



**Ellen Story Commission on Postpartum Depression
Quarterly Meeting - January 12, 2022**

MEETING MINUTES

Commissioners present: Rep. Jim O'Day (co-chair), Sen. Joan Lovely (co-chair), Rep. Mindy Domb, Rep. Kim Ferguson, Rep. Ann Gobi, Sen. Becca Rausch, Victoria Mori (on behalf of Sen. Bruce Tarr), Margarita O'Neill-Arana, Jill Fieleke, Karin Downs, Liz Murphy, Divya Kumar, Timoria Saba, Jessie Colbert, Leena Mittal, Michael Yogman, Kerry LaBounty, Rebecca Butler, Lisa Scarfo, Lee Cohen, Joshua Sparrow, Julie Johnston, Jayne Singer,

Commissioners absent: Nadja Reilly, Margot Tracy, Tiffany Moore Simas, Lauren Almeida, Rep. Liz Miranda, Nneka Hall, Rep. Carole Fiola, Sen. John Keenan, Samantha Aigner-Treworgy

Others present: Micaela Maloof, Beth Buxton, Nancy Byatt, Karen Garber

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 approved the minutes from the 10/20/21 quarterly meeting.

II. Legislative update

S.128 - A Resolve relative to improving access to treatment for individuals with perinatal substance use disorder, filed by Co-Chair Sen. Joan Lovely, will be heard on 1/18/22 1-5 pm before the Committee on Children, Families, and Persons with Disabilities. Co-Chair Sen. Lovely explained that the bill would create a commission to make a study of perinatal substance use disorder treatment and, within a year, make a recommendation. If anyone would like to testify during next week's hearing, Co-Chair Sen. Lovely would welcome that.

H.2285 - An Act relative to postpartum depression screening, filed by Commissioner Rep. Carole Fiola, was reported favorably out of the Joint Committee on Public Health and has been referred to the Committee on Health Care Financing.

H.2372/S.1475 - An Act relative to medicaid coverage for doula services, filed by Commissioner Rep. Liz Miranda, Rep. Lindsay Sabadosa, and Co-Chair Sen. Lovely, was reported favorably out of the Joint Committee on Public Health and referred to the Committee on Health Care Financing.

H.1297/S.2583 - An Act relative to expanding equitable access to maternal postpartum care, filed by Commissioner Rep. Miranda and Co-Chair Sen. Lovely, was reported favorably out of the Joint Committee on Healthcare Financing and referred to the Senate Ways and Means Committee.

Commissioner Rep. Mindy Domb updated the Commission on her bill, H.206/S.125 - An Act establishing a diaper benefit pilot program, which is pending in the Committee on Children, Families, and Persons with Disabilities. The issue of diaper need has been linked in research to mental health issues in women.

Commissioner Rep. Domb updated the Commission H.1196/S.673 - An Act ensuring access to full spectrum pregnancy care, which is soon to have a hearing. They have been collecting stories from women about the expense related to their pregnancy-related care.

Co-Chair Rep. Jim O'Day spoke about "Joint Rule 10 Day", which is an important day in the House and Senate. The day is a deadline by which bills that have yet to be given a determination (e.g. ought to pass, referred to study, etc.) must have a determination made or have some kind of outcome. Bills also can remain in a committee with an extension. A bill that gets an extension certainly is still in play until the end of the formal session in July. Joint Rule 10 Day is coming up in a few weeks, either February 2nd or 3rd.

III. Perinatal Mental Health Awareness Day 2022

Ms. Healy reminded Commissioners of past themes that the Commission has chosen for this annual awareness day, as follows:

2015 - Into the Light: Decreasing stigma, supporting families, and implementing policy change in MA

2016 - Bringing PPD Into the Light - Reducing Barriers, Decreasing Stigma, and Weaving a Network of Support for Mothers Across the Commonwealth

2017 - Embracing the Diverse Faces of Prenatal and Postpartum Mental Health

2018 - Promoting Recovery from Substance Use Disorder for Mothers and Families

2019 - Addressing Inequities in Perinatal Mental Health

2020 - event not held

2021 - COVID-19: Changing the Perinatal Experience

Ms. Healy asked commissioners for suggestions for the 2022 theme. As commissioners suggested ideas, Ms. Healy would put these into a document that she could then share at the end to facilitate a vote on a theme.

Commissioner Rebecca Butler suggested the COVID 19 impact on the perinatal experience.

Commissioner Julie Johnston remarked that, with respect to the previously-discussed list of possible legislation that could possibly impact mothers, the theme could be to highlight these bills and the ways they would benefit mothers.

Commissioner Senator Becca Rausch suggested a theme centering on midwives and doulas and the ways these providers can support mental health through pregnancy and birth.

Commissioner Jessie Colbert suggested a theme that focuses on the birth itself and how it can positively or adversely impact mental health. Commissioner Colbert also suggested a theme concerning national changes that are happening and how these relate to Massachusetts (e.g., recent big federal grant given to PSI, how MCPAP for Moms' results have been replicated in other states, Medicare extension discussions, attention that maternal mental health has received from VP Kamala Harris).

Commissioner Jill Fieleke suggested a focus on PMH in BIPOC communities.

Commissioner Johnston suggested COVID impact on BIPOC and immigrant populations.

Commissioner Lee Cohen stated that the PPD Commission has been involved in the PMH landscape of Massachusetts for a substantial number of years and that there have been substantial shifts and advances in the field in that time (such as with screening), and suggested the theme could celebrate distance traveled and also highlight challenges that remain (such as unmet need and underserved populations).

