



Access for Infants and Mothers (AIM)

ADVOCACY ALERT

The Access for Infants and Mothers (AIM) program provides health plan coverage for pregnant women with family income between 201-300% of poverty. Women currently pay premiums equal to 1.5% of their total gross family income for comprehensive healthcare, except dental, during pregnancies and for 60 days after the pregnancy ends. (See the [MCHA AIM Fact Sheet](#) on our website for more information.)

(1) Oppose the Governor's May Revise proposal to increase AIM premiums from 1.5% to 2% of family income

Urge the State Budget Sub-Committees to continue rejecting this cost shift to pregnant women, and ask the full Budget Committee to do the same. AIM is funded with federal funds from the Children's Health Insurance Program (CHIP), and the premium increase proposal:

- Would violate the requirement in the federal health care reform law that states not make eligibility rules for CHIP-funded programs more restrictive than they were on March 23, 2010 (known as "maintenance of effort", or MOE).
- Is unjustified, as the AIM caseload has been shrinking. Lower revenue from tobacco taxes, which have provided the state's match for federal CHIP funds for AIM, should not be made up on the backs of pregnant women.
- Is penny-wise but pound-foolish as medical care during pregnancy helps prevent costly emergencies and life-long disabling conditions for mothers and newborns.

All snail-mail addresses are: State Capitol, Sacramento, 95814

Denise Ducheny, Chair, Senate Senator.Ducheny@senate.ca.gov
Budget Committee

Bob Blumenfield, Chair, Assembly Assemblymember.Blumenfield@assembly.ca.gov
Budget Committee

Senator Mark Leno, Chair, Senator.Leno@senate.ca.gov
Senate Budget Subcommittee No. 3

Assemblymember David Jones, Assemblymember.Jones@assembly.ca.gov

Chair, Assembly Budget Subcommittee No. 1

(2) Submit comments to the Office of Administrative Law and MRMIB on MRMIB's regulations for an AIM enrollment freeze or waiting list:

Comments are due **July 8**

- **Our main points are** that these regulations, with or without the latest amendments (see Procedural Background, below), like the proposed AIM premium:
 - Would violate the MOE requirement for CHIP programs under federal health care reform;
 - Are unnecessary given AIM's declining caseload; and, worst of all;
 - Would undermine the health and well-being of pregnant women and newborns.
- Send comments to OAL and MRMIB in opposition by **July 8, 2010**. [Click Here](#) to see MCHA's letter.
- **Attend the public hearing at 1:30 p.m. July 8** at 1000 G St., Suite 450, Sacramento.
- **Procedural Background:** In 2009, MRMIB adopted emergency regulations (E-05-09) for AIM enrollment freezes, despite the strong objection of consumer advocates. On April 1, 2010, those regulations were amended "for clarity", again over consumer objections and again on an emergency basis. On May 7, 2010, MRMIB noticed a "regular" comment period for the emergency amendments, as required by the Administrative Procedures Act; a Notice of Correction was issued May 21, 2010.[1]

(3) Oppose Rescission, or "retroactive disenrollment", from AIM health plans

- Join MCHA and the Asian Law Alliance in urging MRMIB to prohibit AIM health plans from retroactively rescinding coverage for AIM enrollees who "fail" to report pregnancy outcomes to the State within 30 days ([Click Here](#) to see letter).

Such rescissions have been banned by state law since at least 2008; the federal health care reform ban on rescissions takes effect September 23, 2010.

- AIM rescissions can destroy families both financially and emotionally, especially after a miscarriage or very difficult labor and delivery or during post-partum depression.

For more information, contact: Lucy Quacinella, Multiforum Advocacy Solutions at lucy@quacinella.com or Lynn Kersey, MCH Access, lynnk@mchaccess.org

Contact us

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