Maternal Health Data and Quality Measures Task Force Meeting Notes -- Draft

June 25, 2025

Virginia Department of Medical Assistance Services, 10:00 a.m. – 12:15 p.m.

Members Present: VDH Commissioner Dr. Karen Shelton (Co-Chair), DMAS Director Cheryl Roberts, Lee Ouyang, Emily Anne Gullickson, Leah Kipley, Nicole Lawter, Ildiko Baugus, Nikole Cox, Joely Mauck, Eric Reynolds, Melanie Rouse, Delegate Anne Ferell Tata, Louis Thompson, Shannon Pursell, Hannah Coley (designee for Kelly Cannon), and Yulisa Arellano (designee for Julie Bilodeau)

Members Present Virtually: Ann Russell, Ashley Wiley, Delegate Amanda Batten, Dr. Jennifer Wells, Dr. Kurt Elward, Gabriela Ammatuna, Mandolin Restivo, Paula Tomko, Senator Emily Jordan, Stephanie Spencer, Tanya Callender, Michael Perez (designee for Martin Brown)

Health and Human Resources Staff: Leah Mills, HHR; Jona Roka, HHR; Mindy Diaz, HHR; Melanie Cruz, Virginia Management Fellow; Elizabeth Gillanders, HHR Fellow; Cheryl Oppan, HHR Fellow; Brandon Tomlinson, HHR Fellow; Katie Rankin, HHR Intern

Opening Remarks and Member Introductions – Leah Mills, Deputy Secretary of Health and Human Resources

Deputy Secretary Mills welcomed attendees and thanked them for their participation. She acknowledged Commissioner Dr. Karen Shelton, Director Cheryl Roberts, Delegate Anne Ferrell Tata, Delegate Amanda Batten, and Senator Emily Jordan. She extended thanks to Director Roberts for hosting this meeting and highlighted her leadership in launching Cardinal Care. Deputy Secretary Mills also welcomed the 2025 Health and Human Resources Governor's Fellows.

Task Force Welcome – Dr. Karen Shelton, Commissioner, Virginia Department of Health

Commissioner Shelton welcomed Task Force members and noted the previous meeting's discussions focused on tobacco use reduction in Virginia, which led to further conversation around increasing cannabis use.

Presentation – Cannabis Use During Pregnancy – Dr. Avery Michienzi, Medical Toxicology Faculty, University of Virginia

Dr. Avery Michienzi, a toxicologist at the University of Virginia (UVA), presented on the intersection of toxicology and maternal health, focusing on cannabis use during pregnancy. She began by explaining that cannabis use is on the rise, influenced by factors such as decriminalization and increased accessibility, which contributes to the perception that cannabis is safe. Dr. Michienzi emphasized that cannabis, while legal in some forms, still poses potential health risks to pregnant women and their children. She emphasized the complexity of cannabis, highlighting that it contains a variety of cannabinoids—most notably THC and CBD—which can be found in both natural and synthetic forms. These compounds are marketed through a wide range of products and channels, often taking advantage of legal ambiguities and regulatory gaps.

Cannabis is commonly used during pregnancy for anxiety, insomnia, chronic pain, and nausea. A major concern discussed was the gap in education and guidance from health professionals; many patients reported being told not to use cannabis but were not given reasons or alternatives. Dr. Michienzi drew a comparison to other legal substances like tobacco and alcohol, reinforcing that legality does not equate to safety. Dr. Michienzi reported that 70% of women believe cannabis has little to no harm during pregnancy if only used 1-2 times per week.

She also addressed cannabis use while breastfeeding, noting that THC can transfer into breast milk. The presentation emphasized that many pregnant women perceive cannabis as safe due to its natural origin and lack of adequate public health messaging. Dr. Michienzi cited research showing conflicting information online and a desire among pregnant women for more information directly from healthcare providers. The presentation concluded with recommended communication approaches for OB/GYNs and references to public health resources from the Centers for Disease Control and Prevention, American College of Obstetricians and Gynecologists, Substance Abuse Mental Health Services Administration, and the Virginia Cannabis Control Authority.

Data Highlights:

- *Are Health Care Providers Caring for Pregnant and Postpartum Women Ready to Confront the Perinatal Cannabis Use Challenge* - Survey of 75 providers:
    - 46% of providers are aware of short or long-term effects of cannabis during pregnancy
    - 67% of providers want more training on perinatal cannabis use and its health impacts
    - 35% of providers are unaware of the impacts that cannabis use has on maternal and perinatal health
- *Recommendations From Cannabis Dispensaries About First Trimester Cannabis Use - Colorado study of 400 phone calls to dispensaries:*
    - 69% of dispensaries recommended cannabis use for morning sickness
    - Only 5% of dispensaries warned of potential fetal harm
    - 81.5% recommended patients talk to a healthcare provider, but only 31.8% made the recommendation without prompting
- Health risks associated with cannabis use during pregnancy include:

