

**Missouri Women’s Health Council
Meeting Minutes
December 11, 2019**

Members Present	Karen Edison, Sandra Jackson, Eboni January, Sue Kendig, Katherine Mathews, Bridget McCandless, Mary McLennan, Melissa Terry, Katie Towns, Denise Willers, Pat Clay (via phone)
Members Absent	Paula Baker, Karlyle Christian-Ritter, Colleen Coble, Wendy Doyle, Sherry Maxwell, Emily van Schenk Hof, Padma Veligati, Denise Wilfley, Rachel Winograd
Department of Health and Senior Services (DHSS) Staff	Randall Williams, Karen Kliethermes, Mindy Laughlin, Martha Smith, Tracy Henson
Department of Social Services Staff (DSS)	Jessica Dresner
Guests	None

Topic/Presenter	Discussion
Department of Health and Senior Services Update	<p>Dr. Williams talked about LARCS and indicated Mark Edwards, co-founder of Upstream USA, leads the LARC movement in the United States. He indicated that Delaware cut the teenage pregnancy and abortion rate by forty percent and the same statistics have been seen in Colorado and North Carolina. He indicated that teenage pregnancy is markedly reduced. The number one barrier to using LARCS is that you have to be able to do it at the time you have the conversation. Dr. Williams also talked about Project Upstream.</p> <p>Dr. Williams talked about medical marijuana and the article in the Kansas City Star. As of December 5, the Department had received approximately 25,000 physician certifications for medical marijuana patient applications. By the end of January, the Department will announce 348 facility license awardees, for which the Department collected over \$15,000,000 of nonrefundable application fees. There will be about 1900 facility applicants who will not receive a license. The Department will be contracting for about thirty short-term attorneys to handle litigation related to this. He indicated that seven percent of pregnant women use marijuana, and those numbers have doubled since about ten years ago. Recreational marijuana has been approved to be on the ballot in 2020.</p> <p>Dr. Williams indicated the Governor appointed a workgroup for vaping. We have had two deaths in Missouri from vaping. The Department of Health and Senior Services has been working with the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration (FDA) on the Outbreak of Lung Injury Associated with the Use of E-Cigarette or Vaping Products (EVALI). Although the investigation is ongoing, the majority of patient cases have reported vaping THC prior to onset. Vitamin E acetate, an additive in some THC-containing e-cigarette or vaping products, has been found in many of the vaping product samples tested from confirmed patient cases.</p> <p>Recent national data reports that one in four high school aged youth use electronic</p>

	<p>cigarettes, while in Missouri, one in five high school aged youth use e-cigarettes; double the number in 2017 (YRBS – Youth Risk Behavior Survey). E-cigarette use is the leading cause of suspension for one out of five high school sophomores.</p> <p>Seven states have taken action to raise the age of vaping to 21 or banning flavored products. Dr. Williams indicated that the Trump Administration is looking at and talked about raising the age for vaping to 21 and banning vaping products. Vaping is a very powerful way to deliver high concentrations of nicotine. One cartridge or JUUL is equal to a pack of cigarettes. Dr. Williams reported the Department launched the Clear the Air Campaign.</p> <p>Dr. Williams talked about maternal and infant mortality. Maternal mortality has gone from 42nd to 44th. Missouri’s Pregnancy Associated Mortality Review (PAMR) Board, of which Dr. Williams indicated he is the Executive Director, are reviewing maternal mortality in real time. He indicated the Department has identified money to fund perinatal collaboratives, which will be housed with the Missouri Hospital Association. He explained that all the delivering hospitals meet quarterly and are implementing safety bundles. He indicated the Department is funding the collaboratives for the first year and is working on a new decision item for future funding. A question was asked to what they are learning, in a general sense, about maternal deaths, and if the hospitals would have implemented these bundles, would it have prevented the deaths. Dr. Williams indicated there are direct causes and indirect causes for maternal deaths. Direct causes include preeclampsia, postpartum hemorrhage, and heart disease. Indirect causes can include car accidents and domestic violence. In Missouri there are about 80 women who die a year. Of the 80, about 30-35 are from direct causes and about 50 are indirect causes. Of the 30 direct, they believe two thirds could be prevented. The number one direct cause in Missouri is heart disease. He indicated Dr. Karen Florio of Kansas City is starting a national registry of all heart disease. The number one indirect cause of death of moms in Missouri is opioids. Dr. Williams talked about the fourth trimester.</p> <p>Dr. Williams indicated there has been a lot of news about abortion in Missouri. He mentioned Planned Parenthood’s administrative hearing will probably have a ruling by March 2020.</p> <p>Dr. Williams talked about 2020 being an election year. He mentioned that the Department will be the focal point in Missouri’s election due to three key areas identified: abortion, Medicaid Expansion, and rural health.</p> <p>Sue Kendig mentioned the University of North Carolina’s fourth trimester project and the new patient website called newmomhealth.com.</p> <p>Action Items:</p> <ul style="list-style-type: none"> • Tracy Henson will email the newmomhealth.com link to the Council members.
<p>Department of Social Services Update</p>	<p>Jessica Dresner indicated that one of the questions that came up previously was what happens after the 60 days of postpartum coverage. She indicated what is supposed to happen when the 60-day postpartum hits is the system will look to see the status of the woman, and if her income is low enough to qualify, she should</p>

