

# HOUSE . . . . . No. 5016

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, February 5, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1117) of Manny Cruz, Natalie M. Higgins and others relative to coverage of birth centers and the midwifery workforce, reports recommending that the accompanying bill (House, No. 5016) ought to pass.

For the committee,

JAMES M. MURPHY.

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## The Commonwealth of Massachusetts

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In the One Hundred and Ninety-Fourth General Court  
(2025-2026)  
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An Act promoting and enhancing the sustainability of birth centers and the midwifery workforce.

*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 10 of the General Laws are hereby amended by inserting after  
2   section 35TTT the following section:-

3           Section 35UUU. (a) There shall be established and set up on the books of the  
4   commonwealth a separate fund known as the Midwifery Workforce Development Fund. The  
5   fund shall be administered by the secretary of the executive office of health and human services  
6   in consultation with the advisory committee established pursuant to subsection (d); provided, that  
7   the secretary may delegate administration of part or all of the fund to an organization  
8   representing certified professional midwives. There shall be credited to the fund: (i) revenue  
9   from appropriations or other money authorized by the general court and specifically designated  
10   to be credited to the fund; (ii) federal grants and other federal funds designated for maternal  
11   health; (iii) interest earned on such revenues; and (iv) all other funds from public and private  
12   sources credited or transferred into the fund, including gifts, public or private grants, settlements  
13   and donations. Any unexpended balance in the fund at the end of a fiscal year shall not revert to  
14   the General Fund and shall remain available for expenditure in subsequent fiscal years. No

expenditure made from the fund shall cause the fund to become deficient at any point. Any fiscal year-end balance in the fund that is subject to appropriation shall not be subject to section 5C of chapter 29. The fund shall not be subject to appropriation.

(b) Expenditures from the fund shall be used for:

(i) providing assistance to students in education and training programs to qualify them to become licensed certified professional midwives, including, but not limited to:

(A) program costs, tuition, books and fees related to the cost of education and training for participants in training and educational programs, including distance learning programs and including tuition and other costs related to obtaining a midwifery degree or Midwifery Bridge Certificate;

(B) costs related to obtaining an applicable license, including, but not limited to, examination and licensing fees;

(C) stipends for program participants; and

(D) stipends for childcare and transportation for program participants;

(ii) a student loan forgiveness program for certified professional midwives and certified nurse midwives; provided, that the program may require participants to practice in an underserved area or serve marginalized populations, as defined by the secretary in consultation with the advisory committee;

(iii) a grant program to fund local initiatives supporting the development of educational programs for certified professional midwives;

(iv) retention of practicing midwives, and mental health and psychosocial support for certified professional midwives and certified nurse midwives; and

(v) with the approval of the advisory committee, other purposes consistent with the goals of the fund.

(c) Annually, not later than December 1, the secretary of health and human services shall report on the activities of the fund to the clerks of the house of representatives and the senate and to the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities. The report shall include: (i) an accounting of expenditures made from the fund with a description of the authorized purpose of each expenditure; (ii) an accounting of amounts credited to the fund; and (iii) any unexpended balance remaining in the fund. The report may also include analysis and recommendations prepared by the advisory committee, which may include recommendations for changes to this section. The report shall be published on the public web site of the executive office of health and human services or the department of public health.

(d) There shall be an advisory committee to make recommendations concerning the operation and expenditures of the fund. The advisory committee that shall consist of the following members: a representative of the Massachusetts chapter of the National Association of Certified Professional Midwives, who shall serve as chair, a representative of the American College of Nurse Midwives; a member of the Pregnancy, Infancy and Early Childhood Division of the Department of Public Health; a representative of the Massachusetts League of Community Health Centers; and the following members chosen by the chair: a representative of a midwifery educational program; a representative of a community college; a representative of an

organization concerned about reproductive justice and health equity; a representative of a safety-net hospital; and a representative of a free-standing birth center.