- Reduced placental perfusion and fetal oxygen
- Increased risk of low birth weight, stillbirth, NICU admission, and preterm birth
- Long-term child impacts such as attention deficits, memory issues, increased risk for mental health disorders, and academic difficulties
- Delta-9 THC is lipophilic, meaning it can pass through breast milk and potentially cause apneic spells in infants

Presentation – Cannabis Use During Pregnancy: VDH Data – Lauren Kozlowski, Maternal and Infant Programs Consultant, Virginia Department of Health; Kenesha Smith Barber, Community Health Improvement Epidemiology Program Manager, Virginia Department of Health

Lauren Kozlowski and Kenesha Smith Barber shared the data VDH collects on cannabis use during pregnancy. They reported that the percentage of women reporting marijuana use increased from 1.8% in the year prior to legalization (2019) to 2.4% in 2023, representing a 33% increase. The highest reported usage by race is among non-Hispanic White women. In 2020, the highest reported postpartum marijuana use by maternal age was among 25- to 34-year-olds.

Presentation – Maternal Health: For Commercial Health Plans – Dr. Louis Thompson, Director of Medical Operations – Commercial East Coast Region, Anthem Blue Cross and Blue Shield, Virginia and Dr. Seema Sarin, Medical Director, Commercial and Specialty Business, Anthem Blue Cross and Blue Shield, Virginia

Dr. Louis Thompson's presentation addressed how commercial plans are working to meet maternal health needs and strategic goals. He reviewed national and Virginia-specific maternal health trends, including data from the March of Dimes. He noted increasing rates of preterm births and maternal morbidity, highlighting that access to care remains a major barrier, particularly due to transportation, provider shortages, and a lack of diversity in healthcare providers.

Dr. Seema Sarin followed by outlining Virginia's current coverage landscape. She explained that approximately one-third of births are covered by Medicaid, with the remainder relying on commercial insurance. She reviewed maternal health benefits currently required and how these apply in Virginia, including prenatal care, midwifery services, home births, and postpartum care. Elevance Health is working to go beyond standard coverage by focusing on social determinants of health, behavioral health integration, and the creation of personalized maternal care plans. Dr. Sarin emphasized that 80% of health outcomes are influenced by factors outside of care, such as socioeconomic status, and that proactive, data-informed care is essential.

Elevance Health's Whole Health Index (WHI), a validated screening tool, helps identify behavioral and social risk factors early. WHI data is used to create dashboards that map maternal health deserts and inform care coordination. The organization also provides access to maternity health advocates and virtual care services such as Pomelo Care. Their approach emphasizes a holistic, upstream model of care that includes early intervention and aims to close racial and ethnic disparities in maternal and child health outcomes.

Presentation Highlights:

- Required commercial plan benefits in Virginia include:
    - Prenatal and postpartum care
    - Licensed nurse midwifery and home birth services
    - Dental, ultrasound, and fetal screening services
    - Tobacco use intervention and counseling
    - Breastfeeding support
- Elevance Health initiatives:
    - There was an 18.8% improvement in preterm birth rates among the Elevance Health Foundation program participants
    - Mapped maternal health data across Virginia using WHI dashboard
    - Partnerships with maternity health advocates and Pomelo virtual care services
    - Reached 475,000 individuals nationwide through awareness efforts, screenings, and other services

Questions and Discussion

- Question: How long do pregnancy benefits last postpartum? Are there differences across plans?
    - Dr. Thompson's response: Medicaid provides up to one year of postpartum coverage. Commercial plans may also offer up to one year, but this can vary by provider and employer.
- Question: Non-medically necessary inductions were not listed as a risk factor for C-sections. Has this been evaluated in the data?
    - Dr. Thompson's response: Early induction is discouraged. A process is currently in development to better evaluate and potentially prohibit non-medically necessary inductions.
- Question: How can we include requirements for the coverage of specific services?
    - Dr. Thompson's response: There is an ongoing conversation about the path to requiring specific services through regulation. Coverage mandates vary and must align with Virginia's legislative and regulatory framework.
- Question: Does coverage of an at-home birth include licensed midwives?
    - Dr. Thompson response: Yes, coverage includes licensed midwives. Postpartum care typically includes reimbursement for up to four standard visits.
- Question: What is the barrier for extending postpartum benefits?
    - Dr. Thompson response: This is often influenced by employers and the type of insurance plans offered. Coverage varies across different sectors, and the General Assembly determines what is required across all plans.
- Task Force member comment: There are instances where Medicaid recipients appear to have better access to resources than those with commercial insurance. This points to an unintentional disparity. Analyzing access points and understanding what mothers are seeking is key.

Facilitated Activity – VCU Center for Public Policy (CPP)

Dr. Brittany Keegan from CPP noted the limited time for discussion and announced that a follow-up survey would be distributed to gather input on the next steps and recommendations.

Closing Remarks

Deputy Secretary Mills informed attendees that the next meeting is scheduled for August 22, 2025, and emphasized the importance of transitioning from information-gathering to actionable recommendations for the final report due in December 2025 to the General Assembly.

Commissioner Shelton echoed this sentiment, highlighting that recurring themes have emerged and that the group should now focus on developing policy recommendations.