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A Landmark Policy for Community Midwifery: The Coalition Effort Behind Massachusetts' 2024 Maternal Health Omnibus Law

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Historically, Massachusetts has lagged behind much of the United States with limited midwifery access and curtailed options for community birth across the state. Over the past 2 decades, significant coalition building and political action culminated in the 2024 passage of the Massachusetts maternal health omnibus law. The purpose of this article is to describe the many events that unfolded to achieve this landmark legislation. This law was enacted through evidence-informed policy and was grounded in reproductive justice. It modernized birth center regulations, established a licensure pathway for certified professional midwives, and improved reimbursement for midwifery services. The passage of this law demonstrates how coalition power can redress long-standing structural barriers to midwifery services and community birth.
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INTRODUCTION

Massachusetts is the only state in the United States without a single "maternity care desert," which is a county lacking access to birthing facilities and/or perinatal providers.[1] However, Massachusetts is facing rising cesarean birth rates, high rates of severe maternal morbidity, significant perinatal health disparities, and inadequate integration of and access to midwifery services for its residents.[2–4] In the past decade, the state has experienced seismic shifts that have simultaneously constricted access to perinatal care and accelerated interest in midwifery and community birth. Since 2020, 5 labor and delivery units and 2 hospital-owned birth centers have closed.[5] A variety of factors led to these closures, most notably related to financial concerns; leaders at all 5 facilities cited high costs of providing perinatal care as the driving force behind their closure. Concerns about the effects of the COVID-19 pandemic on perinatal care access and safety contributed to increased demands for midwifery services and community birth.[2,3,6,7] The Massachusetts Special Commission on Racial Inequities in Maternal Health released a report identifying improved access to midwifery care as a priority strategy to close outcome gaps.[3]

This article describes the deep strategic organizing across sectors and geography in Massachusetts to pass the landmark 2024 maternal health omnibus law and the transformative strategies that supported its enactment. The authorship team consists of a racially diverse group of certified nurse-midwives (CNMs), a certified professional midwife (CPM), a registered nurse, a public health professional, and a consumer advocate.

At the time of writing, Certified Midwives (CMs) were not licensed in Massachusetts and therefore not discussed in detail in this article. The legislative efforts described here reflect decades of advocacy led primarily by CNMs and CPMs, who were the midwifery professions practicing and organizing within the Commonwealth throughout the development of these reforms. The authors recognize the important role of CMs within the broader midwifery profession and hope that the newly established Massachusetts Board of Registration in Midwifery will provide a pathway for future CM licensure,

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Quick Points

- Cross-credential coalition power can redress long-standing structural barriers to midwifery services and community birth.
- Policy makers need to be supported to understand how access to midwifery services is a community-driven maternal health priority rather than a narrow professional interest issue.
- The expansion of access to midwifery care must also protect the professional autonomy of midwives and clinical self-governance.
- Transformative policy change depends on being centered on those most affected by inequities, elevating diverse midwifery credentials, and explicitly addressing barriers to workforce diversity and sustainability.

strengthening access to high-quality midwifery care across the Commonwealth.

HISTORY OF MIDWIFERY AND COMMUNITY BIRTH IN MASSACHUSETTS

Certified Nurse-Midwives

Midwifery was completely outlawed in Massachusetts in 1907, despite midwives' track record of safety.[8] Midwifery in Massachusetts, like the rest of the United States, was subjected to a racist campaign by physician groups to suppress and marginalize midwives, who were largely Black and immigrant women.[9] In 1977, Massachusetts became one of the last states to legalize CNMs—with significant limitations on their nationally recognized scope of practice.[10] A state law passed in 2012 granted CNMs full practice authority,[11] eliminating the requirement for physician supervision and allowing CNMs to practice independently. However, despite provisions in the 2010 federal Affordable Care Act requiring reimbursement parity for CNMs at 100% of the physician fee schedule for Medicare beneficiaries,[12] by 2024, CNMs in Massachusetts continued to receive only 85% of what physicians were reimbursed for the same services.

Certified Professional Midwives

The CPM credential was established nationally in 1995.[13] As with CNMs, Massachusetts was a late adopter of CPM licensure, although the first attempt to license CPMs in the state was proposed in 1985. Despite decades of attempts to pass legislation (Table 1), by 2024, CPMs were still practicing without any statutory authority. The absence of licensure and structural integration has hindered eligibility for service reimbursement from third-party payers, restricting the model of care to those families able to pay out-of-pocket for global perinatal care.

