Midwife Testimony Template for 130 CMR 433
Coverage and Provider Rules

Hearing and submission instructions

Regulation: 130 CMR 433.000 — Physician Services, CPM coverage and provider rules.

Remote hearing: Friday, October 16, 2026, at 11 a.m. Eastern.
Written testimony deadline: Friday, October 16, 2026, at 5 p.m. Eastern.
Email: masshealthpublicnotice@mass.gov
Suggested subject: Comments on 130 CMR 433.000 — Certified Professional Midwife Services

You do not need to attend or speak at the hearing to submit written testimony. You may submit written testimony instead of, or in addition to, live testimony. Email your letter as a Word or PDF attachment, or paste it into the email body. Include your full name, mailing address, and organization or affiliation, if any. Put the regulation name in the subject line.

Register to testify and find hearing instructions or schedule changes at https://www.mass.gov/info-details/masshealth-public-hearings. Phone access: (646) 558-8656; meeting ID: 935 397 8200#.

Mail option: EOHHS, c/o D. Briggs, 1 Enterprise Drive, 4th Floor, Quincy, MA 02171. Allow enough time for receipt by the deadline; email is the more practical option close to the hearing.

The notice specifically invites comments on how the amendments may affect members' access to covered care. If you need help or want to let the Chapter know you plan to submit testimony, email president@machapternacpm.com. Sending a copy to the Chapter does not replace submission to MassHealth.

How to use this template

Use this template for the MassHealth hearing on CPM coverage and provider rules. Choose the sections that reflect your experience; you do not need to address every issue. Keep the direct request and add a short practice example. Replace all bracketed text, remove unused sections and these instructions, and use your own voice. Do not include patient names or identifying details.

Focus on what care must be covered and how providers can deliver and bill it. Professional rates, the 85% adjustment, and the dollar value of resource payments belong primarily in the separate testimony on 101 CMR 316.00, 317.00, and 318.00. You may submit testimony to both proceedings.

The statements below identify requested changes or clarifications. They do not assume that every ambiguity has already resulted in a denial.

Begin your letter

Re: Comments on 130 CMR 433.000 — Certified Professional Midwife Coverage and Provider Rules

Dear MassHealth Officials:

My name is [full name and credentials]. I am [a practicing midwife, student midwife, or other role] in [town or region], and [describe your practice or relevant experience]. I support MassHealth coverage of licensed CPM

services and ask that the rules support the full course of care, including care in the home and care before and after hospital transfer.

[Briefly explain why this coverage matters to your practice and the families you serve.]

I ask MassHealth to address the following issues.

1 Care before and after transfer resulting in cesarean birth

Please revise 130 CMR 433.424(C), which limits the primary midwife's claim to prenatal visits when a physician performs a cesarean. Make clear that separately covered labor care, eligible home birth resources, and subsequent postpartum care remain payable. Reconcile this provision with S4005 and S8415. Payment for the cesarean should remain with the clinician who performs it.

[Describe labor care before transfer, staffing or resources already used, and care you provide after hospital discharge. Explain why timely transfer must be supported. Use a de-identified example if helpful.]

A clinically appropriate transfer should not eliminate payment for distinct covered services already provided or care the family needs afterward.

2 Recognition as primary and coverage providers

Please add CPMs to the definitions of primary provider in 130 CMR 433.421(A)(4) and coverage provider in 433.421(A)(1) wherever global maternity billing remains available. Publish instructions for pregnancies spanning maternity coding or billing changes.

[Describe your responsibility for prenatal care, labor and birth, postpartum follow-up, referrals, or backup coverage. Explain how exclusion from the definitions affects planning or participation.]

3 Ultrasound and other radiology orders

Please revise 130 CMR 433.436, which identifies a licensed physician as the ordering provider, to expressly recognize orders from licensed CPMs acting within their lawful scope. Ensure that claims systems and receiving providers recognize those orders.

[Explain when your clients need ultrasound or other covered imaging and what an additional appointment solely to obtain an order would mean for them. Do not imply that a denial has occurred unless it has.]

4 Postpartum and newborn care in the home

Please make coverage under 130 CMR 433.422 explicit for covered postpartum and newborn services in the home, including after a hospital birth. Publish codes, patient identifiers, home place-of-service requirements, visit limits, and permitted billing combinations for both patients. Clarify coverage for additional clinically necessary visits.

[Describe your visit schedule, visit length, parent and newborn assessments, feeding and weight follow-up, screenings, availability between visits, and coordination with other providers. Explain the benefit of home care for families.]

5 Home specimen collection and laboratory services

Please clarify and, where necessary, revise 130 CMR 433.438 and 433.439(A) to support clinically appropriate specimen collection in the home. Distinguish collection and handling from the laboratory's performance of the test, and identify whether the midwife's work is included in another payment or separately reimbursed.

[Describe blood draws or other specimen collection you provide within your lawful scope. Explain how home collection can avoid an additional trip while allowing timely testing.]

6 **Practical implementation and plan access**

Please publish billing examples for completed home birth, labor transfer, cesarean transfer, postpartum home visits, and newborn home visits. Identify the responsible payer and any additional contracting requirements for managed care plans and applicable ACO arrangements. Explain the pathway for members when their plan lacks a participating community midwife.

[Describe the questions your practice needs answered before enrolling or accepting clients. Include actual contracting or billing barriers if you have experienced them.]

Closing

The Commonwealth's work to expand the midwifery workforce needs clear coverage rules and workable billing pathways. I ask MassHealth to address these provisions so that families can use the benefit throughout their care, including when their birth plans change.

Sincerely,

[Full name and credentials]
[Practice or affiliation, if any]
[Mailing address]
[Email address]

Regulation reference

130 CMR 433.000, emergency amendments effective September 25, 2026. Relevant provisions: §§433.421, 433.422, 433.424(C), 433.436, 433.438, and 433.439(A).