

By: Representative McLean

To: Public Health and Human Services

HOUSE BILL NO. 1535

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 CRIMINAL PENALTIES FOR VIOLATIONS OF THIS ACT; TO PROHIBIT
16 TERMINOLOGY IN ANY HEALTH COVERAGE PLAN, POLICY OR CONTRACT THAT
17 IS DISCRIMINATORY AGAINST PROFESSIONAL MIDWIFERY; TO REQUIRE
18 HEALTH COVERAGE PLANS THAT PROVIDE MATERNITY BENEFITS TO PROVIDE
19 COVERAGE FOR SERVICES RENDERED BY A LICENSED MIDWIFE; TO PROVIDE
20 WHENEVER A HEALTH COVERAGE PLAN PROVIDES FOR REIMBURSEMENT OF ANY
21 SERVICES THAT ARE WITHIN THE LAWFUL SCOPE OF PRACTICE OF LICENSED
22 MIDWIVES, THE PERSON ENTITLED TO BENEFITS UNDER THE PLAN SHALL BE
23 ENTITLED TO REIMBURSEMENT FOR THE SERVICES, WHETHER THE SERVICES
24 ARE 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 REMOVE THE REFERENCE TO THE PRACTICE OF MIDWIFERY IN THE
29 DEFINITION OF THE 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



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

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

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

71 (6) Therefore, the Legislature authorizes the recognition
72 and licensure of the practice of professional midwifery in
73 community settings. For the purpose of increasing the access to
74 midwifery care in the community setting, providing for the health
75 and welfare of women and infants, the Legislature declares that
76 the Mississippi Midwifery Licensure Law shall provide for the
77 licensure of professional midwives, create mechanisms for
78 oversight and accountability, facilitate informed consent, and
79 preserve parental freedom and choice in the setting for which they
80 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.



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

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

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

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

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

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

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

126 (m) "Professional midwifery" means the studied, skilled
127 practice of providing primary maternity care consistent with a
128 midwife's training, education and experience to women and neonates
129 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



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

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

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

169 (a) Vitamin K;

170 (b) Antihemorrhagic agents;

171 (c) Local anesthetics;

172 (d) Oxygen;

173 (e) Prophylactic eye agents;

174 (f) RhoGam or other prophylactic immunoglobulins;

175 (g) Intravenous fluids; and

176 (h) Any other drug that is consistent with the scope of
177 practice of professional midwifery in community settings and is
178 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;



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

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

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

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

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

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

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

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

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

223 (b) Use forceps or vacuum extraction;

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



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

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

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

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

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

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

242 (a) The board shall consist of eight (8) persons and be
243 comprised of:

244 (i) Four (4) midwives each of whom has at least
245 two (2) years experience in the practice of midwifery in community
246 settings;

247 (ii) One (1) certified nurse midwife;

248 (iii) One (1) physician who is certified by a
249 national professional organization of physicians that certifies
250 obstetricians and gynecologists;



251 (iv) One (1) perinatal care provider who is
252 certified by a national professional organization of physicians
253 that certifies family practitioners or pediatricians; and

254 (v) One (1) member who represents the public and
255 who is not practicing or trained in a health care profession, and
256 who is a parent with at least one (1) child born with the
257 assistance of a midwife or a certified nurse midwife.

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

264 (i) The State Department of Health;

265 (ii) The Association of Mississippi Midwives;

266 (iii) The Mississippi Perinatal Quality
267 Collaborative;

268 (iv) The Mississippi Public Health Institute;

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

271 (vi) Better Birth Mississippi.

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



275 (c) The initial appointments to the board shall be for
276 staggered terms, to be designated by the Governor at the time of
277 appointment as follows: four (4) members shall serve for terms
278 ending on July 1, 2026; three (3) members shall serve for terms
279 ending on July 1, 2027; and one (1) member shall serve for a term
280 ending on July 1, 2028. All later appointments shall be for terms
281 of four (4) years from the expiration date of the previous term.

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

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

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

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

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

298 (ii) A fee schedule for applications, temporary
299 permits, initial licenses, renewals and reinstatements. The board



300 shall review its fee schedule every four (4) years and update fees
301 as necessary for the growth and sustainability of the profession;

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

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

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

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

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

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



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

327 (i) The board shall develop and prescribe
328 procedures for investigating, processing and resolving complaints,
329 violations, probations, suspensions, revocations and
330 reinstatements, including, but not limited to:

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

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

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

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

- 348 (a) The State Department of Health;
- 349 (b) The Association of Mississippi Midwives;



350 (c) The Mississippi Perinatal Quality Collaborative;
351 (d) The Mississippi Public Health Institute;
352 (e) The Institute for the Advancement of Minority
353 Health; and
354 (f) Better Birth Mississippi.

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

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

370 (6) The board is authorized to contract with third-party
371 entities to perform clerical and administrative tasks and
372 functions related to the logistical implementation of midwifery
373 licensure under this act.



