

**MATERNAL AND CHILD HEALTH ADVISORY BOARD
DRAFT MINUTES
November 6, 2020
9:00 AM**

The Maternal and Child Health Advisory Board (MCHAB) held a public meeting on November 6, 2020, beginning at 9:12 A.M. at the following locations:

Call in Number: 1-877-853-5257

Access Code: 973 3108 4820

Video: <https://nevadawic.zoom.us/j/97331084820>

BOARD MEMBERS PRESENT

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

BOARD MEMBERS NOT PRESENT

Senator Patricia Farley
Assemblywoman Amber Joiner
Noah Kohn, MD
Fred Schultz

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Candice McDaniel, MS, Bureau Chief, Bureau of Child, Family, and Community Wellness (CFCW)
Karissa Loper, MPH, Deputy Bureau Chief, CFCW
Vickie Ives, MA, Section Manager, Maternal, Child, and Adolescent Health (MCAH), CFCW
Tammy Ritter, RN-BC, Community Health Nurse III, Community Health Services (CHS), DPBH
Cindy Pitlock, DNP, APRN, CHS, DPBH
Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health (MCH), MCAH, CFCW
Evelyn Dryer, Program Manager, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH, CFCW
Laura Urban, Food Security and Wellness Manager, Chronic Disease Prevention and Health Promotion (CDPHP), DPBH
Tami Conn, Health Program Specialist II, State Systems Development Initiative (SSDI), MCAH, CFCW
Kagan Griffin, MPH, RD, MCH Epidemiologist and Pregnancy Risk Assessment Monitoring System (PRAMS) Lead Coordinator, MCAH, CFCW
Eileen Hough, MPH, Program Coordinator, Adolescent Health and Wellness, MCAH, CFCW
Yesenia Pacheco, Program Coordinator, Rape Prevention and Education (RPE), MCAH, CFCW
Jazmin Sarmiento, Program Coordinator, Personal Responsibility and Education Program (PREP), MCAH, CFCW
Larissa White, MPH, CPH, Program Coordinator, Children and Youth with Special Health Care Needs (CYSHCN), MCAH, CFCW
Jie Zhang, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services (DHHS)
Elizabeth Kessler, STD and Adult Viral Hepatitis Program Manager, Office of Public Health Investigations and Epidemiology (OPHIE), DPBH
Lawanda Jones, Grants and Project Analyst and PRAMS Coordinator, MCAH, CFCW

Marjorie Singh, Health Resource Analyst I, Data and Evaluation Coordinator, Early Hearing Detection and Intervention (EHDI), MCAH, CFCW

McKenna Bacon, Administrative Assistant IV, Bureau Office Manager, CFCW

Lisa Light, Accounting Assistant III, Immunization Program and MCAH, CFCW

Desiree Wenzel, Administrative Assistant III, Office Manager, MCAH, CFCW

Jonathan Figueroa, Administrative Assistant II, MCAH, CFCW

Stephanie Camacho, Administrative Assistant II, MCAH, CFCW

Madisson Jacobs, Administrative Assistant I, MCAH, CFCW

OTHERS PRESENT

Senator Marilyn Dondero Loop, District 8

Assemblywoman Daniele Monroe-Moreno, District 1

Allyson Juneau-Butler, M.Ed., CPM, LM-Midwives College of Utah/National College of Midwifery

Allison Genco, Ferrari Public Affairs for Dignity Health

Tasha Choi, MBA, CHW, Statewide MCH Coalition Program Manager, Nevada MCH

Lezlie Mayville, Governor's Office, Patient Protection Commission

Sydney Banks, Nevada Psychiatric Association

Sherry Hopkins, CPM, President, Nevada Association of Professional Midwives (NAPM)

Amanda Macdonald, LM, CPM, National Association of Certified Professional Midwives (NACPM)

Nevada Chapter President

Corrine Flatt, Las Vegas Midwife

Faith Bosket, Pahrump Midwife

Romina Paulucci, Homebirth Midwife

1. Call to Order- Roll Call and Introductions

Chair Veronica (Roni) Galas called the meeting to order at 9:12AM.

