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GOVERNOR SIGNS INTO LAW COMPREHENSIVE MIDWIFERY AND MATERNAL HEALTH LEGISLATION

Law expands access to midwifery care and out-of-hospital birth options

BOSTON, MA – Massachusetts Governor Maura Healey has signed into law a comprehensive midwifery and maternal health legislative package that creates a state licensure pathway for certified professional midwives and lactation consultants, encourages the creation of more freestanding birth centers, establishes a grant program to address maternal mental health and substance use disorder, and expands the statewide universal postpartum home visiting program. This legislation also mandates that insurers cover post-pregnancy mental health screenings and pediatric well visit appointments once per calendar year up to age six.

"I am so very happy, proud, and grateful that the midwives and maternal health bill is now law," said Senator Becca Rausch (D-Needham), lead Senate sponsor of multiple bills included in the omnibus legislation. "In addition to joining the 38 other states that already license certified professional midwives, this single legislative package squarely addresses our maternal health crisis, honors patient choice in maternal care, improves patient outcomes, reduces inequities in maternal health care, lowers health care costs, enhances access to pediatric care, boosts post-pregnancy mental health care, and much more. With this reproductive justice legislation, we significantly uplift people deciding for themselves whether, when, and how to parent. Today is the culmination of years of work by so many advocates, experts, and lawmakers, to save and improve lives as we reaffirm that Massachusetts values women's health and self-determination."

The ceremonial bill signing at the State House Grand Staircase was full of joy amongst the more than 100 people who attended. It was profoundly powerful for legislation about midwifery, a profession undermined for far too long, to be signed at the heart of our state's power and legitimacy.

A central pillar of the legislative package is licensure for certified professional midwives, or CPMs, a bill Rausch has filed and championed in the Massachusetts Senate, co-filed by Representatives Kay Khan and Brandy Fluker Oakley in the House of Representatives. The legislation creates the Board of Registration in Midwifery within the Department of Public Health (DPH) to license and provide oversight of licensed CPMs, enhancing their professional self-governance, practice autonomy, and authority to use important and life-saving medication. The law also ensures equitable reimbursement of certified nurse-midwives by requiring that they receive payment rates equal to those for the same services performed by a physician under MassHealth.

In an effort to proactively address mental health needs, the legislation requires MassHealth and commercial insurance coverage for post-pregnancy depression screenings for all post-pregnancy patients, without regard to how a pregnancy may have ended. The legislation also requires screenings to be offered at maternal and other adult care appointments, rather than exclusively at pediatric appointments, thereby reaching all post-pregnancy cases, including miscarriage. The inclusion of all post-pregnancy cases reflects a bill filed by Rausch earlier this term. Further, DPH will develop and maintain a comprehensive digital resource center on post-pregnancy mental health conditions and services and conduct a pregnancy loss awareness program.

Two other priorities championed by Rausch are encompassed in the legislation: a provision to improve patient safety by requiring licensed supervision of pregnancy-related ultrasound services, co-filed by Representative Sally Kerans; and a requirement that insurers cover well-child pediatric visits for young children once per calendar year rather than once every 12 months, co-filed by Representative Sean Garballey, so families can stay on schedule with their children's birthdays even if a doctor's appointment has to be postponed or rescheduled.

To encourage the creation of more freestanding birth centers, which operate independent from hospital systems, the law requires DPH to promulgate updated regulations governing the licensure of freestanding birth centers to ensure safe, equitable, and accessible birth options.

The legislation also requires that MassHealth cover noninvasive prenatal screenings to detect whether a pregnancy is at increased risk for chromosomal abnormalities for all pregnant patients regardless of age, baseline risk, or family history. The law requires health insurers to provide coverage for medically necessary pasteurized donor human milk and products derived from it, serving as a critical source of nutrition for the growth and development of babies, particularly for vulnerable premature infants. To better support new mothers in their feeding journeys, the law also authorizes the Board of Allied Health Professionals to license lactation consultants to ensure their services are eligible for reimbursement through the patient's insurance.

The law provides critical support for birthing people and their families during the postpartum period, including requiring DPH to conduct a public awareness campaign about perinatal mood and anxiety disorders, and to develop and maintain a digital resource center that will be available to the public. It also requires that perinatal individuals be offered a screening for postpartum depression and major depressive disorder, and that those services be covered by health insurance plans. To better address barriers in access to care and reduce racial inequities in maternal health, the law expands the universal postpartum home visiting program administered by DPH and provides coverage for the program's services.

Additionally, the law requires DPH to develop and disseminate public information about pregnancy loss to the public and perinatal health care workers to prioritize the physical and mental health care of patients affected. It also requires DPH to establish a program to conduct fetal and infant mortality reviews (FIMR) to identify social, economic, and systems level factors associated with fetal and infant deaths and inform public health policy programs. The law also includes a provision that will allow Massachusetts residents to use earned paid sick time in the event of a pregnancy loss.

The law ensures that the Maternal Mortality and Morbidity Review Committee will have access to essential records required to conduct thorough and timely reviews of maternal deaths and pregnancy complications. This will enable the Committee to formulate comprehensive recommendations to improving maternal outcomes and prevent mortality. The law also establishes a grant program under the Executive Office of Health and Human Services aimed at addressing maternal mental health. This program will support the establishment or expansion of initiatives serving perinatal individuals, particularly those in underserved populations, to improve mental health, behavioral health, and substance use disorder.

The law establishes a nine-member task force to study the current availability of, and access to, maternal health services and care, as well as essential service closures of inpatient maternity units and acute-level birthing centers. The task force will identify methods of increasing financial investment in, and patient access to, maternal health care in the Commonwealth.

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