

MEETING MINUTES
MATERNAL HEALTH ACCESS AND BIRTHING PATIENT SAFETY
TASK FORCE

APRIL 2, 2025

CO-CHAIRLED BY THE MASSACHUSETTS HEALTH POLICY COMMISSION AND
DEPARTMENT OF PUBLIC HEALTH

Date of Meeting: April 2, 2025
Start Time: 10:00 AM
End Time: 12:00 PM

Maternal Health Task Force Member	Present?
Dr. Cristina Alonso, Co-Chair	X
Dr. Alecia McGregor, Co-Chair	X
Nashira Baril	X
Amy Gagnon	X
Dr. Godwin Osei-Poku	X
Dr. Christin Price	X
Dr. Sara Shields	X
Leigh Simons	X
Dr. Huong Trieu	X
Summary	Nine Members Attended

Proceedings

A meeting of the Maternal Health Access and Birthing Patient Safety Task Force (MHTF) was held on April 2, 2025, from 10:00 AM to 12:00 PM at the offices of the Massachusetts Health Policy Commission (HPC). A [recording](#) of the meeting and the [meeting materials](#) are available on the HPC's website.

Task force members attended in-person, and there was not a remote participation option. The in-person participants were Dr. Alecia McGregor (Co-Chair), Dr. Cristina Alonso (Co-Chair), Dr. Huong Trieu, Dr. Godwin Osei-Poku, Leigh Simons, Amy Gagnon, Dr. Sara Shields, Dr. Christin Price, and Nashira Baril.

Dr. McGregor began the meeting at 10:00 AM and welcomed the task force members, staff, and members of the public viewing the meeting on the livestream.

ITEM 1: Welcome and Introductions

Dr. McGregor offered welcome remarks, outlining the legislative mandate of the task force and emphasizing the need for work to address the ongoing maternal mortality and morbidity crisis both in Massachusetts and across the nation. She reflected on the existing reports on Massachusetts' maternal health landscape and how the task force can build on existing work to expand access and improve the quality of maternal health care in the Commonwealth.

Dr. Alonso offered welcome remarks, discussing how Section 186 of the Acts of 2024 has impacted the work of the Department of Public Health (DPH), including ensuring that the correct level of care is available to Massachusetts residents when and where they need it. She stressed the importance of community birth and midwives, doulas, and remote patient monitoring in providing community-based care.

Members of the task force then introduced themselves by name and organizational affiliation.

ITEM 2: Purpose of Task Force

Dr. McGregor introduced David Seltz, Executive Director of the HPC, to share recent research findings and policy changes pertaining to maternal health care in Massachusetts. Seltz shared recent HPC research on the prevalence of, and inequities in, severe maternal morbidity in Massachusetts as well as data published by the DPH on closures of birth hospitals and birthing centers across the Commonwealth. He concluded by outlining the legislative mandate for the task force. For more information, see slides 5 – 11 of the presentation.

ITEM 3: Division of Work and Expected Timeline Discussion

Dr. McGregor provided an overview of the proposed workplan for the task force, including an outline of a proposed research and meeting schedule. She then opened the meeting to discussion among members of the workplan and potential research methods. For more information, see slides 13 – 17 of the presentation.

Dr. Osei-Poku mentioned that the Betsy Lehman Center has robust patient safety data that can be used to identify where the issues in the maternal care service pipeline exist.

Dr. Trieu shared that the Center for Health Information and Analysis (CHIA) has extensive financial data going back to 2015, as well as case mix data that can track utilization by facilities, including patient demographics. In response to a follow-up question from Dr. McGregor, Dr. Trieu shared that the data is highly reliable, as the data collection methods have been standardized for years. David Seltz added that the HPC has recently begun to link claims data with case mix data to get a more robust understanding of utilization and cost.

Dr. Price offered that the Perinatal-Neonatal Quality Improvement network (PNQIN) has relationships with all 39 birthing facilities across the Commonwealth and can serve as a convener for discussions with providers across Massachusetts.

Nashira Baril shared that her organization, the Neighborhood Birth Center, has connections to a national network of birthing centers that can share innovative care delivery and payment models that have been leveraged in states across the country.

Dr. Shields echoed the importance of convening providers and stressed the importance of including perinatal and pediatric providers in this discussion to facilitate a robust conversation of maternal health care.

Leigh Simons additionally shared that the Massachusetts Health and Hospital Association (MHA) is able to convene leaders of the Commonwealth's acute hospitals.

