

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025**

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SENATE BILL 964

Short Title: Expanded Acc. to Doulas and Midwives/BC Lic. (Public)

Sponsors: Senators Burgin and Chitlik (Primary Sponsors).

Referred to: Rules and Operations of the Senate

May 4, 2026

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE NC MEDICAID TO COVER DOULA SERVICES DURING
3 PREGNANCY AND THE POSTPARTUM PERIOD, TO PROVIDE FUNDING FOR
4 SUPPORT SERVICES TO THE DOULA WORKFORCE, TO ESTABLISH THE
5 CERTIFIED PROFESSIONAL MIDWIVES LICENSING ACT, AND TO ESTABLISH A
6 LICENSURE PROCESS AND ANNUAL LICENSE FEES FOR BIRTH CENTERS.

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.(a)** The Department of Health and Human Services, Division of Health
9 Benefits (DHB), shall seek approval from the Centers for Medicare and Medicaid Services
10 (CMS) to implement Medicaid coverage of certain healthcare services provided by a doula. DHB
11 shall develop, in collaboration with the Department of Health and Human Services, Division of
12 Public Health, the parameters of services to be covered, including updating applicable clinical
13 coverage policies, developing appropriate reimbursement for covered services provided by a
14 doula, and determining provider credentialing requirements for participation in the NC Medicaid
15 program. In determining provider credentialing requirements, DHB shall consider education and
16 experience in the following areas:

- 17 (1) Basic newborn care.
- 18 (2) Childbirth education.
- 19 (3) Client self-advocacy and empowerment techniques.
- 20 (4) Common medical interventions, including risks, benefits, and decision
21 making.
- 22 (5) Coping strategies and nonmedical comfort measures during labor and birth.
- 23 (6) Lactation support, education, and infant feeding.
- 24 (7) Community resource referrals.
- 25 (8) Cultural awareness and cross-cultural communication.

26 **SECTION 1.(b)** The coverage required by this section shall be implemented as soon
27 as practicable upon approval by CMS. DHB shall report to the Joint Legislative Oversight
28 Committee on Medicaid no later than March 1, 2027, regarding the details of the Medicaid
29 coverage of healthcare services provided by a doula, the specific reimbursement for these
30 services, and the estimated recurring cost to the State of providing this coverage.

31 **SECTION 2.(a)** There is appropriated from the General Fund to the Department of
32 Health and Human Services, Division of Health Benefits, the sum of one million dollars
33 (\$1,000,000) in recurring funds and associated receipts beginning with the 2026-2027 fiscal year
34 to implement the Medicaid-related changes outlined in this act.

35 **SECTION 2.(b)** There is appropriated from the General Fund to the Department of
36 Health and Human Services, Division of Public Health, the sum of five hundred fifty thousand



1 dollars (\$550,000) in recurring funds beginning with the 2026-2027 fiscal year to provide support
2 services and technical assistance to the doula workforce.

3 **SECTION 3.** Chapter 90 of the General Statutes is amended by adding a new Article
4 to read:

5 "Article 10B.

6 "Certified Professional Midwives.

7 **"§ 90-178.10. Title.**

8 This Article may be cited as the "Accessing Certified Professional Midwives Act."

9 **"§ 90-178.11. Definitions.**

10 The following definitions apply in this Article:

- 11 (1) Antepartal. – Occurring during pregnancy.
- 12 (2) Certified Professional Midwife (CPM). – A person who has obtained national
13 certification from the North American Registry of Midwives (NARM).
- 14 (3) Collaboration. – The process by which a Certified Professional Midwife and
15 a physician or other appropriate health care provider jointly manage the care
16 of a client, as defined by Council rule.
- 17 (4) Consultation. – The exchange of information and advice regarding the client's
18 condition and indicated treatment with a licensed physician or certified nurse
19 midwife.
- 20 (5) Council. – The North Carolina Council of Certified Professional Midwives, a
21 subcommittee of the Division of Health Service Regulation.
- 22 (6) Department. – The North Carolina Department of Health and Human
23 Services.
- 24 (7) Division. – The Division of Health Service Regulation within the Department
25 of Health and Human Services to which the North Carolina Council of
26 Certified Professional Midwives reports.
- 27 (8) Health care provider. – As defined in G.S. 90-21.11.
- 28 (9) ICM. – The International Confederation of Midwives.
- 29 (10) Intrapartal. – Occurring during the process of giving birth.
- 30 (11) Licensed physician. – A physician duly licensed in this State to practice
31 medicine under Article 1 of this Chapter.
- 32 (12) Licensee. – A Certified Professional Midwife who holds the CPM credential
33 and is licensed to practice midwifery under this Article.
- 34 (13) Midwifery. – The provision of primary health or maternity care to
35 childbearing people and infants.
- 36 (14) NACPM. – The National Association of Certified Professional Midwives.
- 37 (15) NARM. – The North American Registry of Midwives.
- 38 (16) Postpartal. – Occurring subsequent to birth.