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

2. Approval of draft minutes from August 7, 2020 meeting – Veronica Galas, RN, BSN; Chair.

DR. TYREE DAVIS ENTERTAINED A MOTION TO APPROVE THE AUGUST 7, 2020 MEETING MINUTES. LINDA GABOR SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

3. Presentation and approval of possible recommendations on Certified Professional Midwives and the [2021] Legislative Session – Sherry Hopkins, CPM and Amanda Macdonald, CPM

Sherry Hopkins indicated there are licensed psychics, but not licensed Certified Professional Midwives (CPMs) in Nevada. She noted midwives were not included as part of the COVID response. Ms. Hopkins mentioned there has been a fight for bodily autonomy for so long and for the ability to make choices. She asked, "What best serves families?" She stated the midwifery bill draft request (BDR) discussed in the presentation would help CPMs set standards of practice (SOP) and that being recognized universally helps improve equity and accessibility which is best for Nevada. While the Nevada CPMs do not want to lose the voice of the community they serve, Ms. Hopkins believes the bill will set them up for success.

Amanda Macdonald presented and indicated a goal to have licensed midwives. During her presentation, Board Member Melinda Hoskins called attention to the P score of 100 and noted Nevada is quite low.

Ms. Macdonald indicated when it comes to delivery care, it is sometimes “Too much, too soon,” or “Too little, too late.”

Chair Galas asked for any questions or comments from the Board.

Dr. Marsha Matsunaga-Kirgan stated she agreed midwives offer a very important part of obstetrical care, and in our country, many different groups call themselves midwives with very different requirements for education, regulations and supervision. One group of midwives tending to be the most integrated in the current health care system are Certified Nurse Midwives (CNM) who are required to obtain a Registered Nursing (RN) degree, have a medical background, and have a bachelor’s degree. Dr. Matsunaga-Kirgan stated Nevada needs CPMs, especially in the areas where there is not much access to higher levels of care. She noted there needs to be clearly defined supervision and stated most CNMs have a close relationship with a physician for complications and referrals for when things are not going as expected. She stated giving CPMs the legal clearance to practice is something of great concern from her perspective. As an obstetrician receiving many patients from CPMs, she has seen many avoidable problems. She mentioned the importance of knowing their limits and having a good enough relationship with higher levels of care professionals to ensure their patients can access appropriate care.

Dr. Keith Brill stated the American College of Obstetricians and Gynecologists (ACOG) and Nevada State Medical Association have reviewed the templates of both bills and the requirements for education standards and on identifying low risk and high-risk pregnancies. Dr Brill added there will be more collaboration between these groups and feels it is premature for the MCHAB to make recommendations right now. As for what Ms. Macdonald mentioned, there might be one bill, or there might be two. Dr. Brill stated their goal is for safe CPM care and licensure is the proper way.

Ms. Hoskins stated she has served as a CNM in private practice in the community providing home birth care. She said licensure has many different aspects to it that need to be discussed among the concerned citizenry, not just the professionals involved. As nurse midwives have autonomous practices, Ms. Hoskins says insurance is required by the legislation that gave midwives autonomous full scope practice and yet physicians refuse to accept referrals and to collaborate with her or even talk to her. She noted licensure is not a guarantee things will work well and an overhaul of our healthcare system allowing autonomous practitioners to function in a collegial manner, rather than somebody trying to supervise everything that a practitioner does, is needed.

Dr. Davis stated there are licensures or certifications that go along with professions relating to health care issues. Nevada is often 49th in healthcare measures. He noted it is nice to see this is the direction the state may be going, as it is time Nevada caught up with the rest of the West and may not necessarily be the last of all the other states allowing this type of licensure. Dr. Davis stated he has been on the Board for several years and midwifery seems like an ongoing topic of interest noting it is nice to see everyone on the same page.

Chair Galas stated she certainly thinks licensure is a good step. She appreciated hearing the collaboration and integration happening relating to licensure. Part of the way Ms. Hoskins continues to strengthen that relationship between other providers and CNMs is to engage the involvement of other medical professionals. Chair Galas added she appreciates the direct involvement in laying out the licensure process and asked about “grandfathering” of current practitioners and if there are questions already about how many practitioners there are and if there are individuals who may not have the requisite knowledge or formal

experience.

Linda Gabor stated she is a RN who has been out of the hospital setting for many years and the issue is also a big question for her. Ms. Gabor agreed moving toward licensure is a good step and said she sees some of the rewards of using a CPM. Ms. Gabor also noted the risks which can occur, especially if a high-risk situation is not identified.

Ms. Hoskins stated the Board needs to consider the history of midwifery in Nevada. A long tradition of midwives have been apprentice-trained and work with other midwives. In 1981 in Nevada, the Board of Medicine tried to charge a midwife with practicing medicine without a license. The defending attorney presented information to the judge and it was ruled the Nevada Legislature previously and repeatedly acknowledged the presence of midwives without ever defining the profession. In 1982, a ruling from the Nevada Attorney General regarding whether the Board of Health could regulate midwives was requested. The ruling stated until legislation is passed to regulate midwives, no one can regulate the profession or their work. She noted midwives in Nevada have access to the birth registry system but can only have access to the newborn screening system if they have a license as a midwife and a business license, not a professional license, then they can be signed up to receive the newborn testing card.

