

SENATE No. 2734

The Commonwealth of Massachusetts

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

SENATE, April 22, 2024.

The committee on Public Health, to whom was referred the petitions (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, report the accompanying bill (Senate, No. 2734).

For the committee,
Julian Cyr

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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 is hereby amended by inserting after
2 Section 10L the following: -

3 Section 10M. The division shall provide coverage of screenings by pediatricians for
4 postpartum depression in parents 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 2022
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 290 to 302, 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. When making the appointments, the
42 governor shall consider the recommendations of organizations representing certified professional
43 midwives in the commonwealth. The appointed members shall serve for terms of 3 years. Upon
44 the expiration of a term of office, a member shall continue to serve until a successor has been
45 appointed and qualified. A member shall not serve for more than 2 consecutive terms; provided,
46 however, that a person who is chosen to fill a vacancy in an unexpired term of a prior board
47 member may serve for 2 consecutive terms in addition to the remainder of that unexpired term. A
48 member may be removed by the governor for neglect of duty, misconduct, malfeasance or
49 misfeasance in the office after a written notice of the charges against the member and sufficient
50 opportunity to be heard thereon. Upon the death or removal for cause of a member of the board,
51 the governor shall fill the vacancy for the remainder of that member's term after considering
52 suggestions from a list of nominees provided by organizations representing certified professional
53 midwives in the commonwealth. For the initial appointment of the board, the 5 members
54 required to be licensed midwives shall be persons with at least 5 years of experience in the
55 practice of midwifery who meet the eligibility requirements set forth in subsection (a) of section
56 295 of chapter 112. Members of the board shall be residents of the commonwealth.

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

65 SECTION 5. Section 1E of chapter 46 of the General Laws, as so appearing, is hereby
66 amended by inserting after the definition of “Physician” the following definition:-

67 “Licensed midwife,” a midwife licensed to practice by the board of registration in
68 midwifery as provided in sections 290 to 302 of chapter 112.

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

71 SECTION 7. Section 1 of chapter 94C of the general laws, as so appearing, is hereby
72 amended by inserting after the definition of “Isomer” the following definition:-

73 “Licensed midwife,” a midwife licensed to practice by the board of registration in
74 midwifery as provided in sections 290 to 302 of chapter 112.

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

77 (j) The commissioner shall promulgate regulations which provide for the automatic
78 registration of licensed midwives, upon the receipt of the fee as herein provided, to issue written
79 prescriptions in accordance with the provisions of sections 290 of chapter 112 and the
80 regulations issued by the board of registration in midwifery under said section 293 of chapter
81 112, unless the registration of such licensed midwife has been suspended or revoked pursuant to
82 the provisions of section 13 or section 14 or unless such registration is denied for cause by the
83 commissioner pursuant to the provisions of chapter 30A. Prior to promulgating such regulations,
84 the commissioner shall consult with the board of registration in midwifery.

85 SECTION 9. Section 9 of said chapter 94C, as so appearing, is hereby amended by
86 inserting in paragraph (a), after the words “certified nurse midwife as provided in section 80C of
87 said chapter 112” the following words:- , licensed midwife as limited by subsection (j) of said
88 section 7 and section 290 of said chapter 112.

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

92 SECTION 11. Said section 9 of said chapter 94C, as so appearing, is hereby further
93 amended in paragraph (b), by inserting after the words “nurse-midwifery”, in line 5, the
94 following word:- , midwifery.

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

98 SECTION 13. The definition of “medical peer review committee” in section 1 of chapter
99 111 of the General Laws, as so appearing, is hereby amended by adding the following sentence:-
100 “Medical peer review committee” shall include a committee or association that is authorized by a
101 midwifery society or association to evaluate the quality of midwifery services or the competence
102 of midwives and suggest improvements in midwifery practices to improve patient care.

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

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

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

112 SECTION 17. Chapter 112 of the General Laws, as so appearing, is hereby amended by
113 adding the following new sections:-

114 Section 290. As used in sections 290 to 302, inclusive, of this chapter, the following
115 words shall have the following meanings unless the context clearly requires otherwise:

116 “Board”, the board of registration in midwifery, established under section 110 of chapter
117 13.

