

**MEETING MINUTES**  
**MATERNAL HEALTH ACCESS AND BIRTHING PATIENT SAFETY**  
**TASK FORCE**

**DECEMBER 9, 2025**

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

**Date of Meeting:** December 9, 2025  
**Start Time:** 10:00 AM  
**End Time:** 12:00 PM

Maternal Health Task Force Member	Present?	Vote: Approval of Minutes October 8, 2025
Dr. Cristina Alonso, Co-Chair	X	X
Dr. Alicia McGregor, 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	
Leigh Simons	X	X
Dr. Huong Trieu	X	X
<b>Summary</b>	<b>Seven members attended</b>	<b>Approved with six votes in the affirmative</b>

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

(M): Made Motion; (2<sup>nd</sup>): 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 December 9, 2025, from 10:00 AM to 12:00 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 Dr. Alecia McGregor (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

David Seltz opened the meeting at 10:05 AM and thanked members of the task force for participating and members of the public for tuning in. Mr. Seltz welcomed Dr. Alecia McGregor back to the task force as the HPC's designee as co-chair of the task force.

Dr. Alecia McGregor and Dr. Cris Alonso provided introductory remarks. Both referenced the suspension of maternity services at Mercy Medical Center and underscored the importance of the work of the Task Force.

### ITEM 2: Approval of Minutes

A roll call vote was taken to approve the minutes of the October 8, 2025, MHTF meeting. Leigh Simons made the motion to approve the minutes, and Dr. McGregor seconded it. The motion was approved.

### ITEM 3:

Dr. McGregor introduced Catherine Harrison to present qualitative findings from the task force's research as well as findings on birth centers in Massachusetts.

Catherine Harrison shared an overview of the task force's qualitative interviews, including the types of stakeholders interviewed and the analytic methods used. For more information, see slides 8 – 10.

### ITEM 4:

Ms. Harrison presented qualitative findings related to hospital-based maternity unit closures from 2014 through 2023. For more information, see slides 13 – 25.

Dr. McGregor stated that the task force's quantitative finding that closure hospitals generally had higher margins seemed counter intuitive and offered this as a potential point of future discussion among task force members.

Dr. Godwin Osei-Poku asked for clarity on the finding that providers felt undertrained to work in a community hospital. Ms. Harrison clarified that clinicians shared a sense that they were required to practice more independently in community hospitals, which many did not feel equipped to do.

Dr. McGregor said that literature from Philadelphia County showed that nearby hospitals were impacted adversely by increased volume and higher-acuity patients following a maternity closure,

which was not reflected in these qualitative findings. Ms. Harrison noted that some interviewees had concerns that the impact of nearby maternity closures would be negative, but the overall sense was that the ability to take on another hospital's maternity patients was positive. Nashira Baril asked if this was a geographical phenomenon, with hospitals in the Boston area having higher capacity, but this might not be the case across the Commonwealth. Kara Vidal, Director of the HPC's Office of Health Resource Planning, said that findings from the quantitative analysis was that recipient hospitals often had a higher obstetric risk index, indicating that the recipient hospitals had experience treating higher-risk patients and also generally had higher occupancy rates than closure hospitals.

Jasmine Bland and Catherine Harrison presented findings on birth centers in Massachusetts. For more information, see slides 27 – 39.

Dr. Osei-Poku asked how often birth center patients needed to be transferred to hospitals or had poor outcomes. Ms. Baril said that her birth center, Neighborhood Birth Center, anticipates a 20 percent transfer rate, with only a 1.3 to 2.3 percent emergency transfer rate. She also shared concerns with the framing of birth center care as being “resource intensive,” as that could serve to turn people away from the model of care or raise concerns about costs.

Leigh Simons said that it is validating to see what the Massachusetts Health and Hospital Association is hearing from hospitals reflected in the task force's findings. She asked how these findings will be used to inform policy recommendations, particularly findings related to reimbursement rates and workforce challenges. Dr. McGregor acknowledged that the current reimbursement model for maternity care does not take into account the high overhead costs of providing maternity care and therefore undervalues low volume but important providers.

Dr. Huong Trieu asked for more information on the relationship mentioned between birth centers and hospitals. Ms. Harrison said that interviewees from both birth center and hospital representatives referred to the conflict between the midwifery model of care, which often includes longer and more frequent visits, with hospital's incentives to have shorter visits for more patients. Ms. Baril added that Massachusetts regulation on birth center relationships with hospitals has recently changed, where birth centers are no longer required to have a signed transfer agreement with nearby hospitals as a condition of licensure. She added that birth centers often still have transfer agreements with nearby hospitals to ensure standardization of transfers, and these agreements often stem from personal relationships that birth center leaders have built with local hospital-based maternity care providers.

Dr. Alonso shared additional information on DPH's implementation of community birth and doula integration programs authorized by Chapter 186 of the Acts of 2024 and that transfer of care is one of the key pillars of these programs, and DPH has conducted ten transfer drills so far to address issues in providers' transfer protocols.

Dr. Christin Price discussed the forthcoming Massachusetts regulations regarding levels of maternal care and mentioned that the hospitals that have closed their maternity units were levels one and two. She called for policy to reflect the challenges that providers at these levels of care face in the implementation of the levels of maternal care regulations.

Dr. McGregor revisited the finding that closure hospitals had higher margins than non-closure hospitals. Ms. Simons said that, while these closure hospitals might have higher margins, all hospitals in Massachusetts have poor margins right now, so it is important to think about that finding in that context, especially as Massachusetts' hospitals prepare for the impending cuts to Medicaid.

Ms. Baril emphasized the financial sustainability challenges faced by birth centers, especially as two hospitals have divested from their hospital-based birth centers in the past five years. She shared that she does not believe that the future of midwifery care in the Commonwealth will be hospital-based and would like the policy recommendations to reflect the unique financial challenges faced by birth centers. Dr. McGregor added that reimbursement for maternity care provided by a birth center prior to a hospital transfer is centered on where the delivery occurs, presenting another challenge to birth centers.

Ms. Baril and Ms. Simons suggested potential policy recommendations regarding the Determination of Need regulations and how hospitals and the Commonwealth may be able to better direct funds to support freestanding birth centers.

Dr. McGregor asked task force members if there was additional information or data they would need prior to making policy recommendations.

Dr. Osie-Poku shared that more information on the costs of providing maternity care could be helpful.

## **ITEM 5: Next Steps**

Dr. Alonso closed the meeting by outlining the next steps for the task force, including reviewing the draft task force report and discussing policy recommendations.

## **ITEM 6: Adjourn**

The meeting adjourned at 11:52 AM.