

**SENATE . . . . . No. 1559**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Edward J. Kennedy, (BY REQUEST)***

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

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

Resolve improving maternal and child health related to hyperemesis gravidarum.

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PETITION OF:

NAME:

DISTRICT/ADDRESS:

*Kevin Gilnack*

**SENATE . . . . . No. 1559**

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By Mr. Kennedy (by request), a petition (accompanied by resolve, Senate, No. 1559) of Kevin Gilnack, that provisions be made for a special commission (including members of the General Court) to make recommendations regarding the improvement of resources for individuals experiencing Hyperemesis Gravidarum (HG). Public Health.

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**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

Resolve improving maternal and child health related to hyperemesis gravidarum.

1           **Resolved**, SECTION 1. (a) There shall be a special legislative commission pursuant to  
2 section 2A of chapter 4 of the General Laws to examine and make recommendations regarding  
3 the improvement of care, support, and resources for individuals experiencing Hyperemesis  
4 Gravidarum (HG).

5           (b) The special legislative commission shall consist of the following: the house and  
6 senate chairs of the joint committee on public health, who shall serve as co-chairs; the house and  
7 senate chairs of the joint committee on healthcare finance; the house and senate chairs of the  
8 joint committee on racial equity, civil rights, and inclusion; the chair of the Massachusetts Black  
9 and Latino Legislative Caucus, or a designee; 1 member of the house appointed by the minority  
10 leader; 1 member of the senate appointed by the minority leader; the secretary of health and  
11 human services, or a designee; the commissioner of public health, or a designee; the executive  
12 director of the Health Policy Commission, or a designee; the executive director of the  
13 Massachusetts Commission on the Status of Women; 37 members appointed by the co-chairs of

14 the commission, including: the executive director of the HER Foundation, or a designee; a  
15 representative of the Association of Women's Health, Obstetric and Neonatal Nurses; a  
16 representative of the American Society for Parenteral and Enteral Nutrition; a representative of  
17 the Preeclampsia Foundation; a representative of Postpartum Support International; a  
18 representative of the March of Dimes; 1 member of the Massachusetts Maternal Mortality and  
19 Morbidity Review Committee; 1 member of the Massachusetts Medical Society who specializes  
20 in childbirth or maternal health, including, but not limited to, obstetrics and gynecology,  
21 maternal-fetal medicine, or family medicine; 1 member of the Massachusetts chapter of the  
22 American College of Obstetricians and Gynecologists who specializes in childbirth or maternal  
23 health, including, but not limited to, obstetrics and gynecology, maternal-fetal medicine, or  
24 family medicine; 1 member of the Massachusetts affiliate of the American College of Nurse-  
25 Midwives; 1 member of the Perinatal-Neonatal Quality Improvement Network of Massachusetts;  
26 1 member of the Ellen Story Commission on Postpartum Depression, established pursuant to  
27 chapter 313 of the acts of 2010; the executive director of the Massachusetts association of health  
28 plans; 3 physicians with experience treating hyperemesis gravidarum, including at least 1 who  
29 practices in a birthing center working with women who experience high or disparate rates of  
30 maternal mortality or severe maternal morbidity; 2 nurses with experience treating hyperemesis  
31 gravidarum; 2 physicians assistants with experience treating hyperemesis gravidarum; 2 certified  
32 professional midwives with experience treating hyperemesis gravidarum; 2 doulas with  
33 experience with patients with hyperemesis gravidarum; 3 people who have experienced  
34 hyperemesis gravidarum during pregnancy; 1 person who identifies as a father with experience  
35 supporting a pregnant partner with hyperemesis gravidarum; 3 representatives of organizations  
36 that provide care, education, advocacy, research or other support for pregnant women; 3

37 executive directors or directors of obstetrics and gynecological departments of teaching  
38 hospitals, or their designees; 3 professors or administrators of Massachusetts medical schools  
39 specializing in maternal healthcare; and 2 members appointed by the governor, including 1  
40 person with experience providing care to patients with hyperemesis gravidarum and 1 person  
41 who has experienced hyperemesis gravidarum.

42 (i) All appointments to the commission shall prioritize individuals from underserved  
43 communities. Members of the special commission shall have evidence-based or lay knowledge,  
44 expertise, or experience related to hyperemesis gravidarum and shall reflect broad racial and  
45 geographic diversity within the commonwealth. The majority of lay members of the commission  
46 shall represent the diversity of the communities most impacted by inequities in maternal health  
47 outcomes in the commonwealth and shall reflect the constituency the commission is intended to  
48 serve.

49 (ii) All appointments shall be made no later than 60 days after the effective date of this  
50 act.

51 (iii) The commission shall convene its first meeting not more than 90 days from the  
52 effective date of this act and meet not less than quarterly until it has completed its investigation  
53 and final report.

54 (iv) The commission may establish committees, hold public listening sessions, collect  
55 written testimony and invite guest speakers and ex officio members in furtherance of its purpose  
56 at the discretion of the chairs or a majority vote of its members.

57 (c) The special legislative commission's investigation and report shall:

58 (i) Examine existing public and private insurance coverage for all medications and  
59 nutritional therapies used to treat hyperemesis gravidarum and related symptoms; identify  
60 barriers to access; and develop legislative and regulatory recommendations to ensure that  
61 patients can affordably obtain hyperemesis gravidarum-related medications and nutritional  
62 supplements.

63 (ii) Evaluate existing continuing education and training for mental health professionals  
64 and OB/GYN practitioners, including nurses, doctors, doulas, and midwives on hyperemesis  
65 gravidarum diagnosis and management, and recommend strategies for the Legislature,  
66 Department of Public Health, and private institutions to expand access to these educational  
67 opportunities.

68 (iii) Review existing paid leave coverage for individuals with debilitating hyperemesis  
69 gravidarum, including but not limited to Massachusetts Paid Family and Medical Leave,  
70 Workers' Compensation, Disability Insurance, sick leave, and the Pregnant Workers Fairness  
71 Act; and recommend legislative policies to ensure that individuals with hyperemesis gravidarum  
72 can take adequate time off for their care during pregnancy without sacrificing postpartum paid  
73 leave.

74 (iv) Develop recommendations for the Legislature, Department of Public Health, and  
75 relevant state agencies to launch public awareness campaigns educating pregnant individuals and  
76 healthcare providers about hyperemesis gravidarum and available resources.

77 (v) Review existing hyperemesis gravidarum -related research and explore opportunities  
78 for the Commonwealth to encourage universities, teaching hospitals, and research institutions to

79 better understand hyperemesis gravidarum causes and treatment, as well as the economic and  
80 social costs associated with the illness on mothers, children, and families.

81 (vi) Evaluate existing state programs and infrastructure for opportunities to add  
82 supportive services for hyperemesis gravidarum patients.

83 (d) The commission shall submit its report, including recommendations for legislation, to  
84 the clerks of the house of representatives and the senate no later than September 1, 2026.