

# SENATE . . . . . No. 2899

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## The Commonwealth of Massachusetts

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

SENATE, July 29, 2024.

The committee on Senate Ways and Means to whom was referred the House Bill promoting access to midwifery care and out-of-hospital birth options (House, No. 4785); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2899; and by striking the title and inserting in place there of the following title "An Act relative to increasing access to perinatal health care".

For the committee,  
Michael J. Rodrigues

**The Commonwealth of Massachusetts**

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

1           SECTION 1. Chapter 6A of the General Laws is hereby amended by inserting after  
2 section 16FF the following section:-

3           Section 16GG. (a) As used in this section, the following words shall have the following  
4 meanings unless the context clearly requires otherwise:

5           “Eligible entity”, a non-profit or community-based organization or health center serving  
6 perinatal individuals including, but not limited to: (i) a recognized Indian tribe or tribal  
7 organization; (ii) an organization serving individuals from medically underserved populations  
8 and other underserved populations; and (iii) a public health agency, including a municipal public  
9 health department.

10          “Medically underserved populations”, a historically underserved population or a  
11 population within a geographic area with a lack of access to primary care, behavioral health or  
12 perinatal healthcare providers or have a high infant mortality, high poverty or high elderly  
13 population, as determined by the secretary.

14          “Perinatal”, relating to the time period from the first day of pregnancy to 1 year following  
15 the birth.

16 “Perinatal individuals”, biological parents, birthing persons, adoptive parents, foster  
17 parents and any other individuals involved in the gestation, birth and custodial care of an infant.

18 “Secretary”, the secretary of health and human services.

19 (b) Subject to appropriation, the secretary shall establish a program to award grants to  
20 eligible entities to address mental health conditions and substance use disorders for perinatal  
21 individuals.

22 (c) The secretary shall promulgate regulations and guidelines as necessary to develop and  
23 implement the grant application process and eligible uses of grant funds pursuant to this section.

24 (d) The secretary shall give preference to eligible entities that:

25 (i) are community-based organizations or entities partnering with community-based  
26 organizations to address mental health conditions or substance use disorders in perinatal  
27 individuals; and

28 (ii) operate in areas with high rates of adverse perinatal health outcomes or significant  
29 disparities in perinatal health outcomes, as determined by the secretary.

30 (e) An eligible entity that receives a grant under this section shall use funds for  
31 establishing or expanding programs that improve or address mental health, behavioral health or  
32 substance use disorders for perinatal individuals with a focus on perinatal individuals from  
33 medically underserved populations.

34 (f) The secretary shall provide, directly or by contract, technical assistance to entities  
35 seeking a grant or receiving a grant under this section for the development, use, evaluation and  
36 post-grant period sustainability of the program proposed, established or expanded through the

37 grant. The secretary shall advertise or promote such technical assistance to eligible entities to  
38 raise awareness about the grants and technical assistance.

39 (g) The secretary shall promulgate regulations as necessary to implement subsection (f)  
40 and for the collection of quantitative and qualitative data, delineated by demographic  
41 information, on the activities conducted and individuals served pursuant to such grants.

42 SECTION 2. Chapter 32A of the General Laws is hereby amended by inserting after  
43 section 17S the following 2 sections:-

44 Section 17T. The commission shall provide to any active or retired employee of the  
45 commonwealth who is insured under the group insurance commission coverage for post-  
46 pregnancy depression screenings. For the purposes of this section, the term “post-pregnancy  
47 depression” shall mean postpartum depression occurring after childbirth or after pregnancy loss.

48 Section 17U. The commission shall provide to any active or retired employee of the  
49 commonwealth who is insured under the group insurance commission coverage for the universal  
50 postpartum home visiting program administered by the department of public health. Such  
51 coverage shall not be subject to cost-sharing, including co-payments and co-insurance, and shall  
52 not be subject to any deductible; provided, however, that cost-sharing shall be required if the  
53 applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status  
54 as a result of the prohibition on cost-sharing for this service.

