Maternal Health Congress

Proposal 01

Title: Continuous Coverage for Child Bearing Women

Submitter: Mary Dale Peterson, MD

Affiliated organization: Driscoll Children’s Health System

Category: Reducing barriers to care or increasing access to care

Description of the problem:
Women lose coverage for Medicaid 60 days after delivery. Many continue to have chronic diseases that go untreated. Women of child bearing age need to have care prior to conception to optimize infant outcomes. This includes treatment for diabetes and hypertension, as well as education on drug and alcohol use and diet/activity. We are seeing a large increase in unhealthy women which impacts birth defects rate and maternal mortality.

Proposed solution:
Extend coverage by combining the women’s health programs and potential 90 percent federal funding to extend coverage to these women in age groups 21-42.

Key stakeholders: None listed

Potential cost savings or costs associated:
Savings would be improved maternal and fetal outcomes. Costs would depend on leveraging federal dollars, perhaps through a 1331 waiver.

Relevant TMA policy:
25.007 Fetal Alcohol Syndrome
260.029 Preventive Medicine
260.075 Preventive Health Care for Texas Women
260.093 Clinical Approaches to Obesity Prevention and Treatment
315.000 Tobacco
330.009 Preconception and Inter-gestational Health and Care
330.014 Maternal Obesity

Relevant AMA policy:
Affordable Care Act Medicaid Expansion H-290.965
Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.953
Nutrition Counseling for Pregnant and Recent Post-Partum Patients H-420.955
Medical Care for Indigent and Culturally Displaced Obstetrical Patients and Their Newborns H-420.995
Preconception Care H-425.976

Citations: None listed
Maternal Health Congress

Proposal 02

Title: Improve Access to Care
Submitter: Douglas Curran, MD
Affiliated organization: (self)
Category: Reducing barriers to care or increasing access to care

Description of the problem:
Access is significant. Over 30 percent of our people don’t have any insurance = limited access to care.

Proposed solution:
Draw down federal dollars to help decrease the uninsured.

Key stakeholders:
Fed, state, docs and hospitals

Potential cost savings or costs associated:
Get care early and save big time. Prevention saves money — especially with prenatal care.

Relevant TMA policy:
Better access and payment is policy.

Relevant AMA policy:
Access is policy.

Citations: None listed
Maternal Health Congress

Proposal 03

Title: Medicaid Transportation
Submitter: Moss Hampton, MD & Lisa Hollier, MD
Affiliated organization: American College of Obstetricians and Gynecologists
Texas Association of Obstetricians and Gynecologists
Category: Reducing barriers to care or increasing access to care

Description of the problem:
Current Medicaid transportation rules prevent children from riding with their mother when using Medicaid transportation. This could keep women from much needed doctor appointments.

Proposed solution:
Work with Texas Health and Human Services Commission (HHSC) to change policy through rule or support legislation that would make changes to allow for children of mothers using Medicaid transportation to accompany their mothers.

Key stakeholders:
HHSC, Medicaid transportation providers, legislators. Rep. Mary Gonzalez filed legislation last session attempting to implement a pilot program that would allow for children to accompany their mothers when using Medicaid transportation.

Potential cost savings or costs associated: None listed

Relevant TMA policy:
190.023. Policy Principles for Medicaid and CHIP Legislative Initiatives
190.032 Medicaid Coverage and Reform

Relevant AMA policy:
Non-Emergency Patient Transportation Systems H-130.954

Citations:
Legislation was filed in 2017 that would have implemented a pilot programming providing services to certain children under the Medicaid medical transportation program.
http://www.capitol.state.tx.us/BillLookup/History.aspx?LegSess=85R&Bill=HB3146
**Maternal Health Congress**

Proposal 04

**Title:** Auto-Enroll Children’s Health Insurance Plan (CHIP) Patients to Healthy Texas Women When They age out of CHIP

**Submitter:** Moss Hampton, MD & Lisa Hollier, MD

**Affiliated organization:** American College of Obstetricians and Gynecologists
Texas Association of Obstetricians and Gynecologists

**Category:** Reducing barriers to care or increasing access to care

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**Description of the problem:**
Most Children’s Health Insurance Program (CHIP) clients will age out of the program at age of 19. In some instances (foster youth) they age out at the age of 20. CHIP clients may or may not know that Healthy Texas Women (HTW) is an option to them if they do not qualify for Medicaid.

