

By: Representatives McLean, Summers, Butler-  
Washington, James-Jones

To: Public Health and Human  
Services

COMMITTEE SUBSTITUTE  
FOR  
HOUSE BILL NO. 927

1 AN ACT TO PROVIDE FOR THE LICENSURE AND REGULATION OF  
2 PROFESSIONAL MIDWIFERY; TO PROVIDE DEFINITIONS FOR THE PURPOSE OF  
3 THE ACT; TO PROVIDE EXCEPTIONS TO THE APPLICABILITY OF THE ACT; TO  
4 PROVIDE THE SCOPE OF PRACTICE FOR LICENSED MIDWIVES; TO PROVIDE  
5 MANDATORY PROCEDURES FOR LICENSED MIDWIVES; TO PROHIBIT LICENSED  
6 MIDWIVES FROM CERTAIN ACTIONS; TO CREATE THE STATE BOARD OF  
7 LICENSED MIDWIFERY AND PROVIDE FOR ITS COMPOSITION, APPOINTMENT  
8 AND POWERS AND DUTIES; TO REQUIRE THE BOARD TO PROMULGATE RULES  
9 NOT LATER THAN JULY 1, 2026; TO REQUIRE A LICENSE FROM THE BOARD  
10 TO PRACTICE PROFESSIONAL MIDWIFERY; TO PROVIDE FOR THE ISSUANCE OF  
11 TEMPORARY PERMITS TO PRACTICE PENDING QUALIFICATION FOR LICENSURE;  
12 TO PROVIDE EXEMPTIONS FROM LICENSURE FOR CERTAIN PERSONS; TO  
13 PROVIDE FOR THE CONFIDENTIALITY OF INFORMATION MAINTAINED BY THE  
14 BOARD; TO PROVIDE IMMUNITY FOR CERTAIN ACTIONS; TO PROVIDE  
15 PENALTIES FOR VIOLATIONS OF THIS ACT; TO PROHIBIT TERMINOLOGY IN  
16 ANY HEALTH COVERAGE PLAN, POLICY OR CONTRACT THAT IS  
17 DISCRIMINATORY AGAINST PROFESSIONAL MIDWIFERY; TO REQUIRE HEALTH  
18 COVERAGE PLANS THAT PROVIDE MATERNITY BENEFITS TO PROVIDE COVERAGE  
19 FOR SERVICES RENDERED BY A LICENSED MIDWIFE; TO PROVIDE WHENEVER A  
20 HEALTH COVERAGE PLAN PROVIDES FOR REIMBURSEMENT OF ANY SERVICES  
21 THAT ARE WITHIN THE LAWFUL SCOPE OF PRACTICE OF LICENSED MIDWIVES,  
22 THE PERSON ENTITLED TO BENEFITS UNDER THE PLAN SHALL BE ENTITLED  
23 TO REIMBURSEMENT FOR THE SERVICES, WHETHER THE SERVICES ARE  
24 PERFORMED BY A PHYSICIAN OR A LICENSED MIDWIFE; TO REQUIRE THE  
25 STATE DEPARTMENT OF HEALTH TO DEVELOP AND INSTITUTE A SAFE  
26 PERINATAL TRANSFER CERTIFICATION FOR THE FACILITIES THAT IT  
27 REGULATES; TO AMEND SECTION 73-25-33, MISSISSIPPI CODE OF 1972, TO  
28 CLARIFY THAT THE PRACTICE OF MIDWIFERY IS NOT CONSIDERED TO BE THE  
29 PRACTICE OF MEDICINE; AND FOR RELATED PURPOSES.

30 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:



31       **SECTION 1. Short Title.** This act shall be known and may be  
32 cited as the "Mississippi Midwifery License Law."

33       **SECTION 2. Legislative Purpose.** (1) The midwifery model of  
34 care emphasizes patient-centered care that considers the whole  
35 person and prioritizes autonomy, consent and collaboration;  
36 focuses on maximizing the health and wellness of a woman and her  
37 baby; and attends to the emotional, social and spiritual aspects  
38 of pregnancy and birth. Professional midwives offer an  
39 evidence-based model of perinatal care that views birth as a  
40 normal physiologic process and seeks medical expertise and  
41 interventions as warranted. Increased access to professional  
42 midwives positively affects maternal and infant health outcomes.

