

HOUSE No. 4999

The Commonwealth of Massachusetts

The committee of conference on the disagreeing votes of the two branches with reference to the Senate amendments (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2928; and by striking out the title and inserting in place thereof the following title: “An Act relative to increasing access to perinatal health care.”) of the House Bill promoting access to midwifery care and out-of-hospital birth options (House, No. 4785), reports recommending passage of the accompanying bill (House, No. 4999). August 14, 2024.

Marjorie C. Decker	Cindy F. Friedman
Michael J. Moran	Liz Miranda
Kimberly N. Ferguson	Patrick O'Connor

HOUSE No. 4999

The Commonwealth of Massachusetts

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

An Act promoting access to midwifery care and out-of-hospital birth options.

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 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 health outcomes”, health outcomes related to perinatal individuals.

15 “Perinatal individual”, an individual that: (i) is either pregnant or is within 12 months
16 from the date of giving birth; (ii) is a biological parent or an adoptive or foster parent who is
17 within 12 months from assuming custodial care of a child; or (iii) has lost a pregnancy due to a
18 stillbirth, miscarriage or a medical termination within the previous 12 months.

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

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

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

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

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

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

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

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

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

43 SECTION 2. Section 9 of chapter 13 of the General Laws, as appearing in the 2022
44 Official Edition, is hereby amended by inserting after the word “counselors”, in line 7, the
45 following words:- , the board of registration in midwifery.

46 SECTION 3. Section 11A of said chapter 13, as so appearing, is hereby amended by
47 striking out the first paragraph and inserting in place thereof the following paragraph:-

48 There shall be a board of allied health professions, hereinafter called the board, which
49 shall consist of 15 members who are residents of the commonwealth to be appointed by the
50 governor, 3 of whom shall be qualified athletic trainers licensed pursuant to section 23B of
51 chapter 112, 2 of whom shall be occupational therapists licensed pursuant to said section 23B of
52 said chapter 112, 1 of whom shall be an occupational therapy assistant licensed pursuant to said
53 section 23B of said chapter 112, 2 of whom shall be physical therapists licensed pursuant to said
54 section 23B of said chapter 112, 1 of whom shall be a physical therapist assistant licensed
55 pursuant to said section 23B of said chapter 112, 3 of whom shall be lactation consultants
56 licensed pursuant to said section 23B of said chapter 112, 2 of whom shall be physicians licensed

57 pursuant to section 2 of said chapter 112 and 1 of whom shall be selected from and shall
58 represent the general public.

59 SECTION 4. Said section 11A of said chapter 13, as so appearing, is hereby further
60 amended by striking out, in lines 51 and 52, the words “or physical therapy” and inserting in
61 place thereof the following words:- physical therapy or lactation consulting.

62 SECTION 5. Said chapter 13 is hereby further amended by adding the following section:-

63 Section 110. (a) There shall be within the department of public health a board of
64 registration in midwifery, hereinafter called the board. The board shall consist of 9 members who
65 are residents of the commonwealth to be appointed by the governor, 5 of whom shall be
66 midwives licensed under section 293 of chapter 112 with not less than 5 years of experience in
67 the practice of midwifery, 1 of whom shall be an obstetrician-gynecologist licensed to practice
68 medicine under section 2 of said chapter 112 with experience working with midwives, 1 of
69 whom shall be a maternal-fetal medicine specialist licensed to practice medicine under said
70 section 2 of said chapter 112 with experience working with midwives, 1 of whom shall be a
71 certified nurse-midwife licensed under section 80B of said chapter 112 and authorized to practice
72 nurse-midwifery under section 80C of said chapter 112 and 1 of whom shall be a member of the
73 public. When making the appointments to the board, the governor shall consider members with
74 experience working on the issue of racial disparities in maternal health. The appointed members
75 of the board shall serve for terms of 3 years. Upon the expiration of a term of office, a member
76 shall continue to serve until a successor has been appointed and qualified. A member shall not
77 serve for more than 2 consecutive full terms; provided, however, that a person who is chosen to
78 fill a vacancy in an unexpired term of a prior board member may serve for 2 consecutive full

79 terms in addition to the remainder of such unexpired term. A member may be removed by the
80 governor for neglect of duty, misconduct, malfeasance or misfeasance in the office after a written
81 notice of the charges against the member and sufficient opportunity to be heard thereon. Upon
82 the death, resignation or removal for cause of a member of the board, the governor shall fill the
83 vacancy for the remainder of that member's term.

84 (b) Annually, the board shall elect from its membership a chair and a secretary who shall
85 serve until their successors have been elected and qualified. The board shall meet not less than 4
86 times annually and may hold additional meetings at the call of the chair or upon the request of
87 not less than 5 members. A quorum for the conduct of official business shall be a majority of
88 those appointed. Board members shall serve without compensation but shall be reimbursed for
89 actual and reasonable expenses incurred in the performance of their duties. The members shall be
90 public employees for the purposes of chapter 258 for all acts or omissions within the scope of
91 their duties as board members.

92 SECTION 6. Chapter 32A of the General Laws is hereby amended by inserting after
93 section 17T, inserted by section 74 of chapter 140 of the acts of 2024, the following 3 sections:-

94 Section 17U. The commission shall provide to any active or retired employee of the
95 commonwealth who is insured under the group insurance commission coverage for postpartum
96 depression and major depressive disorder screenings conducted pursuant to section 247 of
97 chapter 111.

98 Section 17V. (a) The commission shall provide to any active or retired employee of the
99 commonwealth who is insured under the group insurance commission coverage for the provision

100 of medically necessary pasteurized donor human milk and donor human milk-derived products;
101 provided, however, that:

102 (i) the milk is obtained from a human milk bank that meets quality guidelines established
103 by the department of public health;

104 (ii) a licensed medical practitioner has issued a written order for the provision of such
105 human breast milk or donor human milk-derived products for the covered infant; and

106 (iii) the covered infant is:

107 (1) under the age of 6 months;

108 (2) undergoing treatment in an inpatient setting for a congenital or acquired condition that
109 places the infant at a high risk for development of necrotizing enterocolitis or a congenital or
110 acquired condition that may benefit from the use of such human breast milk as determined by the
111 department of public health; and

112 (3) medically or physically unable to receive maternal breast milk or participate in
113 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
114 support, to produce maternal breast milk in sufficient quantities or caloric density.

115 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
116 payment arrangement, the commission shall include the cost of reimbursement provided under
117 subsection (a) for donor human milk and donor human milk-derived products in the development
118 of the reimbursement rate for such diagnosis related group or bundled payment.

119 Section 17W. The commission shall provide to any active or retired employee of the
120 commonwealth who is insured under the group insurance commission coverage for universal

121 postpartum home visiting services in accordance with operational standards set by the
122 department of public health pursuant to section 248 of chapter 111. Such coverage shall not be
123 subject to cost-sharing, including co-payments and co-insurance, and shall not be subject to any
124 deductible; provided, however, that cost-sharing shall be required if the applicable plan is
125 governed by the Internal Revenue Code and would lose its tax-exempt status as a result of the
126 prohibition on cost-sharing for this service.

