SENATE . . . . . No. 2928

Senate, July 30, 2024 -- Text of the Senate amendment to the House Bill relative to increasing access to perinatal health care (House, No. 4785) (being the text of Senate document numbered 2899, printed as amended)

The Commonwealth of Massachusetts

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

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

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

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

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

"Perinatal", relating to the time period from the first day of pregnancy to 1 year following the end of the pregnancy.

"Perinatal individuals", biological parents, birthing persons, adoptive parents, foster parents and any other individuals involved in the gestation, birth and custodial care of an infant and those who have lost a pregnancy due to a stillbirth, miscarriage or a medical termination.

"Secretary", the secretary of health and human services.

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

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

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

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

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

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

(f) The secretary shall provide, directly or by contract, technical assistance to entities seeking a grant or receiving a grant under this section for the development, use, evaluation and post-grant period sustainability of the program proposed, established or expanded through the grant. The secretary shall advertise or promote such technical assistance to eligible entities to raise awareness about the grants and technical assistance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 12. Said chapter 111 is hereby further amended by inserting after section 70H the following section:-

Section 70I. (a) The department shall establish, promote and maintain a public information program regarding congenital cytomegalovirus, which shall include information on: (i) current, evidence-based information pertaining to congenital cytomegalovirus that has been vetted by medical experts, as determined by the department; (ii) additional resources or referrals for congenital cytomegalovirus and support for families and healthcare providers; and (iii) preventative measures to avoid contracting congenital cytomegalovirus.

(b) Healthcare providers, including, but not limited to, physician assistants, nurses, nurse-midwives and licensed certified professional midwives, that render prenatal or postnatal care shall provide expecting parents with information provided by the department under subsection (a) at said parents’ first prenatal appointment. The department shall also make such information available on the department website and to persons seeking information about congenital cytomegalovirus.

SECTION 13. Section 202 of said chapter 111, as appearing in the 2022 Official Edition, is hereby amended by inserting after the word “physician”, in line 17, the following words:- , certified nurse-midwife or licensed certified professional midwife.

SECTION 14. Said section 202 of said chapter 111, as so appearing, is hereby further amended by inserting after the word “death”, in line 19, the following words:- ; provided, that a

physician shall file such report if a certified nurse-midwife or licensed certified professional midwife was not in attendance.

SECTION 15. Said chapter 111 is hereby further amended by adding the following 7 sections:-

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

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

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

(d) The commissioner shall, in consultation with relevant professional boards of registration, develop and disseminate to perinatal health care workers information on pregnancy

loss to ensure that such perinatal health care workers remain informed about current information regarding pregnancy loss and prioritizing both the physical and mental health care of patients experiencing pregnancy loss. For the purposes of this subsection, the term "perinatal health care worker" shall include, but not be limited to, a licensed certified professional midwife, physician assistant, nurse practitioner, clinical nurse specialist, doula, community health worker, nurse-midwife, physicians, peer supporter, lactation consultant, nutritionist or dietitian, childbirth educator, social worker, trained family support specialist or home visitor and language interpreter or navigator.

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

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

"Perinatal individual", an individual that is either pregnant or is within 12 months from the end of pregnancy.

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

(b) The department shall develop and maintain a comprehensive digital resource center on perinatal mood and anxiety disorders. The digital resource center shall be available to the public at no cost on the department's website and shall include information and resources for: (i)

health care providers and organizations serving perinatal individuals to aid them in treating and making appropriate referrals for individuals experiencing perinatal mood and anxiety disorders; and (ii) perinatal individuals and their families to aid them in understanding and identifying perinatal mood and anxiety disorders and how to navigate available resources and obtain treatment.

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

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

Section 247. (a) For the purposes of this section, "postnatal individual" shall mean an individual who reached the end of pregnancy within the previous 12 months and "post-pregnancy depression" shall mean postpartum depression occurring after childbirth or after the end of the pregnancy.

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

or licensed certified professional midwife shall ensure that the postnatal individual is appropriately screened for post-pregnancy depression in line with evidence-based guidelines.

