

## Rebekah E. Gee MD, MPH

## SECRETARY

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### State of Louisiana

Louisiana Department of Health

Office of Public Health

# John Bel Edwards

## GOVERNOR

**LOUISIANA COMMISSION ON PERINATAL CARE AND PREVENTION OF INFANT MORTALITY**

1888-204-5984 Access Code 1982918  
September 8, 2016

Attendees: Dr. Scott Barrilleaux, Dr, Robert Blereau, Gaye Dean, Dr. Amarit Nijjar, Emily Stevens,

Dr. Rodney Wise, Amy Zapata

Guests: Ashley Politz, Berkley Durbin, Davondra Brown, Becky Majdoch, Karis Schoellmann, Robin Gruenfeld, Rosa Bustamante-Forest, Kelly Bankston, Nicole Soudelier, Linda Pickett, Annelle Tanner, Martha Hennegan, Quinetta Womack, Dr. Jim Hussey

**Meeting Notes:**

1. Neonatal Abstinence Syndrome (NAS)

* The NAS Toolkit, created by the Office of Behavioral Health (OBH), is scheduled for completion on September 16, 2016. The Toolkit will be shared with the Perinatal Commission and feedback and recommendations will be collected and provided to OBH.
* The newly legislated Commission on the Prevention of Opioid Abuse will convene this fall. Co-chairs have already agreed to a coordinated effort with this Commission and the Office of Behavioral Health.
* Per the *Schedule of Topics* adopted by the Commission July 2016, individual recommendations from the *Response to House Concurrent Resolution No. 162* will be considered at each meeting. The topic for the next meeting will be chosen on the October call.

1. Legislative updates

• HCR 113 – Provides for the development of the Louisiana Commission on Preventing Opioid Abuse. The Perinatal Commission will work to ensure efforts related to this bill are coordinated with existing work, from the response to HCR 162: Prevention, Treatment, and Screening of NAS to the Office of Behavioral Health’s Louisiana Substance Use in Pregnancy Toolkit.

• HB 618 – The Compassionate Burial Options Act would require hospitals to inform parents who have a miscarriage that they have the right to bury or cremate the remains. The Commission will inquire as to the planned implementation of this law, in particular as it relates to the development of a parental rights form that hospital staff will be required to use.

• An injunction on all abortion bills has been filed.

1. Reports and Updates

* Office of Behavioral Health - There are seven programs around the state that treat women with children who have substance abuse disorder. These programs consistently operate at 98% capacity and serve between 400-450 women at a time. They are primarily funded through TANF, but may also receive partial funding through Local Governing Entities. All seven programs are not capturing the same data, but they are all making Medicaid claims. The reports that are prepared relative to these programs focus on the outcome of treatment, not of pregnancy. There may be an opportunity to look at pregnancy prevention and pregnancy outcomes through Medicaid claims data. The Office of Behavioral Health will share data indicators collected with the commission in order that special report may be pulled and presented to the Commission.
* Project AIM – Project AIM (Alliance for Innovation in Maternal Health) has launched in Louisiana and will initially focus on hypertension and maternal hemorrhage. Kelly Bankston, the new coordinator, started a few weeks ago.
* Medicaid Request for Proposals – The Perinatal Commission plans to review the upcoming request for proposals for new Medicaid health plan contracts with the aim of providing recommendations that can improve quality of care.
* Well Woman Visits – ACOG is leading an effort in partnership with the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), and the National Association of Nurse Practitioners in Women’s Health (NPWH) to improve the well-being of women across the country by updating the Women’s Preventive Services Guidelines, and develop new recommendations. These guidelines help clinicians determine which screenings and other preventive health services they should routinely offer to patients. Draft recommendations were posted for public comment from September 1 to September 30, 2016. Final recommendations are then submitted to be considered for adoption by HRSA and insurance coverage by the Affordable Care Act. Members of the Perinatal Commission were encouraged to provide feedback during the comment period.
* 17P – 17P, a drug that can reduce the risk of premature birth, is produced by Makena. While 17P has proven extremely effective, patients struggle to fill their prescriptions. Providers have shared that challenges arise in communication between pharmacies and Makena, and the responsibility of mediation often falls to clinic staff. Dr. Wise plans to raise this issue at the Medicaid Quality meeting.
* Title V Block Grant – The Bureau of Family Health had an excellent block grant review session. Amy Zapata thanks everyone who contributed to that process.
* Dr. Gill’s Letter – Dr. Gill, a revered pediatrician who served as chair of the Perinatal Commission for many years, has retired. A letter has been composed to congratulate him on the occasion of his retirement. Bureau of Family Health staff will work to formalize it with appropriate signatures.

1. Adjourn

Next in person meeting is Nov 10, 2016 in the Bienville Building (room 173) from 1-3pm.