127 SECTION 7. Section 1E of chapter 46 of the General Laws, as appearing in the 2022
128 Official Edition, is hereby amended by inserting after the definition of “Administrator” the
129 following definition:-

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

132 SECTION 8. Said section 1E of said chapter 46, as so appearing, is hereby further
133 amended by inserting after the definition of “Hospital medical officer” the following definition:-

134 “Licensed certified professional midwife”, a midwife licensed to practice by the board of
135 registration in midwifery pursuant to section 293 of chapter 112.

136 SECTION 9. Section 3B of said chapter 46, as so appearing, is hereby amended by
137 inserting after the word “physician”, in line 1, the following words:- , certified nurse-midwife or
138 licensed certified professional midwife.

139 SECTION 10. Section 1 of chapter 94C of the General Laws, as so appearing, is hereby
140 amended by inserting after the definition of “Isomer” the following definition:-

141 “Licensed certified professional midwife”, a midwife licensed to practice by the board of
142 registration in midwifery pursuant to section 293 of chapter 112.

143 SECTION 11. Section 7 of said chapter 94C, as so appearing, is hereby amended by
144 adding the following subsection:-

145 (j) The commissioner shall promulgate regulations that provide for the automatic
146 registration of licensed certified professional midwives, upon the receipt of the fee as herein
147 provided, to issue written prescriptions in accordance with the provisions of section 295 of
148 chapter 112 and the regulations issued by the board of registration in midwifery under said
149 section 295 of said chapter 112, unless the registration of such licensed certified professional
150 midwife has been suspended or revoked pursuant to the provisions of section 13 or section 14 or
151 unless such registration is denied for cause by the commissioner pursuant to chapter 30A. Prior
152 to promulgating such regulations, the commissioner shall consult with the board of registration in
153 midwifery and the department of public health.

154 SECTION 12. Section 9 of said chapter 94C, as so appearing, is hereby amended by
155 inserting after the figure “112”, in line 7, the following words:- , licensed certified professional
156 midwife as limited by subsection (j) of said section 7 and section 295 of said chapter 112.

157 SECTION 13. Said section 9 of said chapter 94C, as so appearing, is hereby further
158 amended by inserting after the word “midwife”, in lines 24, 33, 38, 69, 75, 78 and 87, in each
159 instance, the following words:- , licensed certified professional midwife.

160 SECTION 14. Said section 9 of said chapter 94C, as so appearing, is hereby further
161 amended by inserting after the word “nurse-midwifery”, in line 29, the following word:- ,
162 midwifery.

163 SECTION 15. Section 24O of chapter 111 of the General Laws, as inserted by section 43
164 of chapter 28 of the acts of 2023, is hereby amended by striking out subsection (d), the second
165 time the subsection appears, and subsection (e), and inserting in place thereof the following 3
166 subsections:-

167 (e)(1) The committee shall consist of the following members: the commissioner, or their
168 designee, who shall serve as chair; the assistant secretary for MassHealth, or their designee, a
169 representative of the department of public health; the executive director of the health policy
170 commission, or their designee; a representative of the Perinatal-Neonatal Quality Improvement
171 Network of Massachusetts; the chief medical examiner, or their designee; the chair of the
172 Massachusetts chapter of the American College of Obstetrics and Gynecology, or their designee;
173 the chair of the Massachusetts chapter of the American College of Nurse Midwives, or their
174 designee; the chair of the Massachusetts chapter of the Association of Women's Health, Obstetric
175 and Neonatal Nurses, or their designee; and the commissioner shall appoint the following
176 members: a medical professional with obstetric and neonatal nursing training; a medical
177 professional with training in cardiology; a medical professional with training in pathology; a
178 medical professional with expertise in substance use prevention and treatment; a psychology,
179 social work or other mental health professional; a representative from academia in a relevant
180 field; a medical professional with formal anesthesiology training; a medical professional with
181 maternal fetal medicine or perinatology training; a medical professional with psychiatric
182 training; a medical professional with family medicine training; the director of a federally-funded
183 Healthy Start program, or their designee; 2 individuals who practice as doulas; 2 community or
184 family members who have been directly affected by a maternal death; a member of a

185 community-based organization; a representative from the department of children and families;
186 and a law enforcement officer.

187 (2) Each member, other than the commissioner, shall serve for a term of 3 years and until
188 their successor is appointed. Nothing in this section shall prohibit the commissioner from
189 appointing a committee member to serve additional terms. The committee shall convene as
190 deemed necessary by the department. The commissioner shall, to the extent feasible, appoint
191 members representing the racial, ethnic and geographic diversity of the commonwealth and shall
192 prioritize appointing members from communities and groups most impacted by maternal
193 mortality and maternal morbidity.

194 (f) Not later than December 31 of each even-numbered year, the committee shall submit
195 to the clerks of the house of representatives and the senate, the house and senate committees on
196 ways and means and the joint committee on public health a report, including, but not limited to:

197 (i) a description of the incidents of maternal mortality and severe maternal morbidity
198 reviewed during the immediately preceding 24 months, provided in a manner that shall not allow
199 for the identification of any person;

200 (ii) a summary of the disparities identified and reviewed;

201 (iii) recommendations to reduce maternal mortality and severe maternal morbidity in the
202 commonwealth; and

203 (iv) recommendations for any legislation or other changes to policy to reduce maternal
204 mortality and severe maternal morbidity or otherwise improve the delivery of health care in the
205 commonwealth.

206 (g) Notwithstanding any general or special law to the contrary, upon the determination of
207 a majority of the committee that the review of any information or record is necessary to carry out
208 the purpose of this section, the committee shall request and the relevant offices and agencies
209 shall provide requested records or information from any agency, department or office of the
210 commonwealth including, but not limited to: (i) the executive office of health and human
211 services and its constituent agencies; (ii) the executive office of public safety and security; (iii)
212 the center for health information and analysis; (iv) the office of patient protection; (v) a health
213 care facility, state comprehensive health planning agency or acute-care hospital as defined in
214 section 25B; and (vi) a health care provider or professional licensed pursuant to chapter 112. The
215 committee may receive and solicit voluntary information, including oral or written statements
216 relating to any case that may come before the committee from any public or private entity and
217 any person including, but not limited to, a patient in a case of maternal morbidity.

218 SECTION 16. Said chapter 111 is hereby further amended by inserting after section 24O
219 the following section:-

220 Section 24P. (a) As used in this section the following words shall, unless the context
221 clearly requires otherwise, have the following meanings:

222 “Fetal death”, as defined in section 202.

223 “Infant death”, the death of an infant that occurs between the birth of the infant and 1
224 year of age.

225 (b) The department shall establish a program to conduct an in-depth fetal and infant
226 mortality review of each individual fetal or infant death occurring within the commonwealth in
227 order to identify social, economic and systems factors associated with fetal and infant deaths and

228 inform public health policy programs. For each case of fetal or infant death to be reviewed, the
229 department may collect relevant data from a variety of sources including, but not limited to,
230 physician and hospital records and relevant information from local boards of health and
231 community organizations.