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

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

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

"Programs", entities or providers qualified by the department to provide universal postpartum home visiting services.

"Provider", an entity or individual that provides universal postpartum home visiting services.

"Universal postpartum home visiting services", evidence-based, voluntary home or community-based services for birthing people and caregivers with newborns, including, but not limited to: (i) screenings for unmet health needs including reproductive health services; (ii)

maternal and infant nutritional needs; and (iii) emotional health supports, including post pregnancy depression supports.

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

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

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

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

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

(b) The department shall establish a program for the licensure of licensed certified professional midwives. The department shall determine qualifications of a licensed certified professional midwife and develop an application process and application for licensure as a licensed certified professional midwife, including the recertification process and continued education requirements; provided, however, that a valid certified professional midwife credential from the North American Registry of Midwives shall serve as a basis for licensure.

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

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

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

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

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

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

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

(j) Nothing in this section shall be construed to authorize the department to promulgate regulations that require a licensed certified professional midwife to practice under the supervision of or in collaboration with another health care provider.

(k) When making determinations pursuant to this section, including, but not limited to, promulgating rules and regulations, the department shall directly engage not less than 5 licensed certified professional midwives, each of whom shall have not less than 5 years of experience in the practice of midwifery, in the decision-making process.

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

necessary to practice as a licensed certified professional midwife; provided, however, that in designating controlled substances under this subsection, the department shall directly engage not less than 5 licensed certified professional midwives, each of whom shall have not less than 5 years of experience in the practice of midwifery.

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

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

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

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

(i) the practice of providing maternity care to a client during the preconception period and the antepartum, intrapartum and postpartum periods; provided, however, that the department may, through regulations or other guidance, establish rules to limit the practice of midwifery by a

licensed certified professional midwife based on the risk level of the pregnancy deemed appropriate by the department;

(ii) the practice of providing newborn care; and

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

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

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

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

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

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

(g) Nothing in this section shall be construed to authorize the department to promulgate regulations that require a licensed certified professional midwife to practice under the supervision of or in collaboration with another health care provider.

(h) Nothing in this section shall regulate:

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

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

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

be contemplated, charged or received and the birth attendant shall serve only individuals and families in a distinct cultural or religious group;

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

(v) a person rendering aid in an emergency.

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

(j) When making determinations pursuant to this section, including, but not limited to, establishing rules, prescribing formats and developing standards, the department shall directly engage not less than 5 licensed certified professional midwives, each of whom shall have not less than 5 years of experience in the practice of midwifery, in the decision-making process.

SECTION 16. Chapter 112 of the General Laws is hereby amended by inserting after section 2D the following section:-

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

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

SECTION 18. Said section 10A of said chapter 118E, as so appearing, is hereby further amended by inserting after the first paragraph the following 2 paragraphs:-

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

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

SECTION 19. Said chapter 118E is hereby further amended by inserting after section 10Q the following 4 sections:-

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

"Maternal and infant health outcomes", outcomes arising for the gestational parent and the gestational parent's offspring during the pregnancy including pregnancy complications, maternal morbidity, infant mortality and preterm births.

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

(b) The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization, accountable care organization or primary care clinician plan shall provide coverage of doula services to pregnant individuals and postpartum individuals up to 12 months following the end of the pregnancy and adoptive parents of infants until the infants reach 1 year of age; provided, however, that the division shall cover not less than 6 doula visits across the prenatal and 1-year postpartum period or until an adopted infant reaches 1 year of age.

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

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

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

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

SECTION 20. Subsection (c) of section 148C of chapter 149 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out clauses (3) and (4) and inserting in place thereof the following 3 clauses:-

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

(4) address the psychological, physical or legal effects of domestic violence as defined in subsection (g½) of section 1 of chapter 151A, except that the definition of employee in subsection (a) will govern for purposes of this section; or

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

SECTION 21. Section 47C of chapter 175 of the General Laws, as so appearing, is hereby amended by striking out, in line 62, the word "annually" and inserting in place thereof the following words:- once per calendar year.

