



Maternal and Child Health Advisory Board MEETING AGENDA

DATE: November 6, 2020 TIME: 9:00 AM

The meeting will be virtual through phone conference line, in accordance with Governor Sisolak's emergency directive on public meetings to maintain government transparency and protect public safety.

Please use landline to call into Zoom teleconference number

CALL-IN NUMBER: 1-877-853-5257

ACCESS CODE: 973 3108 4820

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

If calling in using a cell phone, please remember to mute your phone

Note: Agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson's discretion

1. Call to order/roll call – Veronica Galas, RN, BSN; Chair

Members: Veronica Galas, RN, BSN (Chair), Tyree G. Davis, D.D.S; Fred Schultz; Marsha Matsunaga Kirgan, MD; Keith Brill, MD; Linda Gabor, MSN, RN; Noah Kohn, MD; Melinda Hoskins, MS, APRN, CNM; and Fatima Taylor, M.Ed., CPM

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

PUBLIC COMMENT
FOR POSSIBLE ACTION

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

PUBLIC COMMENT
FOR POSSIBLE ACTION

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

PUBLIC COMMENT
FOR POSSIBLE ACTION

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

PUBLIC COMMENT
FOR POSSIBLE ACTION

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

PUBLIC COMMENT
FOR POSSIBLE ACTION

- 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**

PUBLIC COMMENT
FOR POSSIBLE ACTION

- 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**

PUBLIC COMMENT
FOR POSSIBLE ACTION

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

PUBLIC COMMENT
FOR POSSIBLE ACTION

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

PUBLIC COMMENT
FOR POSSIBLE ACTION

- 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

PUBLIC COMMENT
FOR POSSIBLE ACTION

- 12. Public Comment-** No action may be taken on a matter raised under this item until the matter is included on an agenda as an item on which action may be taken. The Chair of the Maternal and Child Health Advisory Board will place a five (5) minutes time limit on the time individuals may address the Maternal and Child Health Advisory Board. The Chair may elect to allow public comment on a specific agenda item when that item is being considered.

- 13. Adjournment**

In accordance with Nevada Governor Sisolak’s Declaration of Emergency Directive 006 there will not be a physical location for the Maternal and Child Health Advisory Board meeting. The public is strongly encouraged to participate by phone using phone number 1-877-853-5257, Access Code 973 3108 4820 and downloading any material provided for the meeting at the website addresses below.

- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 3: The requirements contained in NRS 241.020 (4) (a) that public notice agendas be posted at physical locations within the State of Nevada are suspended.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 4: Public bodies must still comply with requirements in NRS 241.020 (4)(b) and NRS 241.020 (4)(c) that public notice agendas be posted to Nevada’s notice website and the public body’s website, if it maintains one along with providing a copy to any person who has requested one via U.S. mail or electronic mail.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 5: The requirement contained in NRS 241.020 (3)(c) that physical locations be available for the public to receive supporting material for public meetings is suspended.
- As per Nevada Governor Sisolak’s Declaration of Emergency Directive 006; Subsection 6: If a public body holds a meeting and does not provide a physical location where supporting material is available to the public, the public body must provide on its public notice agenda the name and contact information for the person designated by the public body from whom a member of the public may request supporting material electronically and must post supporting material to the public body’s website, if it maintains one.

Agenda and supporting materials posted online on the following sites:

- On the Internet at the Nevada Division of Public and Behavioral Health website: <http://www.dpbh.nv.gov>
- On the Department of Administration’s website at <https://notice.nv.gov/>
- We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the teleconferenced meeting. If special arrangements are necessary, please notify Desiree Wenzel in writing by email

(ddwenzel@health.nv.gov), by mail (Maternal and Child Health Advisory Board, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-4235 before the meeting date. Anyone who wants to be on the Maternal and Child Health Advisory Board mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

If you need supporting documents for this meeting, please notify Desiree Wenzel, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 434-9150 or by email at ddwenzel@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health Website at www.dpbh.nv.gov.

Written comments in excess of one (1) typed page on any agenda items which requires a vote are respectfully requested to be submitted to the Maternal and Child Health Advisory Board at the below address five (5) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

Attachment for Agenda Item #2

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

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

Call in Number: 1-877-336-1831

Access Code: 62214424

Video: <https://nevadawic.zoom.us/j/97810909207>

BOARD MEMBERS PRESENT

Veronica (Roni) Galas, RN, Chair
Tyree G. Davis, D.D.S
Fred Schultz
Linda Gabor, MSN, RN
Fatima Taylor, M.Ed.
Marsha Matsunaga-Kirgan, MD

BOARD MEMBERS NOT PRESENT

Senator Patricia Farley
Assemblywoman Amber Joiner
Noah Kohn, MD
Keith Brill, MD
Melinda Hoskins, MS, APRN, CNM, IBCLC

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) STAFF PRESENT

Karissa Loper, MPH, Deputy Bureau Chief, Children, Family and Community Wellness (CFCW)
Vickie Ives, MA, Section Manager, Maternal, Child, and Adolescent Health (MCAH)
Andrea Rivers, MS, Health Program Manager II, Office of Analytics, Department of Health and Human Services (DHHS)
Laura Urban, Food Security and Wellness Manager, Chronic Disease Prevention and Health Promotion (CDPHP)
Mitch DeValliere, DC, Program Manager, Title V Maternal and Child Health (MCH), MCAH
Evelyn Dryer, Program Manager, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), MCAH
Tami Conn, Health Program Specialist II, State Systems Development Initiative, MCAH
Kagan Griffin, MPH, RD, MCH Epidemiologist, MCAH
Eileen Hough, MPH, Program Coordinator, Adolescent Health and Wellness, MCAH
Yesenia Pacheco, Program Coordinator, Rape Prevention and Education (RPE), MCAH
Jazmin Sarmiento, Program Coordinator, Personal Responsibility and Education Program, MCAH
Larissa White, MPH, MPH, CPH, Program Coordinator, Children and Youth with Special Health Care Needs (CYSHCN), MCAH
Jie Zhang, MS, Biostatistician II, Office of Analytics, DHHS
Marjorie Singh, Health Resource Analyst I, MCAH
Lawanda Jones, Grants and Project Analyst and PRAMS Coordinator, MCAH
Lisa Light, Accounting Assistant III, Immunization Program and MCAH
McKenna Bacon, Administrative Assistant IV, Bureau Office Manager, CFCW
Desiree Wenzel, Administrative Assistant III, Office Manager, MCAH
Jonathan Figueroa, Administrative Assistant II, Teen Pregnancy Prevention Program (TPP), MCAH
Stephanie Camacho, Administrative Assistant II, Early Hearing Detection and Intervention (EHDI), MCAH
Madisson Jacobs, Administrative Assistant I, Nevada Home Visiting, MCAH

OTHERS PRESENT

Sara Chalhagian, Executive Director, Patient Protection Commission (PPC), Office of the Governor
Theresa Bohannon, MPH, Patient Advocate, Commissioner, PPC
Lezlie Mayville, Administrative Assistant/Policy Coordinator, PPC, Office of the Governor
Yarleny Roa-Dugan, RN, Patient Advocate, Commissioner, PPC
Heidi Parker, MA, Executive Director, Immunize Nevada
Allison Genco, Ferrari Public Affairs for Dignity Health
Tasha Choi, MBA, CHW, Statewide MCH Coalition Program Manager, Nevada MCH

1. Call to Order- Roll Call and Introductions

Chair Veronica (Roni) Galas called the meeting to order at 9:20AM.

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

2. Approval of draft minutes from May 8, 2020 meeting – Veronica Galas, RN, BSN; Chair.

Linda Gabor stated the minutes say, “Public meeting held at following locations” and asked if there should be wording the meeting was held online. She also indicated the third paragraph on page four was missing the end of the sentence.

DR. TYREE DAVIS ENTERTAINED A MOTION TO APPROVE THE MAY 8, 2020, MEETING MINUTES WITH CORRECTIONS. FRED SCHULTZ SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.

3. Presentation and possible recommendations on the Patient Protection Commission - Sara Chalhagian, Executive Director, Patient Protection Commission (PPC), Office of the Governor

Sara Chalhagian indicated she attended to help foster collaboration between the Patient Protection Commission (PPC) and the MCHAB.

Chair Roni Galas asked Ms. Chalhagian to discuss some highlights of focus areas of the PPC.

Ms. Chalhagian stated the PPC has three Bill Draft Requests (BDRs), provide robust recommendations to the Governor and Legislature, and meet at the pleasure of the Committee. Regarding telehealth, the PCC is looking to make permanent current COVID-19 telehealth allowances post COVID-19 and parity between telehealth and in-person care. They need to put together the language in a manner to make sure not to violate the Nevada single subject rule. She said the PPC welcomes any feedback at the next meeting on the 17th of this month. Ms. Chalhagian also mentioned the transparency BDR related to mandatory reporting of health care data. Everything needs to be reported including all drug costs, hospital prices, health care entity ownership mergers, consolidations and enclosures. Discussed broadly were those who would report including healthcare providers, insurance companies, hospitals, pharmacy benefit managers, pharmaceutical companies, labor unions and the state. The PCC will model health care costs with a goal of enhancing healthcare and state outcomes.

Ms. Chalhagian asked if PPC members had anything else to add and welcomed feedback from the Board.

Theresa Bohannon added the PPC is looking at expanded services such as prenatal care and home visiting. She asked how can the PPC can support MCH populations with the expanded services of telehealth.

Chair Galas asked if there were any further questions for Ms. Chohagian.

Dr. Davis asked if teledentistry is included in expanded services and inquired about reimbursement rates.

Ms. Chohagian responded teledentistry was not discussed or directly referenced during the meeting.

Dr. Davis stated teledentistry is new and he did not know if many can afford it but noted teledentistry is a safe place to access care. He asked if the PPC could help with the reimbursement rates as Medicaid does not pay for the time involved.

Ms. Chohagian noted the comment and can consider it at the next PPC meeting. One of the items under consideration was to broadly expand services. She stated she will bring it up with the Committee to garner interest and offered to meet with Dr. Davis individually.

Chair Galas asked if there were any other questions from the Board and clarified if a goal was increasing access to telehealth from homes, not just secondary sites, as part of codifying the COVID-19 telehealth allowances.

Ms. Chohagian responded yes, that is exactly the focus in ensuring the ability to access care.

Yarleny Roa-Dugan asked for the Board members' suggestions regarding telehealth for MCH populations given children were not physically in schools.

Ms. Gabor responded providing children and youth with special health care needs with physical therapy, occupational therapy, and speech therapy maintenance via telehealth to minimize going to therapy in person at this time would help students.

Dr. Davis added patient broadband internet access within their homes has been a challenge because of connectivity and that telehealth calls can be just over the phone, but in teledentistry, they need video to diagnose.

Ms. Chohagian stated broadband internet access is absolutely a component of the BDR.

Chair Galas asked if any other Board members have any question or any thoughts to share.

Eileen Hough stated she would share resources from a presentation on telehealth including disparities.

Chair Galas noted provider bias comes into play by doctors being able to see into patient homes and noted this can have a negative outcome and stressed the importance of expanding telehealth but minimizing bias. She stated she appreciated Ms. Hough for bringing up the patient disparities.

Vickie Ives asked if any remote monitoring tools are a part of the discussion in relation to prenatal care.

Ms. Chohagian responded she does not believe any monitoring components have been discussed but could be included in some draft language and offered to review possible wording.

Ms. Bohannon added she has often been the voice of the patient and the Board should include a deep dive into examining telehealth to ensure it is being accessed equally by all different patients who have different problems. The data on disparities confirm the need to ensure telehealth is patient-centered.

Chair Galas asked if there were any other comments and thanked the presenters.

No Public Comment

4. Presentation and possible recommendations on Maternal and Child Health (MCH) COVID-19 Data and Resources – Andrea Rivers, MS, Office of Analytics Section Manager, Division of Public and Behavioral Health

Andrea Rivers provided a presentation with the latest COVID-19 data and information pertaining to MCH populations; she indicated the data were preliminary and subject to change.

Chair Galas stated the presentation was very informative and noted the pregnancy and hospitalization data.

Ms. Rivers responded the state is focusing on limiting the spread of COVID-19 among the elderly and focusing on any vulnerable populations.

Chair Galas asked if there were any other questions and indicated she will solicit this as an agenda item for the next meeting.

No Public comment

5. Presentation and possible recommendations on COVID-19 and MCH populations – Heidi Parker, MA, Executive Director, Immunize Nevada

Heidi Parker thanked the Board for having her present an update on childhood immunizations.

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

Dr. Davis stated the ability to get children into clinics is still a challenge as there are still fears about bringing kids to clinics due to COVID-19.

Chair Galas thanked Dr. Davis for the comment and indicated moving forward with non-traditional partners could be helpful. She indicated patients are asked about their last dental and eye appointments and was interested to know if dentists asked patients about their last well visit or HPV shot.

Dr. Davis spoke about the dental home and indicated it would be helpful if dentists could give immunizations since they have mobile units and was wondering how dentists can get more involved in immunizations.

Ms. Parker responded Oregon recently passed legislation for dentists to administer vaccines.

Chair Galas noted this as interesting and a way to maximize practices.

Ms. Parker added she has been in conversation with pharmacies, because families want to use them but many of the large chain pharmacies have age requirements that are too high for the younger kids, so families are struggling to find vaccines for their younger children. Many pharmacy age requirements are between 3-4 years old, but Walmart has an age limit of 8 years and their pharmacists are trying to get the age limit lowered. Walgreens age restriction is set at age 4 years, and Target, CVS, and Smiths is at age 3 years.

Chair Galas stated this was good advocacy and asked if there were any additional comments.

Ms. Hough stated she was excited about the direction being taken to ensure we are protecting Nevada's children.

No Public Comment

6. Presentation and possible recommendations on highlights of the Title V MCH Block Grant Application and Report Federally Available Data (FAD) – Kagan Griffin, MPH, RD, MCH Epidemiologist, Division of Public and Behavioral Health

Kagan Griffin presented the highlights of the Title V MCH Block Grant Federally Available Data. She mentioned much of the data refer to *Healthy People 2020* because *Healthy People 2030* had yet to be released.

Dr. Davis asked about data related to pregnant women's access to dentistry as a factor in low weight birth rates as related to periodontal disease.

Ms. Griffin was not certain if the data were stratified with prenatal care and periodontal disease but will investigate it as this is a great point.

Chair Galas thanked Ms. Griffin for highlighting the successes as well as needed improvements. She asked if there were any questions or public comments.

Tami Conn offered to research state data in relation to low weight birth rates and periodontal disease.

No Public Comment.

7. Updates and 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 stated a contract had been executed with the American College of Obstetricians and Gynecologists (ACOG) for Nevada AIM and MCAH staff are currently meeting about data system design. Once the data system construction is completed, the goal is to launch the AIM initiative in the late fall working with birthing hospitals statewide. She noted the MMRC has begun receiving reporting for required records and the Centers for Disease Control and Prevention (CDC) has launched a maternal mortality media campaign called *Hear Her* to share information on warning signs related to maternal mortality and severe maternal morbidity.

Chair Galas thanked Ms. Ives and added she cannot wait to see the fruits of this campaign within the upcoming year.

