



Meeting of the Maternal Health Access and Birthing Patient Safety Task Force

April 2, 2025



MASSACHUSETTS
HEALTH POLICY COMMISSION



Agenda

➤ WELCOME AND INTRODUCTIONS

Introduction by Co-Chairs: Purpose of the Task Force, Legislative Mandate, and Expectations for Members

Division of Work and Expected Timeline

- Proposed Workplan
- Inventory of Existing Resources

Schedule of Upcoming Meetings

Task Force Members

Task Force Co-Chair Alecia McGregor, PhD, Faculty, Department of Health Policy and Management, Harvard T.H. Chan School of Public Health; Commissioner, Massachusetts Health Policy Commission

Task Force Co-Chair Cristina Alonso, DrPH, Director of Pregnancy, Infancy and Early Childhood, Bureau of Family Health and Nutrition, Massachusetts Department of Public Health

Huong Trieu, PhD, Senior Director of Research, Center for Health Information and Analysis

Godwin Osei-Poku, MD, DrPH, Associate Research Director, Betsy Lehman Center for Patient Safety

Leigh Simons, MPH, Senior Director, Healthcare Policy, Massachusetts Health and Hospital Association

Amy Gagnon, RN, Massachusetts Nurses Association

Sara Shields, MD, Chair, Worcester Committee on Maternal and Perinatal Welfare, Massachusetts Medical Society

Christin Price, MD, Administrative Director, Perinatal Neonatal Quality Improvement Network of Massachusetts

Nashira Baril, MPH, Executive Director and Founder, Neighborhood Birth Center

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Welcome and Introductions



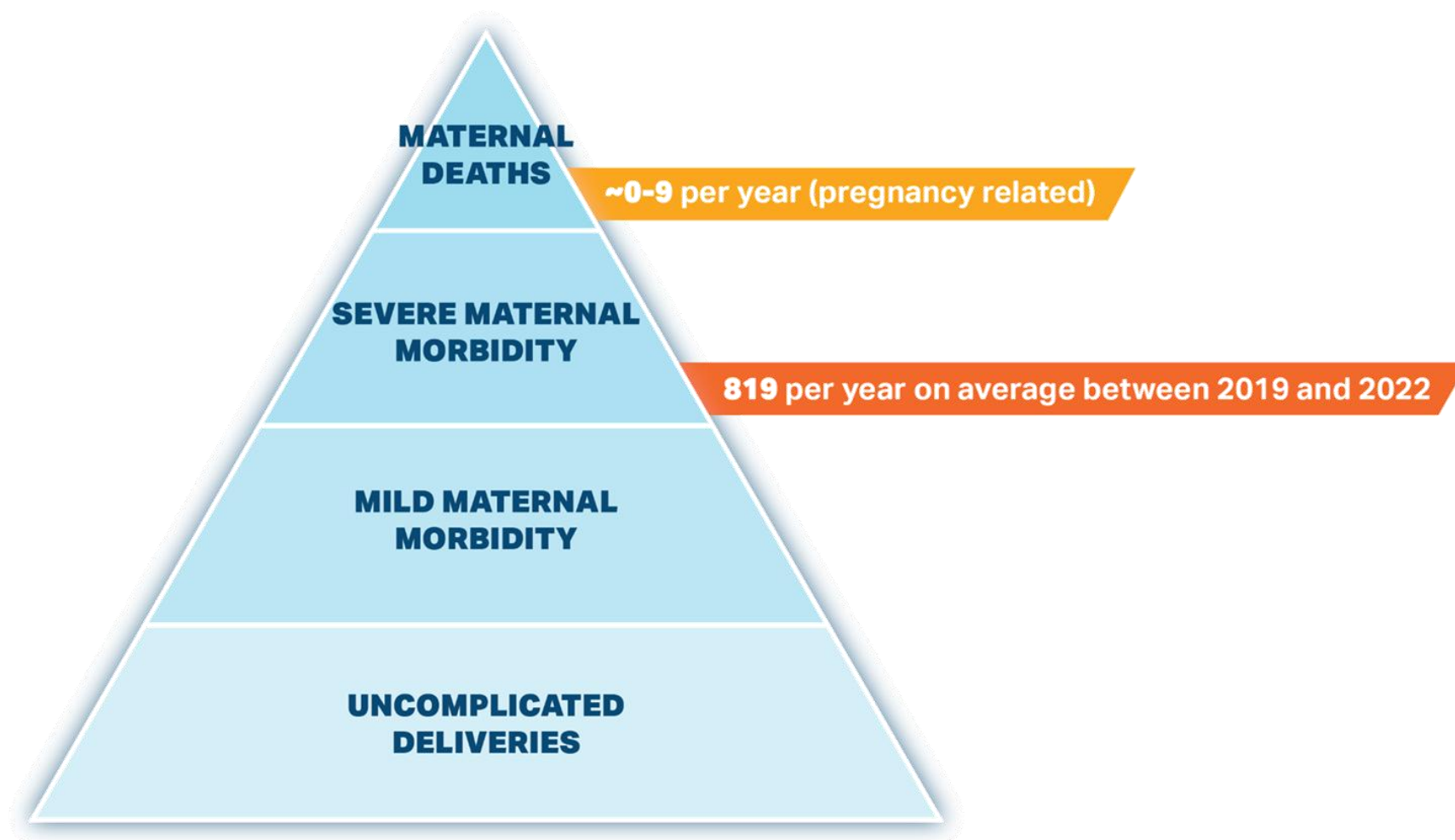
INTRODUCTION BY CO-CHAIRS: PURPOSE OF THE TASK FORCE, LEGISLATIVE MANDATE, AND EXPECTATIONS FOR MEMBERS