39 **"§ 90-178.12. License required; exemptions.**

40 (a) No person shall practice or offer to practice midwifery as defined in this Article or
41 otherwise indicate or imply that the person is a licensed Certified Professional Midwife unless
42 the person is currently licensed as provided in this Article.

43 (b) The provisions of this Article do not apply to any of the following:

- 44 (1) An individual approved to practice as a nurse midwife under Article 10A of
45 this Chapter.
- 46 (2) A physician licensed to practice medicine under Article 1 of this Chapter when
47 engaged in the practice of medicine as defined by law.
- 48 (3) The performance of medical acts by a physician assistant or nurse practitioner
49 when performed in accordance with the rules of the North Carolina Board of
50 Nursing and the North Carolina Medical Board.

1 (4) The practice of nursing by a registered nurse engaged in the practice of nursing
2 under Article 9A of this Chapter.

3 (5) The rendering of childbirth assistance in an emergency situation.

4 **"§ 90-178.13. The North Carolina Council of Midwives.**

5 (a) Composition and Terms. – The North Carolina Council of Midwives is created. The
6 Council shall consist of seven members who shall serve staggered terms. The Council members
7 shall be appointed by the Secretary of the Department of Health and Human Services, and the
8 initial Council members shall be appointed on or before October 1, 2026, or within three months
9 of this Article becoming law, whichever is later, as follows:

10 (1) Four Certified Professional Midwives, one of whom shall serve for a term of
11 four years, two of whom shall serve for terms of three years, and one of whom
12 shall serve for a term of two years.

13 (2) One licensed physician who is knowledgeable in midwifery care who shall
14 serve for a term of four years.

15 (3) Two community birth consumers who shall serve for terms of two years.

16 Upon the expiration of the terms of the initial Council members, members shall be appointed
17 for terms of four years and shall serve until their successors are appointed. No member may serve
18 more than two consecutive terms.

19 (b) Qualifications. – Each Council member shall be a resident of this State. The members
20 who are Certified Professional Midwives shall hold current licenses from the Council and remain
21 in good standing with the Council during their terms.

22 (c) Vacancies. – Any vacancy shall be filled by the Secretary of the Department of Health
23 and Human Services. Appointees to fill vacancies shall serve the remainder of the unexpired term
24 and until their successors have been duly appointed.

25 (d) Removal. – The Council may remove any of its members for neglect of duty,
26 incompetence, or unprofessional conduct. If a Council member is absent from three consecutive
27 Council meetings without excuse, that member shall be removed from office and a new member
28 shall be appointed by the Secretary of the Department of Health and Human Services. An absence
29 shall be deemed excused if caused (i) by a health problem or condition verified in writing by a
30 licensed health care provider or (ii) by an accident or similar unforeseeable tragedy or event, on
31 or before the next Council meeting. A member subject to disciplinary proceedings in the
32 member's capacity as a health care provider shall be disqualified from participating in the official
33 business of the Council until the charges have been resolved.

34 (e) Compensation. – Each member of the Council shall receive per diem and
35 reimbursement for travel and subsistence as provided in G.S. 93B-5.

36 (f) Officers. – The officers of the Council shall be a chair, a vice-chair, and other officers
37 deemed necessary by the Council to carry out the purposes of this Article. All officers shall be
38 elected annually by the Council for two-year terms and shall serve until their successors are
39 elected and qualified. No person may serve as chair for more than six consecutive years.

40 (g) Meetings. – The Council shall hold its first meeting within 45 days after the
41 appointment of its members and shall hold at least two meetings each year to conduct business
42 and to review the standards and rules previously adopted by the Council. The Council shall
43 establish the procedures for calling, holding, and conducting regular and special meetings. A
44 majority of Council members shall constitute a quorum. The Council shall hold such meetings
45 during the year as it deems necessary, one of which shall be an annual meeting. The Department,
46 the chairperson, or a majority of the Council shall have the authority to call additional meetings.