SECTION 22. Section 47E of said chapter 175, as so appearing, is hereby amended by adding the following 2 sentences:- The reimbursement for the services provided pursuant to this section shall be in the same amount as the reimbursement paid under the policy to a licensed physician performing the service in the area served. An insurer may not reduce the reimbursement paid to a licensed physician in order to comply with this section.

SECTION 23. Said chapter 175 is hereby further amended by inserting after section 47UU the following 2 sections:-

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

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

SECTION 24. Chapter 176A of the General Laws is hereby amended by inserting after section 8VV the following 2 sections:-

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

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

SECTION 25. Said chapter 176A is hereby further amended by inserting after section 8XX the following section:-

Section 8YY. Any contract between a subscriber and the corporation under an individual or group hospital service plan, which is delivered, issued or renewed in the commonwealth, shall provide as a benefit to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth for services rendered by a certified nurse midwife designated to engage in the practice of nurse midwifery by the board of registration in nursing pursuant to section 80C of chapter 112; provided, however, that the: (i) service rendered is within the scope of the certified nurse midwife's authorization to practice by the board of registration in nursing; (ii) policy or contract currently provides benefits for identical services rendered by a health care provider licensed by the commonwealth; and (iii) reimbursement for the services provided shall be in the same amount as the reimbursement paid under the policy to a licensed physician performing the

service in the area served. An insurer may not reduce the reimbursement paid to a licensed physician in order to comply with this section.

SECTION 26. Section 4G of chapter 176B of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by adding the following 2 sentences:- The reimbursement for the services provided pursuant to this section shall be in the same amount as the reimbursement paid under the policy to a licensed physician performing the service in the area served. An insurer may not reduce the reimbursement paid to a licensed physician in order to comply with this section.

SECTION 27. Section 4G of chapter 176B of the General Laws, as appearing in the 2018 Official Edition, is hereby amended by adding the following 2 sentences:- The reimbursement for the services provided pursuant to this section shall be in the same amount as the reimbursement paid under the policy to a licensed physician performing the service in the area served. An insurer may not reduce the reimbursement paid to a licensed physician in order to comply with this section.

SECTION 28. Chapter 176B of the General Laws is hereby amended by inserting after section 4VV the following 2 sections:-

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

Section 4XX. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage for universal postpartum home visiting services, in accordance with operational standards set by the department of public health pursuant to section 248 of chapter 111 . Such coverage shall not be subject to any cost-sharing, including co-payments and co-insurance, and shall not be subject to any deductible; provided, however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status due to the prohibition on co-payments, coinsurance or deductibles for these services.

SECTION 29. The first paragraph of section 4 of chapter 176G is of the General Laws, as so appearing, is hereby amended by adding the following clause:-

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

SECTION 30. Chapter 176G of the General Laws is hereby amended by inserting after section 4NN the following 2 sections:-

Section 4OO. An individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall provide coverage for post-pregnancy

depression screenings. For the purposes of this section, the term “post-pregnancy depression” shall mean postpartum depression occurring after childbirth or after the end of the pregnancy.

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

SECTION 31. (a) The department of public health shall study and report on the feasibility and costs of requiring malpractice liability insurance for licensed certified professional midwives in the commonwealth, which shall include, but not be limited to: (i) cost of malpractice insurance; (ii) impacts on midwifery care accessibility; and (iii) best practices in the area of malpractice insurance for midwives.

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

SECTION 32. Notwithstanding any general or special law to the contrary, the initial midwifery engagements pursuant to sections 249, 250 and 251 of chapter 111 of the General Laws, inserted by section 15, shall be certified professional midwives, each of whom shall: (i)

have not less than 5 years of experience in the practice of midwifery; and (ii) hold a certificate of completion or equivalent from an educational program or institution accredited by the Midwifery Education Accreditation Council.

SECTION 33. (a) The department of public health shall promulgate regulations pursuant to section 51M of chapter 111 of the General Laws not later than 180 days after the effective date of this act.

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

SECTION 34. The department of public health shall adopt rules and promulgate regulations pursuant to sections 249 and 250 of chapter 111 within 1 year from the effective date of this act.