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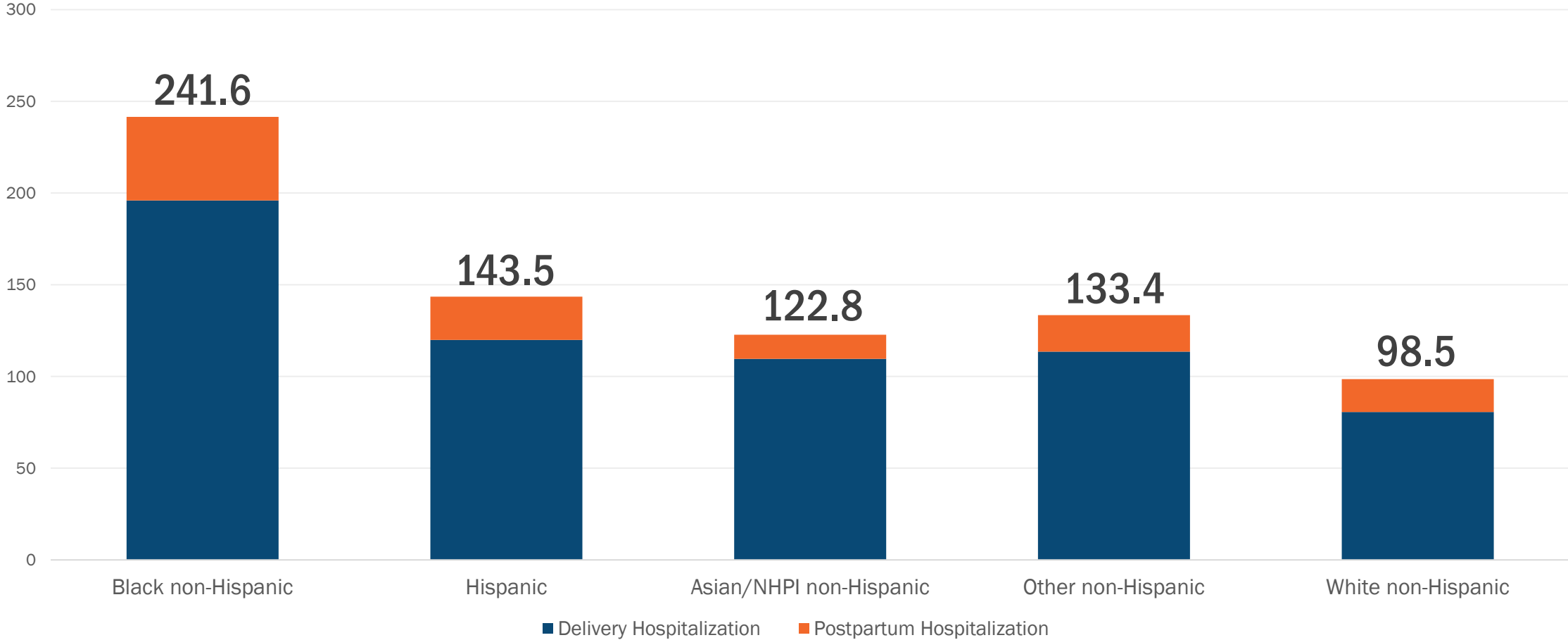
Massachusetts has the fourth highest rate of severe maternal morbidity in the U.S. despite performing well on other measure of reproductive care and women's health.