232 (c) The department shall promulgate regulations consistent with this section regarding the
233 process for conducting fetal infant mortality reviews, which shall include provisions for
234 protecting confidential information and guidance from the federal Health Resources and Services
235 Administration’s National Fetal, Infant, and Child Death Review Program.

236 SECTION 17. Said chapter 111 is hereby further amended by inserting after section 51L
237 the following section:-

238 Section 51M. (a) The department shall promulgate regulations relative to the operation
239 and maintenance of birth centers licensed as clinics pursuant to section 51, hereinafter referred to
240 as “freestanding birth centers”.

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

243 (i) a detailed and written plan on the premises for transfer of a client to a nearby hospital
244 providing obstetrical and newborn services as needed for emergency treatment beyond that
245 provided by the birth center;

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

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

251 (iv) a director of clinical affairs on staff who shall be a certified nurse-midwife, licensed
252 certified professional midwife or physician licensed to practice in the commonwealth whose
253 professional scope of practice includes preconception, prenatal, labor, birth and postpartum care
254 and early care of the newborn and who may be the primary attendants during the perinatal
255 period; and

256 (v) birth attendants that are certified nurse-midwives, licensed certified professional
257 midwives, physicians or other providers licensed to practice in the commonwealth whose
258 professional scope of practice includes preconception, prenatal, labor, birth and postpartum care
259 and early care of the newborn and who may be the primary attendants in accordance with their
260 professional scope of practice.

261 (c) The department shall not require a licensed freestanding birth center or the directors
262 and providers on staff to practice under the supervision of a hospital or another health care
263 provider or to enter into an agreement, written or otherwise, with another hospital or health care
264 provider, or maintain privileges at a hospital.

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

268 (e) Only freestanding birth centers and hospital-affiliated birth centers licensed by the
269 department shall include the words “birth center” or “birthing center” in such center’s name.

270 SECTION 18. Section 110A of said chapter 111, as appearing in the 2022 Official
271 Edition, is hereby amended by striking out the first paragraph and inserting in place thereof the
272 following paragraph:-

273 The physician attending a newborn child shall cause said child to be subjected to tests for
274 phenylketonuria, cretinism, Duchenne muscular dystrophy and such other specifically treatable
275 genetic or biochemical disorders or treatable infectious diseases which may be determined by
276 testing as specified by the commissioner. The commissioner shall convene an advisory
277 committee on newborn screening to assist the commissioner in determining which tests are
278 necessary; provided, however, that said advisory committee shall convene not less than twice per
279 year.

280 SECTION 19. Section 202 of said chapter 111, as so appearing, is hereby amended by
281 inserting after the word “physician”, in line 17, the following words:- , certified nurse-midwife
282 or licensed certified professional midwife.

283 SECTION 20. Said section 202 of said chapter 111, as so appearing, is hereby further
284 amended by inserting after the word “attendance”, in line 17, the following words:- , or without
285 the attendance of a certified nurse-midwife or licensed certified professional midwife.

286 SECTION 21. Said chapter 111 is hereby further amended by adding the following 4
287 sections:-

288 Section 245. (a) The commissioner shall develop and disseminate to the public,
289 information regarding pregnancy loss, including miscarriage and recurrent miscarriage, which
290 shall include information on: (i) the awareness of pregnancy loss and the incidence and
291 prevalence of pregnancy loss among pregnant people; and (ii) the accessibility of the range of

292 evidence-based treatment options, as medically appropriate, for pregnancy loss, including, but
293 not limited to, comprehensive mental health supports, necessary procedures and medications and
294 culturally responsive supports including pregnancy loss doula care. The commissioner shall
295 ensure that information disseminated pursuant to this section is available in multiple languages,
296 including, but not limited to Spanish, Portuguese, Mandarin, Cantonese, Haitian Creole and other
297 spoken languages in the commonwealth.

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

302 (c) The commissioner shall develop and coordinate programs for conducting and
303 supporting evidence-based research with respect to the causes of pregnancy loss and treatment
304 options.

305 (d) The commissioner shall, in consultation with and in accordance with guidelines from
306 relevant professional boards of registration, develop and disseminate to perinatal health care
307 workers information on pregnancy loss to ensure that such perinatal health care workers remain
308 informed about current information regarding pregnancy loss and prioritizing both the physical
309 and mental health care of patients experiencing pregnancy loss. For the purposes of this
310 subsection, the term “perinatal health care worker” shall include, but shall not be limited to, a
311 physician, certified nurse-midwife, licensed certified professional midwife, physician assistant,
312 nurse practitioner, clinical nurse specialist, doula, community health worker, peer supporter,

313 licensed lactation consultant, nutritionist or dietitian, childbirth educator, social worker, trained
314 family support specialist or home visitor, and language interpreter or navigator.

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

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

321 “Perinatal individual”, an individual that: (i) is either pregnant or is within 12 months
322 from the date of giving birth; (ii) is a biological parent or an adoptive or foster parent who is
323 within 12 months from assuming custodial care of a child; or (iii) has lost a pregnancy due to a
324 stillbirth, miscarriage or a medical termination within the previous 12 months.

325 “Perinatal mood and anxiety disorders”, a mental health disorder experienced by an
326 individual during the period of time from the beginning of pregnancy up until 12 months
327 following the birth of a child or after the end of pregnancy, including, but not limited to,
328 postpartum depression, or major depressive disorder associated with: (i) the care of a child
329 experienced by a biological parent or an adoptive or foster parent who is within 12 months from
330 assuming custodial care of a child; or (ii) pregnancy loss experienced by an individual who has
331 lost a pregnancy due to a stillbirth, miscarriage or a medical termination within the previous 12
332 months.

333 (b) The department shall develop and maintain a comprehensive digital resource center
334 on perinatal mood and anxiety disorders. The digital resource center shall be available to the

335 public at no cost on the department’s website, and shall include information and resources for: (i)
336 health care providers and organizations serving perinatal individuals to aid them in diagnosing,
337 treating or making appropriate referrals for individuals experiencing perinatal mood and anxiety
338 disorders; (ii) perinatal individuals and their families to aid them in understanding and
339 identifying perinatal mood and anxiety disorders and how to navigate available resources and
340 obtain treatment.

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

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

349 Section 247. (a) For the purposes of this section, “postnatal individual” shall refer to an
350 individual who: (i) is within 12 months of giving birth; (ii) is a biological parent or an adoptive
351 or foster parent that is within 12 months from assuming custodial care of a child; or (iii) has lost
352 a pregnancy due to a stillbirth, miscarriage or a medical termination within the previous 12
353 months.