47 (h) Notice of Meeting; Records. – Public notice shall be given for all meetings, and all
48 meetings are open to the public. All records are available to the public. Persons wishing to obtain
49 copies of records may request copies, in writing, from the Council.

50 (i) The Council shall adopt rules within one year of the initial meeting to implement the
51 provisions of this Article.

"§ 90-178.14. Powers and duties of the Council.

In consultation with the Division and with guidance from the National Association of Certified Professional Midwives Standards of Practice, the Council shall have the following powers and duties:

- (1) Administer this Article.
- (2) Issue interpretations of this Article.
- (3) Adopt, amend, or repeal rules as may be necessary to carry out the provisions of this Article, including rules relating to the administration of medications consistent with a Certified Professional Midwife's training and scope of practice.
- (4) Verify the credentials and qualifications of applicants for licensure, license renewal, and reciprocal licensure.
- (5) Issue, renew, deny, suspend, or revoke licensure and carry out any disciplinary actions authorized by this Article.
- (6) Set fees for licensure, license renewal, and other services deemed necessary to carry out the purposes of this Article, not to exceed five hundred dollars (\$500.00) over a two-year period.
- (7) Maintain a current list of all persons who have been licensed as Certified Professional Midwives under this Article and, using a statistically validated data collection tool, collect and review annual practice reports.
- (8) Address problems and concerns of Certified Professional Midwives in order to promote safety for the citizens of this State.
- (9) Conduct investigations for the purpose of determining whether violations of this Article or grounds for disciplining Certified Professional Midwives exist.
- (10) Maintain a record of all proceedings and make available to all Certified Professional Midwives and other concerned parties an annual report of all Council action.
- (11) Adopt a seal containing the name of the Council for use on all official documents and reports issued by the Council.
- (12) Educate the public and other providers of maternity care about the role of the Certified Professional Midwives.

"§ 90-178.15. Requirements for licensure.

An applicant shall be licensed to practice as a Certified Professional Midwife under this Article if the applicant meets all of the following requirements:

- (1) Completes an application on a form approved by the Council.
- (2) Has completed all required educational and clinical training, including education in emergency skills for pregnancy, birth, and newborn care and other midwifery topics addressing all ICM Core Competencies, as determined by NACPM or NARM, and has earned the national Certified Professional Midwife certification credential awarded by a national midwifery certification agency accredited by the National Commission on Certifying Agencies (NCCA), the accrediting body of the Institute of Credentialing Excellence.
- (3) Submits proof to the Council of current cardiopulmonary resuscitation (CPR) certification and neonatal resuscitation program (NRP) certification.
- (4) Has read, understands, and agrees to practice under the guidelines set forth in this Article and any rules adopted pursuant to this Article.
- (5) Pays the required fees in accordance with G.S. 90-178.19.

"§ 90-178.16. Responsibilities of a Certified Professional Midwife; display of license.

(a) A Certified Professional Midwife licensed under this Article shall practice according to the National Association of Certified Professional Midwives (NACPM) Standards of Practice and shall have the following responsibilities:

- 1 (1) Provide care for the healthy client who is expected to have a normal
2 pregnancy, labor, birth, and postpartal phase in the setting of their choice.
- 3 (2) Ensure that the client has signed an informed consent form. This form shall
4 include information to inform the client of the qualifications of the licensee
5 and the process of shared decision making and refusal.
- 6 (3) Order routine antepartal or postpartal screening or laboratory analysis to be
7 performed by a licensed laboratory or testing facility, when necessary.
- 8 (4) Develop an emergency plan in collaboration with the client that shall include
9 transfer plans for the client in the event of an emergency.
- 10 (5) Determine the progress of labor, monitor fetal and maternal status, and when
11 labor is well-established, be available until delivery is accomplished.
- 12 (6) Remain with the mother during the postpartal period until the conditions of
13 the mother and newborn are stabilized.
- 14 (7) Instruct the parents regarding the requirements of all State-required newborn
15 screening.
- 16 (8) Submit and maintain a birth certificate of live birth in accordance with the
17 requirements of Article 4 of Chapter 130A of the General Statutes.
- 18 (9) Practice in compliance with the requirements of this Article and any rules
19 adopted pursuant to this Article.

20 (b) A Certified Professional Midwife licensed pursuant to this Article shall display the
21 license at all times in a conspicuous place where the Certified Professional Midwife is practicing,
22 when applicable.