- Severe maternal morbidity (SMM) is defined as unexpected outcomes of labor and delivery that result in significant short- or long-term consequences of health.
- SMM includes 16 life-threatening conditions and five life-saving procedures that may occur at the time of birth but may not capture complications that manifest after delivery.

Black non-Hispanic birthing people had a rate of SMM 2.5 times higher than their White non-Hispanic counterparts as well as the highest rate of postpartum hospitalizations for SMM.

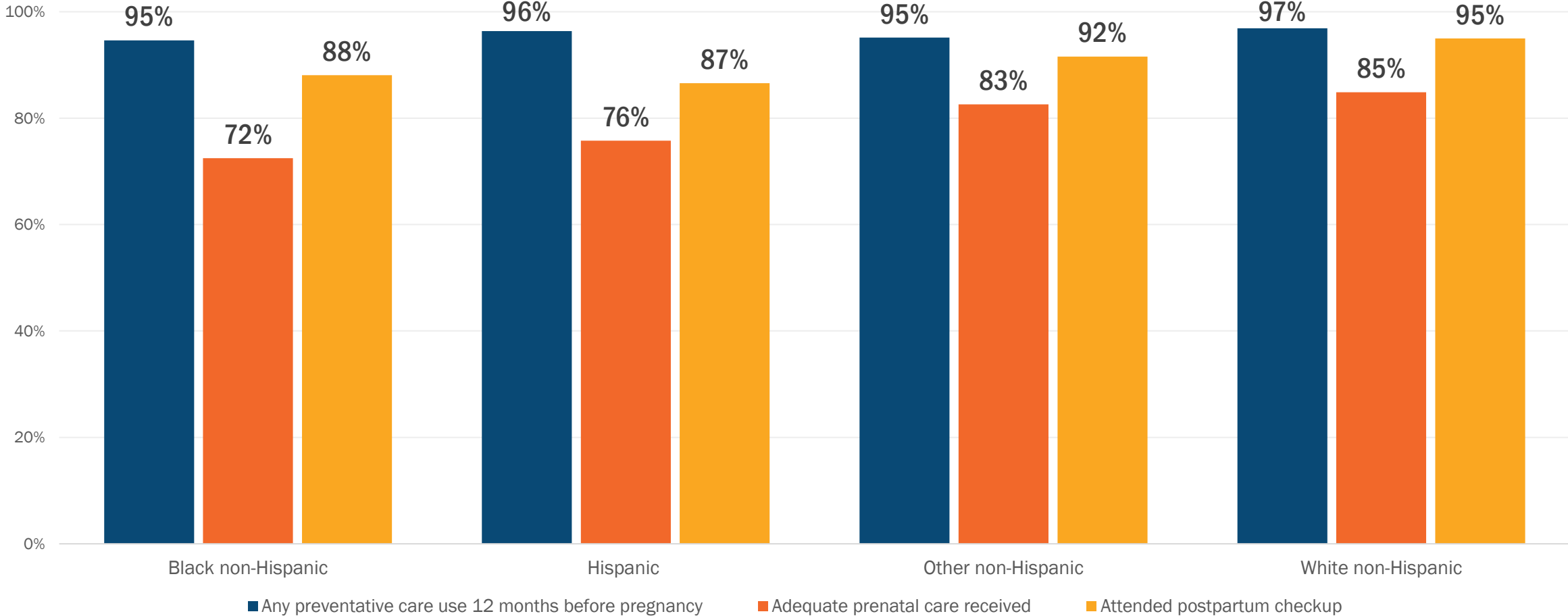
SMM per 10,000 deliveries including postpartum hospitalizations for SMM by race/ethnicity, 2019-2022