43       (2) Midwifery is a profession in its own right and it is not  
44 the practice of medicine. Community-based midwives have  
45 historically served an indispensable public health role in  
46 promoting the health and well-being of Mississippi mothers and  
47 infants. Mississippi's current rates of preterm births, low birth  
48 weights, infant mortality, maternal mortality, and rural hospital  
49 closures would benefit from increased access to professional  
50 midwifery care in community settings.

51       (3) Research demonstrates that integration and coordination  
52 across birth settings and maternity care providers promote  
53 high-quality, cost-effective care. Specifically, the integration  
54 of community-based midwives into regional maternity care systems  
55 is a key determinant of improving perinatal outcomes. Regulation



of the practice of professional midwifery is necessary to facilitate the integration of professional midwives into Mississippi's maternity care system.

(4) Parents have the freedom to choose the manner, place, and attendant for giving birth. Regulating and licensing professional midwives in community settings will increase access to birthing options for the families of Mississippi and preserve parental choice.

(5) Within the State of Mississippi, mothers and families seek out alternatives to hospital births and they find significant value in perinatal services offered in community settings. The term "midwife" connotes to consumers and the community an expectation of professionalism and a minimum level of competency and care. Community-based midwives are currently serving Mississippi families in the absence of any licensure mechanism.

(6) Therefore, the Legislature authorizes the recognition and licensure of the practice of professional midwifery in community settings. For the purpose of increasing the access to midwifery care in the community setting, providing for the health and welfare of women and infants, the Legislature declares that the Mississippi Midwifery Licensure Law shall provide for the licensure of professional midwives, create mechanisms for oversight and accountability, facilitate informed consent, and preserve parental freedom and choice in the setting for which they give birth.



81        **SECTION 3. Definitions.** As used in this act, the following

82 terms shall be defined as provided in this section:

83            (a) "Antepartum" means the stage of care that begins  
84 when a pregnant woman presents herself for care during pregnancy  
85 and ends at the onset of labor.

86            (b) "Apprentice" means an individual at the  
87 apprenticeship level of midwifery training who is obtaining  
88 clinical experience under the supervision of a qualified, licensed  
89 midwife by providing midwifery care under the supervision of such  
90 a preceptor.

91            (c) "Board" means the Mississippi State Board of  
92 Licensed Midwifery, which is created in Section 6 of this act.

93            (d) "Certified nurse midwife" means an advanced  
94 practice registered nurse certified by the American Midwifery  
95 Certification Board whose practice is regulated by Section 73-15-1  
96 et seq.

97            (e) "Client" means an individual receiving professional  
98 midwifery services from a licensed midwife. Because the midwifery  
99 model of care characterizes pregnancy as a normal physiologic  
100 process rather than a medical event, the term "client" is  
101 preferred over the term "patient" by professional midwives as well  
102 as the families they serve. Within this act, however, the term  
103 "patient" may also be used to refer to an individual receiving  
104 professional midwifery services from a licensed midwife.



(f) "Intrapartum" means occurring from the onset of labor until after the delivery of the placenta.

(g) "Licensed midwife" means an individual who practices professional midwifery in community settings and has met the licensing requirements established by this act and its implementing rules as promulgated by the board.

(h) "Neonate" means a newborn child in its first four (4) weeks of life.

(i) "Neonatal period" means the first four (4) weeks of a child's life.

(j) "Normal" means, as applied to the antepartum, intrapartum and postpartum periods and the neonatal period, and as defined by board rule, circumstances under which a midwife has determined that a client does not have a condition that requires medical intervention.

(k) "Physician" means an individual engaged in the practice of medicine and duly licensed by the State Board of Medical Licensure whose practice is regulated by Section 73-25-1 et seq.

(l) "Postpartum period" means the first six (6) weeks after a woman has given birth.

(m) "Professional midwifery" means the studied, skilled practice of providing primary maternity care consistent with a midwife's training, education and experience to women and neonates during the antepartum, intrapartum and postpartum periods.