No public comment

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

Dr. Mitch DeValliere stated information on the Interim Legislative Committee on Health Care will continue as an agenda item and noted the Committee will post their agenda and meeting minutes online.

Chair Galas asked if the Board will consider how they might want to coincide with what may be happening legislatively next year [in 2021].

Ms. Gabor thanked Dr. DeValliere for the update and the MCH team's hard work. She added it would be helpful to be able to review the information on the Committee's agenda(s).

No public comment.

9. Presentation and possible recommendation on the Title V MCH Block Grant Application and Report – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health

Chair Galas stated she was curious why data about children getting vaccines was not added.

Dr. DeValliere responded there is a section which focuses solely on vaccines.

Chair Galas asked if any motion was needed from the Board.

Dr. DeValliere responded not at this time and commented Title V MCH will continue to share information at MCHAB meetings, including the link to the final report and application.

No public comment.

10. Discussion and Possible Recommendations on Reports and MCH Updates – Mitch DeValliere, DC, Title V MCH Program Manager, Division of Public and Behavioral Health

Dr. DeValliere stated MCH ran a media campaign for the Medical Home Portal (MHP) which resulted in a significant increase in many more families using the MHP to see what types of providers and resources were available in their areas/which meet their specific needs.

Ms. Gabor added the Go Before You Show campaign is successful.

Ms. Ives noted MCAH subawards include promotion of Go Before You Show and Nevada 211 and MCH staff provide at least four trainings a year to NV 211 staff.

Ms. Hough stated she receives quarterly data from Nevada 211.

Chair Galas stated the word has been getting out there for Nevada 211.

Ms. Hough added Clark County residents use Nevada 211 the most and demographic data is reported for callers.

Chair Galas asked for any comments from the Board. She mentioned the next MCHAB meeting is November 6, 2020 and Board members are encouraged to send potential agenda items to Dr. DeValliere east 30 days ahead of time.

No Public comment.

11. Adjournment

Meeting adjourned at 11:19 AM

Attachment for Agenda Item #3



State Licensure of the Certified Professional Midwife (CPM)

Sherry Hopkins, CPM

Certified Professional Midwife & President of
the Nevada Association of Professional
Midwives

Introduction

Sherry Hopkins, CPM

- Founder of Well Rounded Momma, a maternity center in Las Vegas, NV since 2007.
- Certified Professional Midwife Certification
- President of Nevada Association of Professional Midwives (NAPM)
- North American Registry of Midwives (NARM) Qualified Evaluator Training
- Delivered 1,000+ Babies
- Assisted in both out-of-hospital and hospital deliveries.



Certified Professional Midwives (CPM)

- The CPM (Certified Professional Midwife) is the only midwifery credential that requires knowledge about and experience in out-of-hospital settings.
- Certified Professional Midwives are skilled professionals who provide the CPM Model of Care (based on the Midwives Model of Care™) to families in a variety of settings, including birth centers and homes.





Nevada Association of Professional Midwives



- NAPM Formed in 2020
- Represents CPMs, those with the intent to become CPMs and LMs who practice in the state of Nevada.
- Professional Peer Review, Continuing Education & Training, Advocacy and Quality Management
- Presenting a Midwifery Bill with Senator Scott Hammond

Why License CPMs?

- The Certified Professional Midwife (CPM) credential is currently not recognized in the state of Nevada as a pathway for state licensure.
- CPMs have a path to licensure in 34 states and the District of Columbia. The current legal status for all non-nurse Midwives in the state of Nevada is alegal.
- This absolutely puts limitations on what we are able to provide in terms of services to our community. **This also means there is no set standard of care, educational requirements or accountability for CPMs in Nevada.**



Legalization of the CPM can help Midwives gain more access to insurance coverage, obtain professional liability insurance, emergency medications, personal protective equipment (PPE) and improve collaboration with other healthcare providers. Thus, providing families with more access to safer alternative care options.

What Does Our Bill Do?

The licensing and regulation of Certified Professional Midwives means that you can be assured a Licensed Midwife has:

- Completed a minimum educational standard and apprenticeship.
- May practice to their full scope, including well-woman/person care.
- Access to more referrals in case a client needs a prescription or care outside of the Midwife's scope.
- Easier transfer of care during delivery, should they need additional medical assistance.
- Easier access to emergency medications.
- Ability to open lab accounts with multiple lab providers.
- Ability to get In-Network with more insurance companies.
- Ability to obtain malpractice insurance
- Accountability if negligent





Thank You

You can find more information at:

www.nevadamidwives.info

A close-up photograph of a woman with dark hair, wearing a white lab coat, holding a sleeping baby. The baby is wearing a white onesie and a light blue headband. The woman is looking down at the baby with a gentle expression. The background is a soft, white, textured surface.

Licensure for
Certified
Professional
Midwives

Proposed Nevada
Assembly Bill

2020


What is a Certified Professional Midwife?

Autonomous, distinct profession separate from nursing and medicine

Provide primary maternity care and well-person care

Provide critical access to physiologic birth

Expertise providing care in homes and freestanding birth centers

- 
- A pregnant woman with dark hair and a nose ring is lying on her side, smiling. She is wearing a dark blue top and a patterned shawl. A fetal monitor is attached to her belly. The background is dark and out of focus.
- Reduced intervention rates
 - Cost savings for the consumer, the state, and insurance companies
 - Time intensive, one-on-one care
 - Client-centered, shared decisionmaking

- Greater access
- Maternity care provider shortage
- Options outside the hospital in pandemics and natural disasters
- Rural access
- Additional postpartum care and support

Benefits of CPM Care

NACPM

National Association of
Certified Professional Midwives

Informing Policy with Values
Inherent in CPM Care

Improving Outcomes

Strengthening Midwifery

What is US MERA?

Coalition of representatives of national midwifery associations, credentialing bodies and education accreditation agencies

Vision

An integrative US healthcare system where everyone has access to midwives and midwifery care that improves health.

Unified Support

US MERA organizations support MEAC education for midwives certified after January 1, 2020.

Member Organizations

NAABB	ACME	MANA
NACPM	NARM	AMCB
	ACNM	

PEP Program

Educational evaluation
process

Minimum 2-year
apprenticeship

02

01

Fulfill general education
requirements

03

NARM skills verification

Midwifery Bridge Certificate

- 15 CEUs for Emergency skills
- 15 CEUs for emergency skills for newborns
- 20 CEUs for "Other"

The Bridge Certificate requires 50 accredited CEUs over 5 years

What is a MEAC Accredited Program and its Benefits?

- Verifies that a program meets established standards of education
- Provides a basis for inter-and intra-institutional cooperative practices

- Promotes ongoing improvement and effective system for accountability
- Helps identify programs and institutions for investment of funds

A close-up photograph of a woman with reddish hair, wearing a light-colored sweater, holding a newborn baby. The woman has her eyes closed and a gentle expression, looking down at the baby. The baby has light hair and is looking towards the camera. The background is softly blurred, showing what appears to be a window with light coming through.

WHY IS ACCREDITATION GOOD FOR THE PUBLIC?

Schools and
curriculum
meet criteria

Health and
Safety

Saves money
for the state

Accountability

WHY IS ACCREDITATION AND LICENSURE GOOD FOR THE PROFESSION?

Promotes standards of practice and advocates for rigorous preparation

Fosters accountability

Ensures consistency of skills among midwives

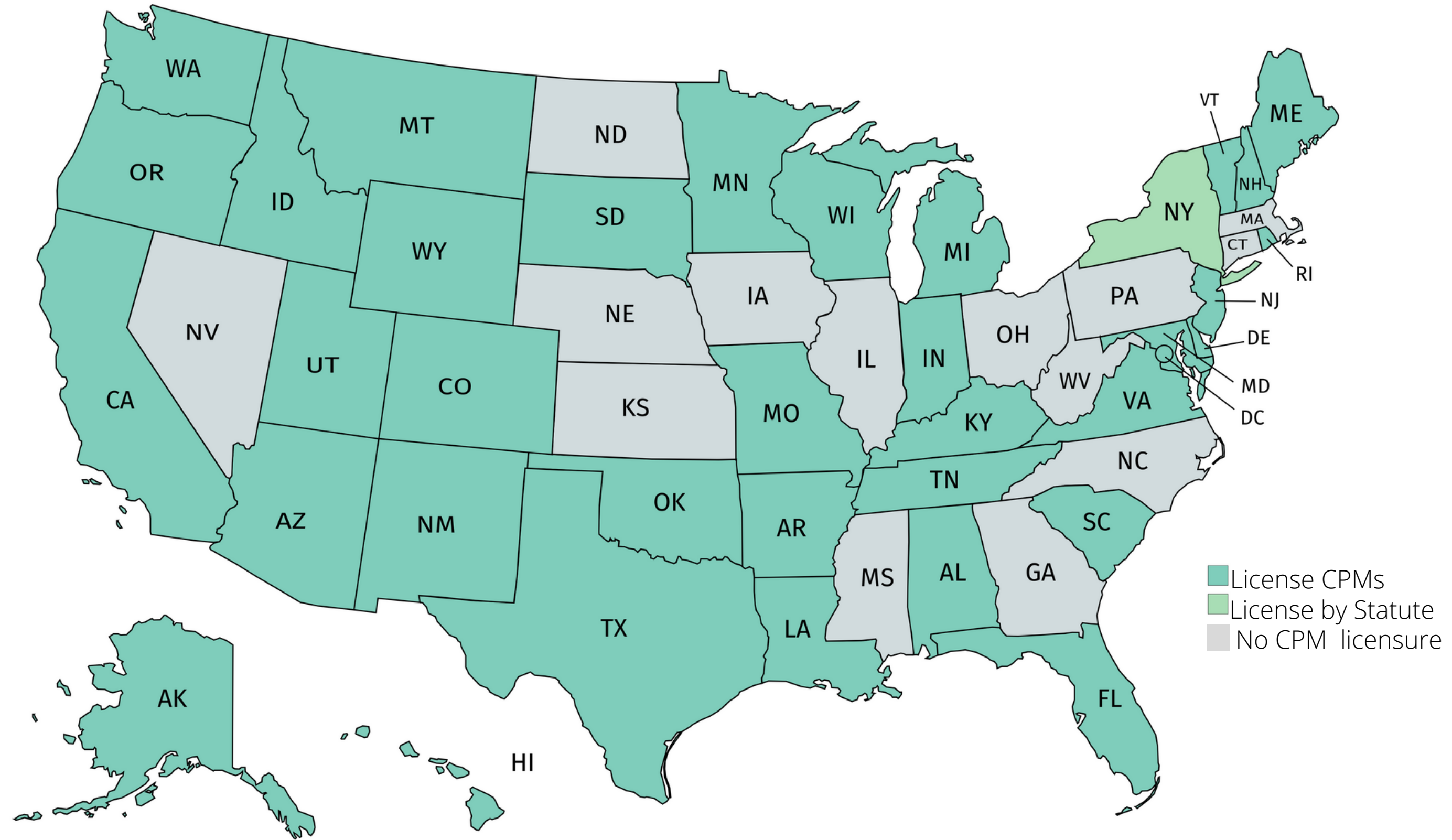
Facilitates recognition of the profession by other health care professionals

Access to financial aid opportunities

Licensure Trends for CPMs

Nevada Stands Alone in the West

- 35 states regulate CPMs through licensure
- 1 state authorizes practice by statute



WHAT HAS BEEN SHOWN TO IMPROVE HOME BIRTH OUTCOMES?

Collaboration

Integration

Autonomous Practice

Integration
& regulation
are key.

Midwifery Integration State Score Comparison

Nevada ranks 35th in the US with a MISS score of 29. Washington, New Mexico, and Oregon are the states with the highest integration scores in the US.

ARE CERTIFIED PROFESSIONAL MIDWIVES...	NEVADA SCORE: 29	WASHINGTON SCORE: 61	NEW MEXICO SCORE: 59	OREGON SCORE: 58
Licensed to Practice?	NO	YES	YES	YES
Covered By Medicaid?	NO	YES	YES	YES
Able to easily access physician referral?	NO	YES	YES	NO
Restricted in site of practice?	Home	Home Birth Center	Home Birth Center	Home Birth Center
Authorized to obtain, carry, and administer medications?	NO	YES	YES	YES
Held to regulated safety standards and accountability guidelines?	NO	YES	YES	YES

Midtown Midwifery Collective

10.3%
of US births are
attended by
midwives

Midwifery Integration State Score Comparison

Nevada ranks 35th in the US with a MISS score of 29. Washington, New Mexico, and Oregon are the states with the highest integration scores in the US.

STATE OUTCOMES	NEVADA SCORE: 29 5.3%	WASHINGTON SCORE: 61 13.4%	NEW MEXICO SCORE: 59 26.4%	OREGON SCORE: 58 20.0%
Spontaneous Vaginal Birth US Average: 49.2%	48.4%	55.2%	53.1%	49.4%
Induction US Average: 23.2%	21.9%	21.1%	28.4%	27.9%
Cesarean US Average: 32.2%	34.5%	27.6%	23.8%	27.4%
VBAC US Average: 11.3%	11.9%	18.4%	19.2%	18.0%
Low Birth Weight US Average: 8.0%	8.3%	6.5%	8.8%	8.0%
Neonatal Mortality US Average: 4.0/1000	3.7/1000	3.1/1000	3.9/1000	3.5/1000
Premature Birth US Average: 9.6%	10.1%	8.1%	9.2%	7.7%
Breastfeeding at Birth US Average: 80.3%	81.7%	94.2%	84.6%	93.7%
Breastfeeding at Six Months US Average: 24.9%	14.7%	25.5%	24.5%	31.3%

Mid-Ohio Midwifery Collective



Birth Settings Report

National Academies of Sciences, Engineering, and Medicine, 2020

"Too much too soon, or
too little too late."

Accredited Education
Requirements after 2023

Direct On-Site Supervision of
Students and Assistants

Training for Birth Assistants

Requirements for cultural
sensitivity, bias and antiracism
training for license renewal

HOW DO THE PROPOSED ASSEMBLY AND SENATE BILLS CURRENTLY DIFFER ?

Our goals are to improve
outcomes, provide accountability,
and improve accessibility, while
providing CPMs the ability to
practice to their full scope

Midwife Assistants

08

Training

Oversight



DIRECT SUPERVISION

The licensed midwife must be physically present on the premises, and able to intervene when a student midwife performs any clinical task at births, prenatal, and postpartum care visits.

Birth Assistants function under the direct supervision of the licensed midwife who must be on premises to oversee all clinical tasks.

- If a student does not perform any clinical midwife function, i.e. cervical exams, BP, FHTs, and only provides emotional support, this does not violate NACPM essential documents.
- If a person is at the stage of labor where they require midwifery care, then the midwife must be in attendance.
- Any assessment of the client without supervision is a violation of NACPM Essential Documents.

Regulation is a mechanism by which the social contract between the midwifery profession and society is expressed. Society grants the midwifery profession authority and autonomy to regulate itself. In return, society expects the midwifery profession to act responsibly, ensure high standards of midwifery care and maintain the trust of the public.

The End



Attachment for Agenda Item #4

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Overview of Syphilis in Nevada

Division of Public and Behavioral Health

Elizabeth Kessler, MPH & Cindy Pitlock, DNP, CNM, APRN



10/29/2020

Helping people. It's who we are and what we do.