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

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

122 “Client”, a person under the care of a licensed midwife, as described by a written
123 statement pursuant to section 298 of this chapter.

124 “Licensed midwife”, a person registered by the board to practice midwifery in the
125 commonwealth under sections 290 to 302, inclusive, of this chapter.

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

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

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

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

131 Section 291. Nothing in sections 290 to 302, inclusive, of this chapter shall limit or
132 regulate the practice of a licensed physician, certified nurse-midwife, or licensed basic or
133 advanced emergency medical technician. The practice of midwifery shall not constitute the
134 practice of medicine, certified nurse-midwifery or emergency medical care.

135 Section 292. (a) The board shall:

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

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

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

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

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

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

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

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

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

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

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

153 (C) participation in peer review; and

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

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

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

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

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

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

170 Section 293. A licensed midwife duly registered to issue written prescriptions in
171 accordance with the provisions of subsection (j) of section 7 of chapter 94C may order, possess,
172 purchase, and administer pharmaceutical agents consistent with the scope of midwifery practice,
173 including without limitation antihemorrhagic agents including but not limited to oxytocin,
174 misoprostol and methergine; intravenous fluids for stabilization; vitamin K; eye prophylaxes;

175 oxygen; antibiotics for Group B Streptococcal antibiotic prophylaxes; Rho (D) immune globulin;
176 local anesthetic; epinephrine; and other pharmaceutical agents identified by the board, however,
177 that nothing in this section shall be construed to permit a licensed midwife's use of
178 pharmaceutical agents which are (a) controlled substances as described by Title 21 U.S.C.
179 Section 812 or in chapter 94C, except for those listed in schedule VI; or (b) not identified by
180 rules and regulations promulgated by the board of registration in midwifery as consistent with
181 the scope of midwifery practice.

182 Section 294. A person who desires to be licensed and registered as a licensed midwife
183 shall apply to the board in writing on an application form prescribed and furnished by the board.
184 The applicant shall include in the application statements under oath satisfactory to the board
185 showing that the applicant possesses the qualifications described under section 281 prior to any
186 examination which may be required under section 278. The secretary of administration and
187 finance, pursuant to section 3B of chapter 7, shall establish a license application fee, a license
188 renewal fee and any other fee applicable under sections 276 to 288, inclusive, of this chapter;
189 provided, however, that such license applicant and license renewal fees shall not exceed \$200
190 biennially. The board, in consultation with the secretary of administration and finance, shall
191 institute a process for applicants to apply for a financial hardship waiver, which may reduce or
192 fully exempt an applicant from paying the fee pursuant to this section. Fees collected by the
193 board shall be deposited into the Quality in Health Professions Trust Fund pursuant to section
194 35X of chapter 10 to support board operations and administration and to reimburse board
195 members for actual and necessary expenses incurred in the performance of their official duties.

196 Section 295. (a) To be eligible for registration and licensure by the board as a licensed
197 midwife, an applicant shall: (i) be of good moral character; (ii) be a graduate of a high school or
198 its equivalent; and (iii) possess a valid certified professional midwife credential from the NARM.

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

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

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

210 Section 296. The board may license in a like manner, without examination, any midwife
211 who has been licensed in another state under laws which, in the opinion of the board, require
212 qualifications and maintain standards substantially the same as those of this commonwealth for
213 licensed midwives, provided, however, that such midwife applies and remits fees as provided for
214 in section 293.

215 Section 297. (a) The board may, after a hearing pursuant to chapter 30A, revoke, suspend
216 or cancel the license of a licensed midwife, or reprimand or censure a licensed midwife, for any
217 of the reasons set forth in section 61 of this chapter.

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

223 Section 298. When accepting a client for care, a licensed midwife shall obtain the client's
224 written informed consent signed by both the midwife and the client. The board shall prescribe a
225 form to use in obtaining such consent.

