

Ellen Story Commission on Postpartum Depression
Tuesday, June 29th 2021
5:30 pm – 7:30 pm

Meeting Minutes

Attendance:

Commissioners present: Representative James O’Day (co-chair); Senator Joan Lovely (co-chair); Representative Mindy Domb; Senator Anne Gobi; Senator John Keenan; Timoria McQueen Saba; Nneka Hall; Rebecca Butler; Lauren Almeida; Dr. Leena Mittal; Peggy Kaufman; Dr. Tiffany Moore-Simas; Dr. Lisa Scarfo; Gail DeRiggi; Dr. Michael Yogman; Margarita O’Neill-Arana; Margot Tracy; Elizabeth Murphy; Dr. Jayne Singer; Dr. Lisa Scarfo; Dr. Lee Cohen

Commissioners absent: Jessie Colbert; Karin Downs; Representative Kim Ferguson; Jill Fieleke; Representative Liz Miranda; Representative Carole Fiola; Dr. Julie Johnston; Divya Kumar; Kerry LaBounty; Senator Becca Rausch; Dr. Joshua Sparrow; Senator Bruce Tarr

Several members of the public and other state employees were also present

Questions? Contact Elizabeth.Boyes@mahouse.gov

1. Welcome and Introductions

Representative James O’Day, Senator Joan Lovely, and Elizabeth Boyes welcomed Commissioners and guests. Announced that the meeting is being recorded and the Commission adheres to open meeting law. Commissioners introduced themselves and the organizations they represent on the Commission.

The Commission approved the minutes from the April 6th, 2021 meeting.

2. Discussion on the purpose of the Commission

The Commission’s legal authority, Chapter 313 of the Acts of 2010, are a mandate by which the Commission adheres by. The following sections are of relevance to the discussion on the purpose of the Commission and the roles of Commissioners:

...is hereby established for the purpose of making an investigation and study relative to postpartum depression, including, but not limited to: (i) an assessment of current research on the subject and whether there exist evidence-based, best or promising practices on the prevention, detection or treatment of postpartum depression; (ii) a review of current policies and practices with respect to screenings for postpartum depression, including the frequency and location of screenings and training personel administering the screenings, the availability of reimbursement and issues relative to medical necessity and third-party coverage; (iii) provision of assistance to the department of public health, other state agencies and organizations in the development of professional and public educational materials and programs on postpartum depression, in the development of referral lists for postpartum depression treatment, building on existing resources and in the designation of authorized validated screening tools; (iv) provision of assistance to the department of public health, other state agencies and organizations relative to applications for federal funding to support efforts consistent with the mission and purpose of the commission; and (v) any other matters that the commission considers relevant to the fulfillment of its mission and purpose.

(c) Said commission shall provide guidance and advice to the governor, the general court and the secretary of health and human services relative to current research on postpartum depression including, but not limited to, best and promising practices in the prevention, detection and treatment of postpartum depression and recommend policies, including legislation, to promote greater public awareness, screening and treatment of postpartum depression. The special commission may conduct public hearings, forums or meetings to gather information and to raise awareness of postpartum depression, including the sponsorship of or participation in statewide or regional conferences.

(d) Said commission shall file an annual report at the end of each state fiscal year with the governor and the clerks of the house of representatives and the senate, who shall forward the same to the joint committee on public health and the joint committee on financial services, along with recommendations, if any, together with drafts of legislation necessary to carry those recommendations into effect. The special commission may file such interim reports and recommendations as it considers appropriate.

- Discussion included how the Commission can communicate legally outside of meetings and what are the rules around open meeting laws.
- The Commission does not have a way to assess outcomes of our actions. Once we set goals, how can we assess achievement of those goals?

3. Discussion on the roles of Commissioners

- Commissioners want clarification on how Commissioners who are ex officio members can engage with the Commission.
- Clarification on how voting in the Commission works
 - Current process is done via email. Commissioners are given 1 to 2 weeks to respond with “yay”, “nay”, or “no position”. Commissioners are notified via email of the results with a count of how many voted “yay”, “nay”, or “no position”.
 - Going forward, have a minimum of 3 weeks’ notice of a vote to give ex officio members time to report back to their organization and organize briefings on the bill we would be voting on.
- Clarity on the decision-making process – what do co-chairs decide, what do commissioners decide?
 - Co-chairs help guide the Commission in terms of making sure the Commission adheres to its legal authority and help move initiatives forward in the legislature.
 - Commissioners are the decision makers. They let the co-chairs and coordinator know what they want to do so long as it is within the Commission’s legal authority.
- For filling vacant seats:
 - Legal authority dictates who appoints individuals to Commission seats:

(b) There is hereby established a special commission to consist of 5 members of the senate, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, 5 members of the house of representatives, 1 of whom shall be a member of the minority party appointed by the minority leader, 1 of whom shall serve as co-chair, the commissioner of the department of public health, the commissioner of the department of mental health, the commissioner of insurance, the commissioner of the department of children and families, the

commissioner of early education and care, and the director of Medicaid, or their designees, all of whom shall serve as ex officio members, and 18 persons to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts chapter of the National Association of Social Workers, 1 of whom shall be appointed jointly by the Massachusetts Midwives Association and the Massachusetts Affiliate of the American College of Nurse Midwives who shall be a midwife licensed to practice in the commonwealth, 1 of whom shall be a representative from the Nurses United for Responsible Services who shall be an advance practice psychiatric nurse, 1 of whom shall be a representative from the Massachusetts Coalition of Nurse Practitioners who shall be a nurse practitioner, 1 of whom shall be a representative of the Massachusetts Psychological Association who shall be a psychologist, 1 of whom shall be a representative from the children's behavioral health advisory council established in section 16Q of chapter 6A of the General Laws, 1 of whom shall be a representative from the Massachusetts Behavioral Health Partnership or a managed care organization or managed care entity contracting with MassHealth, 5 of whom shall be representatives of the Massachusetts Medical Society appointed in consultation with their relevant specialty chapters, including a pediatrician, an obstetrician, a family physician, a psychiatrist and a child and adolescent psychiatrist, 1 of whom shall be a woman who has experienced postpartum depression, 1 of whom shall be a representative from a regionally-based nonprofit group currently serving women suffering from postpartum depression, 1 of whom shall be a representative from the Massachusetts Association of Health Plans and 3 of whom shall be representatives from commercial health insurance carriers or managed care organizations doing business in the commonwealth

- Commissioners can make recommendations for filling vacant seats.
- Create an onboarding guide for new Commissioners explaining the different types of members, defining every year the goals of the Commission, and include meeting with the co-chairs, coordinator, and 1 or 2 current Commissioners.

4. Announcements

- a. Commissioner Nneka Hall shared an update on Mother IS Supreme Postpartum Care Center. The presentation will be made available in the post-meeting email.
- b. Representative Liz Miranda – An Act relative to Medicaid coverage for doula services (H2372/S1475). Information on the bill will be shared in the post-meeting email.

5. Adjournment

Next Steps:

- Elizabeth will identify the correct entity to inquire to regarding how ex officio members can engage.

Questions? Contact Elizabeth.Boyes@mahouse.gov

- Commissioners will send Elizabeth their specific interests and areas of expertise. This information will be put together in one document and made available to everyone.
- Share the rules of open meeting laws with Commissioners.
- Clarify how the Commission will manage voting on items including what Commissioners can do after a vote.
- Add future voting records to the PPD Commission's website