Birth Centers

In 1983, the Massachusetts Department of Public Health (MA DPH) first licensed freestanding birth centers.[20] However, MA DPH birth center regulations were not aligned with the Commission for the Accreditation of Birth Centers, but instead resembled regulations appropriate for ambulatory surgical units, with onerous facility requirements such as surgical lighting and the restriction that the medical director be a physician.[21]

Since 2010, only 3 birth centers have operated in Massachusetts: 2 hospital-owned birth centers—Cambridge Birth Center, which operated for over 20 years, and North Shore Birth Center, which operated for over 40 years—and one freestanding birth center—Seven Sisters Midwifery and Community Birth Center, which opened in August 2020. Currently, only Seven Sisters Midwifery and Community Birth Center remains open.

"THE MIDWIFE AGENDA": COALITION BUILDING TO ADVANCE MIDWIFERY IN ALL SETTINGS

With a few exceptions, such as in the 2006 and 2008 legislative sessions, CNMs and CPMs advocated independently and with discrete objectives. This was in part because CNMs had desired to avoid politically charged debates surrounding home birth. By the close of the 2021 to 2022 Massachusetts legislative session, it had become clear that this siloed advocacy approach lacked sufficient political traction. Simultaneously, CPMs faced consistent opposition from organized physician groups around their training and scope and persistent public misperceptions regarding the safety of home birth, often being seen as representatives for a "niche" issue. During the same period (2020-2022), Massachusetts was confronting the worldwide COVID-19 pandemic, a sharp rise in demand for out-of-hospital birth,[22] the closure of 2 of its 3 birth centers, and the enduring presence and influence of racism-driven health disparities, increasing maternal morbidity rates in the state.

In response, leaders from the Massachusetts Affiliate of the American College of Nurse-Midwives (ACNM), the Massachusetts State Chapter of the National Association of Certified Professional Midwives (NACPM), and the Bay State Birth Coalition advanced a coordinated legislative strategy in 2023. Three complementary bills—addressing CNM reimbursement parity, CPM licensure, and birth center regulation—were introduced under a unified "Midwife Agenda." The Midwife Agenda's purpose was to advance midwifery care across credentials and settings as a key solution to Massachusetts' maternal health crisis. Coalition advocacy shifted away from credential or training distinctions and toward building the evidence demonstrating the safety and benefits of midwifery. By centering shared professional values and outcomes, the coalition modeled interprofessional collaboration across practice settings.

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Table 1. Timeline of Midwifery Legislative Advocacy Highlights in Massachusetts Prior to 2024

Year	Initiative
1977	CNM licensure was established in Massachusetts in statute.[14]
1985	First bill filed to license non-nurse-midwives, *An Act to Establish a Board of Registration in Midwifery*,[15] sponsored by Senator Edward L. Burke and Representatives Paul Cellucci and Barbara Grey. Massachusetts Friends of Midwives was established to support licensure advocacy. The legislation did not pass, and a version of it has been refiled in every 2-year legislative session since.
2006	CNMs and CPMs collaborated on proposed legislation, *Relating to a Board of Registration in Midwifery*,[16] filed by Senator Richard Moore and Representative Kay Khan. The bill sought CPM licensure and CNM autonomy through a joint Board of Midwifery; it passed the Senate but not the House.
2008	Passed again in the Senate but not the House was the proposed *Relative to Establishing a Board of Registration in Midwifery*,[17] filed by Senator Richard Moore and Representative Kay Khan. After this, CNMs and CPMs pursued separate legislative agendas.
2012	*An Act Relative to Enhancing the Practice of Nurse-Midwives* was signed into law,[18] sponsored by Representative Kay Khan; it removed physician supervision requirements and expanded CNM practice autonomy across settings.
2016	Consumer advocates started the Bay State Birth Coalition to organize in support of CPM licensure with the goal of expanding access to midwifery and community birth options.
2020	*An Act Relative to Out-of-Hospital Birth Access and Safety*[19] passed in the Senate but not the House; it was proposed by Senator Becca Rausch and Representative Kay Khan to establish CPM licensure.

Abbreviations: CNM, certified nurse-midwife; CPM, certified professional midwife; MA, Massachusetts.