130        **SECTION 4. Applicability.** This act does not apply to:

131            (a) A certified nurse midwife, a physician or any  
132 health care professional licensed by the state who is providing  
133 care within the scope of his or her license;

134            (b) A student midwife who is engaged in didactic  
135 learning and providing clinical care supervised by a licensed  
136 midwife;

137            (c) A doula, childbirth instructor, lactation  
138 consultant or other layperson offering nonclinical support during  
139 the antepartum, intrapartum and postpartum periods; or

140            (d) Any person who assists with childbirth in an  
141 emergency where medical or midwifery care is not available.

142        **SECTION 5. Scope of practice; practice parameters; mandatory**  
143 **procedures; prohibitions; discrimination prohibited.** (1) The  
144 scope of practice of licensed midwives shall consist of:

145            (a) Providing primary maternity care that is consistent  
146 with a midwife's training, education and experience to low-risk  
147 women and their neonates during normal antepartum, intrapartum and  
148 postpartum periods, as further articulated by the board based on  
149 definitions established by national and international professional  
150 associations and certifying bodies;

151            (b) Nonprescriptive family planning and basic  
152 well-woman care, including, but not limited to, Pap tests,  
153 sexually transmitted infection screenings, preconception



screenings, and other acts, tasks, or functions authorized by the board; and

(c) Consulting and collaborating with other licensed health care providers, including, but not limited to, the referral of women or their neonates to a higher level of care with an appropriate licensed health care provider when the licensed midwife determines that the pregnancy, labor, delivery, postpartum period or neonatal period may not be classified as normal as defined by this act or according to rules promulgated by the board.

(2) Prescriptive authority and the possession and administration of controlled substances by licensed midwives are prohibited. When acting within their scope of practice, licensed midwives may obtain, transport, and administer the following medications:

- (a) Vitamin K;
- (b) Antihemorrhagic agents;
- (c) Local anesthetics;
- (d) Oxygen;
- (e) Prophylactic eye agents;
- (f) RhoGam or other prophylactic immunoglobulins;
- (g) Intravenous fluids; and
- (h) Any other drug that is consistent with the scope of practice of professional midwifery in community settings and is authorized by the board by rule.



179           (3) A licensed midwife may directly obtain supplies and  
180 devices, medications within the scope of practice, order and  
181 obtain screening tests including ultrasound tests, and receive  
182 verbal and written reports of the results of those tests as  
183 necessary for the practice of professional midwifery in community  
184 settings and consistent with the scope of practice of licensed  
185 midwives.

186           (4) Licensed midwives shall:

187                 (a) Register and maintain current contact information  
188 with the board following procedures developed by the board and  
189 promulgated by rule for the publication of an official roster of  
190 licensed midwives.

191                 (b) Register births with the State Registrar of Vital  
192 Records in accordance with the rules promulgated by the State  
193 Department of Health.

194                 (c) Report client statistical data to the board or  
195 other national entities as required by rules promulgated by the  
196 board.

197                 (d) Provide certain disclosures in writing at the  
198 inception of care for a client, including, but not limited to, the  
199 following:

200                         (i) The licensed midwife's education, training and  
201 qualifications;





(ii) The licensed midwife's criteria for referring a client to a licensed health care provider for a higher level of care;

(iii) The licensed midwife's criteria for effecting an emergency transfer to a hospital;

(iv) Whether the midwife has malpractice liability insurance coverage in effect and, if so, the policy limitations of that coverage;

(v) Notice that the licensed midwife has certain statistical data reporting obligations to the board that are not optional but that may be anonymized;

(vi) The licensed midwife's disciplinary history with the board, including whether any disciplinary action is currently pending against them by the board;

(vii) The procedures a client can take to initiate disciplinary action against a licensed midwife; and

(viii) Any other information required by rules promulgated by the board.

(5) It shall be unlawful for licensed midwives to:

(a) Perform surgical procedures other than episiotomies or repairs of perineal lacerations;

(b) Use forceps or vacuum extraction;

(c) Aid or abet an unlicensed person to practice as a licensed midwife;



(d) Negligently, willfully, or intentionally act in a manner inconsistent with the health and safety of those entrusted to the licensed midwife's care;

(e) Engage in substandard, unprofessional or dishonorable conduct, or any other form of misconduct as defined by the board; and

(f) Engage in any other act, task or function prohibited in rules promulgated by the board.