354 (b) Every postnatal individual who receives health care services from a primary care
355 provider, obstetrician, gynecologist, certified nurse-midwife or licensed certified professional
356 midwife shall be offered a screening for postpartum depression or major depressive disorder and,

357 if the postnatal individual does not object to such screening, such primary care provider, certified
358 nurse-midwife or licensed certified professional midwife shall ensure that the postnatal
359 individual is appropriately screened for postpartum depression or major depressive disorder in
360 line with evidence-based guidelines.

361 (c) Every postnatal individual whose infant receives health care services from a
362 pediatrician shall be offered a screening for postpartum depression or major depressive disorder
363 by the infant’s pediatrician, and, if the postnatal individual does not object to such screening,
364 such pediatrician shall ensure that the postnatal individual is appropriately screened for
365 postpartum depression or major depressive disorder in accordance with evidence-based
366 guidelines.

367 (d) If a health care professional administering a screening in accordance with this section
368 determines, based on the screening methodology administered, that the postnatal individual is
369 likely to be suffering from postpartum depression or major depressive disorder, such health care
370 professional shall discuss available treatments for postpartum depression or major depressive
371 disorder, including pharmacological treatments, and provide an appropriate referral to a mental
372 health clinician.

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

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

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

379 “Universal postpartum home visiting services”, evidence-based, voluntary home or
380 community-based services for birthing people and caregivers with newborns, including, but not
381 limited to: (i) screenings for unmet health needs including reproductive health services; (ii)
382 maternal and infant nutritional needs; and (iii) emotional health supports, including postpartum
383 depression supports.

384 (b) The department shall establish and administer a statewide system of programs
385 providing universal postpartum home visiting services; provided, however, that the department
386 may contract with third-party service providers. Services shall be delivered by a qualified health
387 professional with maternal and pediatric health training, as defined by the department; provided,
388 however, that at least 1 visit shall occur at the patient’s home or a mutually agreed upon location
389 within 8 weeks postpartum.

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

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

400 SECTION 22. Chapter 112 of the General Laws is hereby amended by inserting after
401 section 2D the following section:-

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

406 SECTION 23. Section 23A of said chapter 112, as appearing in the 2022 Official Edition,
407 is hereby amended by striking out, in lines 1 and 2, the words “twenty-three A to twenty-three P”
408 and inserting in place thereof the following words:- 23A to 23P¾.

409 SECTION 24. Said section 23A of said chapter 112, as so appearing, is hereby further
410 amended by inserting after the definition of “Board” the following 4 definitions:-

411 “International board-certified lactation consultant”, a person who holds current
412 certification from the International Board of Lactation Consultant Examiners as a lactation
413 consultant after demonstrating the appropriate education, knowledge and experience necessary
414 for independent clinical practice.

415 “International Board of Lactation Consultant Examiners”, the international certification
416 body that confers the International Board Certified Lactation Consultant credential and which is
417 independently accredited by the National Commission for Certifying Agencies.

418 “Lactation consulting”, the clinical application of scientific principles and a
419 multidisciplinary body of evidence for evaluation, problem identification, treatment, education
420 and consultation to families regarding the course of lactation and infant feeding; including, but

421 not limited to: (i) clinical lactation assessment through the systematic collection of subjective
422 and objective data; (ii) analysis of data and creation of a plan of care; (iii) development and
423 implementation of a lactation care plan with demonstration and instruction to parents and
424 communication to the primary health care provider; (iv) provision of lactation education to
425 parents and health care providers; and (v) recommendation and use of assistive devices.

426 “Licensed lactation consultant”, a person licensed to practice lactation consulting in
427 accordance with section 23B.

428 SECTION 25. Section 23B of said chapter 112, as so appearing, is hereby amended by
429 striking out, in line 8, the words “and physical therapist assistants” and inserting in place thereof
430 the following words:- , physical therapist assistants and lactation consultants.

431 SECTION 26. The first paragraph of said section 23B of said chapter 112, as so
432 appearing, is hereby amended by striking out the fourth sentence and inserting in place thereof
433 the following sentence:- An applicant who furnishes satisfactory proof that they are of good
434 moral character and that they have met the educational and clinical practice requirements set
435 forth in section 23F, 23G, 23H, 23I, 23J or 23J½ shall, upon payment of a fee determined by the
436 secretary of administration and finance, be examined by the board and, if the applicant is found
437 to be qualified and passes the examination, the applicant shall be licensed to practice.

438 SECTION 27. Section 23C of said chapter 112, as so appearing, is hereby amended by
439 inserting after the word “assistant”, in line 4, the following words:- or lactation consultant.

440 SECTION 28. Said section 23C of said chapter 112, as so appearing, is hereby further
441 amended by inserting after the word “chapter”, in line 11, the following words:- ; or as a licensed
442 lactation consultant.

443 SECTION 29. Section 23D of said chapter 112, as so appearing, is hereby amended by
444 inserting after the words “physical therapist assistant”, in line 3, the following words:- , or a
445 licensed lactation consultant.

446 SECTION 30. Section 23E of said chapter 112, as so appearing, is hereby amended by
447 inserting after the word “assistant”, in line 8, the following words:- or lactation consultant.

448 SECTION 31. Said section 23E of said chapter 112, as so appearing, is hereby further
449 amended by inserting after the word “therapy”, in line 14, the following words:- or lactation
450 consulting.

451 SECTION 32. Said section 23E of said chapter 112, as so appearing, is hereby further
452 amended by inserting after the words “physical therapy services”, in line 21, the following
453 words:- or lactation consulting services.

454 SECTION 33. Said section 23E of said chapter 112, as so appearing, is hereby further
455 amended by inserting after the words “physical therapist”, in line 24, the following words:- or
456 licensed lactation consultant.

457 SECTION 34. Said chapter 112 is hereby further amended by inserting after section 23J
458 the following section:-

459 Section 23J½. An applicant for licensure as a lactation consultant shall:

460 (i) be not less than 18 years of age;

461 (ii) have submitted a completed application upon a form and in such manner as the board
462 prescribes, accompanied by applicable fees;

463 (iii) have met the education and clinical standards established for international board-
464 certified lactation consultants by the International Board of Lactation Consultant Examiners or
465 its successor organization;

466 (iv) have passed an examination adopted or administered by the board; provided,
467 however, that the board may adopt a standardized national exam, including the examination
468 required for certification by the International Board of Lactation Consultant Examiners or a
469 successor or equivalent entity; and

470 (v) have completed such other requirements as may be prescribed by the board.

471 SECTION 35. Section 23K of said chapter 112, as appearing in the 2022 Official Edition,
472 is hereby amended by inserting after the words “physical therapy”, in line 9, the following
473 words:- or lactation consulting.

474 SECTION 36. Section 23L of said chapter 112, as so appearing, is hereby amended by
475 striking out, in line 3, the words “or physical therapist assistant” and inserting in place thereof
476 the following words:- physical therapist assistant or licensed lactation consultant.

477 SECTION 37. Said chapter 112 is hereby further amended by inserting after section
478 23P¹/₂ the following section:-

479 Section 23P³/₄. (a) Except as otherwise provided in this section and sections 23C and 23E,
480 no person shall hold themselves out to others as a licensed lactation consultant unless they hold a
481 valid license issued in accordance with section 23B.