226 Section 299. A licensed midwife shall prepare, in a form prescribed by the board, a
227 written plan for the appropriate delivery of emergency care. The plan shall include, but not be
228 limited to: (i) consultation with other health care providers; (ii) emergency transfer; and (iii)
229 access to neonatal intensive care units and obstetrical units or other patient care areas.

230 Section 300. A health care provider that consults with or accepts a transport, transfer or
231 referral from a licensed midwife, or that provides care to a client of a licensed midwife or such
232 client's newborn, shall not be liable in a civil action for personal injury or death resulting from
233 an act or omission by the licensed midwife, unless the professional negligence or malpractice of
234 the health care provider was a proximate cause of the injury or death.

235 Section 301. (a) The board may petition any court of competent jurisdiction for an
236 injunction against any person practicing midwifery or any branch thereof without a license
237 granted pursuant to sections 290 to 302, inclusive, of this chapter. Proof of damage or harm
238 sustained by any person shall not be required for issuance of such injunction. Nothing in this
239 section shall relieve a person from criminal prosecution for practicing without a license.

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

241 (i) a person licensed in the commonwealth from engaging in activities within the scope of
242 practice of the profession or occupation for which such person is licensed; provided, however,
243 that such person does not represent to the public, directly or indirectly, that such person is
244 licensed under sections 290 to 302, inclusive, and that such person does not use any name, title or
245 designation indicating that such person is licensed under said sections 290 to 302, inclusive; or

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

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

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

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

256 Section 302. A licensed midwife, registered by the board of registration in midwifery
257 pursuant to sections 290 to 302, inclusive, of this chapter, who provides services to any person or
258 beneficiary covered by Title XIX of the Social Security Act or MassHealth pursuant to section
259 9A of chapter 118E, may accept the Medicaid or MassHealth approved rate as payment in full

260 for such services; provided, that a licensed midwife who accepts the Medicaid or MassHealth
261 approved rate pursuant to this section shall be reimbursed at said rate for such services.

262 SECTION 18. Chapter 118E of the General Laws, as so appearing, is hereby amended in
263 section 10A by adding the words “licensed midwife,” after the word “physician,” in line 15 and
264 after the word “pediatrician,” in line 20, by striking out every use of the word “mother” and
265 inserting in place the phrase “gestational parent” and by inserting at the end of the section the
266 following sentence:- The division shall provide coverage for midwifery services including
267 prenatal care, childbirth and postpartum care provided by a licensed midwife regardless of the
268 site of services.

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

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

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

280 SECTION 22. Chapter 118E of the General Laws is hereby amended by adding the
281 following section:-

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

292 SECTION 23. Section 47E of Chapter 175 of the General Laws, as so appearing, is
293 hereby amended by adding the following sentences:- The reimbursement for the services
294 provided pursuant to this section shall be in the same amount as the reimbursement paid under
295 the policy to a licensed physician performing the service in the area served. An insurer may not
296 reduce the reimbursement paid to a licensed physician in order to comply with this section.

297 SECTION 24. Chapter 176A of the General Laws is hereby amended by inserting after
298 section 80O the following section:-

299 Section 8PP. Any contract between a subscriber and the corporation under an individual
300 or group hospital service plan which is delivered, issued or renewed in the commonwealth shall
301 provide as a benefit to all individual subscribers and members within the commonwealth and to
302 all group members having a principal place of employment within the commonwealth for
303 services rendered by a certified nurse midwife designated to engage in the practice of nurse-

304 midwifery by the board of registration in nursing pursuant to section 80C of chapter 112;
305 provided, however, that the following conditions are met: (1) the service rendered is within the
306 scope of the certified nurse midwife's authorization to practice by the board of registration in
307 nursing; (2) the policy or contract currently provides benefits for identical services rendered by a
308 health care provider licensed by the commonwealth; and (3) the reimbursement for the services
309 provided shall be in the same amount as the reimbursement paid under the policy to a licensed
310 physician performing the service in the area served. An insurer may not reduce the
311 reimbursement paid to a licensed physician in order to comply with this section.

