

**MATERNAL AND CHILD HEALTH ADVISORY BOARD  
DRAFT MINUTES  
February 7, 2020  
9:00 AM**

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on February 7, 2020 beginning at 9:00 A.M. at the following locations:

Division of Public and Behavioral Health  
4150 Technology Way, Room 303  
Carson City, NV 89706

Healthcare Quality and Compliance  
4220 S. Maryland Pkwy, Suite 810, Bldg. D  
Las Vegas, NV 89119

Call in Number: 1-877-336-1831  
Access Code: 62214424

**BOARD MEMBERS PRESENT**

Veronica (Roni) Galas, RN, Chair  
Tyree G. Davis, D.D.S  
Linda Gabor, MSN, RN  
Keith Brill, MD  
Melinda Hoskins, MS, APRN, CNM, IBCLC  
Marsha Matsunaga-Kirgan, MD

**BOARD MEMBERS NOT PRESENT**

Senator Patricia Farley  
Assemblywoman Amber Joiner  
Fred Schultz  
Noah Kohn, MD  
Fatima Taylor, M.Ed.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT**

Candice McDaniel, MS, Bureau Chief, Child, Family and Community Wellness (CFCW)  
Karissa Loper, MPH, Deputy Bureau Chief, CFCW  
Vickie Ives, MA, Section Manager, Maternal, Child, and Adolescent Health (MCAH)  
Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health (MCH), MCAH  
Evelyn Dryer, Program Manager, Maternal, Infant, and Early Childhood Home Visiting, MCAH  
Perry Smith, Program Coordinator, Nevada Early Hearing Detection and Intervention (EHDI), MCAH  
Sarah Metcalf, MPH, NDTR, CLC, Program Coordinator, Maternal Infant Health, MCAH  
Eileen Hough, MPH, Program Coordinator, Adolescent Health and Wellness, MCAH  
Tami Conn, Health Program Specialist II, State Systems Development Initiative, MCAH  
Larissa White, MPH, CPH, Program Coordinator, Children and Youth with Special Health Care Needs, MCAH  
Lawanda Jones, Grants and Projects Analyst, MCAH  
McKenna Bacon, Administrative Assistant IV, CFCW  
Stephanie Camacho, Administrative Assistant II, EHDI, MCAH

**OTHERS PRESENT**

Sherry Hopkins, Certified Professional Midwife (CPM)  
Jennifer Vanderlaan, PhD, MPH, CNM, FNP, Assistant Professor, School of Nursing, University of Nevada, Las Vegas  
Linda Bowman, Director of Operations, Nevada Nurses Association  
Amanda McDonald, CPM  
Tiffany Hoffman, CPM  
Tori Hinkle, Direct Entry Midwife (DEM)  
Jollina Simpson, IBCLC, President, Kijiji Sisterhood

Genevieve Burkett, RN, Director of Nursing, Serenity Birth Woman's Care Center  
Alyson Janeal Butler, CPM, CLM, Admissions Director, College of Utah  
Allison Genco, Ferrari Public Affairs for Dignity Health  
Jackie Kennedy, M.Ed., CHW, Program Manager, Nevada Statewide MCH Coalition  
Tara Rain, Community Member  
April Clile, Community Member

**1. Call to Order- Roll Call and Introductions**

Chair Veronica (Roni) Galas called the meeting to order at 9:10 AM.

Roll call was taken, and a quorum of the MCHAB was present.

**2. Approval of draft minutes and discussion of letter from November 1, 2019 MCHAB meeting**

**CHAIR GALAS ENTERTAINED A MOTION TO APPROVE THE NOVEMBER 1, 2019 MEETING MINUTES. DR. TYREE DAVIS MADE A MOTION TO APPROVE THE MINUTES, AND MELINDA HOSKINS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

**3. Discussion of updates on the Alliance for Innovation on Maternal Health (AIM) and the Maternal Mortality Review Committee (MMRC) - Vickie Ives, MA, Maternal, Child and Adolescent Health Section Manager, Division of Public and Behavioral Health**

Vickie Ives stated the MMRC appointments have been made and the first meeting is scheduled for February 2020. No cases will be reviewed, but they will set up bylaws and data systems. She stated staff presented to the Interim Legislative Committee on Health Care on January 15, 2020 on the implementation of Assembly Bill (AB) 169 of the 80<sup>th</sup> Legislative Session and ongoing reporting.

Ms. Ives reported AIM has provided an estimated time for approval in March.