Dr. McGregor turned the discussion to the topic of qualitative data collection and what task force members are able to bring to facilitate the collection of such data. She and David Seltz clarified that the HPC is committed to providing the resources needed to facilitate the collection of qualitative data from a diverse group of stakeholders and birthing people from across the state. Dr. Alonso added that the qualitative research would include a focus on the experiences and needs of birthing people who have gone through Massachusetts' shelter system, as well as members of the migrant community.

Dr. Shields emphasized the need for translational services during such interviews.

Nashira Baril shared that the seven birth centers in the Commonwealth work closely together and can serve as a starting point for qualitative data collection.

Dr. McGregor asked what might be missing from the proposal outlined at the meeting, and Dr. Alonso shared that there is a difference between having a provider in a community and patients actually accessing needed services, and the task force's research needs to be cognizant of that.

Nashira Baril, answered that the task force's research should examine not just the counts of providers but providers' demographics as well, and added that certified professional midwives should be included in the types of providers examined. Dr. Shields additionally suggested the inclusion of family practice providers who provide maternity care.

Dr. Shields questioned where the emergency medical services fit into this discussion, especially when more patients are receiving labor and delivery services in an emergency department, ambulance, or with EMTs.

Amy Gagnon echoed the importance of family practice providers who provide maternity care, particularly those with c-section privileges, as this can serve to bridge the gap in the provider needs. Dr. Alonso added the number of midwives who are certified to be first assist in a c-section to this. Dr. Osei-Poku said that in order to offer evidence-based policy recommendations, the task force needs to look at why there are workforce shortages and challenges in the first place.

Dr. Trieu questioned how many patients are truly aware of all the types of care and providers available to them and how much patient education we need to ensure that patients are making informed decisions about their birth plans. She added that where people choose to go has financial implications.

Dr. Shields referenced a program from a hospital in rural Iowa that brought together a cross-disciplinary team to bridge any workforce and access gaps, particularly in rural communities.

Dr. McGregor added that rural providers and birth centers, both relatively low volume providers, face unique challenges to their workforces and financial sustainability. Nashira Baril and David Seltz emphasized that these unique challenges can better inform more meaningful policy recommendations. David Seltz added that the HPC has recently published findings on primary care providers across the Commonwealth, and these findings and research methods can be leveraged to support the work of this task force.

Amy Gagnon stressed that the difference in MassHealth and commercial reimbursement rates contributes to the disparities between providers with higher rates of commercial payers and those with higher rates of publicly insured patients. Nashira Baril added that birth centers receive about one-third the reimbursement for births from payers, both public and private, than hospitals, only furthering the disparity. She shared that her organization has access to this reimbursement data.

Leigh Simons highlighted MassHealth's coverage of remote patient monitoring but emphasized that the lack of commercial coverage for innovative care delivery models threatens the long-term viability of such models.

Dr. Shields brought up the transition in care for families from pre- to post-natal care and the challenges brought about by gaps in care and an absence of shared electronic medical records.

Dr. McGregor turned the discussion to the proposed sequence and timeline of the workplan.

Nashira Baril inquired about the timeline of qualitative interviews, and David Seltz stressed that some of the work will need more time to complete than was anticipated in the legislation, and the HPC is committed to ensuring that due time is spent collecting the proper data.

Dr. McGregor asked what voices might be missing from this conversation, and Leigh Simons stressed the importance of the involvement of community health centers.

Dr. McGregor asked what potential threats exist to the completion of the work.

Dr. Price shared that federal policy changes could significantly impact maternal health care. Dr. Trieu added that federal policy could increase hesitancy among certain community members to come to the table and share their experiences.

Dr. McGregor asked if there was a need for small working groups. Dr. Price suggested that she, Dr. Shields, and Leigh Simons could lead a working group on hospital-level providers.

Nashira Baril suggested a working group on closures and birth centers, and Leigh Simons suggested adding financial sustainability to the purview of this working group.

Dr. McGregor asked what would make the task force successful.

Dr. Osei-Poku suggested a report with clear and specific recommendations that can be tracked overtime.

Dr. Price suggested that the task force needs to truly understand why hospitals close their services and then turn that into actionable recommendations. Dr. McGregor emphasized the importance of the root causes of closures.

Nashira Baril reflected on the challenges of the task force identifying and addressing the root causes of closures beyond financial sustainability alone, drawing from a history of undervaluing midwifery for high-cost, hospital-based birthing services. She wondered how the task force might be able to get to these more historic trends.

Amy Gagnon suggested speaking with state representatives.

Dr. Alonso suggested looking at what has succeeded in other areas that the task force could build on and learn from.

ITEM 4: Adjourn

Dr. McGregor and David Seltz closed with housekeeping items, and the public meeting adjourned at 12:00 PM.