312 SECTION 25. Section 4G of Chapter 176B of the General Laws, as so appearing, is
313 hereby amended by adding the following sentences:- The reimbursement for the services
314 provided pursuant to this section shall be in the same amount as the reimbursement paid under
315 the policy to a licensed physician performing the service in the area served. An insurer may not
316 reduce the reimbursement paid to a licensed physician in order to comply with this section.

317 SECTION 26. Section 4 of Chapter 176G is of the General Laws, as so appearing, is
318 hereby amended by adding the following subsection:-

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

326 SECTION 27. Chapter 32A of the General Laws is hereby amended by adding the
327 following section:-

328 Section 34. The commission shall provide to any active or retired employee of the
329 commonwealth insured under the group insurance commission coverage for services rendered by
330 a certified nurse midwife designated to engage in the practice of nurse-midwifery by the board of
331 registration in nursing pursuant to section 80C of chapter 112; provided, however, that the
332 following conditions are met: (1) the service rendered is within the scope of the certified nurse
333 midwife's authorization to practice by the board of registration in nursing; (2) the policy or
334 contract currently provides benefits for identical services rendered by a health care provider
335 licensed by the commonwealth; and (3) the reimbursement for the services provided shall be in
336 the same amount as the reimbursement paid under the policy to a licensed physician performing
337 the service in the area served. An insurer may not reduce the reimbursement paid to a licensed
338 physician to achieve compliance with this section.

339 SECTION 28. The department of public health shall promulgate regulations within 1 year
340 from the effective date of this act, governing birth centers, consistent with standards set forth by
341 the American Association of Birth Centers, including without limitation authorizing licensed
342 professional midwives to practice in birth centers as primary birth attendants, director of birth
343 centers, and director of clinical affairs. Licensed professional midwives practicing in licensed
344 birth centers shall not be required to enter into any agreement for supervision or collaboration
345 with any other healthcare provider or hospital.

346 SECTION 29. Section 51 of chapter 111 of the General Laws, as so appearing, is hereby
347 amended by adding after the word “Gynecologists,” in line 106, the following words:- ,
348 American College of Nurse Midwives, American Association of Birth Centers.

349 SECTION 30. (a) The department of public health shall promulgate revised regulations
350 under the Code of Massachusetts Regulations 105 CMR 140.000 and 142.000 governing the
351 facility and operation of licensed birth centers in consultation with Seven Sisters Birth Center,
352 Neighborhood Birth Center, American College of Nurse Midwives Massachusetts Affiliate, and
353 other entities operating or planning to open birth centers in Massachusetts to bring the
354 regulations in accordance with chapter 111 of the General Laws and the standards of the
355 American Association of Birth Centers or any successor organization, and to ensure safe,
356 equitable and accessible birth options for birth center clients.

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

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

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

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

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

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

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

380 SECTION 31. Only free-standing and hospital-affiliated birth centers licensed pursuant
381 to 105 CMR 140.000 and 105 CMR 142.000 shall use the terms birth center or birthing center in
382 their clinic's name.

383 SECTION 32. Chapter 118E of the General Laws is hereby amended by inserting after
384 section 10N the following section:-

385 Section 10R: Medicaid Coverage for Doula Services.

386 (A) For purposes of this section, the following terms shall have the following meanings:

387 “Maternal and infant health outcomes” include outcomes arising for the gestational
388 parent including pregnancy complications, maternal morbidity, infant mortality, and preterm
389 births.

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

394 (1) continuous labor support;

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

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

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

399 through one year postpartum, or, for adoptive parents of an infant, until their adopted
400 infant reaches one year of age;

401 (5) connecting clients to community-based and state and federally funded resources,
402 including those which address social determinants of health;

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

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

408 (B) Coverage of Doula Services:

409 (1) The Division shall provide coverage of doula services to pregnant individuals and
410 postpartum individuals up to 12 months following the end of the pregnancy, as well as adoptive
411 parents of infants until the infants reach one year of age, who are eligible for medical assistance
412 under this chapter and/or through Title XIX or Title XXI of the Social Security Act. The
413 Division shall provide the same coverage of doula services to pregnant and postpartum
414 individuals who are not otherwise eligible for medical assistance under this chapter or Titles XIX
415 or XXI of the Social Security Act solely because of their immigration status.