Ms. Ives reported there is a January 2020 National Center for Vital and Health Statistics Report on the impact of pregnancy check box and misclassification on Maternal Mortality Trends in the U.S 1999-2017. If it is of interest, the report will be sent out following the meeting. Links to the report can also be shared.

Dr. Keith Brill is excited to hear about the MMRC, and asked if there was a list of members available.

Ms. Ives stated the Nevada Department of Health and Human Services (DHHS) Director's Office made the appointments based on the requirements of AB 169. She further stated there are six (6) members from Southern Nevada, and six (6) members from Northern Nevada.

Ms. Ives listed the following names as members of the Nevada MMRC:

- Joseph Adashek, MD, FACOG
- James Alexander, MD
- Daniella Courban, MD, FACOG
- Melinda Hoskins, MS, APRN-CNM, IBCLC
- Brian Iriye, MD
- Laura Knight, MD, Chief Medical Examiner and Coroner, Washoe County

- Sandra Koch, MD, FACOG
- Natalie Nicholson, DNP, MBA, RN, CENP
- Jolina Simpson, IBCLC, CHW, Kijiji Sisterhood
- Wilfredo Torres, MD, FACOG
- Jennifer Vanderlaan, PhD, MPH, APRN, CNM, FNP
- Ericka Washington, Make It Work Nevada

Chair Galas asked if the MCHAB members wanted links to the available materials.

Board members replied yes.

Chair Galas asked about the delay in the AIM funding and if the state will be able to receive funds that will have to be spent so quickly, or will timelines be adjusted on the funding received.

Ms. Ives replied the award should equal \$26,000, and she does not anticipate any issues on spending if it is received in March 2020. She added funding for the following year would equal approximately \$9,000.

No public comment was made.

**4. Discussion and sharing of agendas of the Interim Legislative Committee on Health Care - Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health, Division of Public and Behavioral Health**

Dr. Mitch DeValliere stated MCHAB had a request in the prior meeting to attach Interim Legislative Committee on Health Care Agendas to the MCHAB materials packet. He added the MMRC was discussed at the Interim Legislative Committee on Health Care meeting on January 15, 2020.

Chair Galas stated the Interim Committee meetings could be informative and could help the MCHAB identify items/topics of interest for the upcoming Legislative session.

Melinda Hoskins asked if there are any ways members could receive alerts when these meetings are scheduled?

Dr. DeValliere replied there is a website listing this information, but he does not know if there is a timeline on when the full summary of meetings will be posted.

Chair Galas asked if there is a way for individuals to sign up for e-mail notifications related to these meetings.

Dr. DeValliere confirmed there is the ability to sign up for and receive e-mail notifications about these meetings using the Nevada Legislature website.

Ms. Hoskins asked if MCAH staff could let Board members know when the summary of the meeting is posted, because the website does not notify subscribers of these updates.

Dr. DeValliere replied MCAH staff will be happy to notify members as requested.

Dr. Tyree Davis stated the next Interim Legislative Committee on Health Care meeting would be held February 19, 2020 and a significant amount of time is going to be spent discussing oral health issues, particularly for children.

Dr. DeValliere added the meeting would be held February 19, 2020 at 9:00 AM.

Chair Galas stated members can visit the Legislature's website for more information on the Committee meetings and can watch the meetings as they happen live at [www.leg.state.nv.us](http://www.leg.state.nv.us).

No public comment was made.

**5. Presentation of World Health Organization (WHO) designation of 2020 as the “Year of the Nurse and Midwife” – Melinda Hoskins, MS, APRN, CNM, Linda Bowman, Darlene Bujold, and Sherry Peyton Hopkins, CPM**

Dr. Brill asked if Ms. Hoskins could summarize the process allowing CPMs to legally practice in Nevada.

Ms. Hoskins replied this allowance comes from a judicial ruling in 1981. A judge ruled it was clear from the record the Nevada Legislature recognized midwifery as a separate profession from those practicing medicine. The fact the Nevada Legislature chose not to regulate midwifery practice did not mean midwives could not practice. The next year the Director of the Nevada Board of Health (BOH) requested a corresponding Attorney General (AG) opinion. The AG stated until the Legislature chooses to regulate midwifery as a separate profession from medicine, then midwives were free to practice, and the BOH needed to facilitate their ability to be compliant with the tasks mandated in law.

Ms. Hoskins introduced Sherry Peyton Hopkins, CPM, to share information about the Direct Entry Midwives in the Las Vegas valley.