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

378 **SECTION 7. License required; temporary permits; exemptions;**
379 **qualifications.** (1) Beginning on the effective date of the
380 initial rules promulgated by the board under Section 6 of this
381 act, it shall be unlawful for any person to provide professional
382 midwifery care within the State of Mississippi without first
383 obtaining a license from the board in accordance with its rules.

384 (2) The board shall promulgate rules allowing for the
385 expedited issuance of temporary permits authorizing an individual
386 to practice professional midwifery pending qualification for
387 licensure.

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

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



399 (c) An individual who paid an application fee in
400 connection with an application for a temporary permit under this
401 section is not required to pay a separate application fee in
402 connection with their application for an initial license if the
403 board receives the application for an initial license within sixty
404 (60) days after the expiration of the temporary permit.

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

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

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

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

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

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

420 (a) An employee or other individual who is assisting a
421 midwife and who is under the midwife's supervision from performing
422 activities or functions that are delegated by the midwife, that
423 are nondiscretionary, that do not require the exercise of



424 professional judgment for their performance, and that are within
425 the midwife's authority to perform; and

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

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

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

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



449 provisions of the Mississippi Public Records Act of 1983 and shall
450 be kept confidential by the board.

451 **SECTION 9. Immunity.** (1) Nothing in this act shall create
452 liability of any kind for a licensed health care provider who
453 provides care to a client of a licensed midwife for personal
454 injury or death resulting from an act or omission by the midwife,
455 unless the professional negligence or malpractice of the health
456 care provider was a proximate cause of the injury or death.

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

465 **SECTION 10. Offenses; penalties.** (1) It is a misdemeanor
466 for any person to:

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

470 (b) Impersonate in any manner or pretend to be a
471 licensed midwife or use the title "Licensed Midwife" the letters
472 "L.M." or any other words, letters, signs, symbols or devices to
473 indicate the person using them is a licensed midwife, unless duly



474 authorized by the license or permit under the provisions of this
475 act;

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

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

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

486 (f) Otherwise violate any provisions of this act.

487 (2) Such misdemeanor shall, upon conviction, be punishable
488 by a fine of not more than One Thousand Dollars (\$1,000.00) or by
489 imprisonment for not more than six (6) months or by both fine and
490 imprisonment for each offense.

491 **SECTION 11.** (1) Terminology in any health coverage plan,
492 policy or contract deemed discriminatory against professional
493 midwifery, community perinatal care, or the midwifery model of
494 care or that inhibits reimbursement for such services at the
495 in-network rate is void and unenforceable.

496 (2) Any health coverage plan amended, delivered, issued, or
497 renewed in this state on or after January 1, 2025, that provides
498 maternity benefits that are not limited to complications of



499 pregnancy, or newborn care benefits, shall provide coverage for
500 maternity services and perinatal care rendered by a licensed
501 midwife licensed under this act, regardless of the site of
502 services. The coverage provided for in this section may be
503 subject to annual deductibles, coinsurance and copayments.

504 (3) A health coverage plan amended, delivered, issued or
505 renewed in this state on or after January 1, 2025, shall not
506 differentiate between perinatal services performed by a
507 professional midwife within their lawful scope of practice and
508 perinatal services by a physician with respect to copayment or
509 annual deductible amounts or coinsurance percentages.

510 (4) Whenever any health coverage plan amended, delivered,
511 issued, or renewed in this state on or after January 1, 2025,
512 provides for reimbursement of any services that are within the
513 lawful scope of practice of licensed midwives, the insured or
514 other person entitled to benefits under the health coverage plan
515 shall be entitled to reimbursement for the services, whether the
516 services are performed by a physician or a licensed midwife.

517 (5) The provisions of this section apply to any new policy,
518 contract, program or health coverage plan issued on and after
519 January 1, 2025. Any policy, contract or health coverage plan in
520 effect before January 1, 2025, shall convert to conform to the
521 provisions of this act on or before the renewal date, but no later
522 than January 1, 2026.



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

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

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

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

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

542 (3) Within twenty-four (24) months from the effective date
543 of the initial rules promulgated by the board, the Division of
544 Health Facilities Licensure and Certification of the State
545 Department of Health shall develop and institute a safe perinatal
546 transfer certification for the facilities that it regulates.



547 (a) In developing the safe perinatal transfer
548 certification, the division shall incorporate input and feedback
549 from:

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

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

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

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

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

566 73-25-33. (1) The practice of medicine shall mean to
567 suggest, recommend, prescribe, or direct for the use of any
568 person, any drug, medicine, appliance, or other agency, whether
569 material or not material, for the cure, relief, or palliation of
570 any ailment or disease of the mind or body, or for the cure or
571 relief of any wound or fracture or other bodily injury or



572 deformity, or the practice of obstetrics or midwifery, after
573 having received, or with the intent of receiving therefor, either
574 directly or indirectly, any bonus, gift, profit or
575 compensation * * *.

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

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

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

585 **SECTION 15.** This act shall take effect and be in force from
586 and after July 1, 2024.

