



**Ellen Story Commission on Postpartum Depression  
Quarterly Meeting - October 27, 2022**

**MEETING MINUTES**

Commissioners present: Rep. Jim O'Day (co-chair), Sen. Joan Lovely (co-chair), Rep. Mindy Domb, Jessie Colbert, Stephanie Crawford, Timoria McQueen Saba, Nneka Hall, Leena Mittal, Rebecca Butler, Addison Koelle on behalf of Amy Kershaw, Sarah Hodin Krinsky, Liz Murphy, Rep. Mindy Domb, Margarita O'Neill-Arana, Lee Cohen, Divya Kumar, Lisa Scarfo, Jayne Singer, Beth Buxton

Commissioners absent: Rep. Liz Miranda, Rep. Carole Fiola, Rep. Kim Ferguson, Sen. Ann Gobi, Sen. John Keenan, Sen. Becca Rausch, Sen. Bruce Tarr, Kerry LaBounty, Lauren Almeida, Julie Johnston, Nadja Lopez Reilly, Josh Sparrow, Tiffany Moore Simas, Karen Garber

Others present: Johanna Wakelin, Meg Richards, Yufei Lu, JoAnna Rorie, Susan Hernandez, other legislative staff and members of the public,

I. Welcome and Introductions

Coordinator Ashley Healy welcomed commissioners and guests. Ms. Healy announced that the meeting was being conducted pursuant to Open Meeting Law and Joint Rule 29A, and that the meeting was being recorded and livestreamed through the legislature's website. Commissioners introduced themselves and the organizations they represent. Two new commissioners, Stephanie Crawford and Beth Buxton, introduced themselves.

The Commission voted unanimously to approve the minutes from the 7/13/22 quarterly meeting.

II. Announcements

Ms. Healy addressed the Commission about currently open commission seats.

Commissioner Leena Mittal commented in the chat that it would be helpful to see open Commission seats alongside the currently filled seats, and also put on the agenda the rationale for designation of certain seats.

Commissioner Divya Kumar asked in the chat if there could be seats designated for direct service clinical providers. Ms. Healy responded that this is something the Commission could discuss in the new session.

Commissioner Timoria McQueen Saba commented that the Commission had discussed this topic at the January 4, 2022 special meeting and she does not feel the Commission has reached clarity on this process, or that the open seats are representative of what the Commission is actually trying to do in terms of working one on one with actual people and getting resources into people's hands. Commissioner Saba stated that there was a consensus following the January 4th meeting that the Commission was going to find a way to establish a review process that is equitable. To accomplish what it wants, the Commission needs people who are clinicians or community health workers.

Ms. Healy stated that the seats that we have are the seats that are in its establishing statute, and the statute is not tailored to the mentioned categories. The Commission cannot add or replace seats without amending the statute. The Commission had not come up with exactly what it wanted to do following the January 4th meeting but it need to reconcile this if it is going to move forward with filling the seats.

Co-Chair Rep. Jim O'Day agreed that the Commission would need to address this obstacle by filing an amendment that would give it greater flexibility so that it can fill seats with people who can give the best feedback, information, and knowledge to the Commission.

Co-Chair Sen. Joan Lovely agreed that with the Commission's assistance to make recommendations as to what seats would look like, legislators would file the legislation to have those seats added as appropriate. Sen. Lovely stated that she strongly believe that the Commission should have a nominating committee involved in vetting nominees, and she would love to see commissioners get involved in the process.

Co-Chair Rep. O'Day stated that we previously have tried to have a conversation about a nominating committee. He acknowledged that commissioners are very busy and the subject of working groups has not always been warmly received. However, folks who are working in the field would have a better feel for who would be the best additions and what questions should be asked.

Commissioner Nneka Hall asked for clarification on what is meant by "the field" and indicated that the Commission needs a better definition of that and a set criteria. She stated that, as a mental health-led commission, the thought of

doing anyone harm should always be at the forefront. If the Commission had a set criteria that would prevent it from turning someone away and causing harm.