416 (2) The Division must cover continuous support through labor and childbirth, and at least
417 up to six doula visits across the prenatal and one-year postpartum period, or until an adopted
418 infant reaches one year of age, including at least two postpartum visits, without the need for prior
419 authorization. The Division must also establish a procedure to determine whether and how many
420 additional doula visits are required.

421 (C) Creation of Doula Advisory Committee: There is hereby created a Doula Advisory
422 Committee.

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

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

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

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

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

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

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

438 (d) The members of the committee shall represent an equitable geographic distribution
439 from across the commonwealth, including counties with demonstrated inequities in maternal and
440 infant health outcomes.

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

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

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

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

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

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

453 (d) the development of comprehensive and high quality continuing education and training
454 that is free or low-cost to doulas with demonstrated financial need for such training, as well as
455 the development of mentorship and career growth opportunities for doulas providing services to
456 MassHealth members, that will promote diversity in the doula workforce;

457 (e) the performance of any third-party administrators of MassHealth's doula coverage
458 program, and standards and processes around billing for and prompt reimbursement of doula
459 services;

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

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

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

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

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

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

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

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

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

488 SECTION 33. Chapter 111 of the General Laws is hereby amended by inserting in
489 section 70E after “Every patient or resident of a facility shall have the right:”:

490 (p) to have their birth doula’s continuous presence during labor and delivery. Facilities
491 shall not place an undue burden on a patient’s doula’s access to clinical labor and delivery
492 settings and shall not arbitrarily exclude a patient’s doula from such settings. A patient’s doula
493 shall not count towards the patient’s support person limitations imposed by the medical facility
494 in which the patient is giving birth.

495 SECTION 34. Chapter 111 of the General Laws is hereby amended by inserting after
496 section 110C the following sections:-

497 Section 110D: Required Newborn Screening for Congenital Cytomegalovirus

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

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

502 “cCMV”, Congenital Cytomegalovirus.

503 “cCMV) screening”, the identification of a newborn who may have cCMV infection or
504 has cCMV confirmed through the use of a saliva or urine test.

505 “Department”, the department of public health.

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

509 The department, in consultation with the perinatal advisory committee, shall develop
510 evidence-based regulations for all hospitals and birthing facilities requiring cCMV screening
511 within one year of the passage of this legislation.

512 The cCMV screening shall be performed using a saliva PCR test unless one is
513 unavailable in which case a urine PCR test may be used. If positive, a saliva PCR test would
514 require a confirmatory urine PCR test. The department may approve another test to conduct
515 cCMV screening; provided, however, that the test shall be, at the discretion of the department, at
516 least as accurate, widely available and cost-effective as a saliva or urine PCR test. A screening
517 shall be performed within 21 days from the date of birth and before the newborn infant is
518 discharged from the birthing facility to the care of the parent or guardian; provided, however,
519 that the screening shall not be performed if the parent or guardian of the newborn infant objects
520 to the screening based upon a sincerely held religious belief of the parent or guardian. The
521 cCMV educational materials outlined in section 70I(b) shall be provided to the parent or
522 guardian of the infant at the time of cCMV screening.

523 A hospital that provides birthing and newborn services or a birthing facility shall adopt
524 protocols for cCMV screening using a saliva or urine PCR test or another test approved by the
525 department under this section for all newborns prior to discharge, and not to exceed 21 days from
526 the date of birth, based on the department’s regulations, on or before January 1, 2025.

527 The cost of providing the newborn cCMV screening shall be a covered benefit
528 reimbursable by all health insurers, except for supplemental policies that only provide coverage
529 for specific diseases, hospital indemnity, Medicare supplement or other supplemental policies. In
530 the absence of a third-party payer, the charges for the newborn cCMV screening shall be paid by
531 the commonwealth.