Source: HPC analysis of Center for Health Information and Analysis Discharge Database, CY2019-2022

In Massachusetts, Black birthing people received less prenatal care than birthing people from all other racial/ethnic groups.

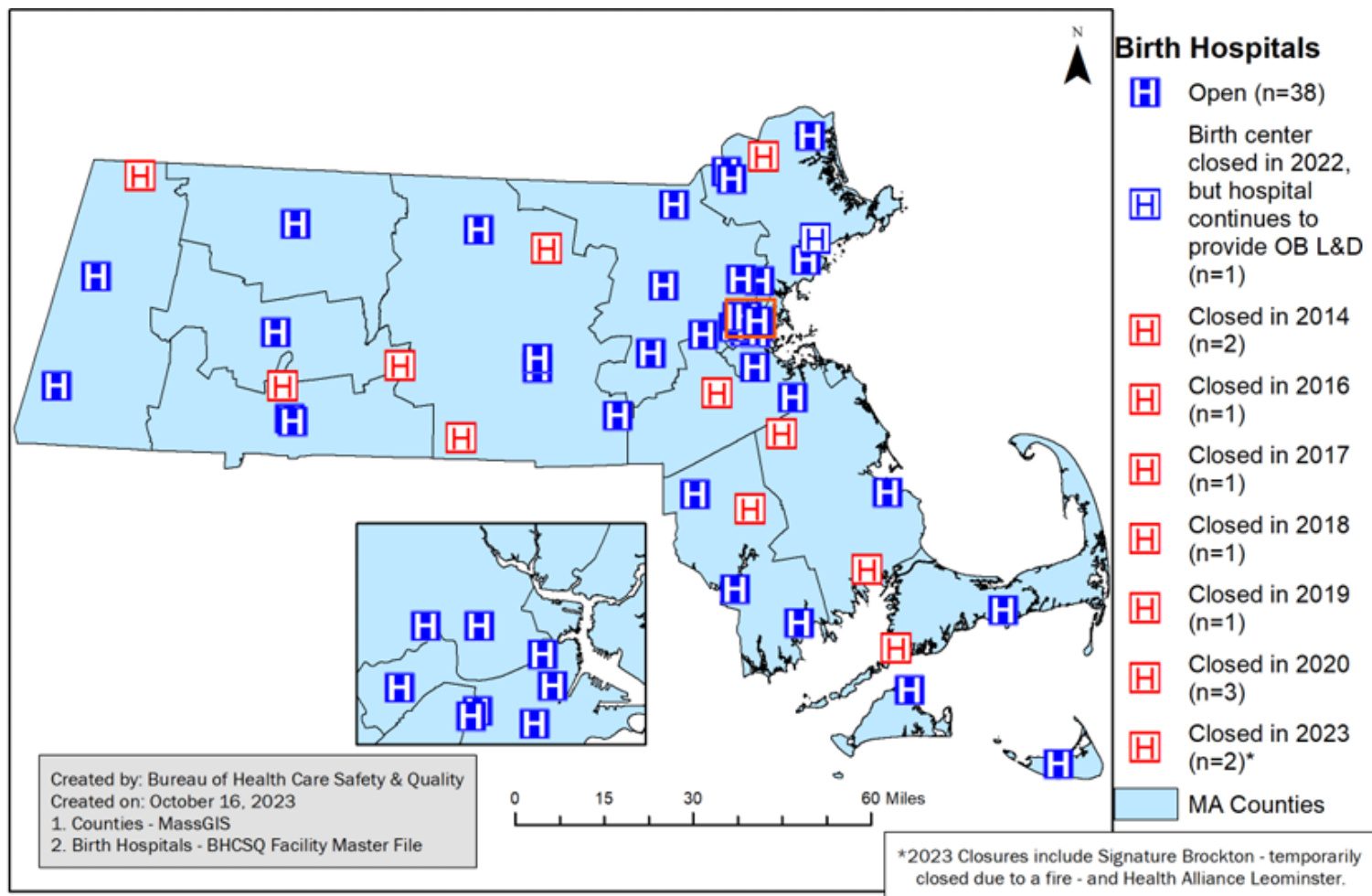
Prevalence of care received before, during, and after pregnancy, by race/ethnicity, Massachusetts PRAMS, 2017-2021



