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July 31, 2024

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Senator Rausch Advances Suite of Reproductive Justice Bills in Senate's Maternal Health Package Legislation offers professional midwifery licensure, expands post-pregnancy mental health services

BOSTON, MA – Yesterday, the Massachusetts Senate unanimously passed comprehensive <u>legislation</u> to strengthen access to physical and mental health care during and after pregnancy, a policy package reflecting the priorities of and collaboration among numerous members of the Legislature. Included in the legislation are several bills and policies championed by Senator Becca Rausch. Senators leading in this work include Senate President Karen Spilka and Senators Joan Lovely, Cindy Friedman, Jo Comerford, Julian Cyr, and Liz Miranda, as well as Rausch.

"This reproductive justice bill gives me immense pride, pleasure, and gratitude," said **Senator Becca Rausch (D-Needham)**, **Senate Vice Chair of the Joint Committee on Children**, **Families and Persons with Disabilities**. "In a single legislative package, we are squarely addressing our maternal health crisis, uplifting patient choice in maternal care, improving patient outcomes, reducing inequities in maternal health care, lowering costs, enhancing access to pediatric care, boosting post-pregnancy mental health care, and much more. Plus, we are finally joining the more than three dozen other states that already license certified professional midwives. Today is a great day in Massachusetts, as we pass additional legislation to support people deciding for themselves whether, when, and how to parent."

A central pillar of the legislative package is licensure for certified professional midwives, or CPMs, a <u>bill</u> Rausch has filed and championed in the Massachusetts Senate. The Senate previously passed the midwifery licensure bill by unanimous vote in 2020, in Rausch's first term. This session's legislation provides full licensure for CPMs, with professional self-governance, practice autonomy, and authority to use important and life-saving medication. Additionally, the legislation requires MassHealth to cover CPM services and mandates insurance coverage parity for services provided by certified nurse-midwives (CNMs), making both types of midwifery care more accessible and affordable.

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 including care for all post-pregnancy cases, including miscarriage. The inclusion of all post-pregnancy cases reflects a bill filed by Rausch earlier this term. Further, the Department of Public Health (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 Senate's legislation: a provision to improve patient safety by requiring the administration of ultrasound services be supervised by a licensed healthcare professional who provides medical care for pregnant individuals; and a provision to improve access to pediatric care that ensures coverage for wellness visits for young children once per calendar year, rather than once every 12 months, so families can stay on schedule with their children's birthdays even if a doctor's appointment has to be postponed or rescheduled.

Further notable provisions of the legislation include:

- requiring MassHealth to cover doula services for pregnant individuals, post-pregnancy individuals up to 12 months following the end of the pregnancy, and adoptive parents of infants until the infants reach one year of age;
- requiring DPH to create regulations for the operation and maintenance of freestanding birth centers;

- codifying and expanding access to the DPH universal postpartum home visiting program;
- allowing earned sick time to be used for pregnancy loss, failed assisted-reproduction, adoption, or surrogacy; and
- establishing a grant program to award funds to community-based organizations to address mental health conditions and substance use disorders for medically underserved perinatal individuals.

A previous version of this bill having passed the House of Representatives, the two branches will now reconcile the differences between the bills before sending a version to the Governor's desk.

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