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

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

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

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

544 Section 110E: Advisory Committee for CMV Screening Program

545 There is hereby established an advisory committee for the purpose of implementing the
546 provisions of Section 110D. The advisory committee shall consist of the following members to
547 be appointed by the commissioner of the department: a representative of the hospital industry; a

548 primary care pediatrician or family practitioner; an otolaryngologist; a neonatologist; an
549 infectious disease specialist; a clinician representing newborn nurseries; an audiologist; an
550 ophthalmologist; an obstetrician-gynecologist; a representative of the commonwealth's early
551 intervention program; 2 parents and/or guardians of a child impacted by cCMV; 2 medical
552 professionals; a developer of preventative and/or therapeutic interventions for cCMV; a teacher
553 of the deaf; and a representative of the department.

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

561 SECTION 35. Chapter 111 of the General Laws is hereby further amended by inserting
562 after Section 70H the following section:-

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

564 (a) The commissioner of the department shall establish, promote, and maintain a public
565 information program regarding congenital cytomegalovirus, hereinafter referred to as cCMV.
566 Such program shall be conducted throughout the commonwealth, and under said program, a
567 hospital or birthing facility as defined in section 110D under this chapter or any healthcare
568 provider, physician assistant, nurse or midwife who renders prenatal or postnatal care shall give
569 expectant or new parents or guardians information provided by the department under subsection

570 (b). Such information shall be made available at the first prenatal appointment or at a
571 preconception visit if applicable, whichever is earliest.

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

582 SECTION 36. Section 47C of chapter 175 is hereby amended by striking out the word
583 “annually” and inserting in place thereof the following words:- once per calendar year.

584 SECTION 37. Chapter 111 of the General Laws, as appearing in the 2016 Official
585 Edition, is hereby amended by inserting, after section 2J, the following new section:-

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

588 “Commissioner,” the commissioner of the department of public health.

589 “Department,” the department of public health.

590 “Fund,” the diaper benefits trust fund.

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

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

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

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

607 The department shall grant funds based on the demonstrated capacity and need of the
608 applicant. The department shall fund up to 12 applicants no more than 2 of which shall be from
609 the western region of the commonwealth; no more than 2 of which shall be from the central
610 region of the commonwealth; no more than 2 of which shall be from the eastern region of the
611 commonwealth; no more than 2 of which shall be from the southeastern region of the

612 commonwealth; no more than 2 of which shall be from Cape Cod or the Islands; and no more
613 than 2 of which shall be from the Merrimack valley.

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

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

627 SECTION 38. Section 51A of chapter 119 of the general laws is hereby amended in
628 subsection (a) in the first paragraph by striking out the words:-

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

630 SECTION 39. Said section 51A is hereby further amended by inserting in subsection (a)
631 after the second paragraph a new subsection:

632 (a ½) Separate from the reporting requirements under subsection (a), health care
633 providers involved in the delivery or care of infants affected by in-utero substance exposure or a
634 Fetal Alcohol Spectrum disorder, shall notify the Department of such condition in such infants as
635 required under 42 U.S.C. § 1506a(b)(2)(B)(ii). Such notification shall not include the names or
636 identifying information of the parents or the infant, shall not constitute a report that any parent
637 has abused or neglected a child, and shall not trigger or require prosecution for any illegal action.

638 SECTION 40. (A) There is hereby created in the department of job and family services
639 the Massachusetts commission on fatherhood. The commission shall consist of the following
640 members:

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

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

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

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

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

655 (5) Two representatives of the Massachusetts family and children first cabinet council
656 created under section 121.37 of the Revised Code appointed by the chairperson of the council;

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

659 (7) One member of the Governor's Council to Address Sexual Assault, Domestic
660 Violence, and Human Trafficking.

