



**Ellen Story Commission on Postpartum Depression  
Quarterly Meeting - July 13, 2022**

**MEETING MINUTES**

Commissioners present: Rep. Jim O'Day (co-chair), Sen. Joan Lovely (co-chair), Rep. Liz Miranda, Alana Westwater on behalf of Sen. Becca Rausch, Jessie Colbert, Rebecca Butler, Amy Kershaw, Sarah Hodin Krinsky, Lauren Almeida, Julie Johnston, Liz Murphy, Nadja Lopez Reilly, Jill Fieleke

Commissioners absent: Rep. Mindy Domb, Rep. Carole Fiola, Rep. Kim Ferguson, Sen. Ann Gobi, Sen. John Keenan, Sen. Bruce Tarr, Timoria Saba, Nneka Hall, Leena Mittal, Margarita O'Neill-Arana, Lee Cohen, Divya Kumar, Kerry LaBounty, Karen Garber, Lisa Scarfo, Josh Sparrow, Tiffany Moore Simas, Jayne Singer, Michael Yogman

Others present: Other legislative staff and members of the public

**I. Welcome and Introductions**

Coordinator Ashley Healy welcomed commissioners and guests.

Commissioners introduced themselves and the organizations they represent.

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.

The Commission voted unanimously to approve the minutes from the 4/13/22 quarterly meeting.

**II. Legislative update**

Ms. Healy provided updates on a number of maternal health-related bills from the 192nd session. Ms. Healy also summarized two late-file bills, H.4740 - An Act establishing maternal mental and behavioral health care workforce grants, and H.4741 - An Act establishing a maternal mental health equity grant program. Ms. Healy stated that these bills would be filed again in the next legislative session and that their sponsors likely would seek the PPD Commission's endorsement.

Commissioner Rep. Liz Miranda commented that several of the maternal health-related bills, including the doula bill, midwives bill, Fetal and Infant

Mortality Review, and postpartum coverage bills all were heavily advocated by Healthcare for All and also were recommendations of the Racial Inequities in Maternal Health Commission. Commissioner Miranda indicated that there has not been enough time since the RIMH Commission's report came out and it has not been shared widely, but that there is room for it to be shared in the PPD Commission and to have a dialogue on it. The report and its recommendations leave room for growth in talking about maternal health outcomes. Commissioner Miranda asked if there is an appetite for having the chairs or commissioners of the RIMH Commission come to a PPD Commission meeting and do a presentation on the highlights. Several commissioners reacted in the chat saying yes.

Commissioner Jessie Colbert spoke about the Mind the Gap Initiative through Postpartum Support International. The Massachusetts arm of the initiative were inspired by conversations about workforce development, which were highlighted in the RIMH Commission's report and in the PPD Commission's Awareness Day. Mind the Gap is hoping to build a coalition for the fall around the conversation on the mental health crisis and workforce pipeline. Commissioner Colbert stated that she hopes the PPD Commission will formally join in. Ms. Healy added that the coalition can consist of anyone who wants to be part of the process of building up this legislation because there is an urgent need.

Commissioner Sarah Krinsky stated that MassHealth has been moving forward with extending coverage to 12 months postpartum and that there is some work underway to provide coverage for doulas.

### III. Perinatal Mental Health Awareness Day

Commissioner Miranda commented that the PPD Commission has a lot of brilliance and connectivity and that the Commission should consider doing a panel discussion or external-facing event, such as a legislative briefing, in the fall.

Commissioner Colbert commented that the PMH Awareness Day in May had a great balance of lived experience and professional experience and was very engaging. She liked the focus on dads.

Ms. Healy summarized the MCPAP for Moms presentation from PMH Awareness Day, in which Dr. Nancy Byatt shared outcome data showing that the program is helping increase the number of patients that get into treatment and that those patients' depression symptoms improve, and in which Commissioner Dr. Leena Mittal explained an internal process that MCPAP for Moms engaged in, where it hired a Diversity Equity and Inclusion consultant,

performed a self-assessment, and set goals to move along a continuum of learning to become an antiracist organization. Additionally, MCPAP for Moms has completed their substance use disorder treatment provider toolkit, which is available to download on their website.