Agenda


1. Syphilis Epidemiology
2. Congenital Syphilis Epidemiology
3. Action Plan Team
4. Previous Efforts
5. Research of Other Programs
6. Action Plan Team ideas for Vetting
7. Your Ideas & Questions?



Syphilis

- In 2018, Nevada ranked 1st in the nation for primary & secondary syphilis rates
- 682 cases of primary and secondary syphilis in 2018
 - 117.2% increase since 2014
 - 16.2% increase since 2017





Syphilis is on the Rise

Protect Yourself and Your Baby

If you are pregnant, you can pass syphilis to your baby. You need to be tested three times during pregnancy:

- First visit
- 28 Weeks
- Delivery

Congenital Syphilis

- In 2018, Nevada ranked 2nd in the nation for congenital syphilis rates.
- 31 cases of Congenital Syphilis in 2018
- 41 cases in 2019
 - 32.3% increase since 2018
 - 413.5% increase since 2015

Innovative Approaches Action Plan Nevada Congenital Syphilis

- Group formed to develop new ideas
 - Nevada State Public Health Lab (NSPHL)
 - Division of Health Care Finance & Policy - Medicaid
 - Substance Abuse Prevention and Treatment Administration (SAPTA)
 - Division of Child/Family Services (DCFS)
 - Maternal, Child, and Adolescent Health (MCAH)
 - Office of Public Health Investigations & Epidemiology (OPHIE)
 - Office of Analytics (OOA)
 - Aging & Disability Services Division (ADSD)





Jumping off point

- Researched previous efforts
 - Statewide syphilis workgroup formed
 - CS Technical bulletin
 - Launch of NV 211 Site
 - Online digital ads, printed materials
 - Provider toolkits/education
 - Community engagement, outreach
 - Promotion of LARC contraception
 - Early access to prenatal care





Jumping off point

- Researched other states/districts
 - Louisiana
 - Los Angeles County
 - Alaska
 - Canada
 - California
 - Texas





Focal points other programs

- One shot grant money for testing kits partnered with home visitor/case managers
- Targeted education and intervention to high prevalence regions
- Updated testing laws – 1st visit, 3rd trimester, delivery
- Improved reporting and surveillance
- Congenital Syphilis Case Review Board
- Implementation of case management model
- Increased education
- Enhanced partner services





Focal points other programs

- Focus on substance use disorder services/programs
- Focus on incarceration programs
- Focus on homeless population
- Expand testing opportunities on non-clinical settings
- Webinars/Grand Rounds
- Dating apps – Tinder, adam4adam
- Penicillin delivery program





Focus group goals

- Primary prevention
- Increase testing
 - Early identification & treatment
 - Reduce missed opportunities
- Strengthen follow up
 - Positive patients
 - Partners
 - Neonates



Big lens 30,000-mile view





Nevada focus group ideas

- Expand testing requirement language – BDR
- Provision of testing kits
- Targeted education MAT providers & LADC's
- Expansion of ability to perform rapid point-of-care testing
- Internal, multidisciplinary review committee
- Additional clean needle stations – TracB
- Syphilis titers/follow up



Nevada focus group ideas

- Offer testing at positive pregnancy test – clinics, FQHC's
- Consider home testing kits
- High risk areas – shelters, pregnancy centers, needle exchange areas
- Embed with HIV program testing sites
- Embed testing with SAPTA grantees
- Project ECHO trainings
- Technical bulletin for MAT providers



Nevada focus group ideas

- Testing expansion to county correctional facilities
- Provider information/treatment warmline
- Strengthen case management/follow up neonates
- Consider adding to newborn screening
- Strengthen partner testing and treatment
- CS Case Review Board contract



Nevada focus group ideas

- Embed awareness and education with social service programs
 - WIC
 - SNAP
 - Medicaid,
 - TANF
 - Community Health Workers



Ongoing plan?

- Continue to vet out ideas for expected benefit, barriers to implementation, cost, etc.
 - We have already identified priorities short/med/long term.
 - Barriers to implementation, cost
- Present plan to DHHS DO





Your Ideas?

- Any ideas
 - Education
 - Testing
 - Treatment
 - Prevention



Contact Information

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Community Health Nurse IV

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(775)684-5008

[http://dpbh.nv.gov/Programs/STD/Sexually_Transmitted_Disease_\(STD\)_Prevention_and_Control_Program-Home/](http://dpbh.nv.gov/Programs/STD/Sexually_Transmitted_Disease_(STD)_Prevention_and_Control_Program-Home/)



Attachment for Agenda Item #5

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Update on COVID-19 (Coronavirus) within the Maternal Child Health Population

Office of Analytics

Jie Zhang, MS



11/2/2020

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Technical Notes/Disclaimer

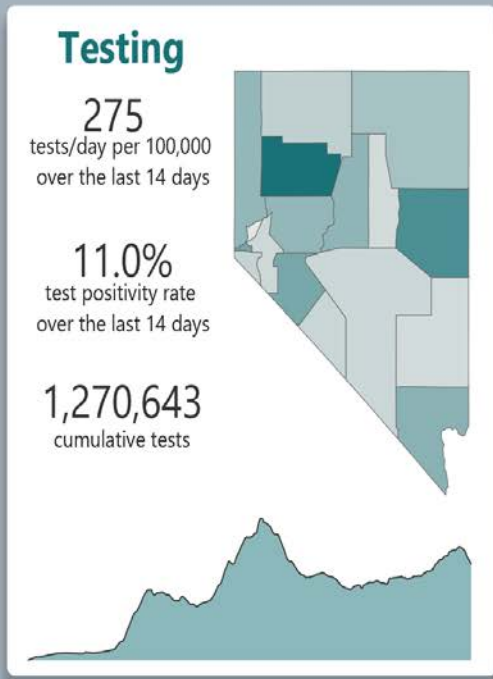
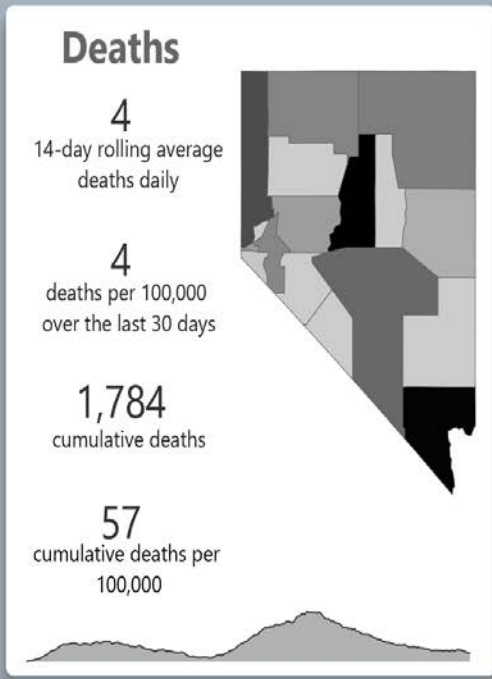
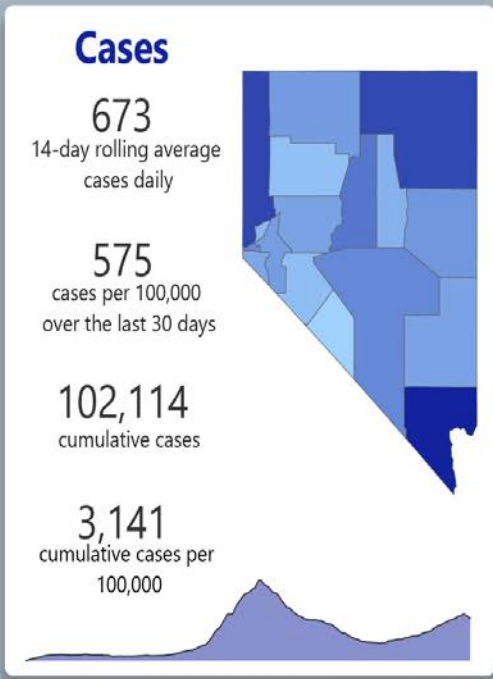
- All data within this presentation are subject to change.
- Small counts have been suppressed.
- Similarly to other states nationally, a significant number of Nevada records are missing demographic information such as, but not limited to Race/Ethnicity, age and gender.



Nevada COVID-19 Data

- Nevada’s first COVID-19 case was diagnosed on March 5, 2020
- As of 11/2/20 there are 102,114 confirmed cases of COVID-19 statewide.
- This information is updated daily at <https://nvhealthresponse.nv.gov>.

Current Status indicators are summarized below. Due to reporting delay, testing measures are considered over a 14-day period with a 7-day lag. This means that the most recent 7-day period is not included in the evaluation period to account for data completeness. Daily new cases and deaths are displayed as 14-day moving averages. Cases and deaths per 100,000 are displayed for the most recent 30-day period and cumulatively. In the maps below, counties with higher rates are shaded darker.



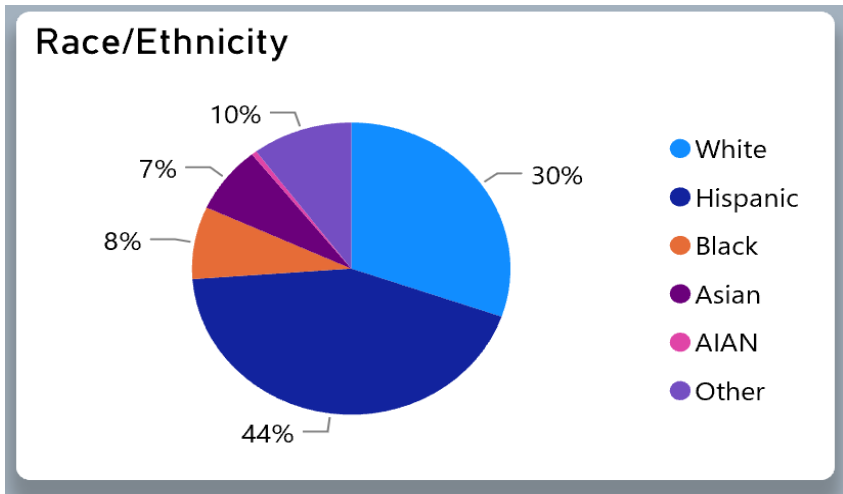
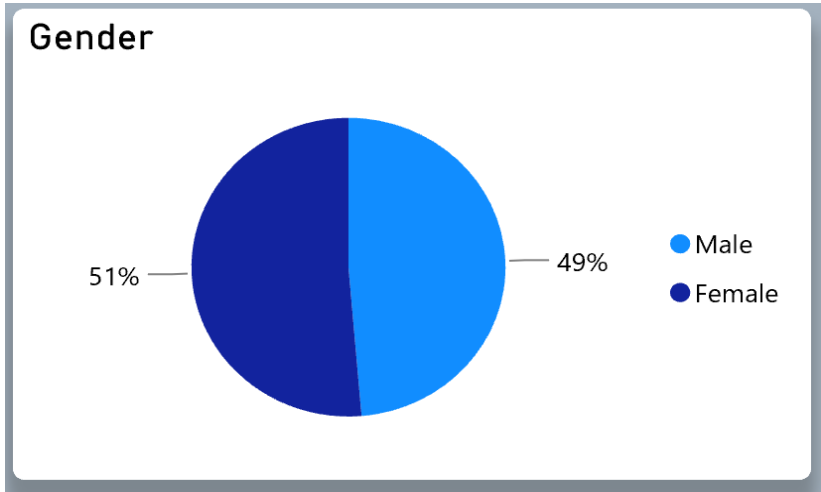
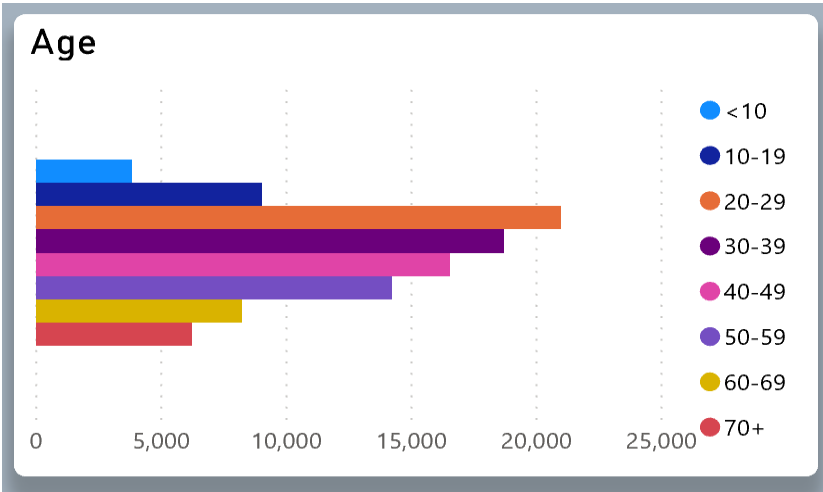
Nevada COVID-19 Data

Statistics by County are available below and display a global overview of the current status of all counties in Nevada. Population estimates used to calculate rates are from Nevada State Demographer "2019 ASRHO Estimates and Projections Summary 2000 to 2038", 2020 projection, vintage 2019.

