

Introduction

Good morning. My name is Arelis Latorella, and I am the Physician Program Manager in the Office of Provider Network at MassHealth within the Executive Office of Health and Human Services (EOHHS). I am here to present testimony on proposed amendments to 101 CMR 316.00: *Rates for Surgery and Anesthesia Services*, 101 CMR 317.00: *Rates for Medicine Services*, and 101 CMR 318.00: *Rates for Radiology Services*. In order to promote access to certified professional midwife (CPM) services for eligible MassHealth members and ensure consistency with Chapter 186 of the Acts of 2024, the proposed amendments described above were adopted on an emergency basis on September 25, 2026, with rates effective for dates of service on and after October 1, 2026.

Background

Regulations 101 CMR 316.00, 101 CMR 317.00, and 101 CMR 318.00 are referred to collectively as the “physician pricing regulations.” The physician pricing regulations govern the rates of payment used by governmental units for office visits and other general medicine, surgery and anesthesia care, and radiology services rendered to publicly aided individuals by eligible providers, including physicians and mid-level practitioners.

MassHealth currently covers a broad range of maternity and delivery services; however, payment for home birth supply kits was not covered prior to the emergency adoption of proposed amendments to the physician pricing regulations and associated MassHealth program updates. The Department of Public Health (DPH), in conjunction with other state agencies, is in the process of implementing regulations to operationalize these expanded services, establish provider requirements, and support participation by CPMs.

Planned home births for low-risk pregnancies require sterile medical supplies and equipment necessary to support safe delivery practices outside the hospital setting. Several state Medicaid programs currently recognize procedure code S8415 or equivalent bundled supply payment methodologies for planned home births.

Description of Proposed Amendments

The proposed amendments include adding CPMs as eligible providers to 101 CMR 316.00, 101

CMR 317.00, and 101 CMR 318.00, consistent with Chapter 186 of the Acts of 2024. The proposed amendments establish that CPMs are paid at 85% of the rates established in the physician pricing regulations, as described in 101 CMR 316.03(4), 101 CMR 317.03(5) and 101 CMR 318.03(4). CPMs are anticipated to primarily render services in the home setting but may also be employed by freestanding birth centers. It is anticipated that DPH will issue the regulation on the scope of practice for CPMs in the near future.

Additionally, the proposed amendments add codes S8415 (home delivery supply kit) and S4005 (interim labor) to support eligible low-risk MassHealth members who elect planned home birth services. The proposed amendments are intended to improve access to safe maternity care options, support maternal choice, and reduce avoidable hospital delivery expenditures through coverage of essential home birth supplies. The codes and rates for the home birth kit and interim labor services will be established in 101 CMR 316.00.

EOHHS proposes a rate of \$500 per pregnancy for code S8415. The proposed rate is determined based on market research and engagement with vendors who supply home birth kits and other external stakeholders on the average price for a home delivery supply kit.

The proposed rate for code S4005 is established at individual consideration (IC) based on the rate for the same code established in 101 CMR 355.00: *Rates for Freestanding Birth Centers*.

In addition to the proposed coverage expansion, relevant physician pricing regulations will be amended to reflect updated terminology and current policy.

Fiscal Impact

The estimated aggregate annual fiscal impact associated with the proposed amendments is \$47,100.

This concludes my testimony.

Thank you.