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COMMITTEES:

Chair, Joint Committee on Public Health

House Committee on Rules

Joint Committee on Rules

October 28, 2024

Dear members of the Public Health Council,

I write to further support regulatory proposals before the Council that would expand access to birth centers and reaffirm the Commonwealth’s commitment to reproductive health care. In addition to supporting the current proposed amendments on 105 CMR 140.000: Licensure of Clinics, I encourage DPH to go a step further in order to better adhere to national best practices, safety, and operational feasibility of birth centers.

The recent passage of the maternal health omnibus bill, *An Act promoting access to midwifery care and out-of-hospital birth options*, permits Certified Professional Midwives (CPMs) to serve as the Director of Clinical Affairs at freestanding birth centers. This effort can be further strengthened by consistently integrating CPMs, who play an integral role in the maternity care continuum, into all regulations that refer to providers and directors of birth centers. This includes positions such as Administrative Director, Birth Assistant, and those involving clinical recordkeeping. Strengthening the incorporation of CPMs in all frameworks is particularly important as it recognizes the vital role CPMs play in ensuring safe and supportive births, optimizes their skills, and fosters a collaborative approach to maternity care.

I support removing the clinical background requirement for Administrative Directors— this will broaden the pool of candidates and promote diversity in birth center leadership. It's important to note that many hospital CEOs do not have clinical backgrounds. In fact, less than 15% of board members at the nation’s top hospitals possess clinical training or experience in the health services sector; most often, they come from finance or business backgrounds.[[1]](#footnote-1) Eliminating the prerequisite for clinical experience will attract individuals with diverse skill sets, including expertise in public health, business, management, and nonprofit sectors, which are essential for the effective operation of a birth center. This proposal would enhance access to leadership opportunities in an evolving healthcare landscape, allowing more individuals from various backgrounds to contribute their knowledge, expertise, and unique perspectives to enhance the quality of care.

Furthermore, current regulations restrict the role of licensed nurses functioning as birth attendants by requiring them to have labor and delivery experience. This includes training or experience in adult and infant resuscitation, assessing phases and stages of labor, the psychology and physiology of labor and delivery, and equipment and supplies used in childbirth. As a result, this requirement considerably narrows the hiring pool for birth centers, making it more challenging to find qualified candidates, especially during a time when our state is facing nursing staff shortages. The Department's regulations on birth center staffing should align with national regulations. The American Association of Birth Centers requires a birth center to have at least two persons who are currently certified in basic life support and neonatal resuscitation on-premises and immediately available during each delivery. Broadening the definition of a licensed nurse serving as a birth assistant to include more than just labor and delivery experience will remove this barrier, ensuring a wider range of applicants and improving access to this vital workforce.

Additionally, performing abortions is already well within nurse midwives’ scope of practice in other health care settings, and the Department’s regulations should reflect this. In 2020, Massachusetts took a significant step towards ensuring access to reproductive care by passing the ROE Act, which included an important provision empowering nurse midwives to perform an abortion. Birth centers across the nation, including those previously at the Cambridge Birth Center and North Shore Birth Center, have successfully provided both medical and procedural abortions. Prohibiting birth centers from providing abortion care opposes the goal at the heart of the ROE Act: removing obstacles and expanding access to reproductive health care. In an effort to uphold reproductive justice and improve equitable access to care in trusted community clinical settings, I urge the Department to consider the removal of abortion from the list of procedures birth centers are precluded from providing. Doing so ensures access to a broader range of healthcare options for those seeking abortion care.

The proposed regulatory changes represent a crucial opportunity to improve access to birth centers and reaffirm our commitment to comprehensive reproductive healthcare. These changes prioritize best practices for birth centers and can transform the landscape of maternity and reproductive care in the Commonwealth, facilitating the delivery of holistic, high-quality care.

I appreciate your time and consideration on this matter and respectfully request your consideration and support for these proposals outlined, which will enhance maternal health outcomes and address inequities within our health care system. As always, please reach out if I can answer any questions.

Sincerely,

Letter

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1. Gondi, S., Kishore, S. & McWilliams, J.M. Professional Backgrounds of Board Members at Top-Ranked US Hospitals. J GEN INTERN MED 38, 2428–2430 (2023). https://doi.org/10.1007/s11606-023-08056-z [↑](#footnote-ref-1)