482 (b) Nothing in this section shall be construed to prevent the practice of lactation
483 consulting by members of other licensed health care professions when such practice is consistent

484 with the accepted standards and scope of practice for their respective professions; provided,
485 however, that such persons shall not use the title “licensed lactation consultant” unless licensed
486 pursuant to this chapter.

487 (c) Nothing in this chapter shall prevent perinatal health workers from performing
488 breastfeeding education functions consistent with the accepted standards of their respective
489 occupations; provided, however, such persons shall not use the title “licensed lactation
490 consultant” unless licensed pursuant to this chapter. For the purposes of this subsection,
491 “perinatal health worker” shall mean any perinatal educator and support provider, including, but
492 not limited to, a doula, community health worker, peer counselor, peer supporter, breastfeeding
493 and lactation counselor, breastfeeding and lactation educator or peer counselor within the
494 Women, Infants, and Children Program, childbirth educator or social worker.

495 SECTION 38. Said chapter 112 is hereby further amended by adding the following 8
496 sections:-

497 Section 290. As used in sections 291 to 297, inclusive, the following words shall have the
498 following meanings unless the context clearly requires otherwise:

499 “Board”, the board of registration in midwifery, established under section 110 of chapter
500 13.

501 “Certified nurse-midwife”, a nurse licensed under section 80B and authorized to practice
502 nurse-midwifery under section 80C.

503 “Client”, a person under the care of a licensed certified professional midwife.

504 “Licensed certified professional midwife”, a person registered by the board to practice
505 midwifery in the commonwealth under section 293.

506 “Low-risk pregnancy”, a pregnancy with no maternal or fetal factors that place the
507 pregnancy at significantly increased risk for complications, as determined through regulation by
508 the board in consultation with the department of public health, including, but not limited to,
509 factors related to maternal or fetal health conditions likely to affect the pregnancy and the
510 gestational age and presentation of the fetus at the time of labor and delivery.

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

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

513 Section 291. (a) The practice of midwifery by a licensed certified professional midwife
514 shall include, but shall not be limited to:

515 (i) the practice of providing maternity care to a client during the preconception period and
516 the antepartum, intrapartum and postpartum periods of a low-risk pregnancy;

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

518 (iii) prescribing, dispensing or administering pharmaceutical agents consistent with
519 section 295.

520 (b) A licensed certified professional midwife shall accept and provide care to clients only
521 in accordance with the scope and standards of practice under this section and regulations
522 promulgated by the board pursuant to section 292.

523 (c) The practice of midwifery shall not constitute the practice of medicine, certified
524 nurse-midwifery or emergency medical care.

525 (d) Nothing in this section shall regulate, restrict or prohibit the practice, service or
526 activities of:

527 (i) a person licensed in the commonwealth from engaging in activities within the scope of
528 practice of the profession or occupation for which such person is licensed, including, but not
529 limited to, the practice of a licensed physician, certified nurse-midwife or certified emergency
530 medical technician; provided, however, that such person does not represent to the public, directly
531 or indirectly, that such person is licensed under section 293 and that such person does not use
532 any name, title or designation indicating that such person is licensed under said section 293;

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

536 (iii) a traditional birth attendant who provides midwifery services to a client that has
537 cultural or religious birth traditions that have historically included the attendance of traditional
538 birth attendants; provided, however, that no fee for the traditional birth attendant's services is
539 contemplated, charged or received and the birth attendant serves only individuals and families in
540 a distinct cultural or religious group;

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

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

544 Section 292. (a) The board shall:

545 (i) adopt rules and promulgate regulations governing licensed certified professional
546 midwives and the practice of midwifery to promote the public health, welfare and safety
547 consistent with the essential competencies identified by NARM;

548 (ii) administer the licensing process, including, but not limited to: (A) receiving,
549 reviewing, approving and rejecting applications for licensure; (B) issuing, renewing, suspending,
550 revoking and reinstating licenses; (C) investigating complaints against persons licensed under
551 section 293; and (D) holding hearings and ordering disciplinary sanctions against a person who
552 violates sections 290 to 297, inclusive, or any regulation promulgated by the board;

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

554 (iv) adopt and provide a uniform, proctored examination for applicants to measure the
555 qualifications necessary for licensure; provided, however, that the board may adopt a
556 standardized national exam, including the examination required for certification by NARM or a
557 successor or equivalent entity;

558 (v) develop practice standards for licensed certified professional midwives that shall
559 include, but not be limited to: (A) the adoption of ethical standards for licensed certified
560 professional midwives; (B) the maintenance of records of care, including client charts; (C) the
561 participation in peer review; (D) the development of standardized informed consent forms; and
562 (E) the development of a standardized written emergency transport plan forms relative to the
563 timely transfer of a newborn or client to a hospital;

564 (vi) promulgate regulations that may require licensed certified professional midwives to
565 have professional malpractice liability insurance or a suitable bond or other indemnity against
566 liability for professional malpractice in such an amount as may be determined by the board;

567 (vii) establish and maintain records of its actions and proceedings in accordance with
568 public records laws; and

569 (viii) adopt professional continuing education requirements for licensed certified
570 professional midwives seeking renewal consistent with those maintained by NARM.

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

574 Section 293. (a) A person seeking licensure as a midwife under this section shall apply to
575 the board in writing on an application form prescribed and furnished by the board. The
576 application shall include a sworn statement and contain information satisfactory to the board to
577 demonstrate that the applicant possesses the qualifications necessary for licensure under this
578 section.

579 (b) The initial license and renewal fee shall be established pursuant to section 3B of
580 chapter 7; provided, however, that such fees shall not exceed \$200 biennially. The board, in
581 consultation with the secretary of administration and finance, shall institute a process for
582 applicants to apply for a financial hardship waiver, which may reduce or fully exempt an
583 applicant from paying the fee pursuant to this section. Fees collected by the board shall be
584 deposited into the Quality in Health Professions Trust Fund pursuant to section 35X of chapter

585 10 to support board operations and administration and to reimburse board members for
586 reasonable expenses incurred in the performance of their official duties.

587 (c) An applicant for licensure under this section shall: (i) be of good moral character; (ii)
588 be a graduate of a high school or its equivalent; (iii) have completed a formal midwifery
589 education and training program consistent with subsection (d); (iv) possess a valid certified
590 professional midwife credential from NARM; and (v) have satisfactorily completed the
591 examination required by the board.

592 (d) An applicant for a license to practice midwifery as a licensed certified professional
593 midwife shall submit to the board as proof of successful completion of a formal midwifery
594 education and training program either:

595 (i) a certificate of completion, or its equivalent, from an educational program or
596 institution accredited by MEAC; or

597 (ii) a midwifery bridge certificate issued by NARM or a successor credential; provided,
598 however, that the applicant: (A) received such bridge certification on or after September 1, 2019
599 and completed a midwifery education and training program from an educational program or
600 institution that is not accredited by MEAC; or (B) is licensed as a professional midwife in a state
601 that does not require completion of a midwifery education and training program from an
602 educational program or institution that is accredited by MEAC.