Commissioner Karin Downs suggested a theme focused on the intersectionality of communities most affected by COVID in terms of response to mental health. We could pull some data from community services to acknowledge the confluence of ongoing racial inequities and how COVID is exacerbating this.

Commissioner Leena Mittal suggested that we could invite a representative from the Racial Inequities in Maternal Health Commission to report on what they have found, and to talk about the impact of COVID on BIPOC communities. That Commission's report should be ready by March so the timing would be good for PMH Awareness Day.

Commissioner Representative Mindy Domb suggested that the theme have a racial justice lens and deal with the impact of COVID, including mental health in women with COVID. We could have separate panel discussions.

Co-Chair Representative Jim O'Day suggested that the theme could address the effects that PMH, COVID, and birthing have on the entire family.

Ms. Healy shared the document she had created as the discussion was ongoing, and noted that there was quite a bit of overlap and that the themes could be better organized before a vote would be taken. It was agreed that Ms. Healy would distill the ideas from the discussion into three distinct theme ideas on which the Commission could vote at a later time.

Co-Chair Sen. Lovely explained that in the past we would have a smaller group of commissioners, or a sub-committee, who would dive deeper into the ideas and then make a suggestion to the full commission on it.

Co-Chair Rep. O'Day said that if we are unable to get some folks to come together in a sub-committee, we can instead put a number of the ideas out to the group at large and see if we can come to an agreement.

Ms. Healy asked if anyone would volunteer to be on the sub-committee for PMH Awareness Day 2022. There were no volunteers.

IV. Amending Chapter 313 of the Acts of 2010 (PPD Commission enabling statute)

Ms. Healy stated that in other meetings, commissioners have expressed wanting to make changes to the statute. The statute has been amended twice in the past.

Ms. Healy asked Commissioners to present amendments they would like to see at present, and the proposed amended statute can be drafted and then voted on, potentially at the next quarterly meeting.

Commissioner Sen. Rausch did not have specific language in mind but stated that, for the purpose of legislative drafting, it would be most efficient for a legislator to pick up the list of suggestions and put it into a bill.

Commissioner Sen. Rausch added that, substantively, the Commission has evolved and may need a more tailored membership, with individuals who are on the ground and centered in the work with pregnant and birthing people. The Commission could try to build upon centering voices of people of color when tailoring membership. The statute can specify which organizations and which people with specific types of lived experiences we want in the seats.

Commissioner Mittal stated in the meeting chat that some of the ideas expressed over time included clarifying processes, such as terms and term limits for commissioners and leadership, composition of the membership, and inclusion of unrepresented groups like PSI.

Ms. Healy offered that some of the previously discussed changes could go directly into the statute, while others could be put into by-laws, which would be easier to amend as the Commission evolves.

Commissioner Mittal expressed that the current Commission does not have enough seats for mental health practitioners and that there is a notable absence of organizations like PSI.

Commissioner Fieleke noted that, in her own searching to recruit for the open midwifery seat, it has been a challenge.

Commissioner Divya Kumar underscored the importance of inclusion of folks working directly with parents and families and stated that this should be the priority and these folks should be the bulk of the commission. While political advocacy and insurance representatives are important, they do not do direct service, but commissioners frequently are asked what they see in their work directly with families. Regarding

diversifying the Commission, Commissioner Kumar stated that it is hard to find people to do unpaid work, and noted that service providers currently are doing unpaid work in their main fields and are burnt out.

In the meeting chat, Commissioner Kumar stated that compensation is an equity issue, especially where BIPOC are concerned.

Commissioner Sen. Rausch explained in the meeting chat that paid commissions do exist and that compensation for commissioners would be something that goes into the statute.

Commissioner Johnston commented that the statute should specify diversity in location of practice for commissioners, and diversity in geographic location of services.

Commissioner Downs agreed in the chat on reimbursement and that it is an issue of equity.

Commissioner Mittal also agreed in the chat on the points concerning compensation and equity.

Commissioner Sen. Rausch commented in the chat that geographic diversity can also be written into commission structure and seats, statutorily.

Ms. Healy offered to distill the ideas discussed into some topics and share them with the commissioners at a later time, for the sake of efficiency and giving everyone a bit more time to think about the ideas that were raised.

V. Announcements

Commissioner Jessie Colbert announced in the chat that the Mass PPD Fund website was launched this week. Ms. Healy described a portion of the website that tracks Massachusetts legislation related to perinatal mental health topics.

Commissioner Sparrow shared a link to the Brazelton Touchpoints Center's upcoming 2022 National Substance Use Disorder Summit on January 26th.

On behalf of Commissioner Margot Tracy, Ms. Healy announced that the MA Health Policy Commission has released new work on certified nurse midwives and maternity care, including a chartpack that features findings on the landscape of maternity care in the Commonwealth, focusing on the role of CNMs and outcomes associated with midwifery

care, as well as recommendations to increase and improve use of CNMs. The analysis found that hospitals with higher rates of midwifery care saw better care outcomes, including shorter length of inpatient stay, lower cesarean and episiotomy rates, and lower spending. Yet, there was substantial variation of midwifery care by hospital, ranging from zero to 70%. Surprisingly, only 17% of MA births in 2017 were attended by midwives, and even that is higher than the 10% national average.

VI. Adjournment