October 28, 2024

Robert Goldstein, MD, PhD

Commissioner

Department of Public Health

Attn: William Anderson

Office of the General Counsel

Department of Public Health

250 Washington Street

Boston, MA 02108

**RE: Healthcare Facility Licensure Regulations**

* Proposed amendments to
	+ 105 CMR 140.000: Licensure of Clinics regarding birth centers
	+ 105 CMR 130.000: Hospital Licensure regarding birth centers and tiering of stroke services
* Proposed rescission of
	+ 105 CMR 142.000: Operation and maintenance of birth centers

Submitted electronically via email: Reg.Testimony@mass.gov

Dear Commissioner Goldstein and members of the Executive Office of Health and Human Services,

On behalf of the Planned Parenthood Advocacy Fund of Massachusetts (PPAF), we wish to express support of regulations that will allow better access to Birth Centers for the most vulnerable birthing people and provide feedback on Section 140.906: Prohibited Practices.

We applaud the recent passage of legislation to expand access to perinatal health care and the goals of these proposed regulations. Planned Parenthood is committed to reproductive and maternal health, pushing for greater health equity for all people across Massachusetts. This means advocating for access to the full spectrum of reproductive health care including measures that will improve maternal health outcomes and address systemic and racial inequities in our healthcare system. Birth Centers are trusted partners in this work, and it is essential to support their ability to provide services in a community-based setting.

The proposed regulations list prohibitions on several procedures including abortion. As experts in the field of abortion care, we advise that “abortion” be removed from the list of procedures that birth centers are precluded from providing. This change allows providers to offer medical or procedural abortions that are within their clinical scope of practice. These centers and staff would still be subject to the regulations that abortion providers like us in the state follow in order to protect the safety and health of our patients.

The passage of the ROE Act in December of 2021 specified the scope of practice for Certified Nurse Midwives (CNMs) to include procedural abortion.[[1]](#footnote-1), [[2]](#footnote-2) Together with the recently passed legislation, *An Act promoting access to midwifery care and out-of-hospital birth options,* which specifies staff whose “professional scope of practice must include preconception, prenatal, labor, birth and postpartum care and early care of the newborn,” birth centers will be prepared to offer safe abortion care. CNMs are currently allowed to perform abortions and safely do so in outpatient clinics and offices—there should not be a specific prohibition on birth centers. By lifting this prohibition, no provider would be performing services that are not within their scope of care and license.

Despite the reproductive rights that Massachusetts has established, there is still tremendous stigma around abortion care. Providing community-based spaces, like birth centers, where people can access abortion care without fear, stigma, or judgement, is critical to fulfilling the promises of abortion rights that our policies make. In a state where roughly one in eight women between the ages of 15-44 live in a county without an abortion clinic,[[3]](#footnote-3), [[4]](#footnote-4) it is essential to support efforts to provide safe abortion care in birth centers and increase access to this health care.

In Massachusetts, Black women are nearly 2 times as likely to die during pregnancy or within one year postpartum compared to white women, according to the state Department of Public Health.[[5]](#footnote-5) Access to abortion care and culturally competent spaces to make difficult decisions about pregnancy and the health of a pregnant person is a crucial part of bringing health equity to birth work. Massachusetts, as a leader in health care, can join the other states across the country where birth centers safely provide abortions. Removing the prohibition on abortion services further realizes the promise of equitable access to maternal health care and will allow birth centers to provide essential health care in a trusted environment.

Should you have any questions, please do not hesitate to reach out and consider us

a resource.

Thank you for your time and consideration.

Sincerely,

Carrie Richgels, Policy Manager

Planned Parenthood Advocacy Fund of Massachusetts

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1. Bill H.5150. (n.d.). <https://malegislature.gov/Bills/191/H5150/Amendments/House?pageNumber=1&direction=&sortColumn=&keyword=759> [↑](#footnote-ref-1)
2. General Law - Part I, Title XVI, Chapter 112, section 12M. (n.d.). <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section12M> [↑](#footnote-ref-2)
3. Newton-Hoe, E., Goldberg, A. B., Fortin, J., Janiak, E., & Neill, S. (2024). Spatial disparities in Mifepristone use for early miscarriage and induced abortion among Obstetrician–Gynecologists practicing in Massachusetts. Women S Health Reports, 5(1), 765–774. <https://doi.org/10.1089/whr.2024.0085> [↑](#footnote-ref-3)
4. St Germain, T. (2022, June 14). Where are New England Abortion Deserts? — Reproductive Equity Now. Reproductive Equity Now. <https://reproequitynow.org/press/where-are-new-england-abortion-deserts> [↑](#footnote-ref-4)
5. New BPHC report highlights persistent racial inequities in maternal health. (2023, October 5). Boston.gov. <https://www.boston.gov/news/new-bphc-report-highlights-persistent-racial-inequities-maternal-health#:~:text=Data%20from%20the%20Massachusetts%20Department,postpartum%20compared%20to%20white%20women>. [↑](#footnote-ref-5)