October 25, 2024

Commissioner Robbie Goldstein
Department of Public Health
250 Washington Street
Boston, MA 02108

**RE: Birth Center Regulations 105 CMR 140.000**

Dear Commissioner Goldstein,

We appreciate the concerted action by the Department of Public Health to review and amend outdated birth center regulations that have hindered access to birth options for families across Massachusetts. We also recognize and applaud the Department for working to incorporate the requirements set forth in the recent enactment of H. 4999: An Act promoting access to midwifery care and out-of-hospital birth options, through the proposed birth center regulations, 105 CMR 140.000.

Thank you for this important work which will enable the Commonwealth to better leverage midwifery care to improve maternal and infant health outcomes. **We support the proposed changes to 105 CMR 140.000, and have identified additional critical changes that are necessary to align the Commonwealth’s birth center regulations with the new law (**Chapter 111 Section 51M)**, adhere to national best practices, and promote safety and feasibility for birth centers.**

We respectfully urge the Department of Public Health to further amend 105 CMR 140.000 as follows.

1. Consistently integrate Certified Professional Midwives (CPMs) throughout the regulations, to reflect the forthcoming licensure of CPMs, and the authorization of licensed CPMs to serve as clinical directors, and birth attendants in birth centers. Likewise, allow non-nurses with the appropriate training and certification to serve as birth assistants, consistent with the CPM credential which does not include nursing training.
2. Include a definition for CPMs: **Certified Professional Midwife.  An individual licensed by the Board of Midwifery under M.G.L. c. 112, § 293.**
3. Remove “abortion” from the list of procedures birth centers are prohibited from providing. Individual birth centers should be able to offer abortion and post-abortion care services, consistent with their providers’ clinical scopes of practice.
4. Allow birth center providers to send clients home with medications as appropriate and within provider scope of practice, as per existing regulations for clinics without pharmacies and to ensure patient safety.
5. Ensure that birth centers will not be subject to determination of need restrictions.

In addition to these requests, we are a proud member of the Bay State Birth Coalition (BSBC) and support and have contributed to the detailed suggested amendments to **105 CMR 140.000,** as presented in a table as part of the written testimony submitted by BSBC.

As birth keepers, MA-NACPM looks forward to working alongside DPH, towns across the Commonwealth, and birthing families to celebrate the openings of many more birth centers in the years to come. Appropriate birth center staffing, facility, and clinical requirements allow birth centers to be feasible and sustainable from a business standpoint while ensuring safety, adherence to the midwifery model of care, and consistency with applicable laws, standards, and best practices. We thank you for your work, and your ongoing commitment to optimize outcomes for birthing people, infants, and their families.

Sincerely,

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