Source: HPC analysis of Massachusetts Department of Public Health "Massachusetts PRAMS." 2017-2021

As of October 2023, thirty-nine hospitals offer labor and delivery services. Over the past decade, many hospital maternity units and freestanding birth centers have closed.

Massachusetts Birth Hospitals, October 2023



- These 39 hospitals represent 967 maternal beds across the Commonwealth.
- Since 2014, 11 hospitals in Massachusetts have closed or filed to close their maternity services.
- Two freestanding birth centers, in Beverly and Holyoke, have additionally closed.

Growing attention to this issue has led to new activities at the state level.



Special Commission on Racial Inequities in Maternal Health

An Act to Reduce Racial Inequities in Maternal Health of 2020 established the commission, of which the HPC was a member.



Advancing Health Equity in Massachusetts (AHEM)

An initiative to eliminate racial, economic, and regional disparities in health outcomes. Maternal health is one of the two areas of focus.



Freestanding Birth Centers

Chapter 186 of the Acts of 2024 established a licensure pathway for Certified Professional Midwives and reviews birth center regulations, increasing community birth options.



MassHealth Doula Coverage

MassHealth has expanded coverage for doula services up to 12 months postpartum.



Certified Nurse Midwife Payment Parity

Payment parity is required between CNMs and licensed physicians for the same services.

The HPC is investing in innovative solutions to improve maternal health through technology, and MassHealth has recently expanded coverage.



HPC Investment Program: Hypertensive Disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP)

Launching 2025:

Aims to address inequities in hypertensive disorders of pregnancy through the use of patient-centered remote blood pressure monitoring (RBPM) technology.

HPC Awardees:

- Berkshire Medical Center
- Beverly Hospital
- Edward M. Kennedy Community Health Center
- Heywood Hospital
- Signature Healthcare – Brockton Hospital



MassHealth:

- MassHealth recently announced coverage for RBPM for pregnant and postpartum members and for other members who meet certain clinical criteria.

Task Force Legislative Mandate

- In August 2024, Governor Maura Healey signed **Chapter 186 of the Acts of 2024**, *An Act promoting access to midwifery care and out-of-hospital birth options*.
- Section 48 establishes a **nine-member task force** on maternal health access and birthing patient safety in the Commonwealth.
- The Task Force is charged with:
 - Studying the **current availability of and access to maternal health services** and maternal health care across regions and patient populations, including the essential service closure process and adequacy of the maternal health care workforce;
 - Identifying methods to increase the **financial investment** in and patient access to maternal health care across Massachusetts and ensuring **equitable access** for the most vulnerable birthing patient populations; and
 - Issuing a report on the Task Force's **findings and policy recommendations**.