Coalition building also expanded advocacy capacity, an important consideration given the clinical demands on practicing midwives. The Bay State Birth Coalition, a consumer-led midwifery advocacy group initially founded in 2016 to support the licensure of CPMs and home birth, engaged a broad alliance of midwives, public health leaders, and social justice organizations. With more than 20 organizations cosponsoring maternal health advocacy days and thousands of constituents mobilized through legislative calls to action, midwifery policy was elevated from a narrow professional interest to a widely recognized, community-driven maternal health priority.

The integration of birth center policy was especially helpful in tying midwife professional development to change in the health system. Birth center policy integrated reimbursement reform, workforce sustainability, and regulatory modernization; it proposed a response to the growing crisis of maternity unit closures. Expanded access to birth centers also helped policy makers understand the value-added and system integration benefits of CPM licensure and insurance reimbursement. This proved to be a stronger advocacy strategy for CPM licensure than framing the issue around increasing access to home birth.

LEVERAGING CURRENT EVENTS

The coordination between midwife professional groups and consumer advocacy organizations helped build a sustained midwifery presence at the Massachusetts State House. This preparation ensured that when current events highlighting the maternal health crisis emerged (Figure 1), advocates were ready to quickly draw clear connections for lawmakers between those events and the policy solutions contained in the pending legislation in the Midwife Agenda.

The COVID-19 pandemic further highlighted these gaps in care. Midwives attending home births in Massachusetts strove to meet this demand, as evidenced by a 41% increase in home births in the state between 2019 and 2021.[6] However, midwives also reported wide variability in their abilities to seamlessly transfer their clients to hospital settings when needed, increased strain on work-life balance, and heightened pressure to provide personally subsidized or pro bono care, notably due to the lack of insurance reimbursement for home birth services.[6]

The highly controversial closures of Cambridge Birth Center in March 2020 and North Shore Birth Center in September 2022 generated significant media attention and public outcry.[23] These events mobilized new advocates—including families, clinicians, and community leaders—who pushed policy makers to address the structural barriers preventing the opening and sustainability of birth centers. Together with hospital maternity unit closures across the state, these developments intensified public and political awareness that Massachusetts needed new approaches to preserve access to safe, high-quality perinatal care.

After decades of work, birth and reproductive justice advocates had a win in 2021 when the Massachusetts legislature formally established the Special Commission on Racial Inequities in Maternal Health to examine and address persistent racial disparities in maternal morbidity and mortality in the Commonwealth of Massachusetts. This commission comprised a majority of Black and Brown providers, public health experts, and advocates with lived experiences of health inequities. It led to a year-long series of "listening sessions" across the state, during which impacted community members demanded greater access to midwives and birth centers. In May 2022, the Special Commission detailed the state's gaps in maternal care access in its final report.[3] Expanding access