(6) Nothing in this act shall be construed to permit the practice of medicine by licensed midwives since midwifery is not the practice of medicine.

**SECTION 6. State Board of Licensed Midwifery created;**

**composition; powers and duties.** (1) The State Board of Licensed Midwifery is created to regulate autonomous professional midwifery practice in community settings within Mississippi.

(a) The board shall consist of nine (9) persons and be comprised of:

(i) Six (6) midwives each of whom has at least two (2) years experience in Mississippi in the practice of midwifery in community settings;

(ii) One (1) perinatal care provider who is certified by a national professional organization;

(iii) One (1) member who represents the public and who is not practicing or trained in a health care profession, and



who is a parent with at least one (1) child born with the assistance of a midwife or a certified nurse midwife; and

(iv) The Executive Director of the State Department of Health or his or her designee.

(b) The appointed board members shall be resident citizens of the State of Mississippi and appointed by the Governor. The Governor shall accept and consider lists of nominees from any interested individual or organization, and shall prioritize the appointment of nominees made by the following organizations or their successors:

(i) The State Department of Health;

(ii) The Association of Mississippi Midwives;

(iii) The Mississippi Perinatal Quality Collaborative;

(iv) The Mississippi Public Health Institute;

(v) The Institute for the Advancement of Minority Health; and

(vi) Better Birth Mississippi.

Any such list of nominees from the organizations listed in this paragraph (b) shall be submitted at least thirty (30) days before the expiration of the term for each position.

(c) The initial appointments to the board shall be for staggered terms, to be designated by the Governor at the time of appointment as follows: four (4) members shall serve for terms ending on July 1, 2027; three (3) members shall serve for terms



ending on July 1, 2028; and one (1) member shall serve for a term ending on July 1, 2029. All later appointments shall be for terms of four (4) years from the expiration date of the previous term.

(d) The Governor shall fill a vacancy no later than sixty (60) days from the date the vacancy occurs. Members may hold office until their successors have been appointed.

(e) The appointed board members shall not be compensated for their service, but shall be reimbursed for necessary and ordinary expenses and mileage incurred while performing their duties as members of the board as provided in Section 25-3-41, to be paid from the special fund of the board.

(2) Not later than July 1, 2026, the board shall promulgate rules that, at a minimum:

(a) Establish and implement a program for qualified individuals to apply and obtain licensure as a licensed midwife, including, but not limited to:

(i) Developing policies and procedures for temporary permits, initial licensing, renewals and reinstatement of lapsed licenses; and

(ii) A fee schedule for applications, temporary permits, initial licenses, renewals and reinstatements. The board shall review its fee schedule every four (4) years and update fees as necessary for the growth and sustainability of the profession;

(b) Develop educational standards, including, but not limited to:



(i) Identifying the basic minimum educational standards, including the type of courses and number of hours required, that qualify an applicant to seek licensure;

(ii) Developing methods and requirements for ensuring the continued competence of licensed midwives through continuing midwifery education, including the type of courses and number of hours required, as a condition for license renewal; and

(iii) Approving educational programs, institutions, instructors and facilities that meet the basic and continuing professional midwifery educational requirements for practice within Mississippi;

(c) Prescribe standards and competencies for the practice of professional midwifery in community settings within Mississippi based on criteria established by national and international professional associations and certifying bodies;

(d) Delineate specific symptoms and conditions that require collaboration, consultation, or referral of a client by a licensed midwife to a physician or other appropriate licensed health care provider, and establish the process for such collaboration, consultation, or referral. Such rules shall promote informed consent and preserve parental choice;

(e) Exercise its disciplinary authority by establishing and implementing formal disciplinary processes and procedures.

(i) The board shall develop and prescribe procedures for investigating, processing and resolving complaints,



violations, probations, suspensions, revocations and reinstatements, including, but not limited to:

1. Complaints of professional misconduct;
2. Allegations that licensed midwives are violating the provisions of this act or its implementing rules;
3. Grievances from applicants and licensees regarding agency action.