Ms. Hopkins stated she would like to use this opportunity to help people learn about the role of CPMs and how the organization would like to help care providers improve birth outcomes.

Dr. Davis stated when a high-risk patient has used a midwife during their pregnancy and then at the end decides to go to a physician, sometimes the physician will deny care to the mother. He asked if this situation has improved.

Ms. Hoskins replied they have seen some improvement in certain geographic areas because there are local physicians who are willing to team up with midwives to care for their pregnant patients; however, other physicians do not engage in this collaboration, because they believe it is illegal.

Dr. Marsha Matsunaga-Kirgan said she works at the University of Nevada, Las Vegas, and they will always accept any pregnant woman in their clinic regardless of who were her past care providers.

Dr. Davis asked if there were recommendations on what the MCHAB could do to increase the integration of medicine and midwifery.

Ms. Hopkins mentioned Board Members can help educate traditional physicians on what midwives do.

Dr. Brill mentioned midwife licensing issues but added he did not hear any of the CPMs mention they would like to pursue licensure.

Genevieve Burkett replied the American Association of Birth Centers supports CPMs being in birth centers and licensure would be helpful for getting accredited birth centers, as well.

Ms. Hoskins stated Dr. Brill brings up a good point. She added whether the recommendation for licensure would come from this Board or not is the question at hand and it would be timely to look at the issue this year.

Dr. Brill stated the recommendation could be one the Board brings to the 2021 Legislature, but if Nevada's CPMs don't want licensure, then he would not want the Board to pursue making a recommendation.

Allison Butler is a CPM practicing in Las Vegas for the past 11 years. Ms. Butler stated when it comes to licensure for CPMs there are many different opinions; some midwives will be against it due to legitimate concerns regarding laws affecting birth choice.

Chair Galas stated the Board can assist in facilitating discussions, but their role is to make recommendations to the Administrator of the Division of Public and Behavioral Health. If the Board believes the Administrator could have an impact on this issue, then members could make a recommendation after discussion.

Tiffany Hoffman, CPM, stated she has been in support of CPM licensure in Nevada for many years, but there have been many barriers encountered. There are very few CPMs practicing in Nevada, so creating a new Board to regulate the CPM licenses and the fees to maintain that Board and manage compliance could be excessive, ultimately limiting the number of midwives able to practice in Nevada. She added there are different types of midwives practicing in Nevada, and she believes the community is open to and would like to be part of this conversation as it progresses.

Perry Smith asked if the data Ms. Hoskins presented is included for any other types of birth assistance, such as doulas, or if it was strictly information on midwives.

Ms. Hoskins replied the data she provided was strictly about midwives.

Mr. Smith asked what organization is collecting the data Ms. Hoskins presented today.

Ms. Hoskins replied the data was collected by researchers at the University of British Columbia Birth Lab.

Eileen Hough asked how CPMs help with preconception health.

Ms. Hopkins replied midwives receive training on preconception health and some midwives will work on diet and nutrition, as well as hormone testing, to help patients in the preconception stage.

Ms. Butler added midwives also conduct health screenings, as well as provide open access to patients, where care can happen immediately, instead of them having to call a doctor and possibly wait for an appointment.

Ms. Hoskins added as a Certified Nurse Midwife (as opposed to the Certified Professional Midwife), there is not a lot of difference from the activities Ms. Butler outlined; but as an APRN she can order lab work for patients and discusses with them birth spacing and other family planning topics.

Jollina Simpson added that in Southern Nevada most midwives offer care to all persons, including those who are gender non-conforming, and they open a pathway to birth in a way the patients feel is protective of their gender identity.

Dr. DeValliere read an email from Maggie Alvarez, a patient in Las Vegas:

*Good morning! I am pleased to see that this board is joining the World Health Organization in recognizing the importance of nurses and midwives. I would like to take a moment to share just a few of ways that my beloved midwife has had an impact on our community.*

*Firstly, she provides low-cost, no-hassle prenatal care. Thousands of women struggle to maneuver the costly and confusing medical insurance system, often delaying prenatal visits. My midwife keeps her services affordable, and her paperwork system simple. This is important for those families who are still figuring out their options.*

*Families also appreciate how attentive midwifery care is. A prenatal visit with my midwife is often an hour or longer and focuses heavily on education. She is present for the long hours of labor and birth, allowing her to closely monitor and assist for more of the process. But it is during the postpartum period that families really feel supported. A decades-long breastfeeding expert and the mother of many herself, my midwife places a high priority on breastfeeding support, and will often stay with a mother and newborn for hours to ensure that they are off to a good start. This support continues, via La Leche League meetings and one-on-one help, for as long as the mother desires.*