603 (e) The board may license in a like manner, without examination, any midwife who has
604 been licensed in another state under laws which, in the opinion of the board, require
605 qualifications and maintain standards substantially the same as those of this commonwealth for

606 licensed certified professional midwives; provided, however, that such midwife applies and
607 remits to the board the appropriate application fee under this section.

608 (f) The board may petition a court of competent jurisdiction for an injunction against any
609 person practicing midwifery without a license granted pursuant to this section. Proof of damage
610 or harm sustained by any person shall not be required for issuance of such an injunction. Nothing
611 in this section shall relieve a person from criminal prosecution for practicing midwifery without
612 a license.

613 Section 294. (a) The board may, after a hearing pursuant to chapter 30A, suspend or
614 revoke the license of a licensed certified professional midwife or reprimand, censure or
615 otherwise discipline a licensed certified professional midwife for any of the reasons set forth in
616 section 61.

617 (b) No person filing a complaint or reporting information pursuant to this section or
618 assisting the board at its request in any manner in discharging its duties and functions shall be
619 liable in any cause of action arising out of providing such information or assistance; provided,
620 however, that the person making the complaint or reporting such information or providing such
621 assistance does so in good faith.

622 (c) A person subject to any disciplinary action taken by the board pursuant to this section
623 may file a petition for judicial review pursuant to section 64.

624 Section 295. (a) A licensed certified professional midwife duly registered to issue written
625 prescriptions in accordance with the provisions of subsection (j) of section 7 of chapter 94C may
626 order, possess, purchase and administer pharmaceutical agents consistent with the scope of
627 midwifery practice, including: (i) antihemorrhagic agents, including, but not limited to, oxytocin,

628 misoprostol and methergine; (ii) intravenous fluids for stabilization; (iii) vitamin K; (iv) eye
629 prophylaxes; (v) oxygen; (vi) antibiotics for Group B Streptococcal; (vii) antibiotic prophylaxes;
630 (viii) Rho(D) immune globulin; (ix) local anesthetic; (x) epinephrine; and (xi) other
631 pharmaceutical agents identified by the board through rules or regulations in consultation with
632 the department of public health.

633 (b) Nothing in this section shall be construed to permit a licensed certified professional
634 midwife's use of pharmaceutical agents which are: (i) controlled substances as defined in chapter
635 94C, except for those listed in schedule VI; or (ii) not identified by the board of registration in
636 midwifery as consistent with the scope of midwifery practice pursuant to subsection (a).

637 Section 296. When accepting a client for care, a licensed certified professional midwife
638 shall obtain the client's informed consent, which shall be evidenced by a written statement in a
639 form prescribed by the board and signed by both the licensed certified professional midwife and
640 the client. The signed form shall be included in the client's record of care. The form shall
641 include, but not be limited to, the following: (i) an acknowledgement that the licensed certified
642 professional midwife is not authorized to practice medicine; (ii) a description of written practice
643 guidelines, services provided and the risks and benefits of birth in the client's chosen
644 environment; and (iii) disclosure that the client may be referred for a consultation with or have
645 their care transferred to a physician if the client requires care that is outside the midwife's scope
646 of practice.

647 Section 297. (a) A licensed certified professional midwife shall only provide care to a
648 client in the case of a low-risk pregnancy. If at any point during pregnancy, childbirth or
649 postpartum care a client or the newborn's condition deviates from normal, it shall be the duty of

650 the licensed certified professional midwife to immediately refer or transfer the client or newborn
651 to a physician. If a physician determines that the client's condition has been resolved such that
652 the risk factors presented by a client's disease or condition are not likely to significantly affect
653 the course of pregnancy or childbirth, the licensed certified professional midwife may resume
654 care of the client and resume assisting the client during their pregnancy, childbirth or postpartum
655 care. A licensed certified professional midwife shall not provide or continue to provide
656 midwifery care to a client whose pregnancy is no longer low-risk; provided, however, in such
657 circumstances nothing in this section shall prohibit a licensed certified professional midwife
658 from remaining present in a supportive capacity throughout pregnancy and childbirth, in
659 accordance with the client's wishes. If at any point after delivery, the newborn's condition
660 deviates from normal, the licensed certified professional midwife shall immediately refer or
661 transfer the client to a physician.

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

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

672 SECTION 39. Section 10A of chapter 118E of the General Laws, as appearing in the
673 2022 Official Edition, is hereby amended by striking out, in lines 17 and 21, the words “or
674 certified nurse midwife” and inserting in place thereof, in each instance, the following words:-
675 certified nurse-midwife or licensed certified professional midwife.

676 SECTION 40. Said section 10A of said chapter 118E, as so appearing, is hereby further
677 amended by inserting after the first paragraph the following 2 paragraphs:-

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

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

686 SECTION 41. Said chapter 118E is hereby further amended by inserting after section
687 10Q the following 5 sections:-

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

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

699 Section 10S. The division and its contracted health insurers, health plans, health
700 maintenance organizations, behavioral health management firms and third-party administrators
701 under contract to a Medicaid managed care organization or primary care clinician plan shall
702 provide coverage for postpartum depression and major depressive disorder screenings conducted
703 pursuant to section 247 of chapter 111.

704 Section 10T. (a) The division and its contracted health insurers, health plans, health
705 maintenance organizations, behavioral health management firms and third-party administrators
706 under contract to a Medicaid managed care organization or primary care clinician plan shall
707 provide coverage for the provision of medically necessary pasteurized donor human milk and
708 donor human milk-derived products; provided, however, that:

709 (i) the milk is obtained from a human milk bank that meets quality guidelines established
710 by the department of public health;

711 (ii) a licensed medical practitioner has issued a written order for the provision of such
712 human breast milk or donor human milk-derived products for the covered infant; and

713 (iii) the covered infant is:

714 (1) under the age of 6 months;

715 (2) undergoing treatment in an inpatient setting for a congenital or acquired condition that
716 places the infant at a high risk for development of necrotizing enterocolitis or a congenital or
717 acquired condition that may benefit from the use of such human breast milk as determined by the
718 department of public health; and

719 (3) medically or physically unable to receive maternal breast milk or participate in
720 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
721 support, to produce maternal breast milk in sufficient quantities or caloric density.

722 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
723 payment arrangement, the commission shall include the cost of reimbursement provided under
724 subsection (a) for donor human milk and donor human milk-derived products in the development
725 of the reimbursement rate for such diagnosis related group or bundled payment.

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

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

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

735 (b) The division and its contracted health insurers, health plans, health maintenance
736 organizations, behavioral health management firms and third-party administrators under contract
737 to a Medicaid managed care organization, accountable care organization or primary care
738 clinician plan shall provide coverage of doula services to pregnant individuals and postpartum
739 individuals up to 12 months following the end of the pregnancy and adoptive parents of infants
740 until the infants reach 1 year of age; provided, however, that the division shall cover not less than
741 6 doula visits across the prenatal and 1-year postpartum period or until an adopted infant reaches
742 1 year of age.