County	Population	Total Cases	Cases per 100,000	Total Deaths	Deaths per 100,000	Total Tests	Tests per 100,000
Carson City	56,546	808	1,429	9	16	28,494	50,391
Churchill	25,876	246	951	4	15	9,896	38,245
Clark	2,318,174	83,419	3,598	1,518	65	981,120	42,323
Douglas	49,695	429	863	1	2	9,166	18,445
Elko	54,985	1,550	2,819	14	25	17,051	31,010
Esmeralda	974	0	0	0	0	162	16,632
Eureka	1,966	13	661	0	0	257	13,072
Humboldt	17,062	186	1,090	4	23	3,544	20,771
Lander	5,996	111	1,851	4	67	2,390	39,860
Lincoln	5,200	49	942	0	0	680	13,077
Lyon	57,987	629	1,085	13	22	8,781	15,143
Mineral	4,561	18	395	0	0	2,262	49,594
Nye	48,864	730	1,494	16	33	7,657	15,670
Pershing	6,962	24	345	0	0	6,126	87,992
Storey	4,465	24	538	0	0	219	4,905
Washoe	478,155	13,752	2,876	200	42	182,648	38,198
White Pine	10,586	126	1,190	1	9	7,112	67,183

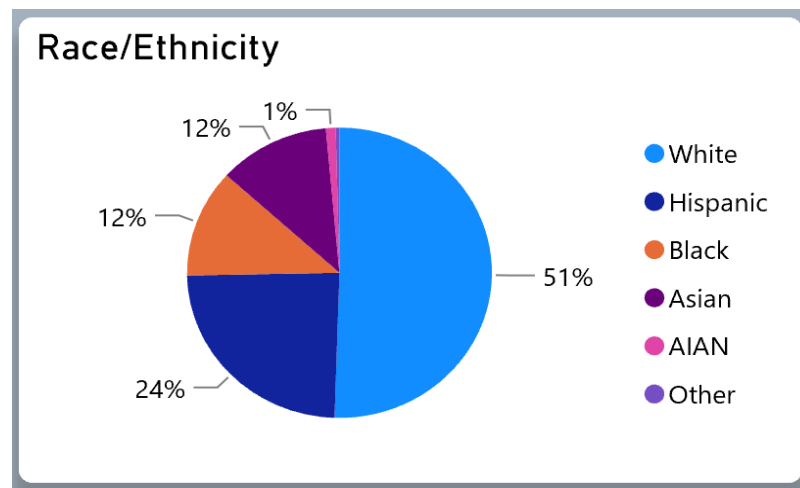
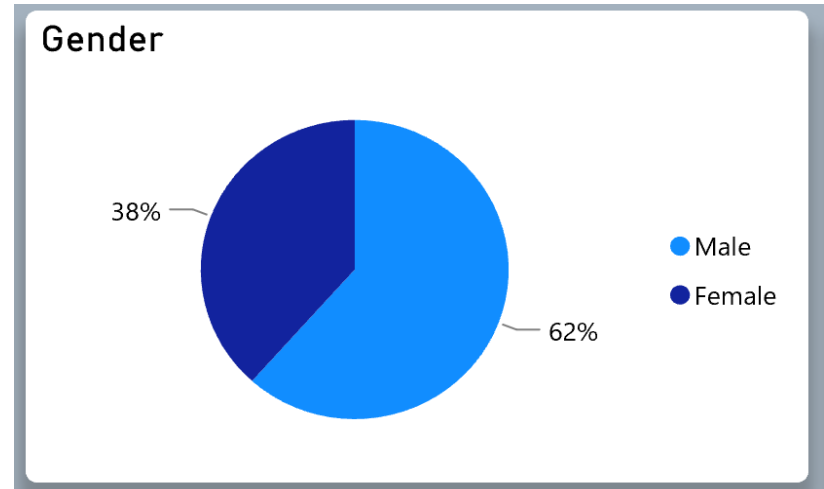
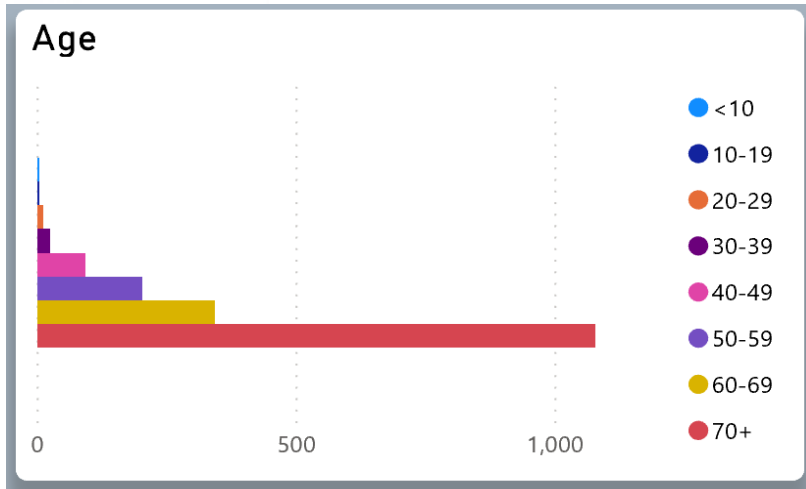


Demographics for Confirmed Cases (102,114)





Demographics for Deaths (1,784)



Women of Childbearing Age (15-44)

- As of 10/23/20 there are 25,587 confirmed COVID-19 cases of women within childbearing age.
- There have been twenty-three (23) reported COVID-19 related deaths within this population.

Race/Ethnicity	
AI/AN non-Hispanic	80
Asian non-Hispanic	933
Black non-Hispanic	1,401
Hispanic/Latino	10,789
NHPI non-Hispanic	186
Other/Unknown	8,349
White non-Hispanic	3,849
Total	25,587

Age Group	
15-19	2,842
20-29	10,097
30-39	8,778
40-44	3,870
Total	25,587

Hospitalized	
No	18,350
Yes	853
Unknown	6,384
Total	25,587





Pregnant Women

- As of 10/23/20 there are 678 confirmed cases of pregnant women with COVID-19 in Nevada.
- There have been zero reported deaths related to COVID-19 within this population.

Race/Ethnicity	
AI/AN non-Hispanic	2
Asian non-Hispanic	35
Black non-Hispanic	48
Hispanic/Latino	337
NHPI non-Hispanic	6
Other/Unknown	139
White non-Hispanic	111
Total	678

Age Group	
10-19	24
20-29	325
30-39	284
40-49	34
50-59	6
60-69	5
Total	678

Hospitalized	
No	538
Yes	106
Unknown	34
Total	678



Children 0-19



- As of 10/23/20 there are 12,274 confirmed cases of COVID-19 in children ages 0-19 in Nevada.
- There have been three (3) reported deaths related to COVID-19 in this population.

Gender	
Female	6,096
Male	6,082
Unknown	96
Total	12,274

Age Group	
<1	356
1-5	1,916
6-10	2,174
11-15	3,006
16-19	4,822
Total	12,274

Race/Ethnicity	
AI/AN non-Hispanic	40
Asian non-Hispanic	281
Black non-Hispanic	568
Hispanic/Latino	6,366
NHPI non-Hispanic	78
Other/Unknown	3,564
White non-Hispanic	1,377
Total	12,274

Hospitalized	
No	9,359
Yes	164
Unknown	2,751
Total	12,274





MIS-C

Multisystem inflammatory syndrome in children (MIS-C)

MIS-C is a serious inflammatory syndrome in children, including some teenagers. This syndrome is rare, but there appears to be an emerging link between children, MIS-C and COVID-19. This link is being researched nationally and there remains a lot to be learned about the connection.

- Prior to the COVID-19 global pandemic, MIS-C symptoms have been monitored via syndromic surveillance within Nevada hospitals, and an MIS-C diagnosis must be reported to the State.
- Between August and October 7, 2020, there have been seven (7) diagnosed MIS-C cases in Nevada. Four (4) of the diagnosed MIS-C cases also tested positive for COVID-19.
- There were no reported diagnosed cases of MIS-C in 2019.





Comorbidities/Disabilities

- Many states, including Nevada, are struggling to better identify people with disabilities and pre-existing medical conditions within confirmed cases of COVID-19.
- Below is information a disease investigator may ask around pre-existing conditions during the investigation process.
- To date, pregnancy is the most utilized field.

Pre-existing medical conditions? Yes No Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Diabetes Mellitus	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Cardiovascular disease	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Renal disease	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Liver disease	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Immunocompromised Condition	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Neurologic/neurodevelopmental/intellectual disability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
Other chronic diseases	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
If female, currently pregnant	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Current smoker	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	
Former smoker	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	





Next Steps in Data Collection

- Improved data completeness.
- Better identification of comorbidities through the disease investigation process of confirmed COVID-19 cases.
- Identification on the best way to continually monitor and display comorbidity information within confirmed COVID-19 cases.
 - This may include incorporating comorbidities in existing dashboards as other states have.
 - Georgia: <https://dph.georgia.gov/covid-19-daily-status-report>
 - Creation of separate and specific dashboards.





Current Data Resources

- [Nevada Health Response: https://nvhealthresponse.nv.gov/](https://nvhealthresponse.nv.gov/)
- [Nevada COVID-19 Facilities Dashboard](#)
- [CDC COVID-19 Data Tracker](#)
- [HRSA COVID-19 Information](#)
- [John Hopkins Coronavirus Resource Center](#)



Questions?





Contact Information

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Biostatistician II

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775.684.5933

For data requests please email us directly at data@dhhs.nv.gov or visit our website at [http://dhhs.nv.gov/Office of Analytics](http://dhhs.nv.gov/Office_of_Analytics).

Thank you!



Attachment for Agenda Item #6

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Title V Maternal and Child Health (MCH) Block Grant:

Data Updates

Division of Public and Behavioral Health

Kagan Griffin, MPH, RD
MCH Epidemiologist

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Overview

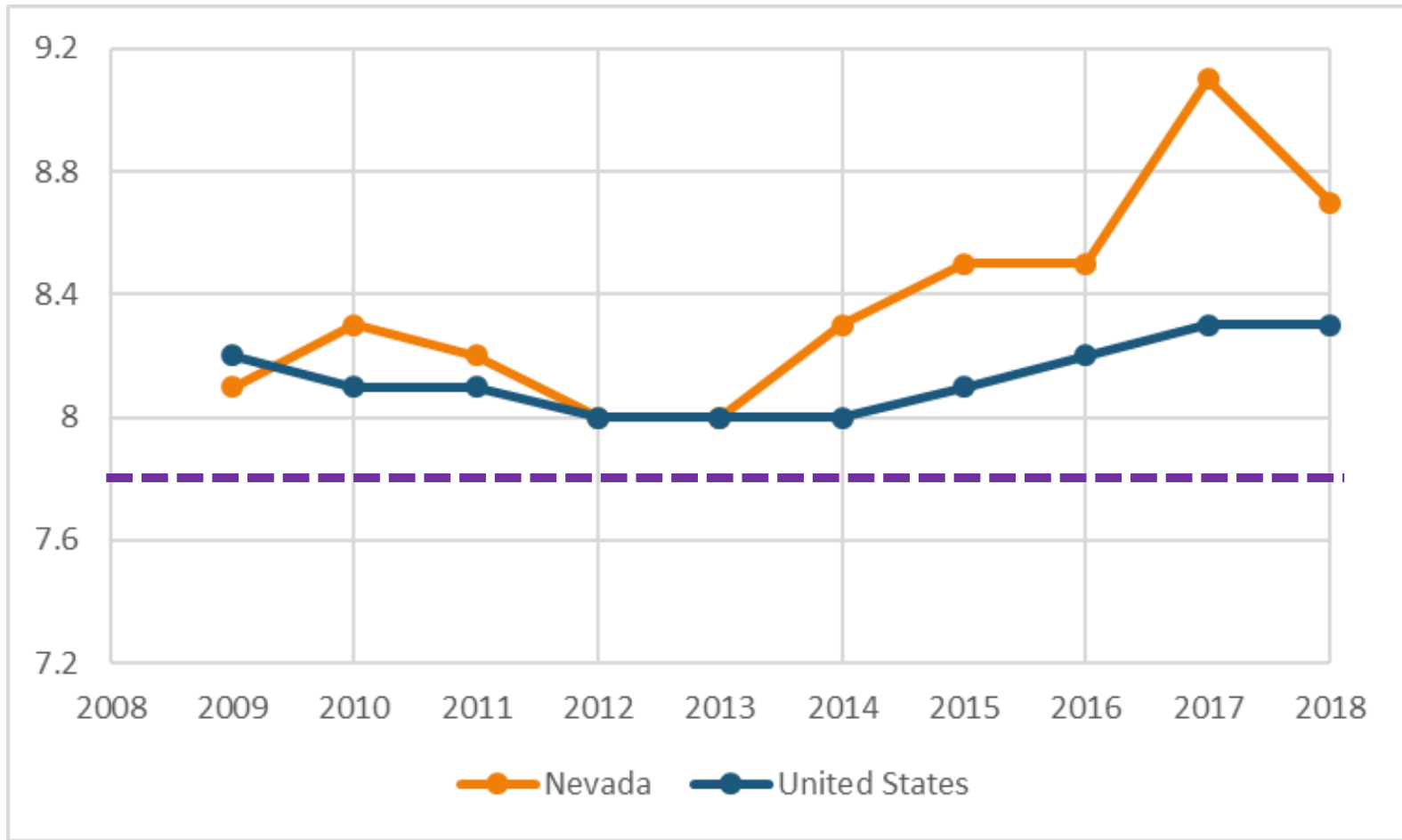
- Examine low birth weight deliveries and preterm births in Nevada stratified by mother's access to prenatal care
- Periodontal disease in a mother can cause chronic inflammation. Research indicates inflammatory mediators may pose a threat to the fetal-placental unit, resulting in adverse pregnancy outcomes such as preterm birth and low birth weight¹

¹ Saini, R., Saini, S., & Saini, S. R. (2010). Periodontitis: A risk for delivery of premature labor and low-birth-weight infants. *Journal of natural science, biology, and medicine*, 1(1), 40–42.
<https://doi.org/10.4103/0976-9668.71672>





NOM 4: Percent Of Low Birth Weight Deliveries (<2,500 Grams)



Healthy
People 2020
Objective



Data Source: National Vital Statistics System (NVSS)



Percent Of Low Birth Weight Deliveries (<2,500 Grams)

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nevada	8.1	8.3	8.2	8	8	8.3	8.5	8.5	9.1	8.7
United States	8.2	8.1	8.1	8	8	8	8.1	8.2	8.3	8.3
HP 2020 Objective	7.8									
NV% Change 2009-2018	+7.4%									





Percent Of Low Birth Weight Deliveries (<2,500 Grams) By Access to Prenatal Care

	No Care	First Trimester	Second Trimester	Third Trimester
2019	-	8.5	8.0	6.8
2018	12.7	8.3	8.1	6.6
2017	14.0	8.9	8.7	7.2

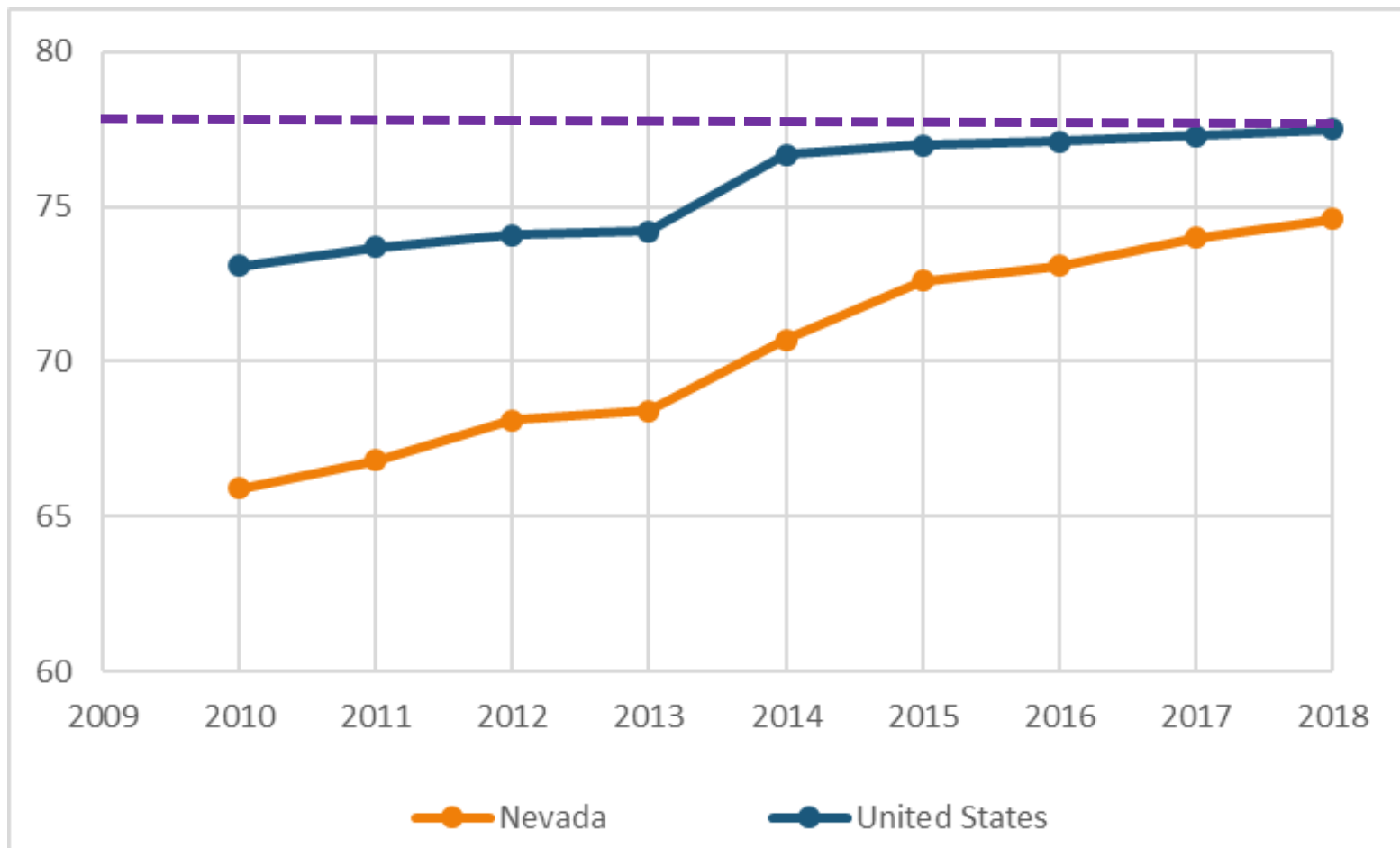
Due to small sample sizes for second and third trimester prenatal care access this data should be interpreted with caution