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

Section 17AA. (a) The commission shall ensure that the rate of payment for services provided to an active or retired employee of the commonwealth who is insured under the group insurance commission that are rendered by a certified nurse-midwife authorized to engage in the practice of nurse-midwifery by the board of registration in nursing pursuant to section 80C of chapter 112 that is within the scope of the certified nurse-midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services, or length of stay.

(b) The commission shall ensure that the rate of payment for services for services provided to an active or retired employee of the commonwealth who is insured under the group insurance that are rendered by a licensed certified professional midwife authorized to engage in the practice of midwifery by the board of registration in midwifery pursuant to section 110 of chapter 13 that is within the scope of the licensed certified professional midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services, or length of stay.

Section 17BB. The commission shall ensure that the rate of payment for services provided to an active or retired employee of the commonwealth who is insured under the group insurance commission that are rendered by or within a licensed freestanding birth center regulated under section 51M of chapter 111, including newborn care and care provided prior to

an intrapartum transfer to another facility, shall be no less than the payment rate for the same services if performed at a hospital, regardless of the site of services, or length of stay. Such payment shall include a reasonable facility fee to be negotiated between the birth center and the commission; provided, that the facility fee shall be no less than a minimum fee amount determined by the department of public health in consultation with the center for health information and analysis, the health policy commission, and operators and prospective operators of birth centers in the commonwealth.

SECTION 3. The third paragraph of section 10A of chapter 118E of the General Laws, as inserted by section 40 of chapter 186 of the acts of 2024, is hereby amended by adding the following sentences:- The payment rate for a service provided by a licensed certified professional midwife that is within the scope of the licensed certified professional midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services. The payment rate for services provided by or within a licensed freestanding birth center regulated under section 51M of chapter 111, including newborn care and care provided prior to an intrapartum transfer to another facility, shall be no less than the payment rate for the same services if performed at a hospital, regardless of site of services or length of stay. Such payment shall include a reasonable facility fee to be negotiated between the birth center and the division; provided, that the facility fee shall be no less than a minimum fee amount determined by the department of public health in consultation with the center for health information and analysis, the health policy commission, and operators and prospective operators of birth centers in the commonwealth.

SECTION 4. Chapter 175 of the General Laws is hereby amended by inserting before section 47CCC the following sections:-

Section 47AAA. (a) Any blanket or general policy of insurance described in subdivision (A), (C), or (D) of section one hundred and ten which is issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth, during the period within which this premium is effective, or any policy of accident or sickness insurance as described in section one hundred and eight which provides hospital expense and surgical expense insurance and which is delivered or issued for delivery or subsequently renewed by agreement between the insurer and the policyholder in the commonwealth, during the period within which this provision is effective, or any employers' health and welfare fund which provides hospital expense and surgical expense benefits and which is issued or renewed to any person or group of persons in the commonwealth, during the period within which this provision is effective, shall provide that the rate of payment for services rendered by a certified nurse-midwife authorized to engage in the practice of nurse-midwifery by the board of registration in nursing pursuant to section 80C of chapter 112 that is within the scope of the certified nurse-midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services, or length of stay.

(b) Any blanket or general policy of insurance described in subdivision (A), (C), or (D) of section one hundred and ten which is issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth, during the period within which this premium is effective, or any policy of accident or sickness insurance as described in section one hundred and eight which provides hospital expense and surgical expense insurance and which is delivered or issued for delivery or subsequently renewed by agreement between the insurer and the policyholder in the commonwealth, during the period within which this provision is effective, or any employers' health and welfare fund which provides hospital expense and

surgical expense benefits and which is issued or renewed to any person or group of persons in the commonwealth, during the period within which this provision is effective, shall provide that the rate of payment for services rendered by a licensed certified professional midwife authorized to engage in the practice of midwifery by the board of registration in midwifery pursuant to section 110 of chapter 13 that is within the scope of the licensed certified professional midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services, or length of stay.

