

**Texas Maternal Mortality and Morbidity Review Committee
Meeting Minutes
Friday, March 4, 2022
8:00 a.m.**

Location: Texas Department of State Health Services (DSHS), Robert Bernstein Building, Room K-100, First Floor, 1100 West 49th Street, Austin, Texas 78756

Table 1: Texas Maternal Mortality & Morbidity Review Committee attendance Friday, March 4, 2022 meeting.

MEMBER NAME	IN ATTENDANCE
Ms. Nancy Sheppard- Alderman	No
Dr. Eumenia Castro	No
Dr. Kendall Crowns	No
Dr. Meitra Doty	Yes, joined late
Dr. Kelly Fegan-Bohm	Yes
Dr. Manda Hall	Yes
Dr. James Hill	Yes
Dr. Lisa Hollier	Yes
Dr. Sherri Onyiego	Yes
Dr. Carla Ortique	Yes
Dr. Lavannya Pandit	Yes
Ms. Nancy Puig	Yes, joined late
Dr. Amy Raines-Milenkov	No
Dr. Christina Murphey	Yes
Dr. Patrick Ramsey	Yes
Dr. Robin Page	Yes
Ms. Nakeenya Wilson	No

Agenda Item 1: Call to Order, Welcome, Introductions, Roll Call and Determination of Quorum

Dr. Lisa Hollier, Chair, called the meeting to order at 8:00 a.m. and welcomed the committee members, the wonderful staff that support the committee and the members of the public who are in attendance.

Dr. Hollier, Chair, paused for a moment of silence for Texas families forever impacted by the loss of a mother. She then turned the floor over to Ms. Sallie Allen, HHSC, Advisory Committee Coordination Office. Ms. Allen read logistical announcements, called roll, and asked the members to provide a brief introduction, providing their name, profession, organization and location, and determined a quorum was present.

Agenda Item 2: Consideration of December 3, 2021, draft Meeting Minutes

Ms. Allen noted members received a copy of the December 3, 2021, meeting minutes in their electronic packet and she requested a motion.

MOTION:

Dr. Patrick Ramsey made the motion to approve the December 3, 2021 meeting minutes as presented. Dr. James Hill seconded the motion. Ms. Allen conducted a roll call vote, and the motion passed unanimously with eleven approves, no disapproves, and no abstentions.

Agenda Item 3: Subcommittee on Maternal Health Disparities Update

Dr. Hollier introduced Dr. Carla Ortique and turned the floor over to her to provide the subcommittee update.

Highlights included:

- A poster presentation proposal that was submitted by our MCH epi team on behalf of the subcommittee was accepted for the 2022 Association of Maternal and Child Health Programs annual conference. The poster presentation is titled, "Emerging practices and tools in Texas to enhance comprehensive maternal mortality review and to address maternal health disparities".
- The ongoing pilot study related to the Discrimination Assessment and Social Determinants of Health Facilitated Discussion Tool (DASH Tool) is ongoing and the last meeting with the participating States and jurisdictions is scheduled for the end of this month. We hope to at least have some preliminary data from that pilot study by our next full Committee meeting. The next subcommittee meeting is scheduled for March 21st.
- We also received updates from the web team regarding presentations that they attended at the City Match Conference that included presentations of interest to our subcommittee, identifying and addressing racism, discrimination and social determinants of health, and its relation to maternal health outcomes.
- Requested Ms. Julie Stagg help to make sure that the presentations that have been shared with the subcommittee can be disseminated to the full committee.
- One of the key roles of the subcommittee is to help make sure that the full committee evaluations and determinations of recommendations, as well as review of maternal mortality cases, be centered in HealthEquity lens and so sharing the numerous presentations and articles that have been shared within the subcommittee would be very beneficial for the committee as a whole.
- One last reflection - Black History Month and Women's History Month follow each other and as stated before, women's health, health of black people, and health of the socio-economically challenged, in our country create the high rate of maternal mortality that we see in our country and is reflected in our state.

- The recent CDC published data from February 23rd showed that the US maternal mortality rate increased by 18% from 2019 to 2020 and that the gap between black and white women widened as well from 20.1 per 100,000 to 23.8 per 100,000 black women had the highest maternal mortality rate.
- The maternal mortality rate for black women reported for 2020 was 55.3 deaths per 100,000, which represents a 26% increase compared to the previous year. We compare that to white women who had a maternal mortality rate of 19.1. So again, black women 55.1 per 100,000 white women 19.1 per 100,000 and Hispanic women 18.2 per 100,000. Of note that 18.2, while lower than the rate for white women, represents a 44% increase for Hispanic women year over year. COVID-19 pandemic has once again disproportionately impacted birthing people of color black and Hispanic women.
- Health equity represents assurance of the conditions that allow everyone to achieve their best health, and racial equity being that goal of the condition of racial identity not impacting outcomes in society.
- It is extremely important that we continue to focus on this topic and thank our legislature for recognizing that special emphasis, special study, and special recommendations need to be formulated to address those birthing people who are most at risk in our state and the data that has supported that, it is black birthing people in this state that are most at risk.
- A document of interest was the Black Mamas Matter Alliance, Maternal Mortality Review Committees report titled, "Sharing Power with Communities", published in November 2021. The group conducted an environmental scan across 9 state maternal mortality review committees, including Texas and the basic themes and recommendations mirrored many of the recommendations that have come from the review committee.

