

MATERNAL AND CHILD HEALTH ADVISORY BOARD
APPROVED 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
McKenna Bacon, Administrative Assistant IV, CFCW
Larissa White, MPH, CPH, Program Coordinator, Children and Youth with Special Health Care Needs, 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
Lawanda Jones, Grants and Project Analyst, MCAH
Perry Smith, Program Coordinator, Nevada Early Hearing Detection and Intervention (EHDI), MCAH
Stephanie Camacho, Administrative Assistant II, EHDI, MCAH
Evelyn Dryer, Program Manager, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH

OTHERS PRESENT

Shery 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

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 WITH 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 said the MMRC appointments have been made, and the first meeting is scheduled for February. No cases will be reviewed, but they will set up bylaws and data systems.

Ms. Ives said staff presented to the Interim Legislative Health Committee about the implementation of Assembly Bill (AB) 169, 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 he asked if there was a list of members for the committee.

Ms. Ives mentioned the Directors Office made the appointments based on the requirements of the bill. She also mentioned there are 6 (six) members from Southern Nevada, and 6 (six) members from Northern Nevada.

Ms. Ives listed the following names as board members on the 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, and the board members replied yes. Chair Galas also asked about the delay in the funding for AIM, if the state will be able to receive funds where funding started much earlier and will have to be spent quickly, or will timelines be adjusted on the funding received.

Ms. Ives mentioned the award should be about \$26,000, she does not see it being an issue if it was received in March, and the following year it will be about \$9,000.

No public comment was made.

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

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

Chair Galas mentioned these meetings could be informative, and they could help MCHAB identify items of interest for the upcoming Legislative session.

Melinda Hoskins asked if there is any way members could receive alerts when these meetings are scheduled.

Dr. DeValliere said there is a website, but he does not know if there is a timeline on when the full summary will be posted.

Chair Galas asked if there is a way you can go to the website and sign up for notifications.

Dr. DeValliere confirmed there was.

Ms. Hoskin said she knew one could sign up for meeting notifications, but she asked if staff could let board members know when the summary of the meeting is posted, because the website does not notify you of these updates.

Dr. DeValliere said the staff from the board can notify members as a courtesy.

Dr. Tyree Davis mentioned the next meeting would be February 19, and a significant amount of time is going to be spent discussing oral health issues particularly for children.

Dr. DeValliere mentioned it would be February 19th at 9:00 AM.

Chair Galas mentioned the website for information and to view the meetings is www.leg.state.nv.us

No public comment was made.

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

Dr. Keith Brill asked if Ms. Hoskins would go over the process allowing CPM’s to legally practice in Nevada.

Ms. Hoskins said this comes from a judicial ruling in 1981. A Carson Valley midwife was providing home births in her local area and the Board of Medicine served a notice to her which stated she was being charged for practicing Medicine without a license. Her lawyer countersued and questioned the legality of The Board of Medicine charges. The Legislature passed various laws in the early 1920’s. The language used in these bills was “shall”, and includes registered birth, using eye drops and other scopes of practice. The judge ruled it was clear from the record the Legislature recognized midwifery as a separate profession from medicine. The fact the Legislature choose not to regulate this does not mean midwives could not practice. The next year the director of the Board of Health (BOH) requested an Attorney General’s (AG) opinion about this. The AG stated, until the legislature choose to regulate midwifery as a separate profession from medicine midwives were free to practice, and the BOH needed to facilitate them being able to do the tasks mandated in law including birth certificates.

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

Ms. Hopkins said 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. Tyree Davis stated when a high-risk patient has used a midwife during their pregnancy, and then at the end they go to a physician, sometimes the physician would deny care to the mother. He asked if this situation has improved.

Ms. Hoskins says they have seen some improvement in certain areas because there are Physicians who have stepped up and are willing to team with midwives; however, others do not because they believe it is still illegal.

Dr. Marsha Matsunaga-Kirgan said she works at the University of Las Vegas, and they will always accept any pregnant woman in their clinic.

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

Ms. Hopkins mentioned they can educate the doctors on what midwives do. Another thing Ms. Hopkins mentioned, if the mother could bring her transport of care, and other states have seen improvement of integration.

Dr. Brill mentioned midwife licensing issues, but he did not hear any of the CPM mention they would like to get licensed.

Genevieve Burkett mentioned the American Association of Birth Centers supports CPM's in birth centers, and it would be great for accredited birth centers as well.

Ms. Hoskins said Dr. Brill brings up a good point, but whether it would come from this committee or not is the question, but it would be timely to look at the issue.