Section 47BBB. Any blanket or general policy of insurance described in subdivision (A), (C), or (D) of section one hundred and ten which is issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth, during the period within which this premium is effective, or any policy of accident or sickness insurance as described in section one hundred and eight which provides hospital expense and surgical expense insurance and which is delivered or issued for delivery or subsequently renewed by agreement between the insurer and the policyholder in the commonwealth, during the period within which this provision is effective, or any employers' health and welfare fund which provides hospital expense and surgical expense benefits and which is issued or renewed to any person or group of persons in the commonwealth, during the period within which this provision is effective, shall provide that the rate of payment for services rendered by or within a licensed freestanding birth center regulated under section 51M of chapter 111, including newborn care and care provided prior to an intrapartum transfer to another facility, shall be no less than the payment rate for the same services if performed at a hospital, regardless of the site of services, or length of stay. Such payment shall include a reasonable facility fee to be negotiated between the birth center and the payer; provided, that the facility fee shall be no less than a minimum fee



amount determined by the department of public health in consultation with the center for health information and analysis, the health policy commission, and operators and prospective operators of birth centers in the commonwealth.

SECTION 5. Chapter 176A of the General Laws is hereby amended by inserting after section 8DDD the following sections:-

Section 8EEE. (a) A contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within or without the commonwealth shall provide that the rate of payment for services rendered by a certified nurse-midwife authorized to engage in the practice of nurse-midwifery by the board of registration in nursing pursuant to section 80C of chapter 112 that is within the scope of the certified nurse-midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services.

(b) A contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within or without the commonwealth shall provide that the rate of payment for services rendered by a licensed certified professional midwife authorized to engage in the practice of midwifery by the board of registration in midwifery pursuant to section 110 of chapter 13 that is within the scope of the licensed certified professional midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services, or length of stay.

Section 8FFF. A contract between a subscriber and the corporation under an individual or group hospital service plan that is issued, delivered or renewed within or without the commonwealth shall provide that the rate of payment for services rendered by or within a

licensed freestanding birth center regulated under section 51M of chapter 111, including newborn care and care provided prior to an intrapartum transfer to another facility, shall be no less than the payment rate for the same services if performed at a hospital, regardless of the site of services, or length of stay. Such payment shall include a reasonable facility fee to be negotiated between the birth center and the payer; provided, that the facility fee shall be no less than a minimum fee amount determined by the department of public health in consultation with the center for health information and analysis, the health policy commission, and operators and prospective operators of birth centers in the commonwealth.

SECTION 6. Chapter 176B of the General Laws is hereby amended by inserting after section 4DDD the following sections:-

Section 4EEE. (a) Any subscription certificate under an individual or group medical service agreement that is delivered, issued or renewed within the commonwealth shall provide that the rate of payment for services rendered by a certified nurse-midwife authorized to engage in the practice of nurse-midwifery by the board of registration in nursing pursuant to section 80C of chapter 112 that is within the scope of the certified nurse-midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services.

(b) Any subscription certificate under an individual or group medical service agreement that is delivered, issued or renewed within the commonwealth shall provide that the rate of payment for services rendered by a licensed certified professional midwife authorized to engage in the practice of midwifery by the board of registration in midwifery pursuant to section 110 of chapter 13 that is within the scope of the licensed certified professional midwife's authorization

to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services, or length of stay.

Section 4FFF. Any subscription certificate under an individual or group medical service agreement that is issued, delivered or renewed within or without the commonwealth shall provide that the rate of payment for services rendered by or within a licensed freestanding birth center regulated under section 51M of chapter 111, including newborn care and care provided prior to an intrapartum transfer to another facility, shall be no less than the payment rate for the same services if performed at a hospital, regardless of the site of services, or length of stay. Such payment shall include a reasonable facility fee to be negotiated between the birth center and the payer; provided, that the facility fee shall be no less than a minimum fee amount determined by the department of public health in consultation with the center for health information and analysis, the health policy commission, and operators and prospective operators of birth centers in the commonwealth.