**Proposed solution:**
Change policy at Texas Health and Human Services Commission (HHSC) to allow for the auto-enrollment of CHIP patients into HTW when they age out of the CHIP program. This could improve continuity of care.

**Key stakeholders:**
HHSC, Legislators if the agency needs direction by the Legislature.

**Potential cost savings or costs associated:** None listed

**Relevant TMA policy:**
55.004 Adolescent Sexual Activity
330.009 Preconception and Inter-gestational Health and Care

**Relevant AMA policy:**

**Citations:** None listed
Maternal Health Congress
Proposal 05

Title: Extend Medicaid Benefits for Postpartum Women From 60 Days to One Year
Submitter: Moss Hampton, MD, and Lisa Hollier, MD
Affiliated organization: American College of Obstetricians and Gynecologists
Texas Association of Obstetricians and Gynecologist
Category: Reducing barriers to care or increasing access to care

Description of the problem:
Currently, women on Medicaid for pregnant women have coverage for 60 days after delivery. Women on Children’s Health Insurance Program Perinatal (CHIP-P) get two postpartum visits. Studies show that women are dying after that 60-day marker. To increase access to care and continuity of care, postpartum coverage should be extended to a year.

Proposed solution:
The Texas Health and Human Services Commission (HHSC) and the state legislature should extend postpartum coverage for women on Medicaid for pregnant women and women on CHIP-P to one year. Coverage should be extended at least for patients at high risk of morbidity/mortality. These high-risk patients could include those with diabetes, chronic hypertension, cardiac disease, or cardiomyopathy. This may require applying for a waiver from the Centers for Medicare & Medicaid Services (CMS).

Key stakeholders:
HHSC, legislators, legislative appropriations and finance committee members (particularly those who work on Article II), and possibly CMS. Rep. Garnet Coleman has filed legislation in the past that would extend Medicaid benefits up to a year postpartum.

Potential cost savings or costs associated: None listed

Relevant TMA policy:
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
190.004 Medicaid Allowance for Preterm Labor
190.021 Funding for Pregnancy
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
190.032 Medicaid Coverage and Reform
260.075 Preventive Health Care for Texas Women

Relevant AMA policy:
Affordable Care Act Medicaid Expansion H-290.965
Prenatal Services to Prevent Low Birthweight Infants H-420.972
Preconception Care H-425.976

Citations: None listed
Maternal Health Congress

Proposal 06

Title: Give Teen Moms the Ability to Give Consent for Their Own Medical Treatment

Submitter: Moss Hampton, MD, and Lisa Hollier, MD

Affiliated organization: American College of Obstetricians and Gynecologists
Texas Association of Obstetricians and Gynecologists

Category: Reducing barriers to care or increasing access to care

Description of the problem:
Texas leads in the number of repeat teen pregnancies. In Texas, teen moms are not allowed to provide consent for medical treatment related to contraception.

Proposed solution:
Support legislation that would allow for teen moms to make decisions regarding medical treatment related to their own contraceptive care.

Key stakeholders:
Legislators, particularly those who have filed this in the past, and Campaign to Prevent Teen Pregnancy

Potential cost savings or costs associated: None listed

Relevant TMA policy:
190.033 Enhancing Children’s Health Insurance Program Coverage
260.075 Preventive Health Care for Texas Women
330.009 Preconception and Inter-gestational Health and Care

Relevant AMA policy:
Reducing Unintended Pregnancy H-75.987
Preconception Care H-425.976

Citations:
Title: Allow CHIP to Cover Contraception Services
Submitter: Moss Hampton, MD, and Lisa Hollier, MD
Affiliated organization: American College of Obstetricians and Gynecologists
Texas Association of Obstetricians and Gynecologists
Category: Reducing barriers to care or increasing access to care

Description of the problem:
The Texas Legislature approved contraceptive coverage for minors aged 15-17 in the Healthy Texas Women program. Minors this age cannot be enrolled in both Healthy Texas Women (HTW) and the Children’s Health Insurance Program (CHIP), and we would not want a young woman to forgo full medical benefits of CHIP just to obtain contraception.