**2019 data is preliminary and subject to change*



NOM 1: Percent Of Women Who Receive Prenatal Care Beginning In The First Trimester

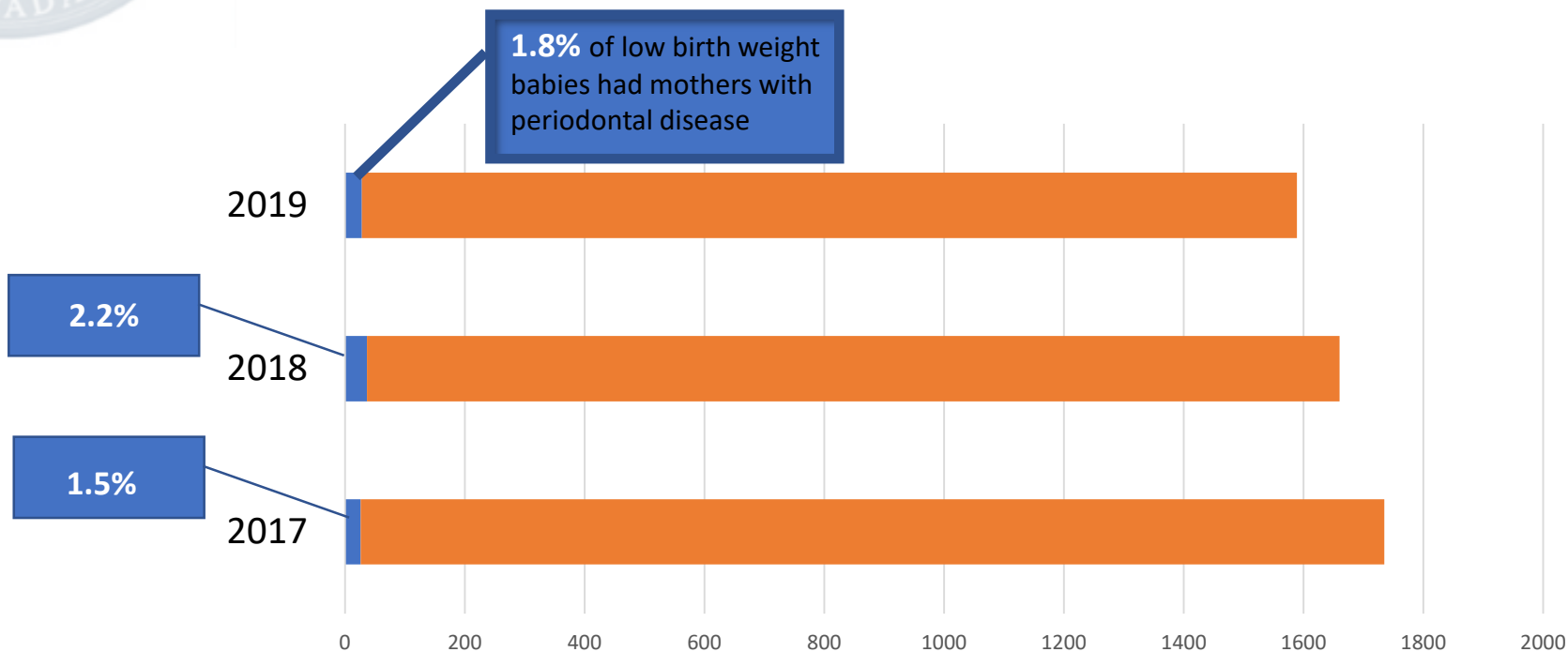


Healthy
People 2020
Objective





Low Birth Weight **Medicaid** Deliveries (<2,500 Grams) by Mother's Periodontal Disease



	2017	2018	2019
■ Periodontal Disease	26	37	28
■ No Periodontal Disease	1709	1623	1561

■ Periodontal Disease ■ No Periodontal Disease

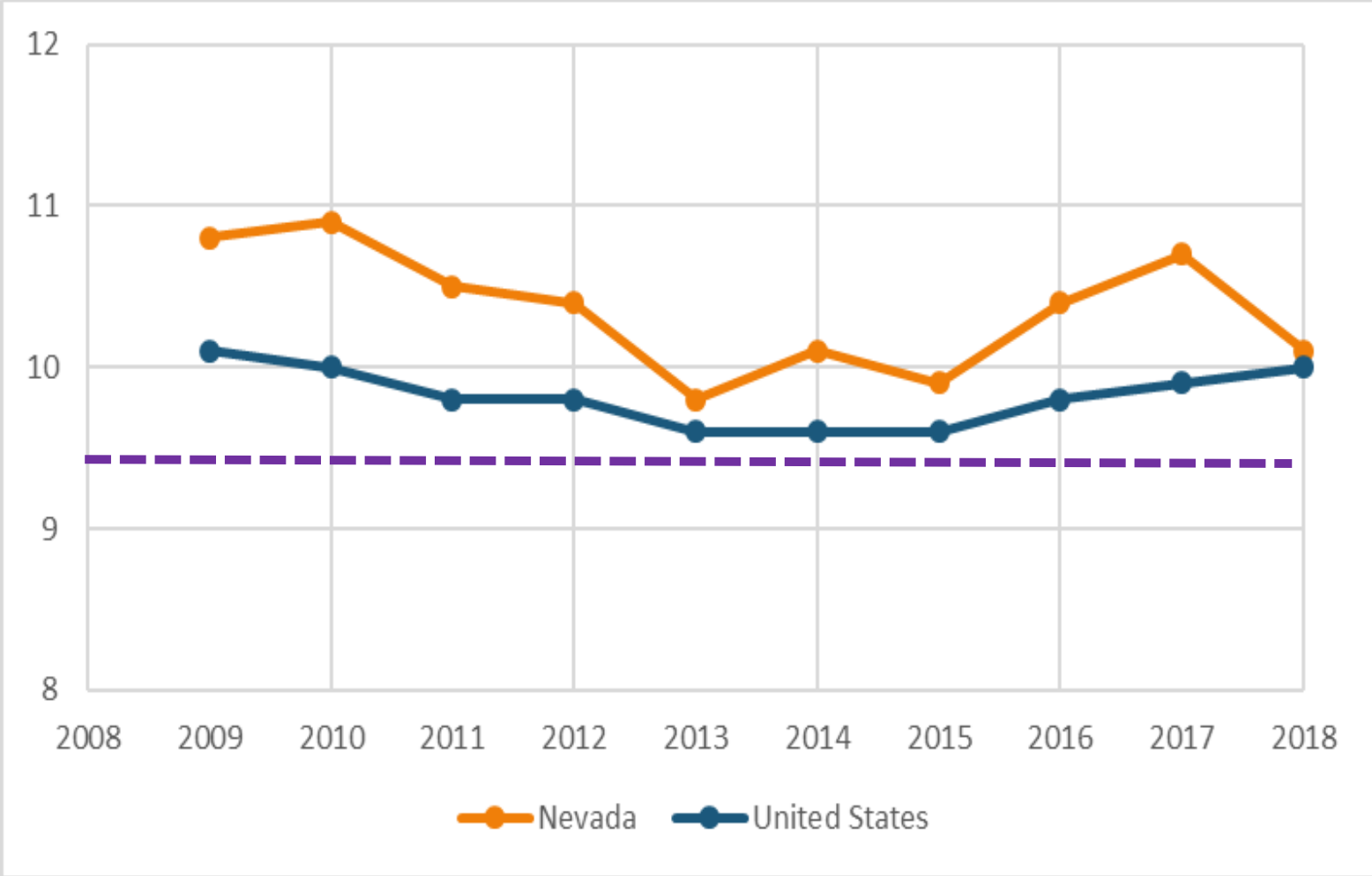


**2019 data is preliminary and subject to change*

Data Source: Nevada Medicaid Data Warehouse



NOM 5: Percent Of Preterm Births (<37 Weeks Gestation)



Healthy People 2020 Objective



Data Source: National Vital Statistics System (NVSS)



Percent Of Preterm Births (<37 Weeks Gestation)

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Nevada	10.8	10.9	10.5	10.4	9.8	10.1	9.9	10.4	10.7	10.1
United States	10.1	10	9.8	9.8	9.6	9.6	9.6	9.8	9.9	10
HP 2020 Objective	9.4									
NV % Change 2009-2018	-6.5%									





Percent Of Preterm Births (<37 Weeks Gestation) By Access to Prenatal Care

	No Care	First Trimester	Second Trimester	Third Trimester
2019	-	10.5	8.5	7.5
2018	18.9	9.7	8.0	8.0
2017	19.6	10.4	10.0	8.9

Due to small sample sizes for second and third trimester prenatal care access this data should be interpreted with caution

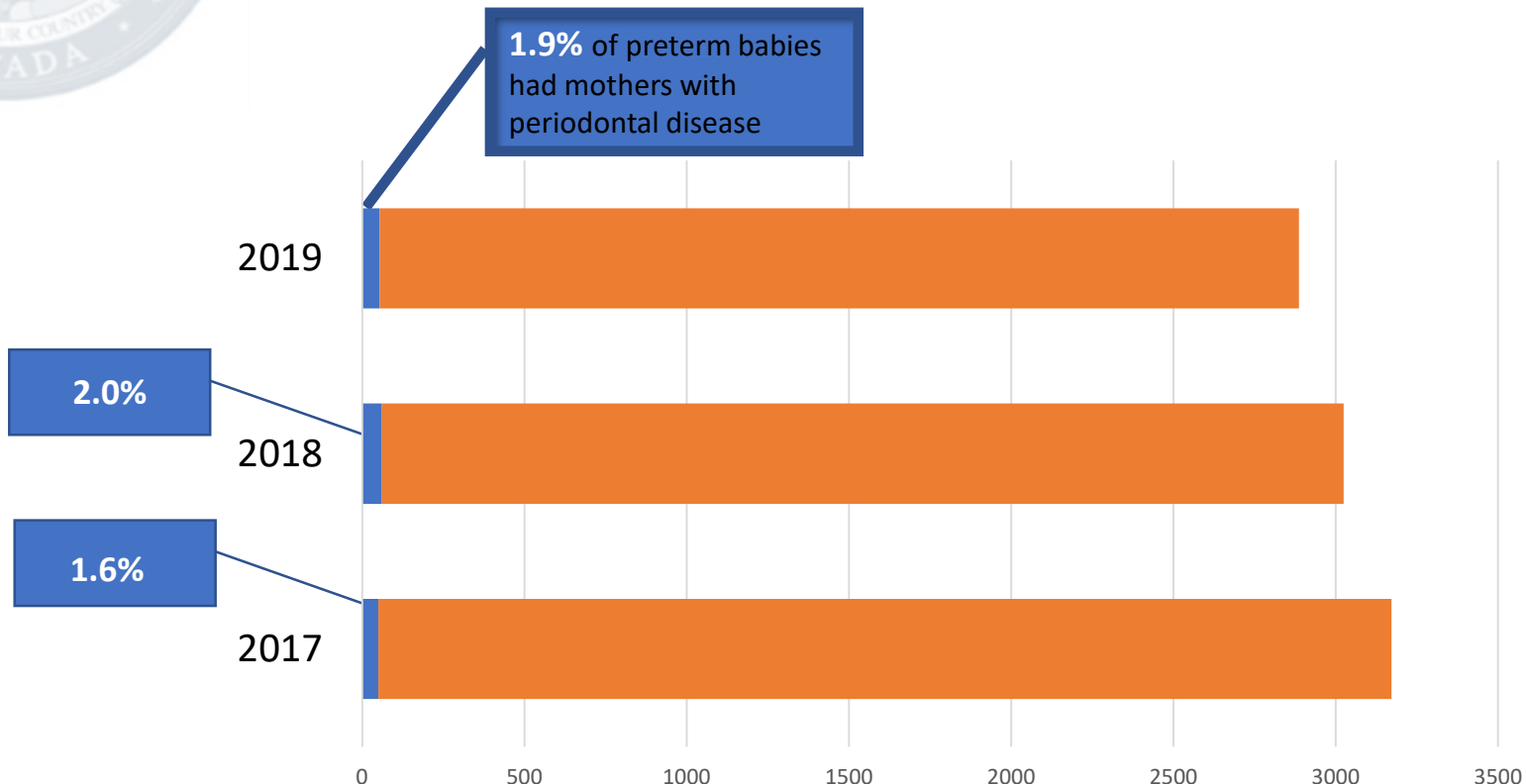
**2019 data is preliminary and subject to change*

Data Source: Nevada Electronic Birth Data





Medicaid Preterm Births (<37 Weeks Gestation) by Mother's Periodontal Disease



	2017	2018	2019
■ Periodontal Disease	50	61	54
■ No Periodontal Disease	3121	2963	2832

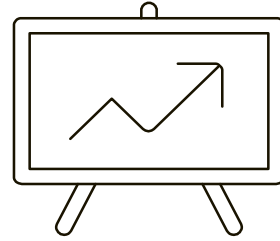


*2019 data is preliminary and subject to change



Conclusions

- When examining preterm birth and low birth weight outcomes by access to prenatal care, differences are most apparent when comparing mothers with no prenatal care to mothers who had prenatal care- regardless of trimester
- Mothers diagnosis of periodontal disease using Medicaid data and the relationship to preterm birth and low birth weight is inconclusive



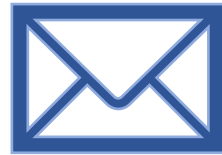
Questions?

