Massachusetts Board of Registration in Midwifery, BORM, Meeting Recap

September 17, 2026

The Board of Registration in Midwifery met for its September general session. This was a big meeting, coming just days after temporary licensure officially opened in Massachusetts.

Here are the main updates for community midwives.

Licensure is officially open

Temporary licensure has been promulgated and the application portal is open. At the time of the meeting, the Board had already received close to 10 completed applications ready for review.

A few important clarifications:

- There is not yet a date when licensure becomes mandatory for practicing CPMs in Massachusetts.
- That date will ultimately be set by the Board and must fall within the statutory timeline following promulgation of the remaining regulations.
- Midwives who become licensed can apply for an MCSR and practice under the medication authority available to LCPMs.
- Licensed CPMs will also be able to enroll with MassHealth.
- Questions about individual applications should be sent directly to Board staff at midwifery@mass.gov. This is especially important for unusual situations involving transcripts, closed schools, MEAC status, or other application issues.

The Board also discussed the reality that this transition creates a complicated period for currently practicing midwives, particularly around medications and MCSR requirements. More discussion and guidance are expected.

MCSR and medications

The Board asked for representatives from the Massachusetts Controlled Substances Registration/ Drug Control Program to attend a future meeting so that there can be a more detailed discussion about how MCSR requirements apply to LCPMs.

There was significant discussion about what happens during this transition period for practicing midwives who are not yet licensed or have not yet received an MCSR. Board staff acknowledged the need for clearer information, but also emphasized that medication law is largely under the jurisdiction of the Drug Control Program rather than the Board of Registration in Midwifery.

This topic is expected to return at a future meeting.

Closed schools, MEAC status and transcripts

The Board discussed concerns about applicants who attended midwifery schools that have since closed or whose MEAC status has changed.

For closed schools, applicants were advised to first contact the appropriate education authority in the state where the school was located to determine who maintains the school's records.

The Board did not resolve all of the questions around closed schools, MEAC certificates, Bridge certificates or changing accreditation status. These issues are expected to come back for further discussion.

If this applies to you, send your specific situation to midwifery@mass.gov rather than trying to determine on your own what documentation will be accepted.

Emergency transfer-of-care guidance moves forward

The Board approved its guidance for use of the emergency transfer-of-care forms and sent it forward for administrative and leadership review.

The forms themselves are recommended, not required. An LCPM may use their own transfer form, but the Board's expectation is that it contain the same core information.

The guidance also explicitly recognizes the realities of an emergency transfer:

Clinical care takes priority over completing paperwork.

If there is not time to complete the entire form, the midwife should prioritize the information most relevant to the transfer and provide it to EMS and/or the receiving facility.

Formulary expanded

The Board voted to expand the list of medications considered consistent with LCPM practice and send the amended list for administrative and leadership review.

The additions are:

- Long-acting reversible contraceptives (LARCs)
- Mifepristone

- Non-benzodiazepine hypnotics
- Injectable vitamin B6
- Injectable vitamin B12

The Board also removed the word “temporary” from the formulary guidance. This means the formulary is being developed as the medication list for licensed CPMs generally, rather than a list that applies only during temporary licensure.

This does not mean that every LCPM must use or offer every medication on the formulary.

More work is coming on pharmacology education

There was a long discussion about the relationship between the Massachusetts formulary, NACPM's national medication recommendations, NARM's changing entry-level medication competencies, and additional pharmacology education.

The Board did not adopt the full NACPM medication list or establish new pharmacology education requirements at this meeting. Instead, pharmacology education requirements will come back as a future agenda item. The formulary establishes which medications the Board considers within LCPM scope, while education and competency requirements are a separate regulatory question.

Informed consent documents may be coming

The Board also began discussing whether Massachusetts should develop standardized or recommended informed-consent resources for some of the clinical issues that have generated the most discussion during regulation development.

Topics identified included:

- VBAC
- GBS
- Breech
- Twins
- Postdates

No forms or requirements were adopted.

The Board will first gather examples currently being used by Massachusetts midwives and other states and continue discussing whether these should be recommended forms, guidance documents, required elements, or some combination.

There was also discussion about creating a broader framework for what meaningful informed consent/informed choice should include rather than simply creating a stack of forms.

Medical debt and credit reporting

The Board also approved the updated 140 CMR 2.00 regulation for promulgation.

This is a DPH-wide regulation applying across healthcare licensing boards. Beginning January 15, 2027, it will prohibit DPH-licensed healthcare professionals from reporting medical debt to credit reporting agencies and will require certain protections in contracts with third-party debt collectors.

It does not eliminate other lawful ways of collecting unpaid bills. Providers may still bill clients, use collection agencies, pursue civil remedies, and use other lawful collection methods. The change specifically addresses reporting medical debt to credit agencies.

What happens next

We are officially in the transition from creating a licensure system to actually using one.

That means future Board meetings will increasingly include two kinds of work at the same time: finishing the regulations and guidance that still need to be completed, while also beginning the ordinary work of a licensing board as applications are processed and LCPMs begin practicing under Massachusetts licensure.

The Chapter will continue following these meetings closely and will share updates as the remaining regulations, MCSR guidance, pharmacology requirements, and other implementation pieces move forward.