55 SECTION 3. Section 1E of chapter 46 of the General Laws, as appearing in the 2022  
56 Official Edition, is hereby amended by inserting after the definition of “Administrator” the  
57 following definition:-

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

60 SECTION 4. Said section 1E of said chapter 46, as so appearing, is hereby further  
61 amended by inserting after the definition of “Hospital medical officer” the following definition:-

62 “Licensed certified professional midwife”, an individual who provides midwifery  
63 services and is licensed by the department of public health pursuant to chapter 111.

64 SECTION 5. Section 3B of said chapter 46, as so appearing, is hereby amended by  
65 inserting after the word “physician”, in line 1, the following words:- , certified nurse-midwife  
66 and licensed certified professional midwife.

67 SECTION 6. Section 1 of chapter 94C of the General Laws, as so appearing, is hereby  
68 amended by inserting after the definition of “Isomer” the following definition:-

69 “Licensed certified professional midwife”, an individual who provides midwifery  
70 services and is licensed by the department of public health pursuant to chapter 111.

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

73 (j) A licensed certified professional midwife shall not be required to register pursuant to  
74 this section to purchase, possess or administer controlled substances approved by the department  
75 as necessary to practice as a licensed certified professional midwife.

76 SECTION 8. Section 9 of said chapter 94C, as so appearing, is hereby amended by  
77 inserting after the figure “112”, in line 7, the following words:- , licensed certified professional  
78 midwife pursuant to subsection (j) of said section 7 and section 250 of chapter 111.

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

82 SECTION 10. Said section 9 of said chapter 94C, as so appearing, is hereby further  
83 amended by inserting after the word “nurse-midwifery”, in line 29, the following word:- ,  
84 midwifery.

85 SECTION 11. Chapter 111 of the General Laws is hereby amended by inserting after  
86 section 51L the following section:-

87 Section 51M. (a) The department shall promulgate regulations relative to the operation  
88 and maintenance of birth centers licensed as clinics pursuant to section 51. For the purposes of  
89 this section, “freestanding birth centers” shall mean birth centers licensed as clinics pursuant to  
90 section 51.

91 (b) The regulations shall include, but not be limited to, requirements that a freestanding  
92 birth center:

93 (i) keep a detailed and written plan on the premises for the transfer of a client to a nearby  
94 hospital providing obstetrical and newborn services as needed for emergency treatment that is  
95 beyond the capabilities of the freestanding birth center;

96 (ii) maintain policies and procedures to ensure coordination of the ongoing care and  
97 transfer of a patient when complications occur that render the patient ineligible for freestanding  
98 birth center care during the antepartum, intrapartum or postpartum period;

99 (iii) employ an administrative director responsible for implementing and overseeing the  
100 operational policies of the freestanding birth center;

101 (iv) employ a director of clinical affairs who shall be a certified nurse-midwife or  
102 physician licensed to practice in the commonwealth whose professional scope of practice  
103 includes preconception, prenatal, labor, birth and postpartum care and early care of newborns;  
104 provided, however, that a director of clinical affairs may be the primary attendant during the  
105 perinatal period; and

106 (v) employ birth attendants that are certified nurse midwives, licensed certified  
107 professional midwives, physicians or other providers licensed to practice in the commonwealth  
108 whose professional scope of practice includes preconception, prenatal, labor, birth and  
109 postpartum care and early care of newborns; provided, however, that birth attendants may be the  
110 primary attendants in accordance with their professional scope of practice.

111 (c) Regulations promulgated pursuant to this section shall not require a licensed  
112 freestanding birth center or its directors, providers or staff to practice under the supervision of a  
113 hospital or other health care provider or to enter into an agreement, written or otherwise, with  
114 another hospital or health care provider or maintain privileges at a hospital.

115 (d) To be licensed by the department as a freestanding birth center pursuant to subsection  
116 (a) and section 51, a freestanding birth center shall provide reimbursable services to individuals  
117 with public health insurance on a non-discriminatory basis.

118 (e) Only freestanding birth centers and hospital-affiliated birth centers licensed pursuant  
119 to 105 CMR 140 and 105 CMR 142 shall include the words “birth center” or “birthing center” in  
120 such center’s name.