(ii) All procedures implementing the board's disciplinary authority shall incorporate notice, the opportunity to be heard, and a decision by a neutral decision-maker. Final agency decisions will be subject to judicial review; and

(f) Collect, analyze, share and publish anonymized statistical perinatal outcome data from licensed midwives and individuals holding temporary permits, including, but not limited to, live births, fetal demises and neonatal and maternal deaths. Rules regarding data sharing shall preserve public access.

(3) In promulgating the rules described in subsection (2) of this section, the board shall consider any data, views, questions, and arguments submitted by:

- (a) The State Department of Health;
- (b) The Association of Mississippi Midwives;
- (c) The Mississippi Perinatal Quality Collaborative;
- (d) The Mississippi Public Health Institute;
- (e) The Institute for the Advancement of Minority Health; and



350 (f) Better Birth Mississippi.

351 (4) The board shall develop, publish and maintain an  
352 official roster of licensed midwives and individuals holding  
353 temporary permits that can be accessed by the public at no cost.  
354 The roster shall reflect the statistical outcome data and  
355 disciplinary history of each licensee and permit-holder.

356 (5) The board shall deposit all funds received from the  
357 collection of application and licensure fees and the levying of  
358 disciplinary fines into a special fund that is created in the  
359 State Treasury to be known as the Board of Licensed Midwifery  
360 Fund. Monies in the special fund shall be used by the board, upon  
361 appropriation by the Legislature, for the purpose of administering  
362 this act. Any interest earned on the special fund shall be  
363 credited to the special fund and shall not be paid into the State  
364 General Fund. Any monies remaining in the special fund at the end  
365 of a fiscal year shall not lapse into the State General Fund.

366 (6) The board is authorized to contract with third-party  
367 entities to perform clerical and administrative tasks and  
368 functions related to the logistical implementation of midwifery  
369 licensure under this act.

370 (7) The board may promulgate any and all additional rules it  
371 deems necessary to effectively regulate the practice of licensed  
372 midwives to the extent that those additional rules do not violate  
373 any terms or provisions of this act.



374        **SECTION 7. License required; temporary permits; exemptions;**  
375 **qualifications.** (1) Beginning on the effective date of the

376 initial rules promulgated by the board under Section 6 of this  
377 act, it shall be unlawful for any person to provide professional  
378 midwifery care within the State of Mississippi without first  
379 obtaining a license from the board in accordance with its rules.

380        (2) The board shall promulgate rules allowing for the  
381 expedited issuance of temporary permits authorizing an individual  
382 to practice professional midwifery pending qualification for  
383 licensure.

384            (a) Temporary permits shall be issued for a term of  
385 twenty-four (24) months and may not be renewed except as follows:  
386 A temporary permit issued to an apprentice may be renewed upon a  
387 showing to the board that the apprentice has good cause for not  
388 completing their clinical training within the initial temporary  
389 permit period.

390            (b) An applicant who is granted a temporary permit  
391 under this section is subject to all other requirements of this  
392 act and rules promulgated by the board, and the board may  
393 automatically void the temporary permit if the applicant fails to  
394 comply with those requirements.

395            (c) An individual who paid an application fee in  
396 connection with an application for a temporary permit under this  
397 section is not required to pay a separate application fee in  
398 connection with their application for an initial license if the





board receives the application for an initial license within sixty (60) days after the expiration of the temporary permit.

(d) To qualify for a temporary permit to practice professional midwifery, an individual must:

(i) Be an apprentice working under the supervision of a licensed midwife;

(ii) Be licensed in good standing as a midwife in another state at the time of application; or

(iii) Be engaged in providing professional midwifery services to one or more Mississippi families on the effective date of the initial rules promulgated by the board, as evidenced by a contractual agreement to render such services.

(e) An individual seeking a temporary permit under this subsection (2) must submit an application for full licensure within twelve (12) months after the effective date of the initial rules promulgated by the board.