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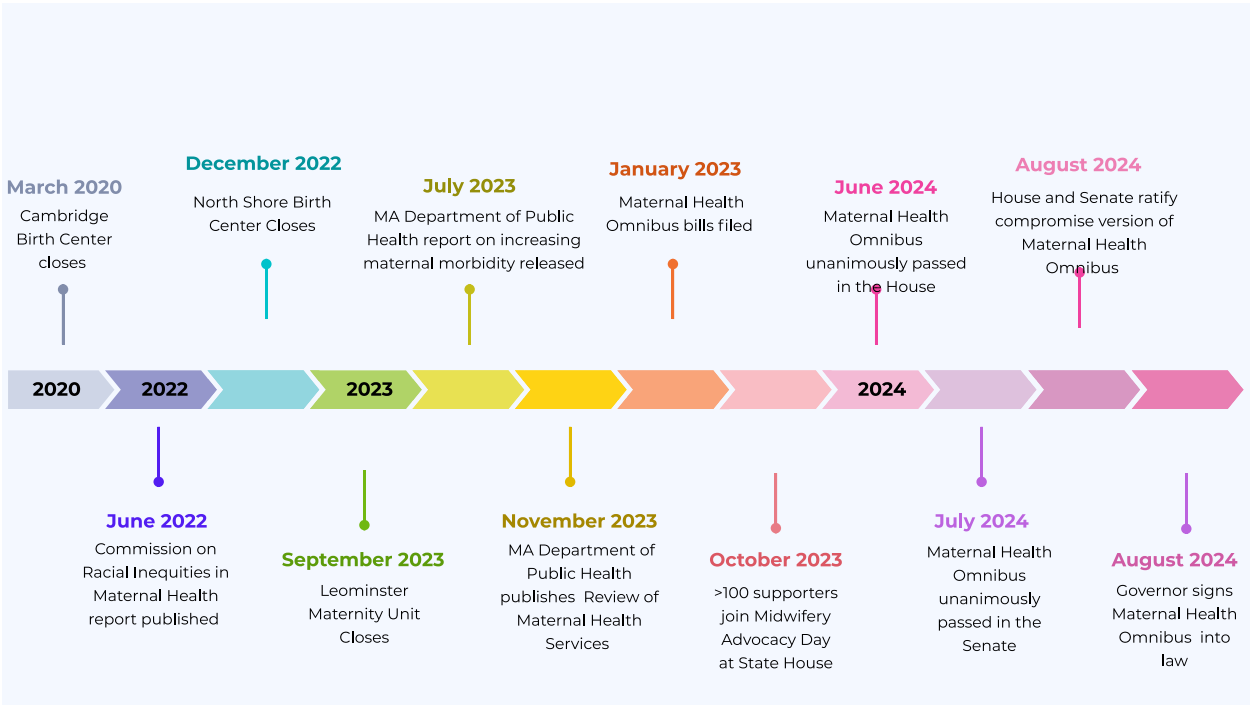


Figure 1. Key Events Leading to Passage of the 2024 Maternal Health Omnibus Law

to midwifery care and birth centers were 2 policy changes highlighted as key solutions to eliminating racial inequities and improving maternal care and outcomes. Later that year, another state commission, the Massachusetts Health Policy Commission, released an analysis highlighting the value of midwifery for improving outcomes and lowering health care costs in the state.[2]

The following year, 2 events in 2023 heightened the urgency to focus on maternal health. One was the closure of yet another hospital maternity unit, UMass Memorial Health HealthAlliance-Clinton Hospital in Leominster, Massachusetts; this resulted in wide public outcry, which prompted a statewide review of maternal health services by the state governor's office.[24] The second event was the publication of an MA DPH report on maternal morbidity in the state.[4] The MA DPH report revealed that the rate of severe maternal morbidity rose by 92% (from 52 per 10,000 births to 100 per 10,000 births) between 2011 and 2020, disproportionately affecting non-Hispanic Black pregnant people who experienced severe maternal morbidity at nearly double the rate of their White counterparts. These events added to the political pressure on the state government to act.

The coalition strategically leveraged these reports and media coverage to demonstrate to stakeholders that expanding access to and sustaining midwifery care are not niche professional concerns but essential strategies to improve perinatal outcomes, advance equity, enhance family experiences, and reduce health care costs. The strength of this evidence marked a turning point: for the first time, the Massachusetts Section of the American College of Obstetricians and Gynecologists (ACOG) and MA DPH did not oppose the midwifery bills.

FROM MOMENTUM TO MANDATE: HOW URGENCY SECURED BILL PASSAGE

In the 2023 to 2024 Massachusetts legislative session, the convergence of opportunity, momentum, and a compelling campaign leveraged the foundation built to achieve a major policy win at the Massachusetts State House. The bills in the Midwife Agenda provided a common focal point for CPMs, CNMs, birth centers, advocates, and families. As the governor and legislators sought policy solutions to address maternal health inequities in the state, advocates pushed them to look at the recommendations from the Special Commission and proposed legislation, including the Midwife Agenda. Midwifery groups and Bay State Birth Coalition continued to advocate and educate at the Massachusetts State House, including holding the first rally for midwifery on the front steps, as well as a steady drumbeat of informational briefings, constituent visits to legislators' offices, and public testimony at legislative committee hearings on the bills.

In the spring of 2024, state legislators proposed an omnibus bill that would combine multiple maternal health bills by adding them to the CPM licensure bill. Years of building legislative support and constituent activism for midwifery policy and community birth yielded 85 bipartisan House and Senate cosponsors for the CPM licensure bill, positioning it as a strong base for the omnibus package. The omnibus bill included the Midwife Agenda, along with bills to expand access to doula support, lactation consultants, pregnancy bereavement leave, and more.