661 (B) The appointing authorities of the Massachusetts commission on fatherhood shall
662 make initial appointments to the commission within thirty days after the effective date of this
663 section. Of the initial appointments to the commission made pursuant to divisions (A)(3), (5),
664 and (6) of this section, three of the members shall serve a term of one year and four shall serve a
665 term of two years. Members so appointed subsequently shall serve two-year terms. A member
666 appointed pursuant to division (A)(I) of this section shall serve on the commission until the end
667 of the general assembly from which the member was appointed or until the member ceases to
668 serve in the chamber of the general assembly in which the member serves at the time of
669 appointment, whichever occurs first. The governor or the governor's designee shall serve on the
670 commission until the governor ceases to be governor. The directors and superintendent or their
671 designees shall serve on the commission until they cease, or the director or superintendent a
672 designee represents ceases, to be director or superintendent. Each member shall serve on the
673 commission from the date of appointment until the end of the term for which the member was
674 appointed. Members may be reappointed.

675 Vacancies shall be filled in the manner provided for original appointments. Any member
676 appointed to fill a vacancy occurring prior to the expiration date of the term for which the
677 member's predecessor was appointed shall serve on the commission for the remainder of that
678 term. A member shall continue to serve on the commission subsequent to the expiration date of
679 the member's term until the member's successor is appointed or until a period of sixty days has
680 elapsed, whichever occurs first. Members shall serve without compensation but shall be
681 reimbursed for necessary expenses.

682 (C) Said commission shall prepare a report each year that identifies resources available to
683 fund fatherhood-related programs and explores the creation of initiatives to do the following: (a)
684 build the parenting skills of fathers; (b) provide employment-related services for low-income,
685 non-custodial fathers; (c) prevent unintentional fatherhood through pregnancy prevention
686 programming ; (d) provide parenting skill development for fathers who are inmates in or have
687 recently been released from imprisonment in a state correctional institution or any other
688 detention facility so that these fathers are able to maintain or reestablish their relationships with
689 their families; (e) reconcile fathers with their families; (f) increase public awareness of the
690 critical role fathers play; and (g) consider other measures and programs that will address the
691 issue of father absence or estrangement and to support families as the commission deems
692 appropriate.

693 SECTION 41. Chapter 32A of the General Laws, is hereby amended by inserting after
694 section 33 the following section:-

695 Section 34. The commission shall provide to any active or retired employee of the
696 commonwealth who is insured under the group insurance commission coverage for the universal

697 postpartum nurse home visiting program administered by the department of public health. Such
698 coverage shall not be subject to any cost-sharing, including co-payments and co-insurance, and
699 shall not be subject to any deductible.

700 SECTION 42. Chapter 111 is hereby amended by adding after Section 243 the following
701 section:-

702 Section 244. (a) The department shall design and implement a statewide universal
703 postpartum nurse home visiting program. The program home visits will be available to all
704 families with infants up to six months of age, including foster and adopted infants, residing
705 within the commonwealth. The program must provide nurse home visiting services that are (1)
706 based on criteria established by the United States Department of Health and Human Services for
707 an evidence-based early childhood home visiting service delivery model; (2) provided by
708 registered nurses licensed in the commonwealth; (3) provided to families, including adoptive and
709 foster families, caring for infants six months of age or less; (4) provided in the family's home;
710 (5) aimed at improving outcomes in one of the following areas: (i) infant health and
711 development; (ii) the family's financial ability to care for their children; (iii) physical health of
712 the gestational parent; (iv) mental health of all parents with custodial care of the infant; (v)
713 parenting skills; (vi) infant care practices including safe sleep arrangements; (vii) infant feeding;
714 and (viii) knowledge of other community resources from which the family may benefit.
715 Participation for the family must be voluntary with no negative consequences for a family that
716 declines to participate.

717 (b) Each eligible family shall receive at least one home visit during the infant's first three
718 months of life and one additional visit within the infant's first six months of life.

719 (c) The program shall coordinate with each hospital and birthing facility in the
720 commonwealth to ensure that a person who has given birth is advised of the benefits of receiving
721 a home nurse visit and to allow for scheduling prior to the infant's discharge from the hospital or
722 birthing facility.

723 (d) The program shall develop a method for providing foster parents, adoptive parents,
724 and gestational parents who gave birth outside of a hospital or birthing facility information about
725 the program.