Proposed solution:
The Texas Health and Human Services Commission (HHSC) has told us an information technology (IT) issue won’t allow for CHIP patients also to be enrolled in HTW for contraceptive purposes. A solution would be asking the legislature to direct the agency to make changes in the IT system or to change CHIP policy to cover contraception.

Key stakeholders:
HHSC, legislators, and health plans

Potential cost savings or costs associated: None listed

Relevant TMA policy:
190.033 Enhancing Children’s Health Insurance Program Coverage
260.075 Preventive Health Care for Texas Women
330.009 Preconception and Inter-gestational Health and Care

Relevant AMA policy:
Reducing Unintended Pregnancy H-75.987
Preconception Care H-425.976

Citations: None listed
Maternal Health Congress

Proposal 08

Title: Remove Barriers to Providing Immediate Postpartum LARC

Submitter: Moss Hampton, MD, and Lisa Hollier, MD

Affiliated organization: American College of Obstetricians and Gynecologists
Texas Association of Obstetricians and Gynecologists

Category: Reducing barriers to care or increasing access to care

**Description of the problem:**
The Texas Legislature and the Texas Health and Human Services Commission (HHSC) have been working to improve access to long-acting reversible contraception (LARC). This includes the immediate postpartum insertion of LARC. The agency has even created a toolkit for physicians and hospitals; however, barriers remain.

**Proposed solution:**
A workgroup may be needed to identify specific barriers to immediate postpartum LARC in hospitals (e.g., is it in stocking the devices, physician access to devices, reimbursement, or education that this is an option) From there, recommendations on how to best address these barriers can be developed.

**Key stakeholders:**
HHSC, Texas Hospital Association, heads of obstetrician-gynecology departments, medical directors, health plans

**Potential cost savings or costs associated:** None listed

**Relevant TMA policy:**
190.033 Enhancing Children’s Health Insurance Program Coverage
260.075 Preventive Health Care for Texas Women
330.009 Preconception and Inter-gestational Health and Care

**Relevant AMA policy:**
Reducing Unintended Pregnancy H-75.987
Preconception Care H-425.976

**Citations:**
Effective Feb. 1, 2018, HHSC updated the Texas Medicaid Provider Procedure Manual to incorporate policy changes for immediate postpartum LARC. These changes were reviewed during a webinar on Nov. 16 and through individual follow-up calls with managed care organizations (MCOs). The changes will allow flexibility for MCOs to develop and adopt their own billing processes for reimbursing immediate postpartum LARC devices in addition to delivery services. Other changes to the language improved consistency with the nomenclature often used to refer to LARCs and help clarify the language.
Maternal Health Congress

Proposal 09

Title: Auto-Enrollment From CHIP-P Into the Family Planning Program

Submitter: Moss Hampton, MD, and Lisa Hollier, MD

Affiliated organization: American College of Obstetricians and Gynecologists
Texas Association of Obstetricians and Gynecologists

Category: Reducing barriers to care or increasing access to care

Description of the problem:
A woman enrolled in Children’s Health Insurance Program Perinatal (CHIP-P) loses coverage after two postpartum visits. She does not auto-enroll into another program like women rolling off Medicaid for pregnant women.

Proposed solution:
Women eligible for CHIP-P are eligible for the Family Planning Program. We would support having a woman auto-enroll from CHIP-P into the Family Planning Program so she could continue receiving some services. A common problem we hear from obstetrician-gynecologists is that a woman would like to have her tubes tied after a c-section. CHIP-P does not cover this. If a woman auto-enrolled into Family Planning, it could cover that procedure.

Key stakeholders:
Texas Health and Human Services Commission, Texas Department of State Health Services, hospitals, health plans, family planning program providers, and Title X providers

Potential cost savings or costs associated: None listed

Relevant TMA policy:
190.032 Medicaid Coverage and Reform
330.009 Preconception and Inter-gestational Health and Care

Relevant AMA policy:
Planning and Delivery of Health Care Services H-160.975

Citations: None listed
Maternal Health Congress

Proposal 10

Title: Train Physician, Nurse, and Hospital Administrators Triads to Implement Recommendations

Submitter: Karen Swenson, MD

Affiliated organization: (self)

Category: Evidence-based quality improvement initiative

Description of the problem:
As we develop recommendations, we will need them implemented in all of our communities in Texas.