Contact Information

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Acronyms

- HP 2020- Healthy People 2020
- MCH-Maternal and Child Health
- NOM-National Outcome Measure
- NVSS- National Vital Statistics System



Attachment for Agenda Item #8

STATE OF NEVADA
LEGISLATIVE COUNSEL BUREAU

LEGISLATIVE BUILDING
401 S. CARSON STREET
CARSON CITY, NEVADA 89701-4747
Fax No.: (775) 684-6600



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Brenda J. Erdoes, *Director, Secretary*

INTERIM FINANCE COMMITTEE (775) 684-6821
MAGGIE CARLTON, *Assemblywoman, Chair*
Cindy Jones, *Fiscal Analyst*
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DANIEL L. CROSSMAN, *Legislative Auditor* (775) 684-6815
MICHAEL J. STEWART, *Research Director* (775) 684-6825

MEETING NOTICE AND AGENDA

Name of Organization: Legislative Committee on Health Care
(*Nevada Revised Statutes* [NRS] [439B.200](#))

Date and Time of Meeting: Wednesday, August 19, 2020
9 a.m.

Place of Meeting: Pursuant to Governor Steve Sisolak's [Emergency Directive 006](#), there will be no physical location for this meeting. The meeting can be listened to or viewed live over the Internet. The address for the Nevada Legislature's website is <http://www.leg.state.nv.us>. Click on the link "[View Meetings & Press Conferences.](#)"

We are pleased to make reasonable accommodations for members of the public with a disability. If accommodations for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at research@lcb.state.nv.us, or call the Research Division at (775) 684-6825 as soon as possible.

Minutes of this meeting will be produced in summary format. Please submit electronic copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes to HealthCare@lcb.state.nv.us. You may also mail written documents to the Research Division, 401 South Carson St., Carson City, NV 89701, or fax them to (775) 684-6600.

Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

I. Opening Remarks
Assemblywoman Lesley E. Cohen, Chair

II. Public Comment
Because there is no physical location for this meeting, public testimony under this agenda item may be presented by phone or written comment.
Because of time considerations, each caller offering testimony during this period for public comment will be limited to not more than 2 minutes. To call in to provide testimony during this period of public comment in the meeting any time after 8:30 a.m. on August 19, 2020, dial (669) 900-6833. When prompted to provide the Meeting ID, please enter 910 9738 4301 and then press #. When prompted for a Participant ID, please press #. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-6990.
A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted electronically before, during, or after the meeting by email to HealthCare@lcb.state.nv.us. You may also mail written documents to the Research Division, 401 South Carson St., Carson City, NV 89701, or fax them to (775) 684-6600.

**For
Possible
Action**

III. Approval of the Minutes for the Meeting on June 17, 2020

**For
Possible
Action**

IV. Consideration of Regulations Proposed or Adopted by Certain Licensing Boards Pursuant to [NRS 439B.225](#)

Eric W. Robbins, Principal Deputy Legislative Counsel, Legal Division,
Legislative Counsel Bureau (LCB)

A. LCB File R040-20 of the State Board of Pharmacy

B. LCB File R041-20 of the State Board of Pharmacy

**For
Possible
Action**

V. Presentation Regarding Air Ambulance Costs and Regulation

Colleen Becker, Senior Policy Specialist, Health Program, National
Conference of State Legislatures

**For
Possible
Action**

VI. Overview of Adoption Assistance for Children With Special Needs in Nevada and Update on [Assembly Bill 150](#) (2019), Which Requires the Department of Health and Human Services to Study Strategies to Improve Outcomes for Children Who Age Out of the Child Welfare System

Jennifer Robertson, Parent Advocate

Ross E. Armstrong, Administrator, Division of Child and Family
Services, Department of Health and Human Services (DHHS)

**For
Possible
Action**

VII. Overview of Food Insecurity in Nevada and Update on [Senate Bill 178](#) (2019), Which Established the Council on Food Security and the Food for People, Not Landfills Program

Laura Urban, Food Security and Wellness Manager, Office of Food
Security, Division of Public and Behavioral Health, DHHS

**For
Possible
Action**

VIII. Response to Food Insecurity During the Coronavirus Disease of 2019 (COVID-19) Pandemic and Next Steps

Jennifer Ott, Director, State Department of Agriculture

IX. Public Comment

Because there is no physical location for this meeting, public testimony under this agenda item may be presented by phone or written comment.

Because of time considerations, each caller offering testimony during this period for public comment will be limited to not more than 2 minutes. To provide public testimony by telephone during this period of public comment, members of the public may call any time after the Chair announces this second period of public comment on August 19, 2020. To call in, dial (669) 900-6833. When prompted to provide the Meeting ID, please enter 910 9738 4301 and then press #. When prompted for a Participant ID, please press #. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-6990.

A person may also have comments added to the minutes of the meeting by submitting them in writing either in addition to testifying or in lieu of testifying. Written comments may be submitted electronically before, during, or after the meeting by email to HealthCare@lcb.state.nv.us. You may also mail written documents to the Research Division, 401 South Carson St., Carson City, NV 89701, or fax them to (775) 684-6600.

X. Adjournment

Notice of this meeting was posted on the Internet through the Nevada Legislature's website at www.leg.state.nv.us. Supporting public material provided to Committee members for this meeting may be requested from Janet Coons, Manager of Research Policy Assistants, Research Division, Legislative Counsel Bureau, at (775) 684-6825 or by email at HealthCare@lcb.state.nv.us and is/will be available at the Nevada Legislature's website at www.leg.state.nv.us.

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MEETING NOTICE AND AGENDA

Name of Organization: Legislative Committee on Health Care
(*Nevada Revised Statutes* [NRS] [439B.200](#))

Date and Time of Meeting: Monday, September 14, 2020
9 a.m.

Place of Meeting: Pursuant to Sections 2 through 9, inclusive, of Chapter 2, *Statutes of Nevada 2020*, 32nd Special Session, pages 9 through 11, there will be no physical location for this meeting. The meeting can be listened to or viewed live over the Internet. The address for the Nevada Legislature's website is <http://www.leg.state.nv.us>. Click on the link "[View Meetings & Press Conferences.](#)"

We are pleased to make reasonable accommodations for members of the public with a disability. If accommodations for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at research@lcb.state.nv.us, or call the Research Division at (775) 684-6825 as soon as possible.

Minutes of this meeting will be produced in summary format. Please submit electronic copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes to HealthCare@lcb.state.nv.us. You may also mail written documents to the Research Division, 401 South Carson St., Carson City, NV 89701, or fax them to (775) 684-6600.

Items on this agenda may be taken in a different order than listed. Two or more agenda items may be combined for consideration. An item may be removed from this agenda or discussion relating to an item on this agenda may be delayed at any time.

- I. Opening Remarks
Assemblywoman Lesley E. Cohen, Chair
- II. Public Comment
Because there is no physical location for this meeting, public testimony under this agenda item may be presented by phone or written comment.
Because of time considerations, each caller offering testimony during this period for public comment will be limited to not more than 2 minutes. To call in to provide testimony during this period of public comment in the meeting any time after 8:30 a.m. on September 14, 2020, dial (669) 900-6833. When prompted to provide the Meeting ID, please enter 965 0852 2608 and then press #. When prompted for a Participant ID, please press #. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-6990.
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documents to the Research Division, 401 South Carson St., Carson City, NV 89701, or fax them to (775) 684-6600.

For Possible Action

III. Approval of the Minutes for the Meeting on August 19, 2020

For Possible Action

IV. Report Regarding the Committee to Conduct an Interim Study Concerning the Costs of Prescription Drugs, as Required by [Senate Bill 276](#) of the 2019 Legislative Session

Senator Yvanna D. Cancela, Chair, Committee to Conduct an Interim Study Concerning the Costs of Prescription Drugs

For Possible Action

V. Work Session—Discussion and Possible Recommendations Relating to:

A. Public Health

B. Behavioral Health and Substance Use Prevention

C. Maternal Health

D. Training for Caregivers

E. Health Workforce Data Collection

F. Oral Health

The “Work Session Document” (WSD) contains recommendations proposed at this and other meetings of the Legislative Committee on Health Care during the 2019–2020 Interim. The WSD is available on the Committee’s [Meeting Page](#). A written copy may be obtained by contacting Megan Comlossy, Principal Policy Analyst, Research Division, Legislative Counsel Bureau, at megan.comlossy@lcb.state.nv.us or (775) 684-6825.

VI. Public Comment

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VII. Adjournment

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Attachment for Agenda Item #9

Maternal and Child Health Advisory Board (MCHAB)
November 6, 2020 Update

- **Domain: Women/Maternal Health**
 - Increase the percent of women ages 15-44 receiving routine check-ups in the previous year
 - Increase the percent of women receiving prenatal care in first trimester

- **Title V MCH Program and Partners –**
 - Community Health Services (CHS) provided 2,451 preventive education services, 282 well-care screenings, 482 contraceptives, 228 Sexually Transmitted Infection (STI) screens, 47 immunizations, and 443 clients received nutrition, weight, and exercise information. All women presenting for reproductive health visits were screened for domestic violence and behavioral health, as well as depression. One woman was referred to a mental health provider.
 - Carson City Health and Human Services (CCHHS) conducted 573 well visits for women. Referrals were made for 12 women afflicted by domestic violence, 86 for mood disorders, 128 for substance use, and 312 reporting alcohol use were educated about risks of alcohol use with pregnancy. Sobermomshealthybabies.com was promoted during clinic visits.
 - DP Video conducted a month-long social media campaign displaying videos and messages reminding pregnant women to keep their scheduled prenatal visits, learn if their provider needs to see them in-person or if their visit can be done by phone or video. Pregnant women were provided a link directly to the COVID-19 and pregnancy information from CDC on the DPBH website. <http://dpbh.nv.gov/Programs/MIP/dta/Links/links/>. Four video ads (2 English/2 Spanish) were displayed on Facebook/Instagram. The messages reached 50,067 people in the specified demographics, with 25,274 video views, 285,994 media impressions and 1,064 clicks on the links for additional resources. Four video ads (2 English/2 Spanish) were displayed on Twitter resulting in 194,693 media impressions.

- **Rape Prevention & Education (RPE) Program –**
 - The Nevada Rape Prevention and Education (RPE) Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994. It continues through reauthorization and expansion of the original legislation. The RPE Program focuses on preventing first-time perpetration and victimization by reducing modifiable risk factors while increasing protective health and environmental factors to prevent sexual violence. CDC funds the RPE Program, sexual violence funds set-aside through Preventive Health the Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program Block Grant.
 - Over the last few months, RPE partners have continued to adapt prevention efforts from in-person training to virtual platforms with much success.
 - UNLV continued the CARE Peer Program (CPP), an individual/relationship level strategy, and the CARE Campus initiative, a strategy focused at the community level. CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social norms that protect against violence, such as bystander approaches and healthy relationship/communication components. It is offered to all UNLV students with an outreach emphasis on priority populations of women, female-identified, and LGBTQI students. Graduates of the CPP can become CPP Leaders and graduate students eligible for scholarships, thereby improving both leadership skills and economic stability as they are supported in completing their education.
 - CARE Campus focuses on revising existing protocols and procedures to identify and respond to intimate partner violence (IPV) for students, faculty, and staff. This work will

- result in tools for tracking and monitoring policy findings over time. Due to COVID-19, UNLV has moved to virtual education, outreach, and training.
- Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) is working to identify policies and legislative recommendations for increasing gender equity in Nevada to empower and support women and girls. They have connected with various organizations in Nevada working on economic justice issues, which may or may not have connected economic justice and sexual violence. NCEDSV has met with or intends to meet with: Opportunity Alliance, PLAN, Nevada Women's Lobby, Nevada Women's Equity Coalition, Nevadans for the Common Good, Nevada Minority Health and Equity Coalition, Make it Work Nevada, and Make the Road Nevada.
 - NCEDSV researches statewide economic policies impacting women and girls, such as pay equity, childcare, education, and housing. Also, NCEDSV explores policy initiatives to help identify strategies to operationalize initiatives through changes to existing regulations, codes, and legislation. NCEDSV plans to identify given issues to focus on going forward and intends to hold virtual meetings with key players and interested parties in December 2020 and January 2021.
 - Safe Embrace is currently working to assist entertainment and hospitality organizations in Northern Nevada to establish and strengthen zero tolerance and sexual harassment policies in the workplace.
 - In their work to create protective environments, Safe Embrace conducted outreach to new partners in the business community, highlighting how they could increase safety for staff and patrons. Since the program's start in late 2019, 12 establishments have MOUs in place and receive information, training, and policy guidance, while 25 other establishments expressed interest in the program.
 - The Rape Crisis Center of Las Vegas (RCCLV) continues to implement the Stay Safe / SAINT program, which is targeted to the hospitality industry. While the program was initially put on hold in March due to Nevada's shelter in place order, as businesses reopened, RCCLV held socially distanced and masked training promoting safety and security. Through the Stay Safe / SAINT program, RCCLV has worked to institutionalize relationships with MGM and Wynn and seek new partnerships to expand the safety practices. In the coming year, RCCLV plans to reach out to casinos, bars, and clubs to establish and formalize programming support relationships.
 - Additionally, Nevada RPE was awarded CDC COVID-19 Supplemental funding as Nevada's current shelter-in-place restrictions from the COVID-19 pandemic continue, reports of violence in the home increase in some areas. The Domestic Violence Resource Center in Washoe County, Nevada, has observed a 64% increase in calls to its 24-hour hotline over the past months, a trend consistent with national spikes in domestic violence during COVID-19. Contributing factors for this increase include, but are not limited to, job loss, financial instability, being restricted to home environments, and close proximity to partners and children, which may amplify not only family violence but also diminish the family's ability to engage in constructive communication or coping strategies. The supplemental COVID-19 funding will support crisis response via 24-hour hotlines to increase protective factors during the COVID-19 pandemic and increase protective factors during future state-wide disasters and emergencies by improving public health emergency preparedness (PHEP) capabilities through community preparedness and information sharing.

- **MCH Coalition (north, south and statewide) –**
 - The NV Statewide MCH Coalition continues to distribute materials promoting the Go Before You Show campaign, the Medical Home Portal (MHP), Perinatal Mood and Anxiety Disorders (PMAD), Nevada 211, Sober Moms Healthy Babies and the Nevada Tobacco Quitline. In addition, monthly e-newsletters, educational opportunities, and Program updates are provided to Coalition members. Social media campaigns promoting maternal, child, and adolescent health continue on Facebook and Instagram.
 - Southern Nevada MCH Coalition meetings were held:
 - July 2020: No meeting
 - August 2020: No meeting
 - September 2020: No meeting
 - Northern Nevada MCH Coalition meeting were held:
 - July 2020: No meeting
 - August 13, 2020
 - September: No meeting
 - Held quarterly steering committee meeting on August 20, 2020
 - Disseminated information to the MCH Coalition listserv regarding COVID-19, rental assistance, and ACA Open Enrollment.
 - Six Perinatal Mood and Anxiety Disorder (PMAD) support group meetings were conducted, two per month. Online training attendance for August was 36, and 27 in September.
 - Facebook followers increased by 9 in July, by 11 in August, and by 10 in September for a total of 30 from July to September.
 - Instagram followers increased by 16 in July, by 14 in August, and by 20 in September for a total of 50 from July to September.
- **Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) Program**
 - The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Nevada Division of Public and Behavioral Health and the Centers for Disease Control and Prevention (CDC). The purpose is to determine protective factors for healthy, full-term births; risk factors for short-term births, babies born with disabilities; and maternal health. To do this, our questionnaire asks new mothers questions about their behaviors and experiences before, during, and after their pregnancy. Each year in Nevada hundreds of babies are born with serious health concerns or disabilities. Many factors in a mother's life may affect her pregnancy and the health of her child, this survey is designed to capture these variables. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.
 - PRAMS received \$14,999 in supplemental funds in year 5 of the grant that runs from May 1, 2020 to April 30, 2021. These supplemental funds allow for the continuation of the additional disability questions through March of 2020. NV PRAMS continued the opioid supplemental questions with MCH Title V Program and state general funds. A total of 18 supplemental questions will continue on the survey relating to pregnancy and disability, as well as opioid use in pregnancy. Data from the survey will inform future data driven MCH efforts.
 - Nevada PRAMS will be applying for supplemental funding from the Council of State and Territorial Epidemiologists (CSTE) to add eleven questions on how the COVID-19 pandemic and response impacted women's pregnancy and birth experiences. These

questions began in October 2020, and will run through April 2020, representing six months of data collection.