Ms. Gabor asked what is the U.S. Midwifery Education, Regulation, & Association (US MERA) stance on the topic and if they mention anything about comprehensive examinations or evaluation?

Ms. Hoskins responded US MERA was part of the development of the Bridge program because there were people who felt there was lack of specific knowledge which was seen in prior authorization or testing formerly set up. She said the stance of the International Confederation of Midwives is all midwives should be regulated, noting this has not always been the case in the United States and states have different programs. For example, Utah allows for non-licensure and Oregon did so for a while and then had some bad outcomes and midwives were then licensed.

Dr. Brill stated in 2015 there was a decision or an agreement to allow five years for the apprentice trained midwives to get Bridge Certification and in 2020 it expired. One bill extended it to 2023 and ACOG stands by the Bridge Certification.

Corrine Flat stated midwifery has been legal in Nevada since Nevada has existed and the proposed bill is for CPMs who want the same level of accessibility to Medicaid reimbursement, to carry medicine not legal for the common person to carry around, and the ability to access birth centers. She stated there is a long tradition of midwives who do not carry medicine, are not trying to bill Medicaid nor trying to open birth centers and who are non-medical companions to mothers during their pregnancy. For every point of access gained by licensure, there would be a significant loss to the birthing people in Nevada who want access to non-medical companion midwives. She notes in the bill Ms. Hopkins presented, it does strongly state parents can choose to birth their babies whenever and with whomever they want, and they can choose non-medical care. Parents who choose non-medical midwives like to feel that their choice is legal and many would like to maintain the access they have to birth care services, wherever and with whomever they would like.

Ms. Hopkins responded midwifery is its own profession, especially CPMs, and believes when looking at legislation and regulations, it is key to consider it as its own field. She stated, “We’re not nurses and we’re not physicians. We don’t want to be nurses and we don’t want to be physicians. We want to be midwives

in or out of hospital birth settings. We want to serve the population. We are a profession upon ourselves and hope our voice doesn't get lost in the process and true collaboration and integration happen."

Ms. Hoskins stated she would like to correct a misunderstanding most people have; the American College of Nurse-Midwives shows the title "nurse-midwife" as hyphenated because they are trained in two professions: the professions of nursing and midwifery. As CNMs already have a nursing background, 30 years ago it was also determined not necessary to have a nursing degree to become a competent midwife. Midwives who are training in colleges accredited by the American College of Nurse-Midwives receive accreditation. Ms. Hoskins said Licensed Certified Midwives without the nursing degree is a growth area and noted the importance of advocating as midwives and not excluding others.

Chair Galas asked if the Board had any possible action or if any members of the Board wanted to suggest any formal possible action.

Dr. Davis asked if the Board should wait to learn more information about the details of the other bill draft requests before taking any action.

Ms. Hoskins stated the Board doesn't have enough information to move forward with a formal recommendation.

Allyson Juneau-Butler noted for the record she has been asked at stakeholder meetings by a midwife of color to avoid using the terms "grandfathered" or "grandmothered" during these discussions due to the deep history of racism inherently associated with those terms. Ms. Juneau would like to recommend the Board avoid using those terms in this discussion and in the notes.

Chair Galas stated the term was utilized by the presenters as terminology potentially in the bill which was why she used the term. Chair Galas noted she certainly appreciates the comment and stated if those words are not utilized by the presenters in the bill itself, it wouldn't have been re-broadcast and thanked Ms. Juneau for her very important comment.

Dr. Matsunaga-Kirgan asked what is a better term to use for those who have already been in practice.

Ms. Juneau stated an appropriate term is still being discussed in the stakeholder meetings and will be included in whichever bill gets put forward. Ms. Juneau noted she will get back to the Board with the term.

Vickie Ives clarified the minutes reflect the words of the speakers and thanked Ms. Juneau for her feedback.

4. Presentation and approval of possible recommendations on congenital syphilis and innovative ways to address barriers – Cindy Pitlock DNP, CNM, APRN, Community Health Nurse IV, and Elizabeth Kessler, STD and Adult Viral Hepatitis Program Manager, Division of Public and Behavioral Health

Ms. Gabor asked for some clarification on the different testing requirement language that will be proposed in the BDR.

Dr. Cindy Pitlock stated a team is working on the exact language.