Proposed solution:
I propose we train a triad consisting of a physician, a nurse, and a hospital administrator in each region, paralleling the state neonatal and maternal networks, to conduct on-site hospital training on implementing the initiatives our group develops. This would be a statewide endeavor to gain buy-in and improve education of health care providers about the maternal health outcomes in our state. We would then train the triads to become implementation coaches for our initiatives.

Key stakeholders:
TMA, American College of Obstetricians and Gynecologists, Texas Association of Obstetricians and Gynecologists, American Hospital Association, Texas Nurses Association, Association of Women’s Health, Obstetric and Neonatal Nurses, Perinatal Advisory Council, Texas Department of State Health Services, and Texas Medicaid, and hospital networks such Ascension, Baylor Scott & White, HCA, Christus, Memorial, Texas Children’s

Potential cost savings or costs associated: Travel and training

Relevant TMA policy:
265.018 Evidence-Based Medicine

Relevant AMA policy:
Clinical Data Repositories for Physicians, Patients and Continuous Quality Improvement D-478.984
Quality Management Principles H-450.970

Citations:
I believe this is similar to how programs were implemented in other states that have seen a decline in maternal morbidity.
Maternal Health Congress

Proposal 11

Title: Comprehensive Family Planning Coverage

Submitter: Shanna Combs, MD, and Laura Gephart, MD

Affiliated organization: (selves)

Category: Public health system improvement

Description of the problem:
Postpartum morbidity and mortality can be avoided by decreasing unintended pregnancy. The problems are: (1) immediate postpartum contraception encounters barriers to care, i.e., lack of hospital implementation of postpartum long-acting reversible contraception (LARC) placement programs; (2) lack of comprehensive contraception coverage addressing inadequate insurance coverage, undocumented women, uninsured women; (3) 30-day waiting time before sterilization for Medicaid patients, and (4) electronic health records (EHRs) limiting providers’ ability to share information across sites.

Proposed solutions:
(1) Support legislation/modify regulation to: (a) ensure Children’s Health Insurance Program (CHIP) perinate coverage/preauthorization for pregnant women for immediate postpartum LARC; (b) streamline contraception funding, including for sterilization, for Medicaid beneficiaries/the uninsured; (c) remove the application for the Healthy Texas Women (HTW) program yearly or after pregnancy for those not eligible for auto-enrollment; (d) remove onerous barriers to provider enrollment in HTW; (e) provide contraception coverage for all independent of insurance/citizenship/gender/income; and (f) postpartum emancipation of minors for contraception. (2) Work with the Texas Hospital Association on an education campaign to implement immediate postpartum LARC. (3) Texas can lead the way in demanding interoperability of hospital system EHRs. NOT provider practices.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed

Relevant TMA policy:
190.033 Enhancing Children’s Health Insurance Program Coverage
330.009 Preconception and Inter-gestational Health and Care
260.075 Preventive Health Care for Texas Women

Relevant AMA policy:
Increasing Availability and Coverage for Immediate Postpartum Long-Acting Reversible Contraceptive Placement H-75.984
Requirements or Incentives by Government for the Use of Long-Acting Contraceptives H-75.991
Reducing Unintended Pregnancy H-75.987
Extension of Medicaid Coverage for Family Planning Services H-75.988
Tubal Ligation and Vasectomy Consents D-75.994

Citations: None listed
Title: Seed Grants
Submitter: Laura Gephart, MD
Affiliated organization: (self)
Category: Evidence-based quality improvement initiative

Description of the problem:
We need more research on Texas-specific interventions to decrease maternal morbidity and mortality and implement best practices within Texas health systems.

Proposed solution:
TMA should provide seed grants to TMA members, including residents and fellows, for research and quality improvement projects focused on decreasing maternal mortality and morbidity and/or implementing existing best practice guidelines for perinatal and postpartum care.

I suggest we call these the Cardenas grants to acknowledge the work of TMA President Cardenas J. Cardenas in moving maternal mortality to the forefront of TMA priorities.