121 SECTION 12. Section 202 of said chapter 111, as appearing in the 2022 Official Edition,  
122 is hereby amended by inserting after the word “physician”, in line 17, the following words:- ,  
123 certified nurse-midwife or licensed certified professional midwife.

124 SECTION 13. Said section 202 of said chapter 111, as so appearing, is hereby further  
125 amended by inserting after the word “death”, in line 19, the following words:- ; provided, that a  
126 physician shall file such report if a certified nurse-midwife or licensed certified professional  
127 midwife was not in attendance.

128 SECTION 14. Said chapter 111 is hereby further amended by adding the following 7  
129 sections:-

130 Section 245. (a) The commissioner shall develop and disseminate to the public  
131 information regarding pregnancy loss and treatment, which shall include information on: (i) the  
132 prevalence of pregnancy loss, including miscarriage and recurrent miscarriages, among pregnant  
133 people; and (ii) the accessibility and range of evidence-based treatment options, as medically  
134 appropriate, for pregnancy loss, including, but not limited to, comprehensive mental health  
135 supports, necessary procedures and medications and culturally responsive supports including, but  
136 not limited to, doula care. The commissioner shall ensure that information disseminated pursuant  
137 to this section is available in multiple languages, including, but not limited to, Spanish,  
138 Portuguese, Mandarin, Cantonese, Haitian Creole and other commonly spoken languages in the  
139 commonwealth.

140 (b) The commissioner may disseminate information pursuant to this section to the public  
141 directly through the department’s website or through arrangements with agencies carrying out



142 intra-agency initiatives, nonprofit organizations, consumer groups, community organizations,  
143 institutions of higher education or state or local public-private partnerships.

144 (c) The commissioner shall develop and coordinate programs for conducting and  
145 supporting evidence-based research on the causes of pregnancy loss and treatment options.

146 (d) The commissioner shall, in consultation with relevant professional boards of  
147 registration, develop and disseminate to perinatal health care workers information on pregnancy  
148 loss to ensure that such perinatal health care workers remain informed about current information  
149 regarding pregnancy loss and prioritizing both the physical and mental health care of patients  
150 experiencing pregnancy loss. For the purposes of this subsection, the term “perinatal health care  
151 worker” shall include, but not be limited to, a licensed certified professional midwife, physician  
152 assistant, nurse practitioner, clinical nurse specialist, doula, community health worker, nurse-  
153 midwife, physicians, peer supporter, lactation consultant, nutritionist or dietitian, childbirth  
154 educator, social worker, trained family support specialist or home visitor and language  
155 interpreter or navigator.

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

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

162 “Perinatal individual”, an individual that is either pregnant or is within 12 months from  
163 the end of pregnancy.

164 “Perinatal mood and anxiety disorders”, mental health disorders, including, but not  
165 limited to, postpartum depression, experienced by a perinatal individual during the period of time  
166 between the beginning of pregnancy and 1 year after the end of pregnancy.

167 (b) The department shall develop and maintain a comprehensive digital resource center  
168 on perinatal mood and anxiety disorders. The digital resource center shall be available to the  
169 public at no cost on the department’s website and shall include information and resources for: (i)  
170 health care providers and organizations serving perinatal individuals to aid them in treating and  
171 making appropriate referrals for individuals experiencing perinatal mood and anxiety disorders;  
172 and (ii) perinatal individuals and their families to aid them in understanding and identifying  
173 perinatal mood and anxiety disorders and how to navigate available resources and obtain  
174 treatment.

175 (c) In developing the comprehensive digital resource center, the department shall consult  
176 with: (i) health care professionals, including, but not limited to, obstetricians, gynecologists,  
177 pediatricians, primary care providers, certified nurse-midwives, licensed certified professional  
178 midwives, psychiatrists and other mental health clinicians; (ii) organizations serving perinatal  
179 individuals; and (iii) health insurance carriers.

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

183 Section 247. (a) For the purposes of this section, “postnatal individual” shall mean an  
184 individual who reached the end of pregnancy within the previous 12 months and “post-

185 pregnancy depression” shall mean postpartum depression occurring after childbirth or after  
186 pregnancy loss.