23 **"§ 90-178.17. License renewal; inactive status; lapsed license.**

24 (a) An initial license to practice as a Certified Professional Midwife shall be valid for two
25 years. After the initial license expires, a license shall be renewed every two years. All applications
26 for renewal shall be filed with the Council and shall be accompanied by the renewal fee in
27 accordance with G.S. 90-178.19 and proof of current certification from NARM. Compliance with
28 NARM recertification requirements shall include (i) remaining in good standing with NARM,
29 (ii) maintaining current cardiopulmonary resuscitation (CPR) and neonatal resuscitation program
30 (NRP) certifications, and (iii) completing any continuing education requirements.

31 (b) A license that has expired for failure to renew may be reinstated after the applicant
32 pays any late and renewal fees as required by G.S. 90-178.19 and complies with any other rules
33 adopted pursuant to this Article.

34 (c) Upon written request to the Council, the Council may grant a Certified Professional
35 Midwife inactive status. While inactive, the Certified Professional Midwife shall not practice
36 midwifery in this State and shall not be subject to license renewal requirements established by
37 the Council. A Certified Professional Midwife may change the Certified Professional Midwife's
38 status from inactive to active by (i) submitting a written request to the Council and (ii) fulfilling
39 the requirements for renewal described under subsection (a) of this section.

40 (d) A Certified Professional Midwife who does not seek inactive status and allows the
41 license to expire after a 90-day grace period shall apply for a new license as prescribed in this
42 Article.

43 **"§ 90-178.18. Reciprocity.**

44 The Council may, upon application and payment of proper fees, grant a license to an
45 individual who resides in this State and has been licensed, certified, or registered to practice as a
46 Certified Professional Midwife in another jurisdiction if that jurisdiction's standards of
47 competency are substantially equivalent to those provided in this Article in accordance with rules
48 adopted by the Council.

49 **"§ 90-178.19. Fees.**

50 (a) All fees shall be set by the Council, in consultation with the Division, pursuant to
51 rules adopted under this Article. All fees payable to the Council shall be deposited in the name

1 of the Council in financial institutions designated by the Council as official depositories and shall
2 be used to pay all expenses incurred in carrying out the purposes of this Article.

3 (b) All salaries, compensation, and expenses incurred or allowed to carry out the purposes
4 of this Article shall be paid by the Council exclusively out of the fees received by the Council as
5 authorized by this Article or funds received from other sources.

6 **"§ 90-178.20. Midwifery formulary.**

7 The Council shall establish a formulary of drugs and devices that are appropriate to Certified
8 Professional Midwife care. Certified Professional Midwives shall dispense only those drugs and
9 devices in accordance with the current formulary defined by the Council. Certified Professional
10 Midwives shall comply with applicable State and federal laws and rules relating to administering
11 of drugs. Certified Professional Midwives shall maintain proper records of obtaining, storing,
12 and administering drugs and devices. Nothing in this section shall be construed to preclude a
13 Certified Professional Midwife from carrying out the prescribed medical orders of a licensed
14 health care provider authorized to prescribe.

15 **"§ 90-178.21. Suspension, revocation, and refusal to renew license.**

16 (a) The Council may issue a letter of reprimand, deny, refuse to renew, suspend, or revoke
17 an application for licensure or a license if the applicant or licensee does any of the following:

- 18 (1) Gives false information or withholds material information from the Council
19 in procuring or attempting to procure a license.
- 20 (2) Gives false information or withholds material information from the Council
21 during the course of an investigation conducted by the Council.
- 22 (3) Has been convicted of or pled guilty or no contest to a crime that indicates the
23 person is unfit or incompetent to practice midwifery as defined in this Article
24 or that indicates the person has deceived, defrauded, or endangered the public.
- 25 (4) Has a habitual substance abuse problem or mental impairment that interferes
26 with his or her ability to provide appropriate care as established by this Article
27 or rules adopted by the Council.
- 28 (5) Has demonstrated gross negligence, incompetency, or misconduct in the
29 practice of midwifery as defined in this Article.
- 30 (6) Has had an application for licensure or a license to practice midwifery as a
31 Certified Professional Midwife in another jurisdiction denied, suspended, or
32 revoked for reasons that would be grounds for similar action in this State.
- 33 (7) Has willfully violated any provision of this Article or rules adopted by the
34 Council.

35 (b) The taking of any action authorized under subsection (a) of this section may be
36 ordered by the Council after a hearing is held in accordance with Article 3A of Chapter 150B of
37 the General Statutes. The Council may reinstate a revoked license if it finds that the reasons for
38 revocation no longer exist and that the person can reasonably be expected to perform the services
39 authorized under this Article in a safe manner.