Dr. Brill mentioned it could be something brought to the Legislative session, but if CPMs don't want licensure, he would not pursue the idea.

Allison Butler is a CPM practicing in Las Vegas for the past 11 years. Ms. Butler said when it comes to licensure for CPM's there are many different opinions about the topic. Some midwives will be against it, due to founded concerns for birth choice.

Chair Galas said the board would be able to assist in facilitating any discussions, the boards role is to make recommendations to the Administrator. If the board feels the Administrator would have any impact in this, the board could make a recommendation after discussion.

Tiffany Hoffman is a CPM and said she has been in support of CPM licensure in the state of Nevada for many years, but there have been many hurdles they have come across. There are very few CPM's in Nevada, so a board to regulate the licenses and the fees to maintain a board would be excessive. This would also limit the number of midwives. There are different types of midwives in Nevada, so they are open to these conversations and would like to be part of ongoing conversations.

Perry Smith was wondering if the data Ms. Hoskins presented is included any other types of birth assistance such as doula's, or if it was strictly midwives.

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

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

Ms. Hoskins said the data was collected by authors working at the University of British Columbia birth lab.

Eileen Hough asked about how CPM's help with preconception health.

Ms. Hopkins mentioned midwives have training on preconception health and some midwives go into areas such as diet and nutrition to help patients before getting pregnant. Midwives also help with hormone testing.

Ms. Butler mentioned health screenings, as well as providing an open access door, where care can happen immediately, instead of calling a doctor and waiting for an appointment.

Ms. Hoskins said there is not a lot of difference, but she can order lab work, and interpregnancy intervals are a time to start talking, to see what they can do to space their children.

Jollina Simpson wanted to add to the care midwives provide in Southern Nevada, most midwives offer care to gender non-conforming and opening a pathway to birth in a way they feel is protected to their gender identity.

Dr. DeValliere read an email sent in from Maggie Alvarez:

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 the conversations spur a taskforce and conversations beyond this meeting. No public comment was made.

Dr. Davis said he thinks we need to ask what the midwives would like and how our board can help. Dr. Davis said we need more information for us to help them.

Ms. Simpson asked if midwives should create a task force in order to ask these questions.

Chair Galas said she is not asking for a commitment; she is asking if we need to pursue continuing the conversation.

Chair Galas mentioned this agenda item is not up for decision making due to open meeting law. It could be a future agenda item.

Dr. Bill mentioned MCHAB is a great avenue for this discussion, but it is not the only avenue.

Tara Rains asked as the board is considering midwives licensures, if they could consider where the midwives are practicing and whether Nevada is open for the development of birth centers.

Magdalena Alvarez is a retired traditional midwife in Vegas and thanked whomever read her letter. Ms. Alvarez would also like to speak for midwives who are wishing to remain outside of licensure. Nevada is one of the last states to remain unregulated, and because of this there are people who drive here from many other states.

Ms. Hoffman is speaking for CPMs in the room of the meeting and Ms. Alvarez brings up a good point with lack of options, and Ms. Hoffman and Amanda McDonald are open to conversations on this topic.

Chair Galas said it is important to name the barriers and see if there is a ground to meet on, or not.

Dr. Matsunaga-Kirgan said UNLV, offers V-BAC, breaches, and they deliver any baby to a mother who walks through the door no matter the circumstance. UNLV does not have the home-environment and some of the other services the midwives provide, but University Medical Center deals with different types of birth every day.

Dr. Brill mentioned he appreciates all these comments, and he feels the purpose of society is trying to do what is best for the population, including looking at data for safety. Dr. Brill does not want to be the only state in the country where free birth movements can come in because there are no regulations.

Chair Galas said further conversation is needed and 2020 could be the year where these topics can be built up for our community.

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

Ms. Hoskins mentioned it might be better to wait until having the conversation with others.

Chair Galas thought it might be outside the board's domain and agenda items can be presented up to 30 days before the next meeting.

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

Dr. DeValliere mentioned the finalization of the Nevada needs assessment will be an agenda item in May, and MCH is also completing the report and application for the Title V Maternal and Child Health Block Grant.

Linda Gabor asked when the deadline for the application was.

Dr. DeValliere said the final grant is submitted in mid-July.

Ms. Gabor asked if it would be possible to present an agenda item for the findings from the Fetal Infant Mortality Review program.

Ms. Hoskins mentioned there is an MCH Health Coalition 2-day webinar on maternal mental health, if anyone is interested go to the maternal child health website.

No public comment was made.

7. Adjournment

The meeting was adjourned at 11:07 AM