

MEETING MINUTES
MATERNAL HEALTH ACCESS AND BIRTHING PATIENT SAFETY
TASK FORCE

JUNE 24, 2025

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

Date of Meeting: June 24, 2025
Start Time: 12:00 PM
End Time: 2:00 PM

Maternal Health Task Force Member	Present?	Vote: Approval of Minutes April 2, 2025
Dr. Cristina Alonso, Co-Chair	X	X
David Seltz, Co-Chair	X	ab
Nashira Baril	X	X
Amy Gagnon	A	A
Dr. Godwin Osei-Poku	X	X
Dr. Christin Price	X	X
Dr. Sara Shields	X	M
Leigh Simons	X	X
Dr. Huong Trieu	X	2nd
Summary	Eight members attended	Approved with seven votes in the affirmative

Presented below is a summary of the meeting, including timekeeping, attendance, and votes.

(M): Made Motion; (2nd): Seconded Motion; (ab): Abstained from Vote; (A): Absent from Meeting

Proceedings

A meeting of the Maternal Health Access and Birthing Patient Safety Task Force (MHTF) was held on June 24, 2025, from 12:00 to 2:00 PM virtually on Zoom. A [recording](#) of the meeting and the [meeting materials](#) are available on the Health Policy Commission's (HPC) website.

Participating task force members who attended virtually were David Seltz (Co-Chair), Dr. Cristina Alonso (Co-Chair), Nashira Baril, Dr. Godwin Osei-Poku, Dr. Christin Price, Dr. Sara Shields, Leigh Simons, and Dr. Huong Trieu.

ITEM 1: Welcome by Co-Chairs

Co-Chair Dr. Cristina Alonso began the meeting at 12:05 PM and welcomed the task force members, staff, and members of the public viewing the meeting on the livestream.

Co-Chair David Seltz additionally welcomed members. Mr. Seltz provided the update that Dr. Alecia McGregor is taking a leave of absence but will return to the role as the HPC's designee as co-chair of the task force in the fall.

ITEM 2: Approval of Minutes

A roll call vote was taken to approve the minutes of the April 2, 2025, MHTF meeting. Dr. Sara Shields made the motion to approve the minutes, and Dr. Huong Trieu seconded it. The motion was approved.

ITEM 3: Role of Co-Chairs, Members, and Staff in Research and Report Drafting

Mr. Seltz provided an overview of the role of the HPC's Office of Health Resource Planning (OHRP) in supporting the qualitative and quantitative research of the MHTF. He outlined the legislative mandate of OHRP's work and the alignment of OHRP's work with the work of the MHTF and the opportunity to pilot OHRP's evaluation of patient access to health care services in its support of the MHTF. Mr. Seltz also shared that the HPC has reserved funding in its budget for a contractor to support the task force's qualitative work, with the leadership and input of task force members in contextualizing and framing OHRP's research findings.

Dr. Alonso outlined the Department of Public Health's (DPH) role in the task force's work, focusing on ensuring that the MHTF's report is complementary to previous DPH maternal health care reports.

Dr. Alonso provided an overview of the bureaus and offices within DPH that will be supporting the task force's work, including the Bureau of Family Health and Nutrition, Division of Pregnancy, Infancy, and Early Childhood, Office of Strategy and Implementation, and Division of Family Health Data and Analytics. She described the new Office of Health Care Strategy and Planning and its role in better understanding the health care workforce, including Certified Nurse Midwives and doulas, and maternity care closures across the Commonwealth.

Dr. Alonso emphasized the need for the co-chairs and MHTF members to focus the report to ensure that it not only complies with the task force's legislative mandate but is also meaningful and useful going forward.

Mr. Seltz reiterated that the co-chairs welcome input from task force members and asked members to think about the topics that are most important to them and the resources that they would be able to use in the drafting of the report.

ITEM 4: Office of Health Resource Planning Report Outline

Kara Vidal, the Director of the HPC's Office of Health Resource Planning (OHRP) outlined the legislative mandate of the task force as outlined in Chapter 186 of the Acts of 2024. She echoed Dr. Alonso's point that focus is needed within the legislative mandate to ensure that the task force's report is not open-ended and redundant to previous reports, but rather meaningful and useful. Vidal explained that, in drafting the report outline, OHRP looked to existing resources within the state, national literature, feedback from Dr. McGregor and Dr. Alonso, and what task force members are able to bring to the table.

Vidal then provided a brief overview of the introduction and five recommended chapters of the report. For more information, see slide 11.

When discussing the introduction section of the report outline (slide 12), Vidal emphasized the extensive work – both recent and ongoing – in Massachusetts on maternal health care and the need to properly contextualize the MHTF's specific report.

Vidal outlined Chapter 1: Overview of Massachusetts Births and Birthing People. For more information, see slide 13.

Leigh Simons expressed interest in breaking down patient data by payer type to identify any financial trends. Simons additionally added the need to address national trends. Dr. Shields expressed interest in data on the adequacy of postpartum care, payer type, and language needs.

Dr. Sasha Albert, Associate Director of the HPC's Research and Cost Trends Department, outlined Chapter 2: Massachusetts Maternity Care Supply and Capacity. For more information, see slide 14.