Ms. Healy commented that the Commission had discussed developing criteria. The Commission's co-chairs want commissioners' input but also are mindful not to put too much on commissioners outside of meetings. Ms. Healy did not feel she alone should not be the one to develop criteria, but thought she might be able to create something similar to a job description for each seat.

### III. Report of the Special Legislative Commission on Racial Inequities in Maternal Health

Commissioner Hall gave a presentation to the Commission to highlight recommendations from the report of the Special Legislative Commission on Racial Inequities in Maternal Health ("RIMH"). The highlighted recommendations included: implementing the Mother IS Supreme's vision of postpartum care, establishing kick counting as a standard of care, expand the number of neighborhood birth centers, expand Medicaid coverage through one year postpartum, create and pass a birthing justice Omnibus bill, create a birthing justice task force, and incentivize hospital systems to connect patients to community-based services.

Commissioner Hall and Ms. Healy opened up the floor for discussion of the recommendations.

#### A. Discussion

Commissioner Jayne Singer stated that one of the most immediate needs needed is to determine what are the action steps the Ellen Story Commission can take to raise awareness around the increased access to support and care that is available through the Medicaid extension to 12 months of coverage. Commission should formulate concrete action steps about how to disseminate knowledge about the increased access and make sure the knowledge is being shared in a way that is reaching the families who are most in need of equity of access.

Commissioner Sarah Krinsky commented that 12 months of coverage is wonderful but does not mean much if we don't have services throughout the 12 months that people know about and can access in an equitable manner. MassHealth is working on this. Commissioner Krinsky also emphasized that access to community resources is crucial and the complex web of eligibility is a barrier to access.

Susan Hernandez, a member of the RIMH Commission, introduced herself and stated that she is a midwife who cares for high risk patients in Chelsea including patients with substance use disorder, and yet she did not know about the Medicaid expansion. The focus needs to be on dissemination of the information and also what structures will be put in place, especially as patients transition through care, which is a vulnerable time, especially for patients with substance use disorder. Ms. Hernandez communicated a plea for a full court press on education for patients and consumers but also for providers to know what they can offer to their patients, especially those with morbidities in pregnancy that put them at risk in the postpartum time.

Ms. Hernandez also emphasized that the RIMH Commission heard clear evidence that midwives really make a difference in this sphere, that patients and families want more midwifery care and options, and that there are some real barriers that exist, as highlighted in the report. The report gave some obvious and quick solutions that the legislature could take action on, including addressing reimbursement issues faced by CNM's and integrating midwives into the healthcare system.

A comment in the chat pointed out that pediatricians should be engaged in disseminating information to patients.

Commissioner Krinsky posted a link in chat to a report that the Health Policy Commission published on midwifery in Massachusetts.

Commissioner Hall asked Commissioner Beth Buxton whether DPH can disseminate information out into the community through the listservs it maintains.

Commissioner Buxton responded DPH collaborates with PNQIN's leaders to make sure information is sent out to all 40 of the Commonwealth's birth hospitals. DPH also reaches out to leaders of affiliates like ACOG and ACNM asking them to share info to their listservs. DPH does not have a list in its bureau of all OBGYNs in the state, but ACOG does so DPH asks them to share important information with their members.

Commissioner Hall asked whether DPH follows up to make sure these leaders are distributing the information as requested.

Commissioner Buxton responded that the regulatory division of DPH would be responsible for the accountability piece, and clarified that her division works collaboratively with PNQIN and birthing hospitals on adopting maternal levels of care as well as the AIM safety bundles. All of these best practices, lessons

learned, clinical guidelines, expectations for minimum levels of care, education materials, are all embedded in the work DPH is doing with the birth hospitals.

#### B. Development of Action Items

Ms. Healy next asked commissioners to develop action items related to the recommendations. Because several of the action items are policy-related, Ms. Healy invited Johanna Wakelin, Senator Lovely's counsel and chief of staff, to address the Commission about the legislative process and timeline.

Ms. Wakelin addressed the Commission about the legislative process, including introducing bills, advocating for bills, and the budget process.