187 (b) Every postnatal individual who receives health care services from a primary care  
188 provider, obstetrician, gynecologist, certified nurse-midwife or licensed certified professional  
189 midwife shall be offered a screening for post-pregnancy depression and, if the postnatal  
190 individual does not object to such screening, such primary care provider, certified nurse-midwife  
191 or licensed certified professional midwife shall ensure that the postnatal individual is  
192 appropriately screened for post-pregnancy depression in line with evidence-based guidelines.

193 (c) Every postnatal individual whose infant receives health care services from a  
194 pediatrician shall be offered a screening for post pregnancy depression by the infant’s  
195 pediatrician and, if the postnatal individual does not object to such screening, such pediatrician  
196 shall ensure that the postnatal individual is appropriately screened for post-pregnancy depression  
197 in line with evidence-based guidelines.

198 (d) If a health care professional administering a screening in accordance with this section  
199 determines, based on the screening methodology administered, that the postnatal individual is  
200 likely to be suffering from post-pregnancy depression, such health care professional shall discuss  
201 available treatments for post-pregnancy depression, including pharmacological treatments, and  
202 provide an appropriate referral to a mental health clinician.

203 Section 248. (a) As used in this section, the following words shall have the following  
204 meanings unless the context clearly requires otherwise:

205 “Programs”, entities or providers qualified by the department to provide universal  
206 postpartum home visiting services.

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

209 “Universal postpartum home visiting services”, evidence-based, voluntary home or  
210 community-based services for birthing people and caregivers with newborns, including, but not  
211 limited to: (i) screenings for unmet health needs including reproductive health services; (ii)  
212 maternal and infant nutritional needs; and (iii) emotional health supports, including post  
213 pregnancy depression supports.

214 (b) The department shall establish and administer a statewide system of programs  
215 providing universal postpartum home visiting services. Services shall be delivered by a qualified  
216 health professional with maternal and pediatric health training, as defined by the department;  
217 provided, however, that at least 1 visit shall occur at the patient’s home or a mutually agreed  
218 upon location within 8 weeks postpartum.

219 (c) A provider of universal postpartum home visiting services shall determine whether a  
220 recipient of its services is covered or may be eligible for coverage through an alternative source.  
221 A provider shall request payment for services it provides from third-party payers pursuant to  
222 chapters 32A, 118E, 175, 176A, 176B or 176G before payment is requested from the  
223 department.

224 (d) The department shall monitor and assess the effectiveness of universal postpartum  
225 home visiting services. Programs which are in receipt of state or federal funding for said services  
226 shall report such information as requested by the department for the purpose of monitoring,  
227 assessing the effectiveness of such programs, initiating quality improvement and reducing health  
228 disparities.

229           Section 249. (a) As used in this section, the following words shall have the following  
230 meanings unless the context requires otherwise:

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

233           (b) The department shall establish a program for the licensure of licensed certified  
234 professional midwives. The department shall determine qualifications of a licensed certified  
235 professional midwife and develop an application process and application for licensure as a  
236 licensed certified professional midwife, including the recertification process and continued  
237 education requirements.

238           (c) The department shall establish minimum standards for licensure of licensed certified  
239 professional midwives including, but not limited to, education, training, experience and ethical  
240 standards.

241           (d) A person who seeks licensure as a licensed certified professional midwife shall  
242 complete an application, in a manner determined by the department, which shall include proof of  
243 completion of the education, training and experience licensure requirements. Said application  
244 shall be accompanied by a registration fee to be determined annually by the secretary of  
245 administration and finance under the provision of section 3B of chapter 7; provided, however,  
246 that the department shall create a hardship waiver to reduce the fee for applicants. If the  
247 department deems an applicant satisfactory, the department shall issue a license to such  
248 applicant.

249 (e) Such licenses shall expire on December 31 of each even-numbered year. The fee for  
250 renewal of licensure shall be determined annually by the secretary of administration and finance  
251 under the provision of section 3B of chapter 7.