40 **"§ 90-178.22. Enjoining illegal practices; vicarious liability.**

41 (a) The Council may apply to the superior court for an order enjoining violations of this
42 Article. Upon a showing by the Council that any person has violated this Article, the court may
43 grant injunctive relief.

44 (b) No health care provider or medical facility shall be liable for an injury to a woman or
45 infant arising during childbirth and resulting from an act or omission by a Certified Professional
46 Midwife licensed under this Article, regardless of whether the health care provider has consulted
47 with or accepted a referral from the licensee."

48 **SECTION 4.(a)** Article 6 of Chapter 131E of the General Statutes is amended by
49 adding a new Part to read:

50 "Part 7. Birth Center Licensure Act.

51 **"§ 131E-154.15. Title; purpose.**

1 (a) This Part shall be known as the "Birth Center Licensure Act."

2 (b) The purpose of this Part is to establish licensing requirements for birth centers that
3 promote public health, safety, and welfare and to provide for the development, establishment,
4 and enforcement of basic standards for the care and treatment of mothers and infants in birth
5 centers.

6 **"§ 131E-154.16. Definitions.**

7 As used in this Part, unless otherwise specified, the following terms have the following
8 meanings:

9 (1) Birth center. – A facility licensed for the primary purpose of performing
10 normal, uncomplicated deliveries that is not a hospital or ambulatory surgical
11 facility and where births are planned to occur away from the mother's usual
12 residence following a low-risk pregnancy.

13 (2) Commission. – The North Carolina Birth Center Commission established
14 under G.S. 131E-154.22.

15 (3) Low-risk pregnancy. – A normal, uncomplicated prenatal course as
16 determined by documentation of adequate prenatal care and the anticipation
17 of a normal, uncomplicated labor and birth, as defined by reasonable and
18 generally accepted criteria adopted by professional groups for maternal, fetal,
19 and neonatal health care, and generally accepted by the health care providers
20 to whom they apply.

21 **"§ 131E-154.20. Review of Freestanding Birth Center Fee Schedule.**

22 Every three years, the Department shall review and, as necessary, revise the Freestanding
23 Birth Center Fee Schedule to ensure that (i) the fees are sufficient to cover the costs of providing
24 intrapartum, birth, postpartum, and initial newborn care and (ii) the cost for any State-mandated
25 newborn screening is reimbursed at no less than the cost of the screening.

26 **"§ 131E-154.21. Inspections.**

27 (a) The Department shall make, or cause to be made, inspections of birth centers as it
28 deems necessary to investigate unexpected occurrences involving death or serious physical injury
29 and reportable adverse outcomes identified in the rules adopted by the Commission under
30 G.S. 131E-154.23. Any birth center licensed under this Part shall, at all times, be subject to
31 inspections by the Department according to the rules of the Commission.

32 (b) Authorized representatives of the Department shall have, at all times, the right of
33 proper entry upon any and all parts of the premises of any place in which entry is necessary to
34 carry out the provisions of this Part or the rules adopted by the Commission, and it shall be
35 unlawful for any person to resist a proper entry by such authorized representative upon any
36 premises other than a private dwelling. However, no representative shall, by this entry onto the
37 premises, endanger the health or well-being of any patient being treated in the birth center.

38 (c) To enable the Department to determine compliance with this Part and with the rules
39 adopted by the Commission under this Part, and to investigate complaints made against a birth
40 center licensed under this Part, the Department has the authority to investigate birth centers in
41 the same manner as it investigates hospitals under G.S. 131E-80(d).

42 (d) Information received by the Commission and the Department through filed reports,
43 license applications, or inspections that are required or authorized by the provisions of this Part
44 may be disclosed publicly except where this disclosure would violate applicable laws concerning
45 patient records and patient confidentiality. However, no such public disclosure shall identify the
46 patient involved without permission of the patient or court order.