When the omnibus bill moved through the House and Senate for final votes, midwife advocates paid close attention to the legislative process and quickly reviewed and responded to new bill drafts and proposed amendments. Arming legislators with facts, optimal legislative language, and best

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practices for midwifery policy positioned midwifery champions in the House and Senate to ensure the final bill was strong and achieved the intended effect. For example, the bill brought to the House floor for a vote had proposed language that would have drastically undermined midwife autonomy. This language, supported by the physician association, Massachusetts Medical Society, would have excluded CPMs from birth center leadership, put clinical restrictions in statute, and imposed physician oversight of midwifery clinical practice.[22] Solidarity between CNMs and CPMs powerfully repelled these restrictions to midwifery practice. CNMs, whose credentials have been structurally advantaged, defended the CPM credential, citing evidence of safe outcomes across all nationally accredited midwife credentials.[25] The Massachusetts Black and Latino Legislative Caucus, although representing a small minority of the legislature, strenuously objected to proposals where clinical criteria in statute would yield racial inequities and undermine midwife autonomy and access. In a formal letter, ACOG agreed, stating that, consistent with their position on abortion care, pregnancy and birth care should not be codified in statute. Due to these advocacy efforts, legislators removed that language from the final bill, preserving midwife autonomy in statute.

On August 15, 2024, the Massachusetts legislature unanimously passed the landmark maternal health omnibus law, *An Act promoting access to midwifery care and out-of-hospital birth options*, and the bill was signed into law on August 23, 2024, by Governor Maura Healey.[26] The law included 18 distinct bills filed by 24 legislators (Table 2),[26] including the majority of the Midwife Agenda. CNMs did secure reimbursement parity with physicians through the state's Medicaid program, but the law omitted private insurance companies.

DISCUSSION

Reclaiming midwifery and transforming policy landscapes to enable significant change in the perinatal care system is possible, but it requires deep analysis of history and power and a commitment to coalition building. Achieving the 2024 Massachusetts maternal health omnibus law was made possible by a vocal, diverse coalition asserting the need for new solutions to advance reproductive justice, address social inequities in access to care and health outcomes, and elevate midwifery as a distinct and essential model of care.

Policy Principles

The coalition of midwives, advocates, consumers, public health professionals, collaborating physicians, and policy leaders effectively made the case that independent, community-based midwifery can transform and strengthen trust with historically marginalized communities and expand access to high-quality, evidence-based care during the childbearing years. Throughout many years of advocacy, the coalition championed and maintained a consistent focus on several policy principles. One of these principles is that midwifery integration must be achieved while protecting the profession's distinct and autonomous status.[27] Explicit statutory language protecting midwives' and birth centers' right to independence and clinical self-governance is essential. Another principle the coalition believes is that multiple midwifery credentials exist that effectively affirm the necessary skills and competencies for high-quality, evidence-based care.[28] Furthermore, in the United States, different midwifery credentials emphasize training in different care settings. Expanded access to midwives of all credentials is necessary to provide families with a full range of birth options.[27] Lastly, addressing social inequities in perinatal health demands legislation and policy change that correct structural barriers to diversity within the profession of midwifery.[29–31] Review and input from individuals from historically marginalized communities were critical to crafting policies that promote equitable access to culturally concordant midwifery care and birth options.

Future Directions

It will take years to fully realize the meaningful system change that the law made possible. And there is more work to be done. The law was passed without funding, requiring state agencies to pull staff and resources from other projects and delaying implementation of some components. Within a few months of the law passing, new reimbursement rates for CNMs and new birth center regulations took effect. Midwives and community-based organizations have begun developing plans for new freestanding birth centers under the updated state regulations, and 3 have received state grants so far. A Board of Registration in Midwifery[32] was established by February 2025 and meets monthly to develop CPM regulations. Although full regulations are yet to be enacted, temporary licensure is expected to take effect by the end of 2026. In addition, MA DPH has implemented various initiatives to prepare the perinatal ecosystem for CPM and birth center integration, including community birth transfer drills and provider education workshops.