252 (f) The department shall promulgate such rules and regulations as it deems necessary to  
253 enable proper licensure and oversight of licensed certified professional midwives.

254 (g) The department may suspend or revoke any license to practice as a licensed certified  
255 professional midwife or discipline any such licensee for any violation of the law or regulation;  
256 provided, however, that the department shall provide the holder of such license the opportunity  
257 for a hearing pursuant to chapter 30A; provided, however, that the department may suspend the  
258 license of a licensee who poses an imminent danger to the public without a hearing; provided  
259 further, that the licensee shall be afforded a hearing within 7 business days of receipt of a notice  
260 of such denial, refusal to renew, revocation, limitation, suspension or other disciplinary action.

261 (h) No individual shall practice as a licensed certified professional midwife or assume  
262 such title without a license issued by the department. A person shall not hold themselves out as a  
263 licensed certified professional midwife after the expiration date of their license and by doing so,  
264 may be subject to a fine determined by regulations promulgated by the department.

265 (i) The department shall investigate complaints against persons licensed as licensed  
266 certified professional midwives.

267 Section 250. (a) A licensed certified professional midwife may purchase, possess and  
268 administer to their patients those controlled substances designated by the department as  
269 necessary to practice as a licensed certified professional midwife.

270 (b) The department shall issue a statewide standing order to authorize licensed certified  
271 professional midwives to administer to their patients those controlled substances designated by  
272 the department as necessary to practice as a licensed certified professional midwife. Such  
273 standing order may be issued by the commissioner or by a practitioner designated by the  
274 commissioner who is registered to distribute or dispense a controlled substance during  
275 professional practice under section 7 of chapter 94C and shall include, but not be limited to,  
276 written and standardized procedures and protocols for the administration of the authorized  
277 controlled substances by licensed certified professional midwives to their patients.

278 (c) Except for an act of gross negligence or willful misconduct, the commissioner or  
279 practitioner who issues the statewide standing order under this section shall not be subject to any  
280 criminal or civil liability or any professional disciplinary action.

281 (d) This section shall not apply to certified nurse midwives licensed pursuant to section  
282 80B of chapter 112.

283 Section 251. (a) The practice of midwifery by a licensed certified professional midwife  
284 shall include, but not be limited to:

285 (i) the practice of providing maternity care to a client during the preconception period and  
286 the antepartum, intrapartum and postpartum periods; provided, however, that the department  
287 may, through regulations or other guidance, establish rules to limit the practice of midwifery by a  
288 licensed certified professional midwife based on the risk level of the pregnancy deemed  
289 appropriate by the department;

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

291 (iii) prescribing, dispensing or administering pharmaceutical agents consistent with  
292 section 250.

293 (b) A licensed certified professional midwife shall provide care to clients in accordance  
294 with the scope and standards of practice under this section and any regulations promulgated by  
295 the department pursuant to section 249.

296 (c) A licensed certified professional midwife shall prepare, in a format prescribed by the  
297 department, a written plan for the appropriate delivery of emergency care. The plan shall include,  
298 but not be limited to: (i) consultation with other health care providers; (ii) emergency transfer to  
299 a hospital; and (iii) access to neonatal intensive care units and obstetrical units or other patient  
300 care areas.

301 (d) When accepting a client for care, a licensed certified professional midwife shall  
302 obtain the client's informed consent, which shall be evidenced by a written statement in a format  
303 prescribed by the department that shall be included in the client's record of care and be signed by  
304 both the licensed certified professional midwife and the client. The form shall include, but not be  
305 limited to: (i) an acknowledgement that the licensed certified professional midwife is not  
306 authorized to practice medicine; (ii) a description of written practice guidelines, services  
307 provided and the risks and benefits of birth in the client's chosen environment; and (iii)  
308 disclosure that the client may be referred for a consultation with or have their care transferred to  
309 a physician if the client requires care that is outside the midwife's scope of practice.

310 (e) The department shall develop standards for licensed certified professional midwives  
311 to maintain client records, including client charts.



312 (f) The practice of midwifery shall not constitute the practice of medicine, certified nurse  
313 midwifery or emergency medical care.