- 2017 Nevada PRAMS data had a response rate of 41% and 2018 data had a response rate of 39%, which is under the Centers for Disease Control and Prevention (CDC) required response rate threshold of 55% to publish data. This data should be interpreted with caution due to the response rate. Nevada PRAMS has submitted the 2019 birth file to the CDC and should be receiving weighted data soon.
- Data can be requested via the Office of Analytics at data@dhhs.nv.gov. The primary goal for Nevada PRAMS is to increase response rates moving forward.

- **Domain: Perinatal/Infant Health**

- Increase the percent of children who are ever breastfed
- Increase the percent of children who are exclusively breastfed at 6 months
- Increase the percent of baby-friendly hospitals in Nevada

- **Title V MCH Program and Partners –**

- CCHHS reached out to 31 businesses to educate about breastfeeding laws, encourage participation in the Breastfeeding Welcome Here (BFWH) Campaign, and check interest in needing a space established for staff to feed their infants. One business committed to being provided with Title V funded supplies for a designated employee/patron breastfeeding area. A Facebook campaign promoting infant immunizations reached 4,478 people, with 709 engaged users, 147 'likes' and 5 shared with their networks. Vaccination reminder cards were sent for 20 infants/toddlers four through 35-months old in need of 1st MMR and 4th Dtap shots. During clinic visits, staff educated 19 women receiving positive pregnancy test results about breastfeeding. All were referred to WIC for support, informed about the value of participating in the Pregnancy Risk Assessment Monitoring System (PRAMS) survey and given information about Sobermomshealthybabies.org. The English and Spanish Facebook campaign promoting the PRAMS survey reached 4,689 people, with 91 clicking on the link for more resources. Three 'liked' the post and two shared with their networks.

- **Safe Sleep Media Campaign**

May, June, July 2020: 413 Total TV Spots Aired, 3,782 Radio Spots Aired

- TV
 - North: 75 English, 47 Spanish
 - South: 211 English, 80 Spanish
- Radio
 - North: 2,160 English, 113 Spanish
 - South: 1,335 English, 174 Spanish

- **SoberMomsHealthyBabies.org Media Campaign**

May, June, July 2020: 441 Total TV Spots Aired, 2,559 Radio Spots Aired

- TV
 - North: 99 English, 48 Spanish
 - South: 196 English, 98 Spanish
- Radio
 - North: 1357 English, 92 Spanish
 - South: 1025 English, 85 Spanish

- **PRAMS Media Campaign**

May, June, July 2020: 148 Total TV Spots Aired, 1,036 Radio Spots Aired

- TV
 - North: 24 English, 22 Spanish
 - South: 78 English, 24 Spanish

- Radio
 - North: 640 English, 45 Spanish
 - South: 325 English, 26 Spanish

- **Washoe County Health District (WCHD) continues to review records for the Fetal Infant Mortality Review (FIMR)**
 - Twenty one new FIMR cases were received between July 1, 2020 and September 30, 2020 from local hospitals, Washoe County Medical Examiner's Office and Washoe County Health District Vital Statistics. Three of the cases were out of jurisdiction, (not from Washoe County) but received some care within Washoe County. The number of cases received and out of jurisdiction cases are preliminary
 - There were three Case Review Team (CRT) meetings during this reporting period. Sixteen cases were presented and discussed. Meetings have been held virtually since COVID-19. The team did meet in person on September 16, 2020. The team typically meets monthly, except in June and December.
 - Staff reviewed the "Count the Kicks" presentation with the FIMR Team and the FIMR Team made the recommendation to move forward with the project, "Count the Kicks" which is an App for expectant parents to monitor fetal movement during the third trimester.
 - Staff continue to attend and provide updates at the Northern Nevada Maternal Child Health meetings, Pregnancy & Infant Loss Support Organization of the Sierras (PILSOS) and Washoe County Child Death Review meetings.
 - The Northern Nevada Maternal and Child Health (NNMCH) Coalition continues to function as the FIMR Community Action Team (CAT). One NNMCH Coalition meeting was held during this quarter. In a recent meeting was held on August 13, 2020 and a presentation on "Count the Kicks" was given by the Executive Director of "Count the Kicks". The NNMCH Coalition voted to move forward with a statewide campaign if possible next grant cycle. The NNMCH Coalition announced the redirection of funds to get billboards for the "Go Before You Show Campaign" and is in the process of developing Public Service Announcements for future radio spots. The Northern Nevada Breastfeeding Coalition has established a Black Mamas, Black Parents Support Group. The next NNMCH Coalition will be held on October 8, 2020.
 - PILSOS 10th Annual "A Time for Remembrance" event was held October 11, 2020, at Idlewild Park. All funds for this event are raised by PILSOS members. Washoe County FIMR Staff participate in this event, meetings and work leading up to this event.
 - Staff continue to make information available on the Nevada Tobacco Quitline, Nevada Children's Medical Home Portal and Nevada PRAMS in the public areas of the WCHD, as well as in all clinics.
 - The Case Review Team remains dynamic with a diverse multidisciplinary membership and consistent core group of participants. The team continues to recruit members to gain an ongoing diverse group representing multiple disciplines. Staff are actively recruiting for representation from Tribal entities.
 - Staff members continue to explore potential grant opportunities for sustainability planning.
 - Nevada via the Washoe County FIMR Program was one of five states selected by The National Center for Fatality Review and Prevention for participation in the 2020 National Storytelling Collaborative. Other states participating include Missouri, Florida, Kansas, Michigan and Maryland. This program is designed to strengthen capacity for teams to obtain and use parental/family interviews and stories for social change.

- **Safe Sleep/Cribs for Kids-**
 - Provides safe sleep media outreach and conducts activities with safe sleep partners, including community event participation statewide.
 - Maintain consistent partner communication and continue with the train-the-trainer model.
 - Work with hospital partners to implement Infant Safe Sleep practices and increase awareness by presenting at a minimum of four hospitals per year.
 - Includes Infant Safe Sleep brochures in the PINK packets
 - Delivered program supplies and equipment.
 - Purchased more safe sleep kits to distribute to partners
 - Continued to promote 211, Nevada Tobacco Quitline and Nevada Children's Medical Home Portal
 - DHHS conducted a social media campaign in October about Safe Sleep Awareness Month and shared the information on Facebook and Instagram

- **REMSA Cribs for Kids, July 1 to September 30, 2020:**
 - Attended virtual meetings with Northern Nevada MCH Coalition, Safe Kids Coalition, Immunize Nevada, Foundation for Recovery, Liberty's Community Smiles,
 - Taught a Safe sleep awareness class at the Life Change Center
 - Connected with the New Ron Wood Family Resource Center Cribs for Kids main contact
 - Distributed car sets to Tribal partners:
 - Owyhee- 5 car seats
 - Washoe- 0 seats due to event cancellation
 - Southern Bands- 0 car seats
 - Walker River Paiute Tribe- 5 car seats
 - Survival kit distribution: 184
 - Binder distribution: 12
 - Poster distribution: 585
 - Charlie's Kids Foundations Safe and Snug Books distribution: 35
 - Brochure distribution: 310
 - Flip Chart Distribution: 2
 - Sudden unexpected infant death (SUID) intake questionnaire: 138
 - 3-month follow-up: 59
 - 12-month follow up: 4

- **Maternal-Infant Program –**
 - Critical Congenital Heart Disease (CCHD) data collection continues.
 - Congenital syphilis reduction efforts are a focus of MCAH staff efforts in partnership with DHHS and DPBH programs
 - Participation was completed in the AMCHP-led Infant Mortality ColIN focused on the Social Determinants of Health. The IM ColIN ended 9/2020, a final budget update was submitted 9/2020 and a final virtual meeting was attended on August 24, 26 and 28, 2020. A final interview was completed on October 23, 2020
 - Breastfeeding Welcome Here Campaign
 - A new National Breastfeeding Month banner was purchased. The banner was displayed over Carson Street in August to promote National Breastfeeding Month and the nevadabreastfeeds.org website.
 - New campaign materials are also in process.
 - KPS3 is continuing to host the website address for nevadabreastfeeds.org. The website is going through an update and should be completed in October
 - MCAH staff continue to participate in the Nevada ASHTO OMNI and CARA substance use in pregnancy core team.

- Updated Infant Plan of Care and CARA provider and family resources were posted on sobermomshealthybabies.org
 - FIMR participation and addition of COVID-19 resources on the DPBH MCAH website
 - Information dissemination on maternal and infant COVID-19, anti-racism and health equity resources
 - AIM contract and workplan drafts were completed by MCAH staff; AIM annual meeting was attended by MCAH staff and AIM data system is under construction
 - Maternal Mortality Review Committee case abstraction and case record documentation requests continue; CDC MMRIA training was completed by 3 MCAH staff members
 - Newborn Advisory Committee participation by MCAH staff
 - Regulatory development in relation to newborn screening fees and diapering resources are ongoing.
 - Reproductive health promotion and working with MCAH staff to administer the Account for Family Planning continues
- **Domain: Child Health**
 - Increase the percent of children (10-71 months) who receive a developmental screening using a parent-completed screening tool
 - Increase the percent of children (6-11) who are physically active at least 60 minutes a day
- **Title V MCH Program and Partners –**
 - CHS administered 257 infant and child immunizations in the clinic setting, as well as four back to school immunization clinics and one community flu vaccination event.
 - CCHHS works collaboratively with the in-house WIC office whose staff virtually met with clients and discussed the value for a medical home with 289 individuals. Additionally, Nevada 211 and medical home portal promotional materials were discussed with CCHHS clients and made available in the clinic area. A Facebook campaign promoting the Medical Home Portal reached 4,188 people, with 124 engaged users, 9 ‘likes’ and 2 shared with their networks.
 - Nevada Institute for Children’s Research and Policy (NICRP) completed the first draft of the *Health Status of Children Entering Kindergarten in Nevada* annual report (2019-2020 results). Title V MCH staff suggested changes for consideration and upon final approval by the Title V MCH Program, the report will be posted on NICRP’s website and Title V MCH staff will ensure dissemination to stakeholders. Results from these annual surveys provide estimates for monitoring MCH indicators and for reporting to local, state, and federal entities. Despite COVID-19, all 17 school districts will participate in the 2020-2021 report by disseminating electronic or hard copy surveys to parents of kindergartners.
 - The Adolescent Health and Wellness Program (AHWP) Coordinator attended the Nevada Children’s Behavioral Health Consortium meetings and shared resources pertinent to MCH work activities with co-workers. Topics of interest included: Medicaid billing updates and changes, activities conducted through the Systems of Care Grant, Division of Child and Family Services (DCFS), as well as School-Based Health Centers. COVID-19 has necessitated policy shifts towards enhanced telehealth services, including billing for virtual care.
 - The AHWP Coordinator serves as a member
- As part of a multi-agency effort, Title V MCH purchased Milestone Moments booklets to ensure the University Center of Autism and Neurodevelopment (UCAN) can continue

statewide screening and distribution of the *Learn the Signs. Act Early* parental screening tool.

- **Child and Adolescent ColINs**

- The AHWP Coordinator continued participation in the Collaborative Innovation and Improvement Network (ColIN) facilitated through the Association of State Public Health Nutritionists. MCH collaborated with the Nevada Office of Food Security and Obesity Prevention and Control programs on a social media campaign promoting a series of fact sheets to assist Early Care and Education centers in implementing the Child and Adult Care Food Program (CACFP). This program is recommended to help childcare settings improve childhood nutrition, prevent obesity, and address food insecurity. CACFP provides reimbursement for healthier meals and snacks served in licensed childcare settings. Despite these benefits, Nevada ranks among the lowest enrollment rates in the country.
- The AHWP Coordinator serves as the Title V MCH mandated member on the National Center for School Mental Health ColIN. The National Launch meeting provided an overview of activities led in Nevada by the Department of Education. Goals include (a) providing supports and services promoting positive school climate, social emotional learning, mental health and well-being, (b) building a foundation of school staff in strategic partnership with students, families and community partners, and (c) assessment and addressing the social and environmental factors impacting physical and emotional health. Five school districts will test outcomes through Plan-Do-Study Act (PDSA) cycles.

- **Domain: Adolescent Health**

- Increase the percent of adolescents aged 12-17 with a preventive medical visit in the past year
- Increase the percent of middle school and high school students who are physically active at least 60 minutes a day
- Reduce pregnancies among adolescent females aged 15 to 17 years and 18 to 19 years

- **Title V MCH Program and Partners –**

- Community Health Services (CHS) provided 515 preventive education services, 56 well-care screenings, 110 contraceptives, 54 STI screens, 276 immunizations, and provided 90 adolescents with nutrition, weight, and exercise information. Youth presenting for reproductive health visits were screened for domestic violence and emotional/mental health issues, as well as depression.
- Carson City Health and Human Services (CCHHS) conducted 53 well visits for adolescents. Referrals were made for youth afflicted by domestic violence, 5 for mood disorders, 13 for substance use, and 9 reporting alcohol use. A Facebook campaign to enhance adolescent well-visits reached 5,120 people, with 30 clicking on the link for more resources. Ten 'liked' the post and one shared with their networks.
- Urban Lotus Project (ULP) Trauma-Informed Yoga for Youth no-cost courses started up again at six agencies serving Northern Nevada adolescents at public community hubs, drop-in centers, treatment facilities, and human service entities. COVID-19 resulted in 12 routine locations not offering in-person classes. Only a few residential facilities have authorized youth to attend virtual courses, significantly reducing exposure to the benefits of yoga movement, breathing, and mindful meditation. Yoga teachers taught 89 classes to 251 adolescents reaching 95 new students. [ULP was unable to obtain a count of students served through virtual classes, so these numbers are underrepresented].
 - Course promotion, expansion, and growth:
 - New courses were added in an outside park, and through the Ron Wood Family Resource Center, serving foster youth.

