



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

TESTIMONY IN OPPOSITION TO H.2209/S.1457, AN ACT PROMOTING ACCESS TO MIDWIFERY CARE AND OUT-OF-HOSPITAL BIRTH OPTIONS BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH

June 6, 2023

The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to give them for an improved a better health care system with access to safe and high quality medical care. and on behalf of physicians, to help them provide the best care possible. The Medical Society is deeply concerned about the staggering racial and ethnic disparities in maternal mortality and severe maternal mortality that persist and recognizes that these disparities are inextricably tied to racism. We are committed to improving health equity by eliminating racial and ethnic disparities in maternal health outcomes.

The Medical Society advocated to establish and subsequently participated in the Massachusetts Commission on Racial Inequities in Maternal Health, and we recognize this legislation was recommended by the Commission to improve access to care and reduce inequities. We further recognize the impact of recent closures of birth centers on access to quality care and reproductive autonomy.

However, while licensure of Certified Professional Midwives (CPMs) would offer increased oversight and standards around home birth midwifery that currently do not exist, the Medical Society has continues to have serious concerns on issues that impact patient safety that remain unaddressed. **As such and for the reasons outlined below, the MMS continues to urge further study on H.2209/S.1457, *An Act promoting access to midwifery care and out-of-hospital birth options***, which establishes a framework for licensure for Certified Professional Midwives (CPMs). Physicians deeply value the important care that all members of the health care team provide to patients and believe that a physician-led, team-based model of care best promotes coordinated, patient-centered care by maximally utilizing all health care professionals in their most appropriate capacities while ensuring patient safety and access to high-quality care.

While we appreciate that the legislation has been redrafted to address some issues previously raised, we remain concerned about several aspects of H.2209/S.1475. First, the legislation would require representation from only one physician on the Board of Registration in Midwifery. The Medical Society continues to believe that any newly created board and corresponding oversight should have meaningful input and representation at a minimum of obstetricians, maternal-fetal medicine specialists, and pediatricians, which is especially important with regards to the development of rules for physician consultation, referral, emergency care, informed consent, reporting, educational requirements, credentialing, and hospital/care transfer plans.

Notably, this legislation does not require CPMs nor hospitals to report out-of-hospital birth transfers to the Massachusetts Department of Public Health (DPH), which is necessary improve the collection of accurate home birth outcomes data and strengthen the state's oversight/licensure role. Further, this legislation requires CPMs to report birth outcome data only to the Midwives Alliance of North America Statistical Registry and not directly to DPH or an existing state perinatal quality collaborative, which should be required to monitor quality and develop best practices for maternal/infant health.

The MMS is concerned that this legislation does not require certified professional midwives to carry malpractice insurance, which is essential for any provider authorized to practice independently. Any health care provider caring for patients independently should be held to standards commensurate with those to which physicians are subject under the Board of Registration in Medicine pursuant to the sixth and seventh paragraphs of section 5 and sections 5A to 5M, inclusive, as they apply to the creation and public dissemination of individual profiles and licensure restrictions, disciplinary actions and reports, claims or reports of malpractice, communication with professional organizations, physical and mental examinations, investigation of complaints and other aspects of professional conduct and discipline.

This legislation also lacks a clearly defined scope of practice for CPMs that is limited to normal, low-risk pregnancy and newborn care with guidelines and considerations outlining when CPM care may be safe and appropriate. As drafted, this legislation leaves the scope of practice determinations entirely up to the newly created board, consisting primarily of newly licensed CPMs, with no statutory parameters. We would strongly urge a legislative directive for key stakeholders, including the Department of Public Health and the Board of Registration in Medicine, to jointly create rules and regulations outlining such parameters. Further, we caution against the inclusion of language in Section 20 of the bill that would allow CPMs to serve as Director of Clinical Affairs at a birth center. This is a role that should be reserved for physicians or certified nurse midwives who are qualified in the clinical practice of medicine and have the

requisite education and training to ensure these facilities provide the highest standard of care with safe and efficient transfers when necessary. Section 20 directly contravenes legislation proposed this session relative to birth center regulations (H.3616/S.1335, *An Act updating the regulations governing licensed birth centers in Massachusetts*), which explicitly limits those qualified to serve as director of clinical affairs to a nurse midwife or a physician in good standing in Massachusetts.

MMS respects a birthing person's right to choose between a diversity of health care professionals and settings, but also recognizes the safest location for birth is a hospital or birth center due to the unforeseen and life-threatening crises that could cause serious injury and harm to a birthing person and their newborn, such as severe maternal bleeding and fetal delivery problems. Moreover, the newly created board could promulgate regulations authorizing certified professional midwives to obtain and administer a range of drugs and medications without sufficient safety checks to ensure an appropriate level of education and training to administer such drugs. **For these reasons, we continue to have concerns with H.2209/S.1457 and urge further study of this issue.**