314 (g) Nothing in this section shall regulate:

315 (i) a person licensed in the commonwealth from acting within the scope of practice of the  
316 profession or occupation for which such person is licensed, including, but not limited to, a  
317 licensed physician, certified-nurse midwife or certified emergency medical technician; provided,  
318 however, that such person shall not represent to the public, directly or indirectly, that such person  
319 is licensed under section 249 and that such person shall not use any name, title or designation  
320 indicating that such person is licensed under said section 249;

321 (ii) a person employed as a midwife by the federal government or an agency; provided,  
322 however, that the person shall provide midwifery services solely under the direction and control  
323 of the organization by which such person is employed;

324 (iii) a traditional birth attendant who provides midwifery services to a client that has  
325 cultural or religious birth traditions that have historically included the attendance of traditional  
326 birth attendants; provided, however, that no fee for the traditional birth attendant's services shall  
327 be contemplated, charged or received and the birth attendant shall serve only individuals and  
328 families in a distinct cultural or religious group;

329 (iv) persons who are members of tribal communities and provide traditional midwife  
330 services to their communities; or

331 (v) a person rendering aid in an emergency.

332 (h) A health care provider that consults with or accepts a transport, transfer or referral  
333 from a licensed certified professional midwife, or that provides care to a client of a licensed  
334 certified professional midwife or such client’s newborn, shall not be liable in a civil action for  
335 personal injury or death caused by an act or omission by the licensed certified professional  
336 midwife.

337 SECTION 15. Chapter 112 of the General Laws is hereby amended by inserting after  
338 section 2D the following section:-

339 Section 2E. A person shall not provide ultrasound services pertaining to a possible or  
340 actual pregnancy except under the supervision of a provider or other licensed health care  
341 professional who, acting within their scope of practice, provides medical care for people who are  
342 pregnant or may become pregnant.

343 SECTION 16. Section 10A of chapter 118E of the General Laws, as appearing in the  
344 2022 Official Edition, is hereby amended by striking out, in lines 17 and 21, the words “or  
345 certified nurse midwife”, and inserting in place thereof, in each instance, the following words:-  
346 certified nurse midwife or licensed certified professional midwife.

347 SECTION 17. Said section 10A of said chapter 118E, as so appearing, is hereby further  
348 amended by inserting after the first paragraph the following 2 paragraphs:-

349 The division shall provide coverage for services rendered by a certified nurse midwife  
350 designated to engage in the practice of nurse-midwifery by the board of registration in nursing  
351 pursuant to section 80C of chapter 112 and the payment rate for a service provided by a certified  
352 nurse midwife that is within the scope of the certified nurse midwife’s authorization to practice

353 shall be equal to the payment rate for the same service if the service was performed by a  
354 physician.

355 The division shall provide coverage for midwifery services, including prenatal care,  
356 childbirth and postpartum care, provided by a licensed certified nurse midwife regardless of the  
357 site of services.

358 SECTION 18. Said chapter 118E is hereby further amended by inserting after section  
359 10Q the following 4 sections:-

360 Section 10R. (a) For purposes of this section, the following terms shall have the  
361 following meanings unless the context clearly requires otherwise:

362 “Maternal and infant health outcomes”, outcomes arising for the gestational parent and  
363 the gestational parent’s offspring during the pregnancy including pregnancy complications,  
364 maternal morbidity, infant mortality and preterm births.

365 “Doula Services”, physical, emotional and informational support provided by trained  
366 doulas to individuals and families during and after pregnancy, labor, childbirth, miscarriage,  
367 stillbirth, adoption or pregnancy loss, as determined appropriate by the division; provided,  
368 however, that “doula services” shall not constitute medical care.

369 (b) The division and its contracted health insurers, health plans, health maintenance  
370 organizations, behavioral health management firms and third-party administrators under contract  
371 to a Medicaid managed care organization, accountable care organization or primary care  
372 clinician plan shall provide coverage of doula services to pregnant individuals and postpartum  
373 individuals up to 12 months following the end of the pregnancy and adoptive parents of infants

374 until the infants reach 1 year of age; provided, however, that the division shall cover not less than  
375 6 doula visits across the prenatal and 1-year postpartum period or until an adopted infant reaches  
376 1 year of age.