47 **"§ 131E-154.22. North Carolina Birth Center Commission; composition; powers and**
48 **duties.**

49 (a) There is created the North Carolina Birth Center Commission of the Department of
50 Health and Human Services. The Commission has the power and duty to do the following:

- 1 (1) Adopt rules establishing standards for the licensure, operation, and regulation
2 of birth centers within the State in a manner consistent with the provisions and
3 purposes of this Part.
- 4 (2) Review and make recommendations to the Department about whether to
5 approve or disapprove birth center license applications.
- 6 (b) The Commission shall consist of seven members appointed as follows:
- 7 (1) The North Carolina Obstetrical and Gynecological Society shall elect six
8 members who are licensed physicians providing obstetric care with a
9 minimum of two years' experience working with birth centers.
- 10 a. The North Carolina Obstetrical and Gynecological Society shall send
11 the names of four of the elected members to the Governor who shall
12 appoint two members to the Commission.
- 13 b. The North Carolina Obstetrical and Gynecological Society shall send
14 the names of two members to the Speaker of the House of
15 Representatives, and one member shall be appointed by the General
16 Assembly upon the recommendation of the Speaker of the House of
17 Representatives, in accordance with G.S. 120-121.
- 18 (2) The North Carolina Affiliate of the American College of Nurse-Midwives
19 shall elect six members who are certified midwives providing obstetric care
20 with a minimum of two years' experience working with birth centers.
- 21 a. The North Carolina Affiliate of the American College of
22 Nurse-Midwives shall send the names of four of the elected members
23 to the Governor who shall appoint two members to the Commission.
- 24 b. The North Carolina Affiliate of the American College of
25 Nurse-Midwives shall send the names of two members to the President
26 Pro Tempore of the Senate, and one member shall be appointed by the
27 General Assembly upon the recommendation of the President Pro
28 Tempore of the Senate, in accordance with G.S. 120-121.
- 29 (3) The Governor shall appoint one public member. The public member shall not
30 be eligible for appointment under subdivisions (1) and (2) of this subsection
31 but shall have professional experience and familiarity with the administrative
32 aspects of obstetrical care practices or facilities, including, but not limited to,
33 birth centers.
- 34 Any appointment to fill a vacancy on the Commission created by the resignation, dismissal,
35 death, or disability of a member shall be for the balance of the unexpired term.
- 36 (c) Members appointed pursuant to subsection (b) of this section shall serve for a term of
37 four years, and no member shall serve more than two consecutive terms.
- 38 (d) The Governor may remove any member of the Commission from office for
39 misfeasance, malfeasance, or nonfeasance in accordance with the provisions of G.S. 143B-13 of
40 the Executive Organization Act of 1973.
- 41 (e) A vacancy on the Commission created by death, resignation, or otherwise shall be
42 filled in the same manner as the original appointment, except that all unexpired terms of
43 Commission members appointed by the General Assembly shall be filled in accordance with
44 G.S. 120-122. Appointees to fill vacancies shall serve the remainder of the unexpired terms and
45 until their successors are appointed and qualified.
- 46 (f) The members of the Commission shall receive per diem and necessary travel and
47 subsistence expenses in accordance with the provisions of G.S. 138-5.
- 48 (g) A majority of the Commission shall constitute a quorum for the transaction of
49 business.
- 50 (h) All clerical and other services required by the Commission shall be supplied by the
51 Secretary of the Department of Health and Human Services.

1 "§ 131E-154.23. Rules.

2 (a) The North Carolina Birth Center Commission shall adopt rules establishing the
3 following requirements for all birth centers seeking a license to operate in the State:

4 (1) Accreditation. – A requirement that the birth center obtain and maintain
5 accreditation with the Commission for the Accreditation of Birth Centers
6 (CABC) and provide the following related information to the Department:

7 a. All documentation required for accreditation by the CABC shall be
8 submitted as part of a licensure application.

9 b. Copies of interim status reports provided to the CABC shall be
10 submitted within 15 days after the reports are provided to the CABC.

11 c. Copies of all reports and responses from the CABC regarding
12 reaccreditation site visits shall be submitted within 15 days after
13 receipt.

14 d. Information about root cause analysis, remedial action, or training
15 associated with unexpected occurrences involving death or serious
16 physical injury and reportable adverse outcomes shall be submitted
17 within 15 days after completion of the analysis, remedial action, or
18 training.

19 e. A notification of loss of CABC accreditation shall be immediately
20 reported to the Department.

21 (2) Risk status. – A requirement that the birth center establish procedures
22 specifying the criteria by which each pregnant person's risk status will be
23 evaluated at admission and during labor, pursuant to CABC standards.

24 (3) Second trimester ultrasound. – A requirement that the birth center recommend
25 an ultrasound during the second trimester of pregnancy, ideally when the
26 pregnant person is between 18 and 22 weeks pregnant, consistent with
27 recommendations of the American College of Obstetricians and
28 Gynecologists concerning ultrasound in pregnancy. If a pregnant person
29 declines this screening test, the birth center shall document the informed
30 refusal in the medical record.