726 (e) The department may contract with agencies, individuals or groups for the provision of
727 such services, subject to appropriation. The department shall begin implementation of the
728 universal newborn nurse home visiting program first in those communities with the greatest
729 inequities in maternal health outcomes, as identified by the department. The department shall
730 scale up the program to achieve universal, statewide access within six years of the passage of this
731 act.

732 (c) In designing the program designed in subsections (a) through (d) of this section, the
733 department shall consult, coordinate, and collaborate, as necessary, with insurers that offer health
734 benefit plans in the commonwealth, MassHealth officials, hospitals, local public health
735 departments, birthing centers, existing early childhood home visiting programs, community-
736 based organizations, and social service providers.

737 (d) A provider of universal postpartum nurse home visiting services shall determine
738 whether any recipient for whom it provides said services are or may be eligible for coverage of
739 said services through an alternative source. The department is the payer of last resort, and a
740 provider shall request payment for services it provides from third-party payers pursuant to

741 chapters 32A, 118E, 175, 176A, 176B, or 176G of the General Laws, before payment is
742 requested from the department.

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

751 SECTION 43. Chapter 118E of the General Laws, is hereby amended by inserting after
752 section 10N the following section:-

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

759 SECTION 44. Chapter 175 of the General Laws, is hereby amended by inserting after
760 section 47PP the following section:-

761 Section 47QQ. An individual policy of accident and sickness insurance issued pursuant to
762 section 108 that provides hospital expense and surgical expense insurance or a group blanket or

763 general policy of accident and sickness insurance issued pursuant to section 110 that provides
764 hospital expense and surgical expense insurance that is issued or renewed within the
765 commonwealth shall provide coverage for universal postpartum nurse home visiting services, in
766 accordance with operational standards set by the department of public health pursuant to section
767 244 of chapter 111 of the General Laws. Such coverage shall not be subject to any cost-sharing,
768 including co-payments and co-insurance, and shall not be subject to any deductible; provided,
769 however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is
770 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
771 of the prohibition on co-payments, coinsurance or deductibles for these services.

772 SECTION 45. Chapter 176A of the General Laws, is hereby amended by inserting after
773 section 8KK the following section:-

774 Section 8LL. Any contract between a subscriber and the corporation under an individual
775 or group hospital service plan which is delivered, issued or renewed within the
776 commonwealth shall provide coverage for universal postpartum nurse home visiting services, in
777 accordance with operational standards set by the department of public health pursuant to section
778 244 of chapter 111 of the General Laws. Such coverage shall not be subject to any cost-sharing,
779 including co-payments and co-insurance, and shall not be subject to any deductible; provided,
780 however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is
781 governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result
782 of the prohibition on co-payments, coinsurance or deductibles for these services.

783 SECTION 46. Chapter 176B of the General Laws, is hereby amended by inserting after
784 section 4KK the following section:-

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

794 SECTION 47. Chapter 176G of the General Laws, is hereby amended by inserting after
795 section 4KK the following section:-

796 Section 4LL. Any individual or group health maintenance contract that is issued or
797 renewed within the commonwealth shall provide coverage for universal postpartum nurse home
798 visiting services, in accordance with operational standards set by the department of public health
799 pursuant to section 244 of chapter 111 of the General Laws. Such coverage shall not be subject
800 to any cost-sharing, including co-payments and co-insurance, and shall not be subject to any
801 deductible; provided, however, that co-payments, coinsurance or deductibles shall be required if
802 the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-
803 exempt status as a result of the prohibition on co-payments, coinsurance or deductibles for these
804 services.

805 SECTION 48. Chapter 32A of the General Laws, is hereby amended by inserting after
806 section 33 the following section:-

807 Section 34. The commission shall provide to any active or retired employee of the
808 commonwealth who is insured under the group insurance commission coverage for the universal
809 postpartum nurse home visiting program administered by the department of public health. Such
810 coverage shall not be subject to any cost-sharing, including co-payments and co-insurance, and
811 shall not be subject to any deductible.