- Virtual public classes were promoted via fliers disseminated through the Washoe County School District (WCSD), MCH Coalition, Boys & Girls Club, mailings to 1,250 new businesses, and sponsored Facebook social media posts.
- Meetings occurred with the WCSD Physical Education (PE) teachers to discuss in-person and virtual classes at specific schools for PE credits, as well as integrating classes into the Boys & Girls Club before and after school programs and distance learning support services.
- ULP became a Champion of the National Youth Sports Strategy (NYSS) promoting youth sports participation. NYSS is organized by US Department of Health & Human Services through the Office of Disease Prevention and Health Promotion's Physical Activity Program.
- ULP received two microgrants: United Way of Northern Nevada to help with COVID impact, and Renown's Health Diversity, Equity, and Inclusion Grant.
- DP Video conducted a month-long social media campaign displaying videos and messages promoting the value of yearly well-visits to adolescents and families with teens. Six video ads (3 English/3 Spanish) were displayed on Facebook/Instagram. The messages reached 61,955 people in the specified demographics, with 30,217 video views, 540,946 media impressions and 1,414 clicks on the links for additional resources. Six video ads (3 English/3 Spanish) were displayed on Twitter resulting in 493,656 media impressions.

- **Adolescent Health and Wellness Program (AHWP)–**

- The AHWP Coordinator worked with Division of Welfare and Supportive Services (DWSS) and Nevada Health Links (NHL) to update the brochure *Does Your Teen Need Health Coverage?* Insurance open enrollment begins in November, thus over 15,000 of the newly revised brochures were disseminated to key stakeholders (DWSS, NHL, DCFS) and community partners. Typically, 30,000 are disseminated this time of year; however, COVID-19 involves more online insurance assistance. Electronic links to the brochures were shared with all partners and the updated content placed on the DPBH website.
- The AHWP Coordinator and MCH Unit Team attended the virtual annual Association of Maternal and Child Health Programs conference: *The Power of Connections – Building Equity for Healthy Generations*. Key concepts learned were (a) youth engagement focus is shifting towards the creation of strong youth-adult partnerships to enhance young person's successes; (b) Getting to 'Y' program bringing meaning to each state Youth Risk Behavior Survey (YRBS) data using youth as leaders to help bring awareness and change to their communities to improve their specific emerging health and wellness issues; (c) efforts by countless organizations to improve health outcomes and access to communities experiencing disproportionate disparities, especially during COVID-19 and (d); several resources to support system development and services to engage and support youth and young adults. Resources were shared with youth serving partners, organizations and youth advisory councils across the state.
- The AHWP Coordinator disseminated youth mental health care best practice resources to be displayed on the MCH Coalition and Office of Primary Care e-newsletters. Additionally, the Facebook video posts created by DP Video were shared with funded partners and outside agencies for placing on their Facebook pages. Topic content included: PRAMS, health care transition, prenatal care and adolescent well-visits during COVID-19, as well as youth mental health.

- **Domain: Children and Youth with Special Health Care Needs (CYSHCN)**

- Increase the percent of children with special health care needs with a medical home
- Increase the percent of children without special health care needs with a medical home
- Increase the number of WIC, Home Visiting, Healthy Start, and other program participants that received information on the benefits of a medical home

- Increase the number of referrals to Nevada's medical home portal

- **Title V MCH Program and Partners –**

- Family TIES of Nevada (FTON) continues to maintain the children and youth with special health care needs (CYSHCN) helpline, provide translation services for families with CYSHCN, conduct Parent to Parent (P2P) program trainings assisting families with CYSHCN and educate families on how to navigate the Medical Home Portal. Over 150 families were assisted with translation services (primarily by phone), 130 with insurance eligibility assistance, 55 with education on the Medical Home Portal and P2P, and 150 received a variety of informational brochures and referrals.
- Nevada Center for Excellence in Disabilities (NCED) continued to train and distribute valuable resources for CYSHCN professionals and parents on transition health care, the medical home model, and the Medical Home Portal. NCED staff gave two virtual presentations to UNR CYSHCN students and staff, as well as Nevada Department of Education professionals and rural educators for a total of 32 virtual training attendees. NCED staff also attended a third Healthcare Transition Learning Group workshop to receive further resources to share with professionals and families.
- The Northern Nevada Cleft Palate Clinic (NNCPC) saw twelve patients this quarter, consisting of seven male and five female individuals ranging in age from 1-19 years old.. Seven patients were covered by Medicaid and the remaining five had private insurance.
- The Children's Cabinet (TCC) and the Technical Assistance on Social Emotional Intervention (TACSEI) continued to engage families through use of social emotional Pyramid Model trainings serving CSHCN 0-5 years of age. TCC enhanced parent involvement through newsletters and virtual meetings, and enhanced health literacy to parents/caregivers through distribution of Milestone Moments books in English/Spanish, Making Life Easier materials, Backpack Series materials, Help Us to Have a Good Day materials, National Center for Pyramid Model Innovations (NCPMI) COVID-19 Family materials, and developmental screenings using the Ages and Stages Questionnaire (ASQ). TCC-TACSEI developmentally screened 170 children from nine implementation sites and nine demonstration sites. TCC also distributed 38 TACSEI kits to regional organizations after virtual trainings.

- **Children and Youth with Special Health Care Needs (CYSHCN) Program**

- Title V MCH staff finished participation in the AMCHP Emergency Preparedness and Response Action Learning Collaborative (EPR ALC) in collaboration with the Nevada DPBH Public Health Emergency Preparedness (PHEP) Program. Through this opportunity, AMCHP and CDC provided technical assistance to Nevada and other participating states to aid in developing or enhancing the integration of MCH populations in their emergency preparedness and response plans. This final quarter Title V MCH staff reviewed hospital protocols for discharging newborns and postpartum women after an emergency, including those who are displaced from disaster-affected homes.
- Title V MCH staff continued participation in the Pediatric Mental Health Care Access Program (PMHCAP) with the Nevada Division of Child and Family Services (DCFS). PMHCAP uses telehealth strategies like Mobile Crisis Response teams to expand mental health services for children in Nevada. Title V MCH staff recently peer reviewed the Early Childhood Mental Health Brief development process and protocols initiated by PMHCAP and the Nevada Institute for Children's Research and Policy (NICRP).
- Title V MCH staff shared general vaccination resources from the Centers for Disease Control and Prevention (CDC) and Sick Cell Disease (SCD)-specific immunization schedules, CDC SCD infection prevention flyers, and two flu awareness events to the Nevada MCH Coalition, as well as Family TIES of Nevada.

- Title V MCH staff provided federally available data (FAD) on flu immunizations for children to Dr. Nik Rashid and Linetta Barnes, BSN, RN from Sickled Not Broken Foundation of Nevada.
- **Domain: Cross-Cutting/Lifecourse (activities within this domain are included within each subpopulation above), which include the following objectives:**
 - Reduce the percent of women who smoke during pregnancy
 - Increase the percent of women who call the Nevada Tobacco Quitline for assistance
 - Reduce the percent of women using substances during pregnancy
 - Reduce the percent of children who are exposed to secondhand smoke
 - Increase the percent of adequately insured children
 - Increase the percent of callers to Nevada 2-1-1 inquiring/requesting health insurance benefits information
- **Tobacco Cessation:**
 - All subgrantees continue to promote the Nevada Tobacco Quitline (NTQ). CCHHS and CHS referred tobacco users to the NTQ. CCHHS counseled self-identified nicotine users with a Brief Tobacco Intervention resulting in 138 referrals to the NTQ due to desire to change smoking/vaping habits. CHS referred 1 woman of childbearing age (15-44 years old) to the NTQ
- **Substance Use During Pregnancy:**
 - All Title V MCH subrecipients promote the SoberMomsHealthyBabies.org website
 - Title V MCH staff participate in Substance Use workgroups and collaborate with the Substance Abuse Prevention and Treatment Agency (SAPTA) on the Comprehensive Addiction Recovery Act (CARA) initiatives, including Infant Plan of Care, and the Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI)
 - CARA final materials were posted to the SoberMomsHealthyBabies.org website
- **Nevada Public Health Conference**
 - The Nevada Public Health Conference was tentatively scheduled for fall 2020 but has been postponed until March 8-9, 2021.
- **Adequately Insured Children:**
 - CCHHS partners with the Division of Welfare and Supportive Services (DWSS) by placing insurance enrollment staff on-site. Due to COVID-19, onsite efforts were replaced with virtual/online assistance, thus reporting ceased for this activity. In-reach was provided to uninsured clients seeking services through CCHHS.
- **Nevada 211:**
 - Nevada 211 received 156 calls/texts from within the MCH population with 96% being pregnant. PRAMS program information was provided to 6 women, 8 referrals were made to the Medical Home Portal, 15 recommendations were given for Text 4 Baby, 3 for sobermomshealthybabies.org, and 2 for resources to deal with perinatal mood and anxiety disorder. Caller/text demographics reported revealed 65% were on Medicaid, 91% resided in Clark County. The highest caller needs were for rent (36%), utilities (15%), and health insurance (8%).
 - All subgrantees continue to promote Nevada 211.
 - CCHHS conducted a Facebook campaign promoting Nevada 211 reaching 4,188 people, with 124 engaged users. Nine 'liked' the post and two shared with their networks.

- **Nevada Home Visiting:**
 - All Nevada Home Visiting sites successfully navigated transition to virtual services. The NHV Program shared COVID-19 resources with Local Implementing Agencies and submitted the grant application and data reporting to HRSA.
 - More than 1000 virtual home visits have been provided to families
 - Families have received help connecting to the internet through free services from Spectrum
 - Families have received help accessing telehealth services for well child, well adult, and mental health services
 - Some agencies have supported families with food from local food pantries and have delivered to keep families safe.
 - Children have received curriculum handouts either delivered or in the mail, as well as books
 - Home Visitors have adjusted activities to use what families have on hand to support their child's development

- **Teen Pregnancy Prevention Programs:**
 - All Teen Pregnancy Prevention Program sites successfully navigated transition to virtual services and curricula implementation. The Program shared COVID-19 resources with agencies.
 - A Teen Mental Health social media campaign was completed, linking youth to Resilience Ambassador (<https://www.nevada211.org/nevada-resilience-project/>) information at dpbhnrp@health.nv.gov.

- **Nevada Early Hearing Detection and Intervention**
 - Nevada Early Hearing Detection and Intervention (EHDI) successfully works with its hospital, audiologist, early intervention provider and family-based organization partners to ensure all children in Nevada are screened for hearing loss at birth and those identified with hearing loss receive timely and appropriate audiological, educational and medical intervention. EHDI promotes the national EHDI goals and timelines developed by the Joint Committee on Infant Hearing. Information and resources are available here: <http://dpbh.nv.gov/Programs/EHDI/EHDI-Home/>
 - Cytomegalovirus (CMV) public awareness information and resources are available here: <https://nevadacmv.org/>

Primary Care Office (PCO)

Our Mission

The PCO is an administrative unit of the Nevada Division of Public and Behavioral Health that works to improve the health care infrastructure of Nevada. The PCO supports the Division's mission to promote the health of Nevadans by working to:

- Improve access to primary health care services for Nevada's underserved;
- Increase availability of primary care providers in underserved areas;
- Increase access to maternal and child health care service for underserved populations; and
- Improve provider access to health care financing resources.

Programs and Services

The PCO is funded by federal grants from the Health Resources Services Administration (HRSA) to support multiple programs through the following services:

- Complete applications for federal designation of Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas of Populations (MUA/Ps). These designations support eligibility for increased federal funding and recruitment of health care professionals;
- Review applications and provide letters of support for the J-1 Physician Visa Waiver program to bring international medical graduates to underserved areas in Nevada; and
- Review site applications and provide recommendations for the National Health Service Corps loan repayment and scholar programs.

The PCO also engages in the following activities:

- Support primary care workforce development through linkages with education and training, licensure and certification, and recruitment and retention.
- Review applications for certificates of need for construction, or expansion, of facilities providing medical care in counties with less than 100,000 population, or communities with less than 25,000 population in counties with more than 100,000 population.

Oversight

The Primary Care Advisory Council was established in 2008 to enhance oversight of the PCO and the services provided, in an advisory capacity to the Administrator of the Division of Public and Behavioral Health. Creation of the PCAC led to statutory and regulatory changes to ensure compliance with the J-1 Physician Visa Waiver program, under NRS 439A.130-185 and NAC 439A.700-755.

Linkages

The PCO works with many public and private partners to support the health care safety net, including: Nevada Primary Care Association, Federally Qualified Health Centers, Rural Health Centers, Critical Access Hospitals, National Health Service Corps sites, State Office of Rural Health, Nevada Rural Hospital Association, University of Nevada School of Medicine, Western Interstate Commission for Higher Education, Nevada Division of Health Care Financing and Policy, and multiple health professional licensing boards. Facilitated activities include strategic planning for shortage designations, primary care data development and sharing, recruitment and retention strategies, and workforce development.

Contact

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PCO Highlights from April 2020 – September 2020

- National Health Service Corps (NHSC) outreach activities during this quarter included zero health clinic site visits; zero student outreach events; presentation to 46 clinicians in rural, tribal and Federally

Qualified Health Centers on loan repayment opportunities; *one* new site application assistance for Washoe County CPS. *One* (with *Twelve pending federal approval*) site recertifications reviews were completed (1-Rural Health Clinic, 2-Correctional Facilities, 1-Community Hospital, 5-Community Mental Health, 3-Certified Rural Health and 1-Pediatric Group Practice). *One* (with *Seven pending federal approval*) new site was added to the NHSC-approved list of safety net sites. These activities increase awareness of the program and subsequent program participation, which leads to increased recruitment and retention of health providers for underserved maternal, pediatric and adolescent populations. These safety net health care sites serve all patients regardless of ability to pay and represent critical primary care, mental health, and dental access points for maternal, pediatric, and adolescent populations in Nevada.

- *Seven* applications were reviewed, public hearings were held, and letters of support were completed for *seven* physicians to practice in Nevada under the Conrad 30 J-1 Visa Waiver program. One of the physicians specializes in pediatric endocrinology and will serve the underserved populations of Northern Nevada in Washoe County. These doctors will serve underserved populations including maternal, pediatric, and adolescent populations in Las Vegas and Carson City. The J-1 program has received eleven applications this program year.
- Additionally, the PCO conducted *seven* J-1 site visits that consisted of pediatric outpatient clinic and family medicine practices located in Dayton Clinic, Red Rock Medical Center and Reno Clinic. The site visits increase the practice's efficiency in serving maternal, pediatric, and adolescent populations in Nevada. Furthermore, they help strengthen relationships among safety net sites and increase the opportunity for community collaboration.
- The Spring (4/20/2020) and Summer (July 17, 2020) PCO Newsletter were published to almost 500 subscribers and included multiple articles that support maternal, child, and adolescent health. Articles included the NV Leadership Education in Neurodevelopmental and Related Disabilities (NVLEND) application announcement, Clinical Management of Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19); Help Spread #WellChildWednesdays to Encourage Parents to Keep Up with Pediatric Checkups and Immunizations; UPDATED SIX CORE ELEMENTS OF HEALTH CARE TRANSITION™ AND REVAMPED GOT TRANSITION WEBSITE, and Health Resources and Services Administration (HRSA) updates Maternal and Child Health COVID-19 [FAQs](#).
- Meetings with our safety net partners continue on a monthly or quarterly basis to collaborate on data development and sharing, provider recruitment and retention, shortage designations, and workforce development.

If you would like to receive our PCO Quarterly Newsletter, you can sign up online through http://dpbh.nv.gov/Programs/Conrad30/NV_PCO_Newsletter_Sign_Up/ OR [constant contact](#).