automatically transfer over to Medicaid. If her income is above the threshold, and she does not have other insurance that the systems sees, she should automatically transfer to the Extended Women's Health Services Program (EWHS). If she has other insurance, however, her Medicaid will stop at 60 days. If she is a young woman under 19, she will transfer back to being covered as she is still considered a child in the system. Jessica asked the council if there are instances that are not working properly to let her know, and she can get with the folks at Family Support Division and figure out what is going on.

Jessica talked about another women's health program called EWHS, which is a separate program from Medicaid. It is funded with General Revenue. The program is for family planning, pap tests, breast exams and birth control. Jessica will get the specific information for that program and send it to Mindy Laughlin to send out to the Council.

Jessica also talked about the company DSS is working with called Civilla around the eligibility application. She indicated Civilla has been in the southwest part of the state and will be back next week in the southeast part of the state. DSS is making an effort to travel all around and sitting down with participants and with the workers in the Family Support offices to ask participants what their experience is like. She indicated this was done in Michigan, and it was successful. It is about the whole eligibility process and how to get services. DSS will have to do some follow up with their call centers. Jessica mentioned that if the council would like someone to come from the Family Support Division to talk about the enrollment issues to let her know.

Jessica explained the process of crossover claims and when Medicaid and Medicare pays or may not pay. Jessica said that if there was a scenario that needs to be run down, and a DCN or name and date of birth can be provided, that gives her a real person, and she can go into the system and see what happened in specific cases.

The Right Time Initiative is another avenue to pursue for helping with family planning. It is through the Missouri Family Health Council and has limited funding. Concept Choice Clinic has Right Time Funding.

Jessica talked about the substance use disorder (SUD) waiver and gave some history about it. She indicated DSS did submit the SUD waiver, got the updated budget information and it is going back out for public comment.

Jessica spoke about physical therapy, which is only covered through their alternate therapies for chronic pain. If you have a chronic pain diagnosis, you can get some additional services, such as chiropractic, acupuncture, and also physical therapy. She indicated DSS received a few inquiries in the last couple of months on what they provide. DSS has several programs where they will pay provisionally licensed practitioners, and sometimes they don't pay. She reached out to Dr. Martin to ask if he knew the history as to why some of the therapies they don't pay for provisionally licensed, and he was not sure. She has this on her to do list to go back and look. DSS wants to make sure they consider all factors and all the evidence-based research and what works and what doesn't work and what they should be covering or not covering. This is something DSS continues to talk about.

Jessica talked about the PAMR Board, that Dr. Williams mentioned, and how they

are able to work together on it. She indicated DSS audits providers and have a long standing history of requesting records and what that looks like. They worked together with DHSS to give input on what they think the letters need to look like when the PAMR Board needs to request records from the health plans or individual providers. This is a new process and providers may hesitate at being asked to turn over records to a body that they are not familiar with. DSS wants to make sure to pave the way and help craft the letters the providers and health plans are used to seeing.