Key stakeholders: None listed

Potential cost savings or costs associated:
Cost is dependent on quantity of and size of grants. I suggest two to five $5,000-$10,000 grants with a two-year turnaround. Compared with the operating budget of TMA, this is small, and we could partner with other organizations and the TMA Foundation to fully fund these grants. These grants also would quiet naysayers who say TMA is not dedicated to women’s health.

Relevant TMA policy:
265.018 Evidence-Based Medicine
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
330.013 Maternal Mortality Review

Relevant AMA policy: N/A

Citations: None listed
**Maternal Health Congress**

Proposal 13

Title: Engagement in March for Moms

Submitter: Laura Gephart, MD

Affiliated organization: (self)

Category: Other — Increasing public and legislator awareness

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**Description of the problem:**

We need to increase awareness about maternal morbidity and mortality.

**Proposed solution:**

TMA should take an active role in coordinating a March for Moms event in Austin.

**Key stakeholders:** None listed

**Potential cost savings or costs associated:**

There is some cost in organizing, permitting, and the like

**Relevant TMA policy:** N/A

**Relevant AMA policy:**

Preconception Care H-425.976

Citations: None listed
Maternal Health Congress

Title: Managed Medicaid as a Barrier to Care

Submitter: Robyn Horsager-Boehrer, MD

Affiliated organization: UT Southwestern Medical Center

Category: Reducing barriers to care or increasing access to care

Description of the problem:
I believe the regionalization of Medicaid through the creation of medical service areas and with managed care organizations creates barriers to care for pregnant women with more complex health care issues. Participatory requirements and low reimbursement are both issues that may lead to inadequate provider participation in these networks. The Children’s Health Insurance Program (CHIP) Perinatal also fails to provide adequate specialty services that may be required to treat a woman with health conditions that are either preexisting or develop during pregnancy.

Proposed solution:
1. Move patients from managed Medicaid plans to traditional Medicaid if certain diagnoses are present.
2. Guarantee Medicaid payments to hospitals achieving Level III and Level IV maternal care designation regardless of the managed Medicaid program a patient was enrolled in.
3. Guarantee payment to hospitals and providers at University of Texas System health campuses when they provide care to women who require complex pregnancy care.
4. Expand CHIP Perinatal to allow for care of maternal problems that impact pregnancy outcomes.

Key stakeholders:
State agencies

Potential cost savings or costs associated:
Managed care organizations would argue that remaining in network is necessary for cost containment. But allowing providers to participate in all networks with no additional administrative burden should not incur excessive additional cost.

Relevant TMA policy:
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
190.012 Medicaid Managed Care
190.019 Medicaid and Medicaid Managed Care

Relevant AMA policy:
Affordable Care Act Medicaid Expansion H-290.965

Citations: None listed
Title: Pregnancy as a Window to Future Health
Submitter: George Saade, MD
Affiliated organization: Society for Maternal Fetal Medicine
Category: Reducing barriers to care or increasing access to care

Description of the problem:
Women with adverse pregnancy outcomes, such as preeclampsia, preterm birth, gestational diabetes, fetal growth restriction, and stillbirth, are at increased risk for long-term cardiovascular and metabolic disorders. These women are also at increased risk of adverse outcomes in future pregnancies. A large proportion of maternal mortality occurs in patients with these adverse outcomes, either during or after pregnancy. Currently, most of these women are not followed beyond the six weeks postpartum for several reasons, including coverage and access to appropriate care.

Proposed solution:
One approach to decrease maternal mortality is to identify these women and provide the care that will improve their outcomes by (1) developing education for health care providers and health care aids about managing these patients; (2) educating patients about the importance of long-term follow up; (3) redesigning postpartum care to include longer-term follow-up for these patients; and (4) supporting legislation to cover the care of these patients, particularly specialty care such as cardiology, endocrinology, nutritional, and the like.

Key stakeholders:
Society for Maternal Fetal Medicine, American College of Obstetrician and Gynecologists, and American College of Nurse Midwives

Potential cost savings or costs associated:
The cost of the additional coverage beyond the six weeks postpartum will be offset by savings from morbidity of long-term cardiovascular and metabolic disorders.