SECTION 7. Chapter 176G of the General Laws is hereby amended by inserting after section 4VV the following sections:-

Section 4WW. (a) Any individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall provide that the rate of payment for services rendered by a certified nurse-midwife authorized to engage in the practice of nurse-midwifery by the board of registration in nursing pursuant to section 80C of chapter 112 that is within the scope of the certified nurse-midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services, or length of stay.

(b) Any subscription certificate under an individual or group medical service agreement that is delivered, issued or renewed within the commonwealth shall provide that the rate of payment for services rendered by a licensed certified professional midwife authorized to engage in the practice of midwifery by the board of registration in midwifery pursuant to section 110 of chapter 13 that is within the scope of the licensed certified professional midwife's authorization to practice shall be no less than the payment rate for the same service if performed by a physician, regardless of the site of services, or length of stay.

Section 4XX. Any individual or group health maintenance contract that is issued, delivered or renewed within or without the commonwealth shall provide that the rate of payment for services rendered by or within a licensed freestanding birth center regulated under section 51M of chapter 111, including newborn care and care provided prior to an intrapartum transfer to another facility, shall be no less than the payment rate for the same services if performed at a hospital, or length of stay. Such payment shall include a reasonable facility fee to be negotiated between the birth center and the payer; provided, that the facility fee shall be no less than a minimum fee amount determined by the department of public health in consultation with the center for health information and analysis, the health policy commission, and operators and prospective operators of birth centers in the commonwealth.

SECTION 8. (a) No later than 12 months after the effective date of this act, the department of public health shall establish licensing requirements, plan review checklists and facility guidelines specific for birth centers that reflect the particular needs of birth centers and low-risk childbearing people. The requirements and guidelines shall be developed in consultation with operators of birth centers in the commonwealth, people involved with the development of prospective birth centers in the commonwealth, and groups concerned with improving birth

outcomes, midwifery and birth centers, including, but not limited to, the American College of Nurse-Midwives, the National Association of Certified Professional Midwives, the American Association of Birth Centers, and the Commission for the Accreditation of Birth Centers.

(b) No later than 90 days after the effective date of this act, the department of public health shall waive plan review fees for birth centers which demonstrate substantial financial hardship. The department shall issue guidelines and an application process for birth centers seeking a waiver of plan review fees under this subsection; provided, that the guidelines and application process shall be developed in consultation with operators of birth centers in the commonwealth, people involved with the development of prospective birth centers in the commonwealth, and groups concerned with improving birth outcomes, midwifery and birth centers, including, but not limited to, the American College of Nurse-Midwives and the National Association of Certified Professional Midwives.

SECTION 9. No later than 18 months after the effective date of this act, the department of public health, or a third party designated by the department, shall participate in the Community Birth Data Registry organized by the Foundation for Health Care Quality, or an equivalent validated national data collection registry, for the purposes of quality improvement and research, and direct all midwives in the commonwealth to record data on community births with the registry.

Aggregate data as defined by the Board of Registration in Midwifery and as collected by the registry shall be made available to the Department of Public Health Vital Records Division, and shall be included in reports on births and birth outcomes reported by the department. Researchers who meet reasonable standards and who have passed an appropriate ethics review

259 established by the department may have access to data collected by the registry. Confidential  
260 birth data involving identifiable individuals shall under no circumstances be used to determine  
261 whether a person is eligible for a license, privilege, right, grant, or benefit, or whether such  
262 should be revoked. No individual or entity may query the dataset for purposes of investigation or  
263 discipline.

264 No later than 6 months after the effective date of this act, the department of public health  
265 shall issue a report on progress towards establishing a community birth data registry in  
266 Massachusetts. The report shall identify any barriers identified by the department, how the  
267 department intends to overcome the barriers, and the cost to the Commonwealth and midwives  
268 and birth centers of participation. The report shall be filed with the house and senate committees  
269 on ways and means and the joint committees on public health and children, families and persons  
270 with disabilities, and published on the web site of the department.

271 For the purposes of this section, the term “community births” shall mean a birth that is  
272 planned to occur in a home, birth center, or other location other than a hospital, and including  
273 those that involve or include transfer to a hospital.