Commissioner Saba commented that it is important to think about who is sponsoring the pieces of legislation coming out of the RIMH Commission's report. She described how, in creating the legislation that established the RIMH Commission, the intent was to create a commission that was led, for, and written for Black people, but a commission with all Black members led by two white legislators did not align with that. Commissioner Saba stated that going forward, the Commission needs to be considerate of what exactly are the pieces of legislation that need to be pushed, and whether they represent the Commission's mission. She pointed out that she has consistently observed less support, energy, and enthusiasm for initiatives led by the Black members of the Commission.

Ms. Healy responded that Commissioner Hall's presentation showed some areas where the Commission can throw its weight but also it is important to make sure that the Commission is centering the voices of people who are doing the direct work and uplifting the communities. Ms. Healy stated that the Commission is not by Black people and for Black people, and it does not have a perfect past, but that the Commission cannot simply do nothing with the RIMH Commission's report and what's in it, especially where the Commission does have so many people who are in positions where they can get support behind these recommendations and get them passed. The Commission also needs to be intentional about what it is doing and look to legislators who have a track record of being a champion for these issues and being an ally.

Commissioner Saba replied that the Commission also cannot just shove the work off to a legislator and sit back, but that it must be all hands on deck and, where racial equity is concerned, the Commission needs to let Black people lead things that pertain to them. Commissioner Saba suggested that a lot comes down to communication, for example directly asking Commissioner

Hall or community health workers “what can I do for you?”, whether that be getting meetings with legislators, or insurance companies, or hospitals. Some commissioners can do these things easily. It is not enough to have someone present an idea to the Commission, have the Commission say the idea is amazing, but then not throw its full support behind the idea.

Co-Chair Rep. O’Day stated that he disagreed with the idea that Commissioner Hall’s ideas had not been supported, and that he had twice filed a budget amendment on Commissioner Hall’s behalf. The effort to bring the amendment forward was in concert with the Commission’s support of the idea. Co-Chair Rep. O’Day commented that Commissioner Hall’s program is tremendous and that everyone should have access to it, but it will require a lot of money to implement statewide.

Commissioner Saba replied that, as a collective, the Commission has tackled a number of items over the past 5 years but nothing that was Black-led.

Commissioner Hall commented that the line item for her program passed but it passed without her and the money went to the DPH to disburse to community health centers as a pilot program. Commissioner Hall stated that this occurred after she was silenced publicly in the RIMH Commission, and that had a ripple effect. Commissioner Hall emphasized that she wants her program to happen in Massachusetts, her home.

Commissioner Buxton replied that the line item in question was for the postpartum depression screenings at the CHC’s that has been in place for 10 years and administered by DPH. In last year’s budget, Commissioner Buxton was not aware that Commissioner Hall’s program had been added to that line item. Commissioner Buxton did reach out to DPH’s government affairs office and was told that the line item had gone to committee and the committee had decided that the money for the CHC’s would continue, but that Mother IS Supreme would not be funded. Commissioner Buxton said that DPH has no influence or control over these decisions, and that she personally loves and appreciates Commissioner Hall’s model but is not allowed to advocate as a state employee.

Commissioner Kumar described a meeting she had attended where Emily Anesta [of Bay State Birth Coalition] gave a presentation about the recommendations from the RIMH Commission and where they went in the legislative process last session, and where they died. Commissioner Kumar asked whether there is a way that commissioners can learn more about the process and have more transparency about what happened, so the Commission can be better advocates. She asked if legislators could give more clarity and transparency about how it all happens.

Co-Chair Rep. O'Day replied that the legislators here would be more than happy to do that. He commented that the budgetary process is short and happens quickly between the time legislators file amendments and the time they have to go in and fight for their amendments with their colleagues. In the general legislative process, Co-Chair Rep. O'Day commented that midwife and doula bills have been around a long time and he does not know why they have not been passed, and does not understand why because he thinks they should be. A bill needs 81 votes to get engrossed. The budget process is more finite. Co-Chair Rep. O'Day expressed willingness to have a meeting to discuss what goes into the processes and how legislators advocate.

Ms. Healy noted the time and suggested that commissioners reflect on the evening's discussion and that a supplemental meeting be convened before January to nail down action items for the upcoming session.

#### IV. Adjournment