(3) Licensure under this act is not required for:

(a) An employee or other individual who is assisting a midwife and who is under the midwife's supervision from performing activities or functions that are delegated by the midwife, that are nondiscretionary, that do not require the exercise of professional judgment for their performance, and that are within the midwife's authority to perform; and



422 (b) An individual providing uncompensated care to a  
423 friend or family member if the individual does not hold themself  
424 out to the public as a licensed midwife.

425 (4) Nothing in this act shall prohibit a traditional birth  
426 attendant from providing care that falls within the scope of  
427 midwifery practice without a license where the traditional birth  
428 attendant is fulfilling a cultural or religious role that has  
429 historically included the provision of care at birth, and the  
430 traditional birth attendant only offers such services to women and  
431 families within that distinct cultural or religious group.

432 **SECTION 8. Confidentiality.** (1) All statistical data  
433 reporting and sharing by the board shall be anonymized prior to  
434 dissemination or publication.

435 (2) The board shall keep all information relating to the  
436 receipt and investigation of complaints filed against licensees or  
437 applicants confidential until the information is disclosed in the  
438 course of the investigation or any later proceeding before the  
439 board. Client records, including clinical records, files, any  
440 other report or oral statement relating to diagnostic findings or  
441 clinical treatment of clients, any information from which a client  
442 or her family might be identified, or information received and  
443 records or reports kept by the board as a result of an  
444 investigation made under this act shall be exempt from the  
445 provisions of the Mississippi Public Records Act of 1983 and shall  
446 be kept confidential by the board.



447        **SECTION 9. Immunity.** (1) Nothing in this act shall create

448 liability of any kind for a licensed health care provider who  
449 provides care to a client of a licensed midwife for personal  
450 injury or death resulting from an act or omission by the midwife,  
451 unless the professional negligence or malpractice of the health  
452 care provider was a proximate cause of the injury or death.

453        (2) No duly licensed midwife who, in good faith and in the  
454 exercise of reasonable care, renders aid in emergency childbirth,  
455 or assists in transporting a laboring mother to a place where  
456 medical assistance can be reasonably expected, shall be liable for  
457 any civil damages to the mother or infant as a result of any acts  
458 committed in good faith and in the exercise of reasonable care or  
459 omissions in good faith and in the exercise of reasonable care by  
460 such midwife in rendering aid in the emergency.

461        **SECTION 10. Offenses; penalties.** (1) It is unlawful for

462 any person to:

463            (a) Offer or engage in the provision of professional  
464 midwifery services unless duly licensed to do so under the  
465 provisions of this act;

466            (b) Impersonate in any manner or pretend to be a  
467 licensed midwife or use the title "Licensed Midwife," the letters  
468 "L.M." or any other words, letters, signs, symbols or devices to  
469 indicate the person using them is a licensed midwife, unless duly  
470 authorized by the license or permit under the provisions of this  
471 act;



(c) Provide midwifery care during the time their license or temporary permit is suspended, revoked, lapsed or expired;

(d) Fail to notify the board of the suspension, probation or revocation of any past or currently held licenses required to practice midwifery in any other jurisdiction;

(e) Make false representations or impersonate or act as a proxy for another person or allow or aid any person to impersonate them in connection with any application for licensing or request to be licensed; or

(f) Otherwise violate any provisions of this act.

(2) (a) For the first violation and subsequent violations of any provision of this section, the board shall impose a monetary penalty of One Thousand Dollars (\$1,000.00).

(b) In addition to a monetary penalty, the board may revoke the license of a midwife or suspend the license for up to two (2) years without review.

(c) In addition to or as an alternative to revoking or suspending the license of a midwife, the board may require the midwife to complete education programs, participate in supervised practice, or submit to care or counseling.

**SECTION 11.** (1) Terminology in any health coverage plan, policy or contract deemed discriminatory against professional midwifery, community perinatal care, or the midwifery model of



care or that inhibits reimbursement for such services at the in-network rate is void and unenforceable.

(2) Any health coverage plan amended, delivered, issued, or renewed in this state on or after January 1, 2026, that provides maternity benefits that are not limited to complications of pregnancy, or newborn care benefits, shall provide coverage for maternity services and perinatal care rendered by a licensed midwife licensed under this act, regardless of the site of services. The coverage provided for in this section may be subject to annual deductibles, coinsurance and copayments.

