underserved or
- 2100 underrepresented populations based on culture, race, ethnicity, language, disability, gender
- 2101 identity, sexual orientation, geographic location and age or who work in the healthcare system

2102 with a diverse patient population. Two members of the task force shall be elected by a majority
2103 of the task force membership to serve as co-chairs; provided, however, that neither member shall
2104 be a member of the general court.

2105 ● The Steering Committee should consult with the Massachusetts Department of
2106 Public Health (MDPH) to inform its work. MDPH shall provide requested information to the
2107 task force whenever possible.

2108 ● The Steering Committee shall hold at least 2 public conversations to share and
2109 accept public testimony regarding the birthing justice omnibus bill.