Jessica talked about DHSS receiving the Rural Maternity and Obstetrics Management Strategies (RMOMS) grant. DSS is working along with Sue Kendig, the providers, and the folks at DHSS. DSS has someone who will sit on the governance and sustainability committee. DSS is very interested in making sure this is a sustainable model and is available statewide, and that the value-based payment methodology around it is something they can intertwine with their efforts with Medicaid.

DSS is still waiting to hear whether or not they will be awarded the Maternal Opioid Misuse (MOM) grant they applied for. The grant will be about services around the maternal opioid misuse model.

Jessica mentioned DSS has a vendor that put together an opioid dashboard for them that drills down to the pharmacy level, provider level, and participant level. This is a platform they can use to look at other things. Jessica indicated potentially utilizing this tool around hypertension and diabetes.

Jessica said DSS is continuing to look at all of their procedures and what they are prior authorizing. She indicated this is ongoing. She also said it came to her attention that they have a system for prior authorizations for behavioral health services that uses a fax tracking system. She has this on her list to look at to see if DSS can make that more efficient. She also talked about the exception process and having that entire process under review. She also talked about the transformation piece and payment methodology. Sue Kendig asked if there has been a discussion about transformation and women's health. Jessica indicated not at this point.

Jessica said one of the things DSS hopes to implement late summer next year is putting the rest of their outpatient procedures on a fee schedule.

Jessica gave an update on LARCs. In February of 2019, DSS sent out a provider bulletin about the changes based on legislation and the change took effect in April. She said they do not have any restrictions on the person receiving them as long as she is Medicaid eligible. DSS pays according to a specialty rate.

After listening to the conversations about the enrollment form, the family planning checkoff, and the request for proposal, Sue Kendig offered the expertise of the Council to help bring some of the recommendations into action.

Karen Edison mentioned they have 23 Extension for Community Healthcare Outcomes (ECHOs). One of the best attended ECHOs is the community health worker. Jessica said they received some money to do a couple of community health worker pilots this coming year, and that is something she could talk about in a future meeting. She also mentioned that DHSS is hosting a conference in March.

	<p>Mindy Laughlin indicated that the Bureau of Cancer and Chronic Disease Control will be hosting the conference, and she will share the conference information with the Council.</p> <p>Action Items:</p> <ul style="list-style-type: none"> • Jessica will get the specific information for the EWHS program and will send it to Mindy Laughlin to share with the Council. • Mindy Laughlin will share the community health worker conference information with the Council.
2020 Priorities	<p>The council reviewed and discussed the 2020 priorities. Bridget McCandless will send out the priorities document to the Council for review. Bridget asked the Council if there was anything they felt was important that they should be doing homework on so they have the data to think about other policies for future years. Tobacco and vaping were mentioned. Sue Kendig mentioned adding value-based payment models to one of the agendas to learn more about it. The Council would also would like to have Kim Evans from Family Support Division come and talk to them.</p>
Next Steps and Closing	<p>Sue Kendig asked for suggestions for topics at future meetings. She asked if the March meeting went longer into the day, whether they could order lunch and have it delivered to the meeting room. Tracy Henson will check with the Department of Natural Resources to see if food is allowed in the meeting room. Directions will be sent for the next meeting location. It was decided the March meeting will include a presentation from Michelle Trupiano, Executive Director of the Missouri Family Health Council, and Bridget McCandless will talk about Medicaid expansion. The June meeting will include a presentation on value-based payment models, and an invitation will be extended to Kim Evans, Deputy Director of Family Support Division, to learn more about the Family Support Division and the MO HealthNet enrollment process.</p> <p>Action Items:</p> <ul style="list-style-type: none"> • Tracy Henson will check with the Department of Natural Resources to see if food can be brought into the meeting room for the March Women’s Health Council Meeting. • Tracy Henson will send directions for the next Women’s Health Council meeting location.
Adjourn	<p>The meeting was adjourned at 1:00 p.m.</p>
Next Meeting	<p>March 6, 2020, Department of Natural Resources, Bennett Springs Conference Room, 9:00 a.m.-1:00 p.m.</p>