Ms. Simons suggested adding a third focus to this chapter on financial sustainability, reflecting the challenges that she hears from maternal health care providers across the Commonwealth. She added that it's important to not only look at inpatient services but to look at access to outpatient pre- and postpartum services as well. She shared that she has heard from hospitals that the availability of labor and delivery nurses significantly impacts their services, so she would like to see the inclusion of these nurses in the workforce research and added that the Massachusetts Health and Hospital Association (MHA) collects some data from hospitals on labor and delivery nurse vacancy rates that they may be able to share. Vidal agreed that addressing financial sustainability is an important topic and shared that the research will examine payer mix by provider, and the HPC has preliminary data comparing commercial and MassHealth reimbursement rates for maternity care. She explained that the data assessing the profitability of maternal health services is varied, and there is not a common methodology used nationally. Mr. Seltz added that the aspect of financial instability can be elaborated on in the qualitative work of the task force.

Nashira Baril said that speaking with birth center leadership is just as important as speaking with hospital leadership, especially as it relates to facility fees. She also asked that Certified Professional Midwives (CPMs) be included in the workforce piece of the report. Dr. Albert asked for recommendations on how best to measure this workforce given the relatively new licensure pathway for CPMs, and Baril suggested that the MA Chapter of the National Association of Certified Professional Midwives could be helpful in measuring this workforce.

Dr. Osei-Poku discussed the levels of maternal care and suggested looking at public data on providers' resources – such as numbers of specialist physicians, MRI machines, and CT machines – as a proxy for the levels, as they have not yet been released.

Ms. Vidal outlined Chapter 3: Hospital Maternity Unit Closures, 2013 – 2024. For more information, see slide 15.

Dr. Trieu asked whether the hospital statistics will look at the hospital level or system level. She asked if the report could look at the average price per delivery for each provider prior to closure. Ms. Vidal responded that the report would look at both the hospital and system level but would not be able to analyze the profitability of maternity services.

Ms. Baril brought up the facility fees for hospital-owned birth centers, as North Shore Birth Center and Cambridge Birth Center both cited financial instability as reasons for closures, and she is curious if the financial data would show this to be true. She added that community perception and hospital leadership's undervaluing of midwifery care could build on the story of each closure beyond the quantitative data. Ms. Vidal acknowledged that qualitative findings may be helpful in filling in the gaps in the closure stories not covered in the quantitative data and statistics alone.

Dr. Shields asked if a specific measure has been selected to classify obstetric risk, specifying that it is important to include social vulnerability as well as medical vulnerability in the risk index. Ms. Vidal shared that OHRP is using the California Maternal Quality Care Collaborative Index, which is based on age and comorbidities, and suggested assessing overall patient risk throughout each hospital's service area, as social factors are often measured by zip code, rather than individually.

Ms. Simons emphasized that financial and reimbursement data should be included.

Catherine Harrison outlined Chapter 4: Birth Center and Office-Based Care Closures. For more information, see slide 16.

Dr. Shields reminded members that family physicians, CNMs, and PAs provide outpatient maternity care but are excluded from counts strictly of OB/GYNs. She mentioned that the Massachusetts Academy of Family Physicians may have additional data that could be helpful to the task force and asked that, at a minimum, the report include a note that there are family physicians, CNMs, and PAs providing maternity care in the community who may be excluded from the report's findings.

Mr. Seltz emphasized the difficulty in collecting data on care provided in the community. Ms. Vidal answered Mr. Seltz's question about birth center data by saying that it can be difficult to distinguish in the claims data when births occur in hospital-based birth centers.

Ms. Simons suggested turning to the Massachusetts League of Community Health Centers for data on community health center-based care.

Ms. Harrison outlined Chapter 5: Policy Recommendations; she emphasized that the topics on Slide 17 are only suggestions and the report's findings may bring up additional topics for policy investigation.

Ms. Simons agreed with the suggested topics but raised concerns on the emphasis on the essential service closure process and instead called for more upstream recommendations that support providers at risk of closure before they reach the need to engage in the essential service closure process altogether.

Dr. Shields wondered if the task force could create a "stress test" for providers at risk of closure and issue recommendations to support such providers or address broader patterns among these struggling providers.

Ms. Simons called for the task force to include the voices of nurse midwives and OB/GYNs in the recommendations, as there are none on the task force.

Seltz suggested that the report's recommendations should consider the different stages throughout the maternal health care landscape where support is needed, from workforce supports to the fast deployment of state resources when providers are in immediate threat of closure. Beyond recommendations to prevent closures, Mr. Seltz added that the report should also include recommendations to meet unmet need, including the opening of new birth centers.

ITEM 5: Member Feedback on Report Outline

Ms. Harrison proposed options for and questions on the task force's qualitative research. For more information, see slide 20.

Dr. Alonso mentioned the importance of narrowing down who and what the task force asks during qualitative research to be most impactful and insightful. She mentioned the difficulty of getting candid answers, especially from hospital leadership, beyond what is included in essential service closure findings. She asked members to think about what new research could be added here.

Dr. Price emphasized the importance of including emergency medical services (EMS) and emergency department providers in the qualitative research. She suggested that focusing on a smaller number of closures in the research could be most beneficial and added that it could be interesting to look at closures due to unforeseen circumstances or natural disasters and the barriers the providers face to re-opening.

Ms. Simons brought up the Compass Medical closure that contributed to patients seeking services elsewhere in southeastern Massachusetts around the time of the Brockton and Norwood closures and suggested speaking with other area providers about the impact of these closures. She also suggested including air ambulance providers when speaking with EMS providers.

Dr. Trieu asked if the task force could look to successful providers for lessons learned.

ITEM 6: Upcoming Member Engagement and Closing Remarks

Mr. Seltz closed the meeting with a reminder of the resources available about the task force's work on the HPC's website and an overview of upcoming member engagement.

ITEM 7: Adjourn

The meeting adjourned at 2:00 PM.