Ms. Gabor asked if there was discussion and consideration of encouraging the third trimester testing to be done at the beginning of the third trimester, as it was identified the treatment can be done in a timely manner.

Dr. Pitlock replied yes, as it is a multi-faceted problem as far as getting labs done within a pregnancy. She described an example of delayed diagnostics resulting in a positive diagnosis.

Ms. Gabor stated since she was a disease intervention specialist, she is familiar with the challenges of getting labs done on a pregnant woman. Ms. Gabor noted she approves of the idea of emergency room testing.

Vickie Ives stated the Interim Legislative Committee on Health Care work session document contains the potential congenital syphilis BDR language as they are the originators.

Dr. Pitlock commented there is a cost element to discussions of the possible bill.

Chair Galas asked if they are looking at various point of care tests and if they intend to include the Bureau of Health Care Quality and Compliance (HCQC) in the action plan as steps must be taken for organizations to apply through HCQC. She further asked if staff at the sites are already trained in point of care HIV testing and noted the benefit of building infrastructure for point of care tests.

Dr. Pitlock replied there are some barriers to point of care testing such as licensure requirements, lab licensure requirements, Medicaid billing and other reimbursement issues.

Chair Galas asked if there were any further Board questions, public comment, or any possible Board action on this item.

Dr. Pitlock indicated her contact information is on the last slide of the presentation and asked if she could be on the next agenda to give an update.

Chair Galas replied she will ask Board Members for future agenda items at the end of the meeting.

No public comment

5. Presentation and approval of possible recommendations on Maternal and Child Health (MCH) COVID-19 Data and Resources – Jie Zhang, MS, Biostatistician II, Office of Analytics, Department of Health and Human Services

Chair Galas stated she appreciated the drill down to data including race, ethnicity, and maternal and child health factors on all the statewide COVID data as she has not seen much data breaking out all of this information.

Dr. Davis stated he is not surprised to hear the 20-29-year-old age group is showing the highest rates. He stated they are still out doing a lot of social activities and hanging out. He added he does not think they really understand since they are young and want to hang out with their friends, but they still need to be a bit more socially responsible.

Jie Zhang agreed and thanked Dr. Davis for the comment.

Chair Galas noted how much media is targeted toward adults and that media isn't penetrating the youth audience in a way young people can hear the information.

Dr. Davis asked if DHHS is tracing any long-term effects of issues for those who have tested positive for COVID-19.

Ms. Zhang responded she did not know but will check and get back to the Board. She asked if Ms. Ives or Dr. Mitch DeValliere could address the question.

Ms. Ives stated she will formally follow up with the Office of Analytics and share the response with the listserv when received.

Chair Galas asked if there were any other questions from the Board. None were heard.

No public comment.

6. Presentation and approval of possible recommendations on highlights of MCH Epidemiologist Report and Low Birth Weight and Periodontal Disease – Kagan Griffin, MPH, RD, MCH Epidemiologist, Division of Public and Behavioral Health

Chair Galas asked if there were any comments from the Board.

Dr. Davis stated it is great the pregnant woman can provide scaling and root planning as well as deep cleaning for periodontal disease. He commented those services have expanded for pregnant mothers and he thinks it is fantastic. He asked who is diagnosing the periodontal disease because often there are dental providers who will not serve pregnant patients. If a person is planning to become pregnant, their physician should explain they need to consider getting a periodontal evaluation and clarify they also need to keep up on their cleanings during pregnancy. Once the baby is born, mothers focus entirely on the baby and tend to not focus on their own health. He noted if there is already periodontal disease, it gets exacerbated during pregnancy and many women tend to lose their first molars right after pregnancy.

Dr. Davis asked if this is simply data from associated coding.

Ms. Griffin replied yes.

Dr. Davis asked if there is something the Board can develop for those who administer Medicaid and if there is a way some type of educational program can be started.

Ms. Hoskins stated is it strictly coding diagnosis on services provided to the mothers because it is not asked on birth certificates.

Ms. Griffin replied and educational program could be a possibility.

Ms. Hoskins stated she has had a hard time getting patients dental care because general dental providers will not see them while pregnant.

Dr. Davis stated there are probably many other dental needs which won't be covered by Medicaid.

Ms. Ives commented that Ms. Griffin used the available Medicaid data source. She asked if there was any opportunity to gather more information with PRAMS dental data.

Ms. Griffin responded she will investigate.

Ms. Hoskins asked how difficult it is to add fields to the risk factors on the birth certificate.