377 (c) In determining the scope of doula services, the division shall consult with the  
378 department of public health and bureau of family health and nutrition.

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

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

391 Section 10T. The division and its contracted health insurers, health plans, health  
392 maintenance organizations, behavioral health management firms and third-party administrators  
393 under contract to a Medicaid managed care organization, accountable care organization or  
394 primary care clinician plan shall provide coverage for post-pregnancy depression screenings. For

395 the purposes of this section, the term “post-pregnancy depression” shall include postpartum  
396 depression occurring after childbirth or after pregnancy loss.

397 Section 10U. The division and its and its contracted health insurers, health plans, health  
398 maintenance organizations, behavioral health management firms and third-party administrators  
399 under contract to a Medicaid managed care organization, accountable care organization or  
400 primary care clinician plan or other entities contracting with the division to administer benefits  
401 shall provide coverage for universal postpartum home visiting services, in accordance with  
402 operational standards set by the department of public health pursuant to section 248 of chapter  
403 111. Such coverage shall not be subject to any cost-sharing; provided, however, that cost-sharing  
404 shall be required if the applicable plan is governed by the Internal Revenue Code and would lose  
405 its tax-exempt status as a result of the prohibition on cost-sharing for this service.

406 SECTION 19. Subsection (c) of section 148C of chapter 149 of the General Laws, as  
407 appearing in the 2022 Official Edition, is hereby amended by striking out clauses (3) and (4) and  
408 inserting in place thereof the following 3 clauses:-

409 (3) attend the employee’s routine medical appointment or a routine medical appointment  
410 for the employee’s child, spouse, parent, or parent of spouse;

411 (4) address the psychological, physical or legal effects of domestic violence as defined in  
412 subsection (g1/2) of section 1 of chapter 151A, except that the definition of employee in  
413 subsection (a) will govern for purposes of this section; or

414 (5) address the employee’s own physical and mental health needs, and those of the  
415 employee’s spouse, if the employee or the employee’s spouse experiences pregnancy loss or a  
416 failed assisted reproduction, adoption or surrogacy.

417 SECTION 20. Section 47C of chapter 175 of the General Laws, as so appearing, is  
418 hereby amended by striking out, in line 62, the word “annually” and inserting in place thereof the  
419 following words:- once per calendar year.

420 SECTION 21. Said chapter 175 is hereby further amended by inserting after section  
421 47UU the following 2 sections:-

422 Section 47VV. Any policy, contract, agreement, plan or certificate of insurance issued,  
423 delivered or renewed within the commonwealth, which is considered creditable coverage under  
424 section 1 of chapter 111M, shall provide coverage for post pregnancy depression screenings.

425 Section 47WW. An individual policy of accident and sickness insurance issued pursuant  
426 to section 108 that provides hospital expense and surgical expense insurance or a group blanket  
427 or general policy of accident and sickness insurance issued pursuant to section 110 that provides  
428 hospital expense and surgical expense insurance that is issued or renewed within the  
429 commonwealth shall provide coverage for universal postpartum home visiting services, in  
430 accordance with operational standards set by the department of public health pursuant to section  
431 248 of chapter 111. Such coverage shall not be subject to any cost-sharing, including co-  
432 payments and co-insurance, and shall not be subject to any deductible; provided, however, that  
433 co-payments, coinsurance or deductibles shall be required if the applicable plan is governed by  
434 the Internal Revenue Code and would lose its tax-exempt status due to the prohibition on co-  
435 payments, coinsurance or deductibles for these services.

436 SECTION 22. Chapter 176A of the General Laws is hereby amended by inserting after  
437 section 8VV the following 2 sections:-

438 Section 8WW. Any contract between a subscriber and the corporation under an  
439 individual or group hospital service plan that is delivered, issued or renewed within the  
440 commonwealth shall provide coverage for post-pregnancy depression screenings. For the  
441 purposes of this section, the term “post-pregnancy depression” shall mean postpartum depression  
442 occurring after childbirth or after pregnancy loss.