Agenda Item 4: Consultation for House Bill 25: Medical Transportation Program Services

Dr. Hollier introduced and turned the floor over to Ms. Naomi Carroll, Program Specialist, Office of Policy for Medicaid and CHIP Services, HHSC, to discuss the development and implementation of the HB 25 pilot and the evaluation plan.

Ms. Carroll stated Ms. Kate Layman, Manager, Office of Policy for Medicaid and CHIP Services, HHSC, was also attending to assist with presentation and address any questions from the committee.

Highlights included:

Background

HHSC must ensure that transportation to covered health care services is available for all Medicaid members. This is achieved through the delivery of NEMT services.

- Types of NEMT services that can accommodate multiple people include:
 - Demand response transportation services or DRTS is often provided using a shared ride arrangement in which a single vehicle transports multiple clients traveling in the same direction with appointments scheduled within one hour of each other. If an individual not traveling to a covered healthcare service

uses one of the seats in a shared ride vehicle, that provider has lost an opportunity for reimbursement.

- ITP services reimburse a member or their family member, friend, or neighbor for the mileage incurred while driving the member to a covered health care service. Individuals who provide ITP services are referred to as "ITPs." Because ITP services are delivered in either the individual's car or that of a friend, family member, or other acquaintance, a woman could conceivably bring children with her to her appointments without those children taking space a person eligible for NEMT services might use.
- Another option involves transportation network companies (TNCs). Common examples of TNCs include Uber and Lyft. With the passing of HB 1576, this potentially allows increased options for women who must travel with their children. HHSC anticipates and have seen that the changes brought about by H.B. 1576 will result in an increased number of TNCs participating in Medicaid and contracting to provide NEMT services.
- HB 25 directs HHSC to pilot allowing a woman during and post pregnancy enrolled in STAR to bring another child with her when using nonemergency medical transportation (NEMT) services. Currently, a pregnant woman or new mother is not permitted to bring other children with her when using NEMT services to attend her medical appointments. For some women, this creates a barrier to accessing needed healthcare while pregnant and after delivery. The intent of the bill is to increase access to prenatal and postpartum health care services; reduce pregnancy-related complications; and decrease the rate of missed appointments by this population. Per the legislation's direction, the pilot will be implemented at no additional cost.
- A copy of the December 2020 report was provided to the committee, and another report evaluating the pilot is due December 2022.
- HHSC is working with two managed care organizations or MCOs, which are Superior and El Paso Health to collect utilization data reported on a quarterly basis from September 1, 2020 until August 31, 2022. MCOs have been required to collect and report to HHSC data necessary for the evaluation. This data includes:
 - Number of trips taken by a STAR pregnant or post-partum enrollee and at least one other child
 - Medicaid ID number of primary passenger (i.e., the mother)
 - Dates of trips
 - Number of passengers
 - Mode of transportation (shared ride, transportation network company, etc.)
- COVID impacted the initial stages of the pilot, but utilization has been increasing in recent months.

Key Performance Indicators

HHSC must evaluate the pilot to determine if it:

- is cost-effective
- improves the efficiency and quality of NEMT services
- increases access to prenatal and postpartum health care services

- reduces pregnancy-related complications; and
- decreases the rate of missed appointments for target population.

To complete that evaluation, HHSC is still working with our data management area so this information has not been finalized, but we intend to collect the following data:

- MCOs feedback on administrative financial impacts (to see if it was cost effective)
- Breakdown based on ethnicity to determine if at-risk racial categories were able to utilize NEMT services.
- Number of trips taken as part of the pilot by a STAR pregnant or post-partum enrollee and at least one other child?
- Rate of utilization per member
- Rate of missed appointments by pilot participants prior to and during the pilot
- HHSC may also conduct a pilot participant satisfaction survey. The survey could include questions on:
 - o How they heard about the pilot
 - o Whether there were complications accommodating children (car seats, disruption with drivers, etc.)

Ms. Layman stated the pilot does not restrict the number of children that may travel with the parent to the designated facility or appointment.

Agenda Item 5: Future Agenda Items

Dr. Hollier opened discussion for new business and potential agenda items for the next meeting scheduled for June 3, 2022. Dr. Ortique would like to provide the full committee with an update on the MMMRC member survey.

Agenda Item 6: Public Comment

No written public comment was received.

Agenda Item 7: Executive Session

Dr. Hollier read the legislation allowing the Review Committee to move into a closed executive session at 9:20 a.m. Ms. Allen announced to members of the public that this concluded the open meeting for the morning and the public was informed that the review committee would return later in the afternoon to open the closed session and then adjourn.

Agenda Item 8: Open Session & Adjournment

Dr. Hollier opened the MMMRC meeting at 5:55 pm and hearing no new business, adjourned at 5:55 pm.

Below is the link to the archived video of the March 4, 2022 Texas Maternal Mortality and Morbidity Review Committee (MMMRC) that will be available for viewing approximately two years from date meeting was posted on website and based on the DSHS records retention schedule.

<https://texashhsc.swagit.com/videos/155671>