Ms. Ives responded the Chief Biostatistician or Office of Vital Records could confirm, and she would get the information for the Board.

Ms. Hoskins asked if there is any possibility of getting the birth record form revised as there are several other questions that need to be asked.

Ms. Zhang stated they are using version three of the standard birth and the death certificates, but she is not sure of the process for form revision.

Ms. Hoskins added she knows Oregon has been using the standard birth certificate from the CDC and they are collected dental information.

Chair Galas stated an issue presented itself here that women are not necessarily seeking dental care or being received for dental care which is a red flag. As far as preterm birth and low birth weights, not accessing care seems to be a factor. She asked if there is anything in the Maternal and Child Health Block Grant related to women in prenatal care and oral health.

Dr. Davis stated possibly getting Dr. Antonina Capurro, the State's Dental Health Officer, involved or considering getting a small subgroup together to really look at this topic comprehensively.

Ms. Ives stated there are certain national performance and state performance measures on which the Block Grant focuses, but there aren't any measures specific to oral health in the current Nevada measures. However, there are currently funds supporting oral health as pass-through funding and past partnerships with the State Dental Health Officer also had an explicit prenatal care focus which might be of interest to the Board.

Chair Galas asked if the Board desired further discussion.

Dr. Davis commented it would be good to follow up with Dr. Capurro with an invitation to present to the Board.

Chair Galas asked if there was any public comment and thanked Ms. Griffin for the presentation.

7. Updates and approval of possible recommendations on 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.

Ms. Ives reported access to utilize the REDCap relational data system was granted and noted plans to reach out to the original core members on the Alliance for Innovation on Maternal Health (AIM) project. She noted the MMRC has met to review cases and will present a report to the Director of the Legislative Counsel Bureau in late December 2020.

Chair Galas asked if there were any questions. She indicated this should be a future agenda item.

No public comment.

8. Presentation on agendas of the Interim Legislative Committee on Health Care and approval of possible recommendations – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health

Dr. DeValliere reviewed the most recent meeting's agenda and mentioned where the Board can find the minutes to that meeting.

Chair Galas stated she knows the Board had a subcommittee in the past that looked at the legislation and is not sure if it is too early to form a subcommittee. The group looked over items in relation to maternal and child health and brought some items before the Board for discussion.

Dr. Davis stated the Board might need to wait and see what bills are up in 2021 and then decide after they have that information.

Ms. Hoskins added they could discuss a potential subcommittee at the February 2021 Board meeting.

No public comment.

9. Discussion and approval of possible recommendation on Reports and MCH Updates – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health

Dr. DeValliere highlighted items in the packet including the RPE COVID-19 supplemental funds to help support a 24-hour Hotline, the Safe Sleep return on investment numbers, Regional Emergency Medical Services Authority (REMSA) events, COVID-19 impacts on partners, the MCH Public Health Preparedness learning collaborative, and the pending Nevada Health Conference now scheduled for March 8-9, 2021.

Chair Galas asked if there were any comments.

No public comment.

10. Make recommendation on future agenda items-Veronica Galas, RN, BSN, Chairperson

The agenda items considered for future meetings include:

- MMRC updates and report
- Periodontal disease and dental health as they relate to prenatal care access and engagement with Dr. Capurro, State Dental Health Officer
- Broad legislative summary of selected MCH BDRs of possible interest, including any midwifery BDR(s)
- Congenital syphilis update from Dr. Pitlock

Chair Galas asked for any further comments from the Board. She mentioned the next MCHAB meeting is February 5, 2021 and Board Members are encouraged to send other potential agenda items to Dr. DeValliere at least 30 days ahead of time.

No public comment.

11. Approval of MCHAB meeting dates for 2021-Veronica Galas, RN, BSN, Chairperson

- **February 5, 2021**
- **May 7, 2021**
- **August 6, 2021**
- **November 5, 2021**

Chair Galas indicated the Board could accept the dates, change the dates, or wait until the 2021 Nevada Legislative Session begins to decide.

Dr. Davis stated the dates provided work for him. Ms. Hoskins and Ms. Gabor also agreed with the dates provided.

MS. HOSKINS ENTERTAINED A MOTION TO ACCEPT THE PROPOSED MCHAB MEETING DATES FOR 2021. DR. TYREE DAVIS SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.

No public comment.

12. Public Comment

Ms. Ives informed the MCHAB that the MCAH Section was awarded the Association of Maternal and Child Health Programs Telehealth CARES grant and the funding will support a prenatal care pilot and CYSHCN efforts to increase access to care.

13. Adjournment

Meeting adjourned at 11:48AM.