Relevant TMA policy:
140.002 Prenatal and Perinatal Care
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
190.021 Funding for Pregnancy

Relevant AMA policy:
Nutrition Counseling for Pregnant and Recent Post-Partum Patients H-420.955
Prenatal Services to Prevent Low Birthweight Infants H-420.972
Research into Preterm Birth and Related Cardiovascular and Cerebrovascular Risks in Women D-420.992
Preconception Care H-425.976
Infant Mortality D-245.994

Citations:
The evidence for the association between adverse pregnancy outcomes and long-term health is well established through many studies such as this recent study that also shows the cost savings. Cain MA, Salemi JL, Tanner JP, Kirby RS, Salihu HM, Louis JM. Pregnancy as a window to future health: maternal placental syndromes and short-term cardiovascular outcomes. Am J Obstet Gynecol. 2016 Oct;215(4):484.e1-484.e14.008.
Maternal Health Congress
Proposal 16

Title: Reduce Postpartum Mortality and Morbidity
Submitter: Kimberly Carter, MD
Affiliated organization: (self)
Category: Reducing barriers to care or increasing access to care

Description of the problem:
The Texas Maternal Mortality and Morbidity Task Force noted in 2016 that the most common cause of maternal mortality was cardiac events. These events occurred for up to one year postpartum and are thought to be precipitated by preeclampsia. The prevalence of preeclampsia in the United States is approximately 3.4 percent (1). Preeclampsia is associated with a four-fold increased risk of heart failure and is a known risk factor for the later development of cardiovascular disease (2); this is most likely due to the fact the disease itself permanently changes the blood vessels of the women who develop preeclampsia (3).

Proposed solution:
We propose that full Medicaid be extended to all women who are on any type of Medicaid plan at the time of delivery. Currently Texas offers the Healthy Texas Women’s program to women who deliver on a Texas Medicaid plan. This service is restricted to family planning and screening (depression, breast and cervical cancer) services and would not cover services required to monitor for postpartum cardiac events other than blood pressure screening. As such, we request that the small amount of women diagnosed with severe preeclampsia and who are on Medicaid have extended full Medicaid coverage for one year postpartum and then can transition to the Healthy Texas Women’s program.

The purpose for this initiative would be to reduce postpartum mortality and morbidity. The morbidity can be reduced through medical management including modifying lifestyle choices. Doing so has been shown to decrease morbidity by 14 percent (4).

Key stakeholders: None listed

Potential cost savings or costs associated: None listed

Relevant TMA policy:
190.032 Medicaid Coverage and Reform

Relevant AMA policy:
Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982

Citations:
Maternal Health Congress

Title: Conduct Physician Focus Groups Regarding Race and Bias as They Pertain to Maternal Health

Submitter: Carla Ortique, MD, and Kimberly Johnson Baker, MD

Affiliated organization: The University of Texas Health Science Center, Houston

Category: Reducing barriers to care or increasing access to care

Description of the problem:
Evidence supports that early entry into prenatal care and participating in postpartum care results in decreased maternal mortality and severe morbidity. In spite of presumptive eligibility for Medicaid and greater access to care during pregnancy, African-American women seek care later in pregnancy than white or Hispanic women and are less likely to have postpartum care. Focus groups with minority women have identified that many do not seek care due to negative prior experiences with medical providers. An emerging body of evidence identifies institutional racism and bias as being contributors, but there is limited information regarding medical provider-level issues.

Proposed solution:
We propose that TMA, in cooperation with The University of Texas Health Science Center in Houston and Baker Institute at Rice, convene focus groups and a cultural competence training module as a continuing medical education (CME) activity at TMA Fall Conference. Identification of individual bias and conversations regarding race relations are critical to addressing racially driven health inequities. Using validated methodology data obtained would help inform potential solutions that could be incorporated into basic and continuing education efforts. Comparative analysis would also be performed with data obtained from concurrent focus groups convened with Texas members of the National Medical Association and African-American physician and community advocacy group.

Key stakeholders: None listed.

Potential cost savings or costs associated:
Costs for TMA would pertain to facilities-related costs and CME.

Relevant TMA policy:
250.002 Ethical Practice of Medicine for Physicians Participating in the Women’s Health Program

Relevant AMA policy:
Disparities in Maternal Mortality D-420.993

Citations: None listed.