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

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

754 SECTION 42. Subsection (c) of section 148C of chapter 149 of the General Laws, as
755 appearing in the 2022 Official Edition, is hereby amended by striking out clauses (3) and (4) and
756 inserting in place thereof the following 3 clauses:-

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

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

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

765 SECTION 43. Section 47C of chapter 175 of the General Laws, as so appearing, is
766 hereby amended by striking out, in line 62, the word “annually” and inserting in place thereof the
767 following words:- once per calendar year.

768 SECTION 44. Said chapter 175 is hereby further amended by inserting after section
769 47VV, inserted by section 145 of chapter 140 of the acts of 2024, the following 3 sections:-

770 Section 47WW. Any policy, contract, agreement, plan or certificate of insurance issued,
771 delivered or renewed within the commonwealth, which is considered creditable coverage under
772 section 1 of chapter 111M, shall provide coverage for postpartum depression and major
773 depressive disorder screenings conducted pursuant to section 247 of chapter 111.

774 Section 47XX. (a) Any policy, contract, agreement, plan or certificate of insurance
775 issued, delivered or renewed within the commonwealth, which is considered creditable coverage
776 under section 1 of chapter 111M, shall provide coverage for the provision of medically necessary
777 pasteurized donor human milk and donor human milk-derived products; provided, however, that:

778 (i) the milk is obtained from a human milk bank that meets quality guidelines established
779 by the department of public health;

780 (ii) a licensed medical practitioner has issued a written order for the provision of such
781 human breast milk or donor human milk-derived products for the covered infant; and

782 (iii) the covered infant is:

783 (1) under the age of 6 months;

784 (2) undergoing treatment in an inpatient setting for a congenital or acquired condition that
785 places the infant at a high risk for development of necrotizing enterocolitis or a congenital or
786 acquired condition that may benefit from the use of such human breast milk as determined by the
787 department of public health; and

788 (3) medically or physically unable to receive maternal breast milk or participate in
789 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
790 support, to produce maternal breast milk in sufficient quantities or caloric density.

791 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
792 payment arrangement, the commission shall include the cost of reimbursement provided under
793 subsection (a) for donor human milk and donor human milk-derived products in the development
794 of the reimbursement rate for such diagnosis related group or bundled payment.

795 Section 47YY. An individual policy of accident and sickness insurance issued pursuant to
796 section 108 that provides hospital expense and surgical expense insurance or a group blanket or
797 general policy of accident and sickness insurance issued pursuant to section 110 that provides
798 hospital expense and surgical expense insurance that is issued or renewed within the

799 commonwealth shall provide coverage for universal postpartum home visiting services, in
800 accordance with operational standards set by the department of public health pursuant to section
801 248 of chapter 111. Such coverage shall not be subject to any cost-sharing, including co-
802 payments and co-insurance, and shall not be subject to any deductible; provided, however, that
803 co-payments, coinsurance or deductibles shall be required if the applicable plan is governed by
804 the Internal Revenue Code and would lose its tax-exempt status due to the prohibition on co-
805 payments, coinsurance or deductibles for these services.

806 SECTION 45. Chapter 176A of the General Laws is hereby amended by inserting after
807 section 8WW, inserted by section 148 of chapter 140 of the acts of 2024, the following 3
808 sections:-

809 Section 8XX. Any contract between a subscriber and the corporation under an individual
810 or group hospital service plan that is delivered, issued or renewed within the commonwealth
811 shall provide coverage for postpartum depression and major depressive disorder screenings
812 conducted pursuant to section 247 of chapter 111.

813 Section 8YY. (a) Any contract between a subscriber and the corporation under an
814 individual or group hospital service plan that is delivered, issued or renewed within the
815 commonwealth shall provide coverage for the provision of medically necessary pasteurized
816 donor human milk and donor human milk-derived products; provided, however, that:

817 (i) the milk is obtained from a human milk bank that meets quality guidelines established
818 by the department of public health;

819 (ii) a licensed medical practitioner has issued a written order for the provision of such
820 human breast milk or donor human milk-derived products for the covered infant; and

821 (iii) the covered infant is:

822 (1) under the age of 6 months;

823 (2) undergoing treatment in an inpatient setting for a congenital or acquired condition that
824 places the infant at a high risk for development of necrotizing enterocolitis or a congenital or
825 acquired condition that may benefit from the use of such human breast milk as determined by the
826 department of public health; and

827 (3) medically or physically unable to receive maternal breast milk or participate in
828 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
829 support, to produce maternal breast milk in sufficient quantities or caloric density.

830 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
831 payment arrangement, the commission shall include the cost of reimbursement provided under
832 subsection (a) for donor human milk and donor human milk-derived products in the
833 development of the reimbursement rate for such diagnosis related group or bundled payment.

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

843 SECTION 46. Chapter 176B of the General Laws is hereby amended by inserting after
844 section 4WW, inserted by section 149 of chapter 140 of the acts of 2024, the following 3
845 sections:-

846 Section 4XX. Any subscription certificate under an individual or group medical service
847 agreement delivered, issued or renewed within the commonwealth, which is considered
848 creditable coverage under section 1 of chapter 111M, shall provide coverage for postpartum
849 depression and major depressive disorder screenings conducted pursuant to section 247 of
850 chapter 111.

851 Section 4YY. (a) Any subscription certificate under an individual or group medical
852 service agreement delivered, issued or renewed within the commonwealth, which is considered
853 creditable coverage under section 1 of chapter 111M, shall provide coverage for the provision of
854 medically necessary pasteurized donor human milk and donor human milk-derived products;
855 provided, however, that:

856 (i) the milk is obtained from a human milk bank that meets quality guidelines established
857 by the department of public health;

858 (ii) a licensed medical practitioner has issued a written order for the provision of such
859 human breast milk or donor human milk-derived products for the covered infant; and

860 (iii) the covered infant is:

861 (1) under the age of 6 months;

862 (2) undergoing treatment in an inpatient setting for a congenital or acquired condition that
863 places the infant at a high risk for development of necrotizing enterocolitis or a congenital or

864 acquired condition that may benefit from the use of such human breast milk as determined by the
865 department of public health; and

866 (3) medically or physically unable to receive maternal breast milk or participate in
867 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
868 support, to produce maternal breast milk in sufficient quantities or caloric density.

869 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
870 payment arrangement, the commission shall include the cost of reimbursement provided under
871 subsection (a) for donor human milk and donor human milk-derived products in the development
872 of the reimbursement rate for such diagnosis related group or bundled payment.

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

882 SECTION 47. Chapter 176G of the General Laws is hereby amended by inserting after
883 section 40O, inserted by section 150 of chapter 140 of the acts of 2024, the following 3
884 sections:-

885 Section 4PP. An individual or group health maintenance contract that is issued or
886 renewed within or without the commonwealth shall provide coverage for postpartum depression
887 and major depressive disorder screenings conducted pursuant to section 247 of chapter 111.