443 Section 8XX. Any contract between a subscriber and the corporation under an individual  
444 or group hospital service plan which is delivered, issued or renewed within the commonwealth  
445 shall provide coverage for universal postpartum home visiting services, in accordance with  
446 operational standards set by the department of public health pursuant to section 248 of chapter  
447 111. Such coverage shall not be subject to any cost-sharing, including co-payments and co-  
448 insurance, and shall not be subject to any deductible; provided, however, that co-payments,  
449 coinsurance or deductibles shall be required if the applicable plan is governed by the Internal  
450 Revenue Code and would lose its tax-exempt status due to the prohibition on co-payments,  
451 coinsurance or deductibles for these services.

452 SECTION 23. Chapter 176B of the General Laws is hereby amended by inserting after  
453 section 4VV the following 2 sections:-

454 Section 4WW. Any subscription certificate under an individual or group medical service  
455 agreement delivered, issued or renewed within the commonwealth shall provide coverage for  
456 post-pregnancy depression screenings. For the purposes of this section, the term “post-pregnancy  
457 depression” shall mean postpartum depression occurring after childbirth or after pregnancy loss.

458 Section 4XX. Any subscription certificate under an individual or group medical service  
459 agreement delivered, issued or renewed within the commonwealth shall provide coverage for

460 universal postpartum home visiting services, in accordance with operational standards set by the  
461 department of public health pursuant to section 248 of chapter 111 . Such coverage shall not be  
462 subject to any cost-sharing, including co-payments and co-insurance, and shall not be subject to  
463 any deductible; provided, however, that co-payments, coinsurance or deductibles shall be  
464 required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-  
465 exempt status due to the prohibition on co-payments, coinsurance or deductibles for these  
466 services.

467 SECTION 24. Chapter 176G of the General Laws is hereby amended by inserting after  
468 section 4NN the following 2 sections:-

469 Section 4OO. An individual or group health maintenance contract that is issued or  
470 renewed within or without the commonwealth shall provide coverage for post-pregnancy  
471 depression screenings. For the purposes of this section, the term “post-pregnancy depression”  
472 shall mean postpartum depression occurring after childbirth or after pregnancy loss.

473 Section 4PP. Any individual or group health maintenance contract that is issued or  
474 renewed within or without the commonwealth shall provide coverage for universal postpartum  
475 home visiting services, in accordance with operational standards set by the department of public  
476 health pursuant to section 248 of chapter 111. Such coverage shall not be subject to any cost-  
477 sharing, including co-payments and co-insurance, and shall not be subject to any deductible;  
478 provided, however, that co-payments, coinsurance or deductibles shall be required if the  
479 applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status  
480 due to the prohibition on co-payments, coinsurance or deductibles for these services.



481 SECTION 25. (a) The department of public health shall study and report on the  
482 feasibility and costs of requiring malpractice liability insurance for licensed certified professional  
483 midwives in the commonwealth, which shall include, but not be limited to: (i) cost of  
484 malpractice insurance; (ii) impacts on midwifery care accessibility; and (iii) best practices in the  
485 area of malpractice insurance for midwives.

486 (b) Not later than August 1, 2025, the department shall submit its report and  
487 recommendations to the clerks of the senate and house of representatives, the joint committee on  
488 health care financing, the joint committee on public health and senate and house committees on  
489 ways and means.

490 SECTION 26. (a) The department of public health shall promulgate regulations pursuant  
491 to section 51M of chapter 111 of the General Laws not later than 180 days after the effective date  
492 of this act.

493 (b) Prior to promulgating initial regulations pursuant to said section 51M of said chapter  
494 111, the department shall consider the standards adopted by the American Association of Birth  
495 Centers and consult with Seven Sisters Birth Center LLC, Neighborhood Birth Center, Inc. and  
496 the Massachusetts Affiliate of ACNM, Inc.

497 SECTION 27. The department of public health shall adopt rules and promulgate  
498 regulations pursuant to sections 249 and 250 of chapter 111 within 1 year from the effective date  
499 of this act.