

By: Senator(s) Blackwell

To: Public Health and
Welfare

SENATE BILL NO. 2080

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 "Martin's 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 professional midwifery
61 in community settings will increase access to birthing options for
62 the families of Mississippi and preserve parental choice.

63 (5) Within the State of Mississippi, mothers and families
64 seek out alternatives to hospital births and they find significant
65 value in perinatal services offered in community settings. The
66 term "midwife" connotes to consumers and the community an
67 expectation of professionalism and a minimum level of competency
68 and care. Community-based midwives are currently serving
69 Mississippi families in the absence of any regulatory mechanisms
70 to provide oversight or accountability. The improper practice of
71 midwifery poses a significant risk of harm to public health.
72 Governmental regulation of the practice of midwifery is reasonably
73 necessary to protect the health, safety and welfare of mothers and
74 their newborns.

75 (6) Therefore, the Legislature authorizes the regulation of
76 the practice of professional midwifery in community settings. For
77 the purpose of protecting the health and welfare of women and
78 infants, the Legislature declares that Martin's Law shall provide
79 for the licensure of professional midwives, create mechanisms for



80 oversight and accountability, facilitate informed consent, and
81 preserve parental freedom.

82 **SECTION 3. Definitions.** As used in this act, the following
83 terms shall be defined as provided in this section:

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

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

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

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

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



104 "patient" may also be used to refer to an individual receiving
105 professional midwifery services from a licensed midwife.

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

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

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

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

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

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

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

127 (m) "Professional midwifery" means the studied, skilled
128 practice of providing primary maternity care consistent with a



129 midwife's training, education and experience to women and neonates
130 during the antepartum, intrapartum and postpartum periods.

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

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

135 (b) A student midwife who is engaged in didactic
136 learning and not providing clinical care;

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, order and obtain screening tests, including ultrasound
181 tests, and receive verbal and written reports of the results of
182 those tests as necessary for the practice of professional
183 midwifery in community settings and consistent with the scope of
184 practice of licensed midwives.

185 (4) Licensed midwives shall:

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

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

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

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

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

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



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

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

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

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

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

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

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

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

222 (b) Use forceps or vacuum extraction;

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

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



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

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

233 (6) Nothing in this act shall be construed to permit the
234 practice of medicine by licensed midwives.

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

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

240 (a) The board shall consist of eight (8) persons and be
241 comprised of:

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

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

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

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



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

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

262 (i) The State Department of Health;

263 (ii) The Mississippi Midwives Alliance;

264 (iii) The Mississippi Perinatal Quality
265 Collaborative;

266 (iv) The Mississippi Public Health Institute;

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

269 (vi) Better Birth Mississippi.

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

273 (c) The initial appointments to the board shall be for
274 staggered terms, to be designated by the Governor at the time of
275 appointment as follows: four (4) members shall serve for terms
276 ending on July 1, 2026; three (3) members shall serve for terms



277 ending on July 1, 2027; and one (1) member shall serve for a term
278 ending on July 1, 2028. All later appointments shall be for terms
279 of four (4) years from the expiration date of the previous term.

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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

- 346 (a) The State Department of Health;
- 347 (b) The Mississippi Midwives Alliance;
- 348 (c) The Mississippi Perinatal Quality Collaborative;
- 349 (d) The Mississippi Public Health Institute;
- 350 (e) The Institute for the Advancement of Minority
351 Health; and



352 (f) Better Birth Mississippi.

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

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

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

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



376 **SECTION 7. License required; temporary permits; exemptions;**

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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



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

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

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

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

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



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

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

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

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

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

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

494 (2) Any health coverage plan amended, delivered, issued, or
495 renewed in this state on or after January 1, 2025, that provides
496 maternity benefits that are not limited to complications of
497 pregnancy, or newborn care benefits, shall provide coverage for
498 maternity services and perinatal care rendered by a licensed



499 midwife licensed under this act, regardless of the site of
500 services. The coverage provided for in this section may be
501 subject to annual deductibles, coinsurance and copayments.

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

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

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

521 (6) Nothing in this section shall restrict the Division of
522 Medicaid from setting rules and regulations regarding the coverage
523 of professional midwifery services and nothing in this section



524 shall amend or change the Division of Medicaid's schedule of
525 benefits, exclusions and/or limitations related to obstetric
526 and/or midwifery services as determined by state or federal
527 regulations and state and federal law.

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

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

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

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

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

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



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

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

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

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

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

564 73-25-33. (1) The practice of medicine shall mean to
565 suggest, recommend, prescribe, or direct for the use of any
566 person, any drug, medicine, appliance, or other agency, whether
567 material or not material, for the cure, relief, or palliation of
568 any ailment or disease of the mind or body, or for the cure or
569 relief of any wound or fracture or other bodily injury or
570 deformity, or the practice of obstetrics or midwifery, after
571 having received, or with the intent of receiving therefor, either



572 directly or indirectly, any bonus, gift, profit or
573 compensation * * *.

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

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

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

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