888 Section 4QQ. (a) An individual or group health maintenance contract that is issued or
889 renewed within or without the commonwealth shall provide coverage for the provision of
890 medically necessary pasteurized donor human milk and donor human milk-derived products;
891 provided, however, that:

892 (i) the milk is obtained from a human milk bank that meets quality guidelines established
893 by the department of public health;

894 (ii) a licensed medical practitioner has issued a written order for the provision of such
895 human breast milk or donor human milk-derived products for the covered infant; and

896 (iii) the covered infant is:

897 (1) under the age of 6 months;

898 (2) undergoing treatment in an inpatient setting for a congenital or acquired condition that
899 places the infant at a high risk for development of necrotizing enterocolitis or a congenital or
900 acquired condition that may benefit from the use of such human breast milk as determined by the
901 department of public health; and

902 (3) medically or physically unable to receive maternal breast milk or participate in
903 breastfeeding or whose mother is medically or physically unable, despite receiving lactation
904 support, to produce maternal breast milk in sufficient quantities or caloric density.

905 (b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled
906 payment arrangement, the commission shall include the cost of reimbursement provided under
907 subsection (a) for donor human milk and donor human milk-derived products in the development
908 of the reimbursement rate for such diagnosis related group or bundled payment.

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

917 SECTION 48. (a) There shall be a task force on maternal health access and birthing
918 patient safety. The task force shall consist of: the commissioner of public health or a designee,
919 who shall serve as co-chair; the executive director of the health policy commission or a designee,
920 who shall serve as co-chair; the executive director of the center for health information and
921 analysis or a designee; the executive director of the Betsy Lehman center for patient safety and
922 medical error reduction or a designee; and 5 members appointed by the secretary of health and
923 human services, 1 of whom shall be a representative of the Massachusetts Health and Hospital
924 Association, Inc., 1 of whom shall be a representative of the Massachusetts Nurses Association,
925 1 of whom shall be a representative of the Massachusetts Medical Society, 1 of whom shall be
926 representative of the Perinatal-Neonatal Quality Improvement Network of Massachusetts and 1
927 of whom shall be a representative of the Neighborhood Birth Center, Inc.

928 (b) The task force shall study and report maternal health access and birthing patient
929 safety. The task force shall: (i) study the current availability of and access to maternal health
930 services and maternal health care across regions of the commonwealth and among birthing
931 patient populations, including the essential service closure process, the adequacy of the maternal
932 health care workforce and other topics identified in subsection (c); (ii) identify methods to
933 increase the financial investment in and patient access to maternal health care across the
934 commonwealth and ensure equitable access for the most vulnerable birthing patient populations;
935 and (iii) issue a report on the task force’s findings and policy recommendations.

936 (c) The task force shall study: (i) past essential services closures for inpatient maternity
937 units and acute-level birthing centers and closures of community-based, office-based and
938 preventative maternal health care, including family planning services, obstetrics and gynecology
939 services and midwifery services; (ii) patient quality and safety considerations of essential service
940 closures of maternal care units, including quality, safety and staffing regulatory requirements
941 promulgated by the department of public health that inform acute level maternal care essential
942 service closures; and (iii) demographic information on patient populations whose access has been
943 most affected by past closures of or current limitations on the availability of maternal care
944 services, including, but not limited to, geography, type of insurance coverage, age, race,
945 ethnicity, income status, LGBTQIA+ status and immigration status.

946 (d) Not later than September 1, 2025, the task force shall submit its report to the clerks of
947 the senate and house of representatives, the joint committee on health care financing and the joint
948 committee on public health.

949 SECTION 49. Notwithstanding any general or special law to the contrary, for the initial
950 appointments by the governor to the board of registration in midwifery pursuant to section 110 of
951 chapter 13 of the General Laws, inserted by section 5, the 5 members required to be licensed
952 certified professional midwives shall be persons with at least 5 years of experience in the
953 practice of midwifery who hold a certificate of completion or equivalent from an educational
954 program or institution accredited by the Midwifery Education Accreditation Council.

955 SECTION 50. The board of registration in midwifery established pursuant to section 110
956 of chapter 13 of the General Laws, inserted by section 5, shall issue temporary licensure for
957 individuals practicing midwifery and shall promulgate regulations for the temporary licensure of
958 individuals practicing midwifery within 180 days of the effective date of this act. Such
959 temporary licenses shall be valid until the date established by the board pursuant to section 55 by
960 which individuals practicing midwifery shall be licensed.

961 SECTION 51. The board of registration in midwifery established pursuant to section 110
962 of chapter 13 of the General Laws, inserted by section 5, except as provided in section 50, shall
963 adopt rules and promulgate regulations pursuant to this act within 1 year from the effective date
964 of this act.

965 SECTION 52. (a) The department of public health shall promulgate regulations pursuant
966 to section 51M of chapter 111 of the General Laws, inserted by section 17, not later than 180
967 days after the effective date of this act.

968 (b) Prior to promulgating initial regulations pursuant to said section 51M of said chapter
969 111, the department shall consider, when developing regulations, the standards adopted by the
970 American Association of Birth Centers and consult with Seven Sisters Birth Center LLC,

971 Neighborhood Birth Center, Inc., the Massachusetts Affiliate of ACNM, Inc. and other entities
972 operating or planning to open birth centers in the commonwealth.

973 SECTION 53. The department of public health shall implement newborn screening
974 protocols for Duchenne muscular dystrophy pursuant to section 110A of chapter 111 of the
975 General Laws, as amended by section 18, not later than 18 months after the effective date of this
976 act.

977 SECTION 54. All individuals practicing lactation consulting required to be licensed
978 pursuant to section 23B of chapter 112 of the General Laws, as amended by sections 25 and 26,
979 shall be licensed not later than January 1, 2026.

980 SECTION 55. The board of registration in midwifery established pursuant to section 110
981 of chapter 13 of the General Laws, inserted by section 5, shall establish a date not later than 1
982 year after said board adopts rules and promulgates regulations pursuant to this act by which
983 individuals practicing midwifery consistent with section 291 of chapter 112 of the General Laws,
984 inserted by section 38, shall be licensed.

985 SECTION 56. The governor shall convene the first meeting of the board of registration in
986 midwifery established under section 110 of chapter 13 of the General Laws within 90 days from
987 the effective date of this act. At such meeting, the board shall elect a chair and a secretary for its
988 membership whose duties shall be established by the board.

989 SECTION 57. The department of public health shall promulgate regulations pursuant to
990 subsection (j) of section 7 of chapter 94C of the General Laws, inserted by section 11, providing
991 for the automatic registration of licensed certified professional midwives to issue written
992 prescriptions within 180 days of the effective date of this act.

993 SECTION 58. The department of public health shall promulgate regulations pursuant to
994 subsection (b) of section 248 of chapter 111 of the General Laws, inserted by section 21, for the
995 establishment and administration of a statewide system of programs providing universal
996 postpartum home visiting services within 90 days of the effective date of this act.