31 (4) Targeted ultrasound. – A requirement that the birth center conduct a targeted
32 ultrasound for further evaluation of maternal-fetal health consistent with those
33 indications included in the recommendations of the American College of
34 Obstetricians and Gynecologists concerning ultrasound practice in pregnancy.
35 If a pregnant person receiving care at a licensed birth center and intending to
36 give birth out-of-hospital declines a targeted ultrasound for maternal or fetal
37 indications, the birth center shall deem the pregnant person ineligible for
38 intrapartum care at the birth center, inform the patient of this determination in
39 writing, and refer the person for a hospital birth.

40 (5) Transfer of patients to higher levels of care. – A requirement that the birth
41 center develop and submit as part of the licensure application process a plan
42 for complying with the standards of the Commission for Accreditation of Birth
43 Centers with respect to transfer of care procedures.

44 (6) Sentinel events and adverse outcomes. – Each licensed birth center shall report
45 unexpected occurrences involving death or serious physical injury and any
46 other adverse outcomes identified by the Commission to the CABC and the
47 Department within a time frame established by the Commission. For each
48 occurrence, the birth center shall conduct root cause analysis, remedial action,
49 training, or a combination of these to address these occurrences as per CABC
50 guidelines. The Department shall investigate all unexpected occurrences

1 involving death or serious physical injury and all reportable adverse outcomes
2 identified by the Commission in the rules.

3 (7) Reporting requirements. – A requirement and standards for licensed birth
4 centers to regularly report outcomes and other data that the Commission shall
5 analyze and distribute on a regular basis.

6 (b) The Department shall enforce this Part and any rules adopted by the Commission
7 under this Part.

8 **"§ 131E-154.25. Confidential information.**

9 The Commission, its members, and staff may release confidential or nonpublic information
10 to any health care licensure board in this State or another state, or to authorized North Carolina
11 Department of Health and Human Services personnel with enforcement or investigative
12 responsibilities concerning issuance, denial, annulment, suspension, or revocation of a license,
13 or the voluntary surrender of a license by a licensee of the Commission, including the reasons
14 for the action, or an investigative report made by the Commission."

15 **SECTION 4.(b)** Part 7 of Article 6 of Chapter 131E of the General Statutes, as
16 enacted by subsection (a) of this section, is amended by adding the following new sections to
17 read:

18 **"§ 131E-154.17. Licensure requirement.**

19 (a) No person shall establish or operate a birth center in this State without obtaining a
20 license from the Department under this Part.

21 (b) The Department shall provide applications for birth center licensure. Each application
22 filed with the Department shall contain all of the following information:

23 (1) The name of the applicant.

24 (2) The site and location of the birth center.

25 (3) Documentation that the birth center meets the licensure standards adopted by
26 the Commission pursuant to G.S. 131E-154.23.

27 (4) Any other information the Department deems necessary.

28 (c) Upon receipt of an application for a birth center license, the Department shall issue a
29 license upon the recommendation of the Commission if the Department finds that the applicant
30 is in compliance with the provisions of this Part and any rules adopted by the Commission under
31 this Part. The license is valid for a period of one year from the date of issuance and must designate
32 the number and types of beds and the number of rooms on the licensed premises. The Department
33 shall charge the applicant a nonrefundable annual license fee in the amount of four hundred
34 dollars (\$400.00) plus a nonrefundable annual per-birthing room fee of seventeen dollars and
35 fifty cents (\$17.50). This fee shall be credited to the Department as a departmental receipt and
36 applied to offset costs for licensing and inspecting birth centers.

37 (d) The Department shall renew each license in accordance with rules adopted by the
38 Commission under G.S. 131E-154.23.

39 (e) The Department shall issue a birth center license only for the premises and persons
40 named in the license. A birth center license is not transferable or assignable except with the
41 written approval of the Department.

42 (f) The operator shall post the license on the licensed premises in an area accessible to
43 the public.

44 (g) Notwithstanding subsection (a) of this section, birth centers that (i) are operating in
45 this State on the date this act becomes effective, (ii) are accredited by the Commission for the
46 Accreditation of Birth Centers (CABC), and (iii) remain continually accredited shall be allowed
47 to continue operations as the Commission is constituted and promulgates permanent rules. Within
48 90 days after the effective date of the Commission's permanent rules regarding licensure
49 applications, such unlicensed birth centers operating in this State shall submit a completed
50 licensure application, together with the requisite fee, to the Division of Health Service

1 Regulation. The application and fee shall be received or postmarked no later than 90 days after
2 the rules promulgated by the Commission are adopted.

