October 14, 2025

Senator Paul R. Feeney, Chair *Joint Committee on Public Health* *Massachusetts State House, Room 112* *Boston, MA 02133*	*Representative James M. Murphy, Chair* *Joint Committee on Financial Services* *Massachusetts State House, Room 254* *Boston, MA 02133*

RE: Support for H.1117 / S.784, An Act promoting and enhancing the sustainability of birth centers and the midwifery workforce

Dear Chairs Murphy, Feeney, and members of the Joint Committee on Financial Services:

I am writing on behalf of and as President of the Massachusetts Chapter of the National Association for Certified Professional Midwives (MA-NACPM). MA-NACPM is the state affiliate of the National Association for Certified Professional Midwives and represents the cadre of skilled birth attendants recently authorized for licensure under the 2024 maternal health omnibus. I am resident of Scituate, MA and have a clinical midwifery practice serving the communities of the South Shore. Across the Commonwealth, MA-NACPM members serve birthing families in every corner, from the Outer Cape to the Berkshires, urban centers in Boston, Worcester, and Springfield, to rural areas of northern and southern Massachusetts. ***MA-NACPM writes in strong support of H.1117 / S.784, An Act promoting and enhancing the sustainability of birth centers and the midwifery workforce***, sponsored by Rep. Manny Cruz, Rep. Lindsay Sabadosa, and Senator Joan Lovely.

The bi-cameral, *unanimous* passage of An Act to Increase Equity and Access to Midwifery and Out-of-Hospital Birth Options, last year, was a remarkable achievement. MA-NACPM continues our enormous gratitude to the MA legislature for that best-in the nation bill. It represents and is enabling transformative reforms to the regulatory landscape for midwifery care, birth center access, and community support services throughout the childbearing years.

But, the work is not done! To ensure that everyone in Massachusetts has the access to choose where and with whom they receive perinatal care, Massachusetts must again lead the way and also reform how community-based perinatal care is financed and sustained. As is happening across the nation, in recent years, Massachusetts has seen the closure of too many birth centers and community obstetric units. Midwifery practices are struggling to pay providers and staff. Everyday, midwives in all points of care, and community-based points of care in particular are providing life-saving care for moms and babies—and operating at a net loss for a majority of the patients they support.

Third party payers such as commercial insurance plans, MCOs available to MA residents through the Health Connector, and even the GIC, are reimbursing midwives substantially less for identical services than physician providers receive—even when these providers are serving side by side in the same setting. Payers are denying reimbursement for equitable facility fees to community-based, or independent facilities such as birth centers because our organizations and practices cannot negotiate with the same power and resources as a large hospital system. And, payers deny reimbursement to home-based care practices for overhead costs because our “facility” is mobile and cannot be seen in the same way that a brick-and-mortar birth center can be.

As laid out in the 2022 Massachusetts Health Policy Commission’s Report on Maternal Health, and the 2022 Report on Racial Inequities in Maternal Health, expanding access to midwifery care is a proven and cost-effective pillar of address the disparities and overall worsening

maternal and neonatal health outcomes Massachusetts is facing. To continue our life-saving work, and scale-up reach of services, birth centers and midwives MUST receive equitable reimbursement. As laid out in the provisions of **H.1117 / S.784,** this begins with equitable access to educational loan reimbursement and continues through equitable reimbursement for the supplies, equipment, and physical space midwives' maintain to provide high-quality, family-centered care. The 2022 reports were completed prior to establishment of a Registration in Midwifery for Certified Professional Midwives. **H.1117 / S.784** would also ensure that the priority recommendations to rebalance and refine reimbursement covers not only certified-nurse midwives, but certified professional midwives (the Commonwealth's newest licensed primary community perinatal care providers) as well.

Over the past two decades, as midwifery, out-of-hospital birth care, and certified professional midwives have been integrated into the formal health system in other states, NACPM has witnessed a wide range of approaches and policy successes and failures. We have only to look to neighbors such as New Hampshire to see that without mandates for equitable reimbursement, payers decline to do so. And, without reimbursement rates that meet minimum practice costs and allow midwives to make a livable wage, providers and employers (e.g: birth centers) will not enroll as in-network providers.

A legislative framework for equitable reimbursement is essential to realize the goals of the 2024 omnibus and expand equitable access for birthing families in Massachusetts.

Equitable reimbursement is also the wisest fiscal path forward to protecting essential maternal and child healthcare. Decades of evidence point to the fiscal positives of investing in upstream health interventions, preventative care, and services that reduce incidence of high-acuity cases. Midwifery care is all of those things.

At a time when every single actor in our healthcare super system needs to be thinking more creatively, innovatively, and cost effectively than ever, midwifery care lowers rates of C-section and preterm birth, reduces future NICU admissions for babies, and increases breastfeeding rates. Each of these represent significant cost savings for the healthcare system as a whole. The difference between a low-risk patient who ultimately delivers vaginally versus a low-risk pregnancy that ends in a cesarean delivery can save the system between $10,000 - $13,000 per course of care.

MA-NACPM members are looking at rising costs of living, employment uncertainty, and looming cuts to Medicaid, and are deeply concerned about how birthing families in the communities we serve are going to keep accessing perinatal care. Weekly, our members are fielding calls from families who can't find a midwife that takes their insurance plan, or who are struggling to figure out how they will afford the ancillary and social services they require to have a healthy pregnancy and postpartum—beyond what is offered in the traditional facility-based course of care.

Equitable reimbursement for midwifery education, midwifery services, and community-based facility and equipment costs will not only increase access to care that can improve birth outcomes, and allow residents of Massachusetts to choose the type of care they want. Ensuring equitable reimbursement for midwifery and out-of-hospital care also incentivizes evidence-based solutions that Massachusetts cannot afford to pass up.

MA-NACPM strongly urges the Committee to give H.1117 / S.784 a favorable report without delay.

Thank you for your consideration.

Sincerely,

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President, MA Chapter National Association of Certified Professional Midwives

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