As the law is implemented, advocates continue to monitor it and push for funding in the annual state budget. Committed, midwife-led oversight through the MA DPH, the Board of Registration in Midwifery, and state chapters of professional associations, including NACPM, ACNM, and the American Association of Birth Centers, is keeping the focus on independent midwifery as essential to advancing perinatal health equity and reproductive justice across the state. Subsequent legislation is pending in the 2026 spring Massachusetts legislative session to address remaining structural barriers to midwifery and community birth access by mandating reimbursement parity for all licensed midwives from all payers and establishing a midwifery workforce development fund.

CONCLUSION

The passage of the 2024 Massachusetts maternal health omnibus law represents more than a legislative victory; it marks a paradigm shift in how a state can value, integrate, and sustain midwifery-led care. By modernizing birth center regulations, creating a licensure pathway for CPMs, and improving reimbursement for midwifery services, Massachusetts demonstrated that evidence-informed policy, grounded in reproductive justice and coalition power, can dismantle long-standing structural barriers to community birth.

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Table 2. Bills Incorporated into the 2024 Massachusetts Maternal Health Omnibus Law (H.4999), Grouped by Policy Domain[26]

Policy Domain	Bill Title	Sponsors
Midwifery and birth center access	An Act Promoting Access to Midwifery Care and Out-of-Hospital Birth Options	Senator Becca Rausch, Representative Kay Khan, Representative Brandy Fluker Reid
	An Act Updating the Regulations Governing Licensed Birth Centers in Massachusetts	Senator Jo Comerford, Representative Manny Cruz, Representative Chynah Tyler
	An Act to Increase Access to Nurse-Midwifery Services	Senator Brendan Crighton, Representative Kay Khan
Reproductive justice and equity	An Act Relative to Birthing Justice in the Commonwealth	Senator Liz Miranda
	An Act Relative to Medicaid Coverage for Doula Services	Senator Liz Miranda, Representative Lindsay Sabadosa
Perinatal mental health	An Act to Expand Equitable Perinatal Mental Health Services	Senator Liz Miranda, Representative Brandy Fluker Reid
	An Act Relative to Postpartum Depression Screenings	Senator Cindy Friedman, Representative Carole Fiola
	Perinatal Mood and Anxiety Disorders (PMADs) Awareness	Senator Joan Lovely, Representative James O'Day
Postpartum and family supports	An Act Increasing Access to Maternal Postpartum Home Visiting Services	Senator Joan Lovely, Representative Marjorie Decker, Representative Chynah Tyler
	An Act to Improve Access to Breastfeeding Care	Representative Marjorie Decker
	An Act Relative to Pediatric Care Appointments	Senator Becca Rausch, Representative Sean Garballey
Pregnancy loss and bereavement	An Act Relative to Pregnancy Loss Awareness	Representative Lindsay Sabadosa
	An Act Relative to Paid Pregnancy Loss Leave	Senator Joan Lovely, Representative Lindsay Sabadosa
Maternal and infant health surveillance	An Act Relative to Conducting Fetal and Infant Mortality Review	Senator Liz Miranda, Representative Patricia Haddad
	An Act Relative to the Massachusetts Maternal Mortality and Morbidity Review Committee	Representative Marjorie Decker
	Maternal Mortality and Morbidity Review Committee (Amendment)	Representative Chris Worrell
Infant nutrition and screening	An Act Relative to Human Donor Milk Coverage	Senator Patrick O'Connor, Representative Danielle Gregoire
	Duchenne Muscular Dystrophy Screening (Amendment)	Representative Meg Kilcoyne

This achievement was not inevitable. It required sustained organizing, strategic compromise without surrendering core principles, and a unified insistence that midwifery integration must protect professional autonomy and clinical self-governance. The coalition's success underscores that transformative policy change depends on centering those most affected by inequities, elevating diverse midwifery credentials and care settings and explicitly addressing barriers to workforce diversity and sustainability. Implementation now becomes the proving ground. Yet licensure processes, reimbursement reform, and workforce development demand continued vigilance, financial investment, and midwife-led oversight within state agencies and professional organizations. Without sustained advocacy, legislative wins do not guarantee system-level change.

Massachusetts offers a replicable model for other states navigating restrictive or fragmented perinatal care landscapes. The lesson is clear: midwifery-led community birth can be advanced through deliberate policy design, cross-credential solidarity, and alignment with broader movements for health equity. As maternal health inequities persist nationwide, the successful passage of the Massachusetts maternal health omnibus law affirms that centering midwifery care is essential to building a more just and responsive perinatal care system.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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