



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

June 19, 2024

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The Honorable Aaron M. Michlewitz  
Chair, House Committee on Ways & Means  
State House, Room 243  
Boston, MA 02133

Dear Mr. Chair:

The Massachusetts Medical Society (MMS) deeply appreciates your efforts, and those of the committee members and staff involved, to produce H.4773, *An Act promoting access to midwifery care and out-of-hospital birth options*. The MMS is committed to improving maternal health outcomes and eliminating racial disparities therein, and we commend this proposal, which makes meaningful strides on the path toward a new standard of excellence in maternal and infant health in the Commonwealth.

We are especially grateful for provisions in H.4773 to combat maternal health inequities and ensure patients have access to the highest quality care. These measures will improve maternal and infant health outcomes in Massachusetts:

- Standardizing fetal and infant mortality review processes.
- Promoting breastfeeding by increasing access to lactation support services
- Bolstering patient safety by setting appropriate practice standards and informed consent requirements for Certified Professional Midwives (CPMs) and ensuring adequate physician representation on the Board of Registration in Midwifery.
- Addressing patient protections by requiring CPMs to carry professional liability insurance.
- Establishing a task force on Maternal Health Access and Birthing Patient Safety

We believe the following amendments would build upon the House's commitment to improving maternal health outcomes and we wish to be recorded in support of:

### **Amendment #2 – Human Donor Milk Coverage**

For premature infants or those with specific medical conditions, human donor milk can be crucial for their health and development. Insurance coverage can make this option accessible to families who might otherwise face significant financial barriers. This amendment will promote optimal nutrition and health outcomes for newborns.

### **Amendment #10 – Pregnancy Loss Leave**

Eliminating the added stress of employment or financial concerns to individuals facing difficult life challenges, including miscarriage, unsuccessful IVF procedure, a failed adoption or surrogacy arrangement, or a medical diagnosis or event that

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impacts pregnancy or fertility, will ensure they can prioritize their physical and mental health and well-being during a particularly vulnerable period.

### **Amendments #11 & #12 – Insurance Coverage for Doula Services & Medicaid Coverage for Doula Services**

These amendments would require insurance coverage for perinatal doula services. Doulas provide physical, emotional, and informational support, both during and after pregnancy, labor, childbirth, miscarriage, stillbirth or loss. Establishing insurance coverage for doula services is an important step toward eliminating maternal health inequities and improving maternal and infant health outcomes in Massachusetts.

### **Amendment # 19 – Establishing a Perinatal Mental Health Equity Grant Program**

Given the prevalence and detrimental impact of perinatal mental health conditions, growing and diversifying the perinatal mental health workforce, as proposed in amendment 19, is an important step toward combating disparities in maternal and infant health outcomes.

### **Amendment #20 – Strengthening Patient Safety and Practice Standards**

There are several factors critical to reducing perinatal mortality rates and achieving favorable home birth outcomes, which includes the appropriate selection of candidates for safe home birth. Fetal malpresentation, multiple gestation, or prior cesarean delivery are [absolute contraindications](#) to planned home birth. Because of the [risks associated](#) with these conditions and trial of labor after cesarean (TOLAC), these births should only occur in hospitals equipped with the resources and personnel to manage their unique clinical needs. Accordingly, the MMS respectfully urges the inclusion of this amendment, which will bolster patient safety in H.4773 by strengthening evidence-based practice standards for CPMs.

Lastly, we would like to be recorded **in opposition** to amendments #8 (Equitable Reimbursement for Certified Nurse Midwives), #9 (Low-risk Pregnancy Definition), and #15 (Providing Equitable Birth Center Leadership).

Thank you for your consideration of these comments.

Sincerely,

A handwritten signature in black ink that reads "Hugh M Taylor". The signature is written in a cursive, flowing style.

Hugh M. Taylor, MD