Next, Ms. Healy summarized the Out of Hospital Birth Care Model panel from PMH Awareness Day, in which attendees heard from a mother with lived experience about the empowering and nurturing feeling of her out-of-hospital birth, from a labor and delivery nurse about how an out-of-hospital birth increases a birthing person's control over their birth and avoids the cascade of interventions that can occur in a hospital setting, and from a practicing midwife about informed choice for birthing people and how the birthing person is a shared decision maker in the out of hospital birth care model. During the panel, Emily Anesta of Baystate Birth Coalition discussed legislation and budget initiatives that pertain to expanding access to midwifery care and funding birth centers in the Commonwealth.

Co-Chair Senator Joan Lovely spoke about the planned closure of the North Shore Birth Center in her district. She described how the facility has lost its medical director and midwife director due to the pandemic. Co-Chair Sen. Lovely has met with the hospital administration and asked them to pause their filing with the Dept. of Public Health to close the facility, to allow the workforce to come back. A public hearing will take place next week on the issue. Co-Chair Sen. Lovely stated that we should be supporting and enhancing these facilities instead of closing them.

Commissioner Rep. Miranda commented that two things public testimony and letters were very helpful tools for the RIMH Commission, and that in this case it is important for people to understand that bringing a life into the world occurs on a continuum and does not start and end with birth. The continuum includes things like affordability, access, cultural competence, and dealing with morbidity and mortality, and that one aspect of the continuum impacts the others.

Co-Chair Sen. Lovely stated that DPH needs to hear about the value of this birthing center and that people should send letters and emails.

Ms. Healy responded that there had been a report showing that the demand in Massachusetts for home birth and out-of-hospital birth had skyrocketed even before the pandemic, and that this is an issue of choice. With national events, people are thinking about their birthing choices and reproductive choices. Ms. Healy asked commissioners to think about whether there are areas connected to that where the PPD Commission can help.

Commissioner Krinsky described a recent study that came out affirming that Black birthing people were less likely to experience mistreatment when receiving midwifery care. She stated that this has to do with equity around race and reducing these inequities. Ms. Healy commented that the RIMH Commission made a specific recommendation around this and around passing the Out of Hospital Safety and Access Act because it is safer for women when receiving culturally congruent care, and in community and community-based birth centers.

Finally, Ms. Healy summarized the key takeaways from the PMH Awareness Day discussion of Screening and Uplifting Fathers, namely that: 1) perinatal mood disorders in fathers are underidentified, underdiagnosed, and undertreated when they are diagnosed; 2) the stressors that impact fathers' engagement with their children are not just internal but also external, which include systemic stressors such as racism and the way that societies and systems interact with fathers; 3) fathers need a safe space to express their voices, and when thinking about legislation, the perspective of those with lived experience with the systems is extremely valuable if we want to change those systems; 4) issues of screening and reimbursement need to be addressed so that obstetric offices can discuss mental health issues with mothers AND fathers, and create a plan prior to delivery; 5) better family leave needs to be available to all, including fathers; and 6) Massachusetts needs to find ways to create sustainable funding for peer support for perinatal mental health, for both mothers and fathers, so that communities can create more robust programs and supports for folks that are struggling.

#### IV. Announcements

Commissioner Colbert invited commissioners interested in participating in the Mind the Gap coalition to contact her.

Commissioner Julie Johnston stated that the MA Academy of Family Physicians has been advocating H.4879 establishing coverage of pediatricians for PPD screening, but the bill has not been moved forward with amendment to allow ALL providers who see pediatric patients (including family physicians) to be included, and it seems like the intent is that every clinician who is caring for a child be included in this coverage for PPD screening.

Commissioner Lauren Almeida described the DC 0-5 Crosswalk, which will allow mental and behavioral health providers to use a code to be reimbursed by insurance, allowing an additional pathway for families and individuals to access Early Intervention, prevention, etc., and it is relationship-based, so it supports infant mental health but also helps support the caregiver.

Commissioner Krinsky shared links in the chat to studies she referenced during this meeting.

Johanna Wakelin posted details in the chat about the DPH public hearing concerning the North Shore Birth Center.

Commissioner Kerry LaBounty (in absentia) had commented that one of the goals she sees for the Commission in the coming year has to do with increasing resources for PPD throughout the state because a lot of what we hear about is Boston-centric. Commissioner LaBounty would like the PPD Commission to think over how to do this, whether through training programs, collaborations, grants, other funding.