The Task Force shall study:

- Past **essential services closures** for inpatient maternity units and acute-level birthing centers and closures of community-based, office-based, and preventative maternal health care
- Patient **quality and safety** consideration of essential service closures of maternal care units
- **Demographic information** on patient populations whose access had been most affected by past closures or current limitations

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Workplan Phases One and Two: Task Force Establishment



Phase One

- DPH, on behalf of the Task Force, has communicated with members to finalize appointee materials and receive approval from Governor Healey's office
- Co-chairs have met to finalize workplan to Task Force, including timeline for completion of work and 2025 meeting schedule
- Co-chairs have sent a welcome email to Task Force membership to schedule first meeting and present workplan for feedback



WE ARE HERE



Phase Two

- Members and co-chairs identify ways they can operationalize and contribute to the Task Force's workplan
- Initial Task Force Meeting to determine how members and co-chairs will contribute, collaborate, and share data, informing a finalized workplan agreed upon by Task Force members

Workplan Phase Three: Research

- **Phase Three.** Based on agreed upon workplan, Task Force begins the study of:
 - The current **availability of and access to maternal health services** and maternal health care across regions of the Commonwealth among birthing patient populations, including the essential service closure process and the adequacy of the maternal health care workforce;
 - **Past essential services closures** for inpatient maternity units and acute-level birthing centers;
 - **Closures of community-based, office-based, and preventative maternal health care**, including family planning services, obstetrics and gynecology services and midwifery services;
 - **Patient quality and safety considerations** of essential service closures for maternal care units, including quality, safety, and staffing regulatory requirements promulgated by DPH; and
 - **Demographic information on patient populations** whose access has been most affected by past closures of or current limitations on the availability of maternal care services, including, but not limited to geography, type of insurance coverage, age, race, ethnicity, income, LGBTQIA+ status, and immigration status

- May/June. Task Force meets to discuss a detailed research plan and analytic approach.

Workplan Phases Four and Five: Recommendations and Report



Phase Four

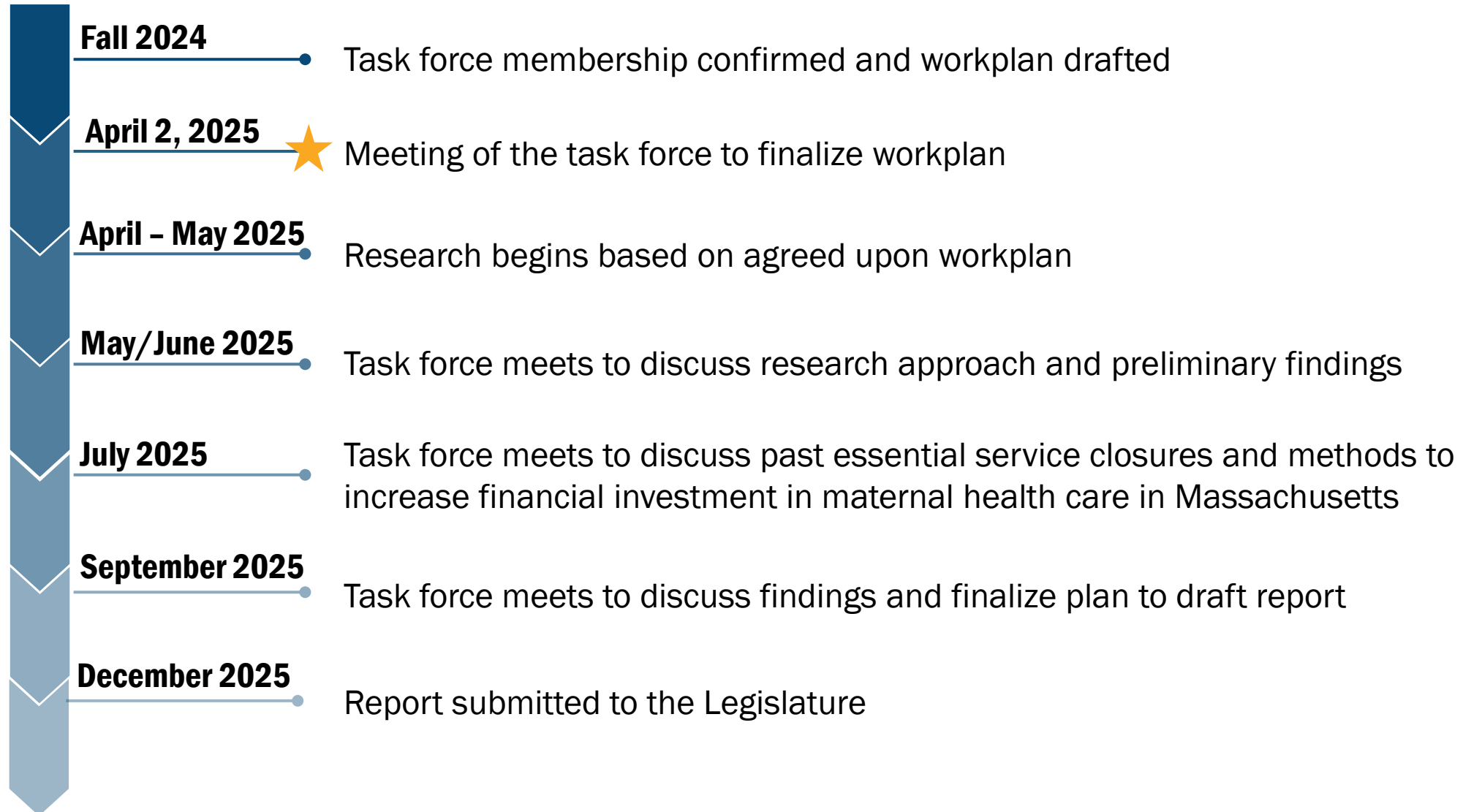
- July — Task Force meets to review past essential service closures and discuss methods to increase the financial investment in and patient access to maternal health care across the Commonwealth and ensure equitable access for the most vulnerable birthing patient populations in light of financial analysis