3 **"§ 131E-154.18. Adverse action on a license.**

4 (a) The Department may deny, suspend, or revoke a license in any case when it finds a
5 substantial failure to comply with the provisions of this Part or any rule adopted under this Part.

6 (b) The Secretary or a designee may suspend the admission of any new patients to a birth
7 center if the conditions of the birth center are detrimental to the health or safety of any patient.
8 This suspension shall remain in effect until the Secretary or the Secretary's designee is satisfied
9 that conditions or circumstances merit the removal of the suspension. The authority under this
10 subsection is in addition to the authority to suspend or revoke the license of a birth center.

11 (c) A birth center may contest any adverse action on its license under this section in
12 accordance with Chapter 150B of the General Statutes.

13 **"§ 131E-154.19. Limitations of services.**

14 (a) A birth center licensed under this Part shall not assert, represent, offer, provide, or
15 imply that the birth center is rendering or may render care or services other than the services it is
16 permitted to render within the scope of the license issued.

17 (b) The following limitations apply to the services performed at a licensed birth center:

18 (1) Surgical procedures are limited to those normally accomplished during an
19 uncomplicated birth, such as episiotomy and repair, as determined by the
20 Commission.

21 (2) No abortions may be performed.

22 (3) No general or conduction anesthesia may be performed.

23 (4) No vaginal birth after cesarean (VBAC) or trial of labor after cesarean
24 (TOLAC) may be performed."

25 **SECTION 4.(c)** Part 7 of Article 6 of Chapter 131E of the General Statutes, as
26 enacted by subsection (a) and amended by subsection (b) of this section, is amended by adding a
27 new section to read:

28 **"§ 131E-154.24. Penalties.**

29 A person who owns, in whole or in part, or operates a birth center without a license is guilty
30 of a Class 3 misdemeanor and upon conviction is subject only to a fine of not more than fifty
31 dollars (\$50.00) for the first offense and not more than five hundred dollars (\$500.00) for each
32 subsequent offense. Each day of continuing violation after conviction is considered a separate
33 offense."

34 **SECTION 4.(d)** By October 1, 2026, the Department of Health and Human Services
35 shall review and, as necessary, revise its current Freestanding Birth Center Fee Schedule to
36 ensure that (i) the fees are sufficient to cover the costs of providing intrapartum, birth,
37 postpartum, and initial newborn care and (ii) the cost for any State-mandated newborn screening
38 is reimbursed at no less than the cost of the screening. The Department shall also develop a birth
39 center licensure application containing the elements outlined in G.S. 131E-154.17(b) and shall
40 make it available upon adoption of the rules by the North Carolina Birth Center Commission.

41 **SECTION 4.(e)** The initial appointments to the North Carolina Birth Center
42 Commission under G.S. 131E-154.22(b) shall be made not later than 60 days after the effective
43 date of this act. In order to provide for staggering of terms under G.S. 131E-154.22(b), the initial
44 term of office for each member appointed under G.S. 131E-154.22(b)(1)a. and (b)(2)b. shall be
45 two years. The initial term of office for each member appointed under G.S. 131E-154.22(b)(1)b.
46 and (b)(2)a. shall be three years, and the initial term for the member appointed under
47 G.S. 131E-154.22(b)(3) shall be one year. Subsequent appointments shall be for the full four-year
48 term in accordance with G.S. 131E-154.22(c). The partial terms to provide for the initial
49 staggering of terms shall not count as full terms for purposes of the limitation in
50 G.S. 131E-154.22(c).

1 **SECTION 4.(f)** The criminal offense in G.S. 131E-154.24, as enacted by Section
2 4(c) of this act, becomes effective December 1, 2026, and applies to offenses committed on or
3 after that date. Section 4(b) of this act becomes effective one year after the rules promulgated by
4 the North Carolina Birth Center Commission are adopted and applies to licenses granted on or
5 after that date. Section 4(c) of this act becomes effective one year after the rules promulgated by
6 the North Carolina Birth Center Commission are adopted and applies to criminal offenses
7 committed on or after that date. The Codifier of Rules shall notify the Revisor of Statutes of the
8 effective date of rules adopted as required by this act. Except as otherwise provided, this section
9 is effective when it becomes law.

10 **SECTION 5.** Section 2 of this act is effective July 1, 2026. Section 3 of this act is
11 effective October 1, 2026. Except as otherwise provided, the remainder of this act is effective
12 when it becomes law.