(3) A health coverage plan amended, delivered, issued or renewed in this state on or after January 1, 2026, shall not differentiate between perinatal services performed by a professional midwife within their lawful scope of practice and perinatal services by a physician with respect to copayment or annual deductible amounts or coinsurance percentages.

(4) Whenever any health coverage plan amended, delivered, issued, or renewed in this state on or after January 1, 2026, provides for reimbursement of any services that are within the lawful scope of practice of licensed midwives, the insured or other person entitled to benefits under the health coverage plan shall be entitled to reimbursement for the services, whether the services are performed by a physician or a licensed midwife.

(5) The provisions of this section apply to any new policy, contract, program or health coverage plan issued on and after



January 1, 2026. Any policy, contract or health coverage plan in effect before January 1, 2026, shall convert to conform to the provisions of this act on or before the renewal date, but no later than January 1, 2027.

(6) Nothing in this section shall restrict the Division of Medicaid from setting rules and regulations regarding the coverage of professional midwifery services and nothing in this section shall amend or change the Division of Medicaid's schedule of benefits, exclusions and/or limitations related to obstetric and/or midwifery services as determined by state or federal regulations and state and federal law.

**SECTION 12.** (1) A licensed provider who regularly provides health care services related to labor and delivery shall:

(a) Be able to identify when to transmit and receive patient information, and transfer and receive patients, across the facility's levels of care; and

(b) Coordinate with other licensed providers to effectuate services across the facility's levels of care in a way that prevents patients from losing access to care.

(2) The acceptance of a transferred perinatal patient does not establish an employment or supervisory relationship between the accepting licensed provider and the transferring licensed provider or establish grounds for vicarious liability.

(3) Within twenty-four (24) months from the effective date of the initial rules promulgated by the board, the Division of



Health Facilities Licensure and Certification of the State  
Department of Health shall develop and institute a safe perinatal  
transfer certification for the facilities that it regulates.

(4) In developing the safe perinatal transfer certification,  
the division shall incorporate input and feedback from:

(a) Interested and affected stakeholders, with a focus  
on pregnant women and those in the postpartum period and their  
family members;

(b) Multidisciplinary, nonprofit organizations  
representing pregnant women and those in the postpartum period,  
with a focus on individuals from racial and ethnic minority  
groups; and

(c) Multidisciplinary, community-based organizations  
that provide support or advocacy for pregnant women and those in  
the postpartum period, with a focus on persons from racial and  
ethnic minority groups.

(5) Nothing in this act shall prohibit licensed providers or  
facilities from billing for health care services rendered,  
including maternity care and perinatal care.

**SECTION 13.** Section 73-25-33, Mississippi Code of 1972, is  
amended as follows:

73-25-33. (1) The practice of medicine shall mean to  
suggest, recommend, prescribe, or direct for the use of any  
person, any drug, medicine, appliance, or other agency, whether  
material or not material, for the cure, relief, or palliation of



571 any ailment or disease of the mind or body, or for the cure or  
572 relief of any wound or fracture or other bodily injury or  
573 deformity, or the practice of obstetrics \* \* \*, after having  
574 received, or with the intent of receiving therefor, either  
575 directly or indirectly, any bonus, gift, profit or compensation;  
576 provided, that nothing in this section shall apply to \* \* \*  
577 individuals engaged \* \* \* in the practice of midwifery.

578 (2) The practice of medicine shall not mean to provide  
579 gender transition procedures for any person under eighteen (18)  
580 years of age; or

581 (3) For purposes of this section, "gender transition  
582 procedures" means the same as defined in Section 41-141-3.

583 **SECTION 14.** Sections 1 through 10 of this act shall be  
584 codified as a new chapter in Title 73 of the Mississippi Code of  
585 1972. Section 11 of this act shall be codified as a new section  
586 in Article 5, Chapter 41, Title 83 of the Mississippi Code of  
587 1972.

588 **SECTION 15.** This act shall take effect and be in force from  
589 and after July 1, 2025.