Phase Five

- July and August — Members and co-chairs have time to independently review findings
- September — Task Force meets to discuss research findings and finalize a plan to draft the report
- October and November — Members review draft report, meeting as needed
- Based on agreed upon workplan, Task Force finalizes report for submission to the Legislature by end of December 2025

Workplan Timeline



Potential Research Methods

- This report will take a **mixed methods approach to data collection and analysis**. Data sources and analytic strategies include (but are not limited to):
- **Quantitative data** will be drawn from existing sources such as population level databases as well as smaller databases that are accessible to the Task Force. We will also utilize geography-specific data to map areas of need and proximity to services. Qualitative data will be compiled using:
 - Existing sources, such as past listening sessions carried out by DPH or other partners
 - Primary data collection through focus groups and in-depth interviews with key stakeholders that include obstetric providers; hospital administrators; providers in ancillary settings such as emergency departments, community health centers, or other settings; emergency medical staff; pregnant people and their families; doulas; and community birth workers.
- **Health care financing data** will include:
 - Current rates and methods for financing maternal health care services,
 - Challenges with the current system,
 - Cost of care and health outcomes at different levels of maternal health care, and
 - Potential innovations of health care financing that have been tested in Massachusetts and across the country.
- **Trends in the MA maternal health workforce** including counts of OBs, CNMs, and labor-and-delivery RNs over time and by zip code/region (total and per capita)



RESEARCH METHODS DISCUSSION

- What **resources** does your organization have at its disposal to facilitate this research?
- What relationships does your organization have to support **qualitative data** collection?
- What research methods are **missing** from the current proposal?



GENERAL DISCUSSION

- What changes, if any, would you recommend to the **proposed sequence** of the workplan?
- What resources or relationships needed to complete this work are we **currently lacking**?
- What are **potential threats** to the completion of this work?
- Where are there opportunities for **small group/subcommittee work** among Task Force members?
- How would you consider this task force a **success**?

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 **SCHEDULE OF UPCOMING MEETINGS**

Schedule of Upcoming Meetings and General Housekeeping

- Co-chairs will follow-up directly with members to schedule upcoming meetings.
- Based on today's discussion, upcoming meetings and communications will further outline the role of members in drafting the Task Force's final report.
- Information on eligibility for stipends has been shared with members. Please reach out to MA-MHTF@mass.gov for further information.

Contact Us



Please direct follow-up questions to:



MA-MHTF@mass.gov



MassHPC.gov/offices-and-task-forces/mhtf