*Which brings us to what is perhaps the most important way that her care has impacted lives. From the moment a new mother reaches out to my midwife, she is deliberately drawn into a vibrant and supportive community. Her prenatal visits are partly held in a group setting, her birth will likely be attended by a new friend or two, and for many years after her birth, she will be surrounded by caring and experienced moms to help her on her journey. Those who have challenges have many opportunities to ask for help and get in touch with a staggering list of resources.*

*In many, many cases, these mothers become experts themselves and widen the circle of impact. They become lactation consultants, nutrition coaches, and fitness trainers. Some go on to become midwives themselves. Dentists, general doctors, mental health professionals, and pediatricians count her a close friend and work to connect with her clients. It is difficult for a struggling mother to fall through the cracks in this community.*

*It has been my pleasure and honor to be a part of this community for seventeen years, and I look forward to many more.*

*Thanks for your support of traditional midwives!*

*Sincerely,  
Maggie Alvarez  
Las Vegas*

Chair Galas asked if today's conversation has spurred interest in a possible taskforce and conversations beyond this meeting and the MCHAB.

Dr. Davis replied he thinks we need to ask what the midwives would like and how this Board can help. He added he believes we need more information to help them appropriately.

Ms. Simpson asked if midwives should create a taskforce to ask and answer these questions.

Chair Galas stated she is not asking for a commitment from Board Members or others; she is asking if the Board should pursue continuing the conversation in a formal manner. She further added this agenda item is not an action item today, but just an informational item. It could be a future agenda item with the purpose of making a recommendation to the Administrator.

Dr. Brill stated he thinks MCHAB is a great avenue for this discussion but is not the only avenue.

Tara Rains asked as the Board is discussing midwife licensure, would they also consider the geographic areas and physical locations where midwives are practicing in Nevada and whether the State is open to the development of birth centers.

Magdalena Alvarez, a retired traditional midwife in Las Vegas, thanked the person who read her letter. Ms. Alvarez would also like to speak for the community of midwives who prefer not to pursue licensure. She stated Nevada is one of the last states to remain unregulated in this manner, so many patients will travel to Nevada from other states to seek care from a midwife.

Ms. Hoffman stated Ms. Alvarez brings up a good point regarding the lack of care options in other states. Ms. Hoffman and her colleague Amanda McDonald are open to conversations on this topic from all midwives in Nevada.

Chair Galas stated she believes it is important to name the barriers to licensure and determine if there is a common ground that would satisfy all stakeholders.

Dr. Matsunaga-Kirgan stated UNLV's University Medical Center (UMC) offers V-BAC, breaches, and they deliver for any mother who walks through their door no matter the circumstances. Although UMC cannot offer the home-environment or some other services the midwives provide, the facility successfully handles different types of births every day.

Dr. Brill stated he appreciates all these comments, and he thinks their purpose is to do what is best for the population, including looking at safety data. Dr. Brill stated it is not his preference for Nevada to be the only state in the country with no regulations on the practice of midwifery; his concern is for patient safety and health outcomes for mother and baby.

Chair Galas stated further conversation on this topic is necessary and 2020 could be the year when these topics can be addressed in Nevada.

Dr. Brill proposed this topic as an action agenda item for a future meeting.

Ms. Hoskins stated it might be better for the Board to hold further discussion on the topic until the midwife community can have a thorough conversation among themselves.

Chair Galas agreed the topic may be outside of this Board's domain and added agenda items can be presented for inclusion up to 30 days before the next meeting date.

No public comment was made.

**6. Discussion of updates on MCH Reports and MCH Updates - Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health, Division of Public and Behavioral Health**

Dr. DeValliere stated the finalization of the Nevada Title V MCH Needs Assessment will be an agenda item for the Board in May 2020. He added MCH is completing the annual report and application for the Title V MCH Block Grant.

Linda Gabor asked when is the deadline for the grant application.

Dr. DeValliere replied the final grant application is due in mid-July.

Ms. Gabor asked for a future agenda item to present findings from the Fetal Infant Mortality Review Committee.

Ms. Hoskins stated there is a MCH Coalition 2-day webinar on maternal mental health; if anyone is interested, they should visit the MCH Coalition website.

No public comment was made.

**7. Adjournment**

The meeting was adjourned at 11:07 AM