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Position Statement on the ACA and Maternal, Child and Adolescent Health

We are maternal, child, and adolescent health advocates from throughout the state of California engaged with the public and non-profit sectors. We prioritize prevention, wellness, independence, and health coverage for all women, children and men of all ages in the communities we serve. For people who are sick or injured, some of our organizations refer for treatment and help with navigating the health care system.

We would like to take this opportunity to convey just how important the Affordable Care Act (ACA) and Medi-Cal are for the families we serve.

No repeal of ACA without suitable replacement at the same time

Congress must not repeal the ACA or the Medicaid expansion for low-income adults without a concurrent suitable replacement that ensures that the people we serve will be able to keep health insurance with comprehensive benefits, subsidies to support affordability, and all of the current protections, whether insurance is acquired through an employer, the Exchange, in the private market, or Medicaid.

By suitable we mean a federal program that does not leave anyone who is eligible under the ACA uninsured, does not reduce no-cost preventive care or the scope of other essential health benefits or protections, and does not increase the costs required of consumers for premiums or out-of-pocket expenses for medical, mental health, or rehab or habilitative services, vision, dental or prescriptions.

As women's health advocates, we strongly support the ACA's protections on contraception, other reproductive health services, breastfeeding support and from gender discrimination in coverage and services. We cannot go back to the days when women were denied health insurance for the "pre-existing condition" of being pregnant or having survived domestic violence or postpartum depression, when birth control, mammograms, cervical cancer screenings and many other types of preventive care were unaffordable and out of the reach of many. There could not be a worse time to undermine access to screenings and treatment: women are dying of cervical cancer at much higher rates than previously estimated, 47% higher for white women and 77% higher for black women.ⁱ Before the ACA, women lacked the right to health insurance coverage for breast pumps or to express milk at work—rights that the ACA guarantees. According to the American Academy of Pediatrics, breastfeeding is the optimal source of nutrition through the first year of lifeⁱⁱ. For a woman with a job, this requires being able to express milk or feed her baby while working.

Our colleagues in the Central Valley as well as the Lancaster and Quartz Hill areas of Los Angeles County serve the communities that will be most harshly affected by a repeal of the ACA without a suitable replacement. We are particularly concerned about identifying women at risk of or suffering from postpartum depression or bipolar disorder, as we know that screening and follow up treatment are critical to saving lives: suicide is the second leading cause of death in postpartum women.ⁱⁱⁱ The opioid epidemic, particularly acute in Kern, San Joaquin, and rural northern California counties, is another devastating public health concern leading to loss of life.^{iv} The serious prevalence of sexually transmitted infections, at epidemic levels in the Central Valley,^v puts at risk the health not only of adults but of newborns as well. According to the U.S. Centers for Disease Control, California is currently ranked number one for having the most cases of chlamydia, gonorrhea, syphilis and congenital syphilis.

No Medicaid block grant or per capita caps

Equally as important, the Medi-Cal program must not be either block granted or subject to per capita caps. Either of these approaches would result in significant funding cuts. If more people become eligible because of a recession, or if costs go up because of medication price jumps or other market changes, Medi-Cal wouldn't get additional federal funding to help offset the burden.

We already struggle to find available medical services for the communities we serve. Medi-Cal is a critical underpinning of our entire health care system and safety net, and Medi-Cal funding cuts would affect the private insurance market as well. The state already has ample flexibility under the current federal laws to design Medi-Cal in ways that serve California best. Indeed, California already has several large optional or pilot ("waiver") programs for improving access and care through, for example, "medical homes", dental care, home and community-based services for people with disabilities, supportive housing for mentally homeless people, including many veterans, and addressing the social determinants of health during pregnancy. What California needs is secure, stable funding from our federal partners, not risky formulas under block grants or per capita caps, that will leave many of the sickest and most vulnerable Californians without medical care even before the next economic downturn, displacement from technology, or market price jumps occurs.

Half of the 500,000 women giving birth in California each year are covered by Medi-Cal during their pregnancies, and their 250,000 newborns qualify for Medi-Cal coverage for the first year. This coverage is essential for the health of the woman as well as for her baby. According to the American Academy of Pediatrics, during the first year, infants need a series of periodic check-ups so that health problems, if any, can be diagnosed and treated as early as possible, to promote the best possible outcomes for the child's wellness and a productive life as well as reduce health care costs through preventive services. Without federal support for Medi-Cal of at least the current levels, the health of many of the mothers and infants we serve would be in jeopardy.

Equally important is the inter-conception care that became available to millions of California women under the ACA through the Medicaid expansion for adults and Covered California, our state's Exchange program. Millions more women can now qualify for coverage under Medi-Cal

or Covered California, even when not pregnant.^{vi} Medical research shows that a woman's health before becoming pregnant and in-between pregnancies is a critical factor in whether her pregnancy will have a healthy outcome.^{vii} Repealing the ACA without adopting a suitable replacement at the same time, or block granting Medi-Cal or imposing per capita caps, would pose grave risks for the families we serve.

In a similar vein, the wonderful bi-partisan support that we recently saw for the 21st Century Cures Act, which includes measures for addressing the opioid addiction and perinatal depression crises, would also be undone without the health insurance coverage of the ACA and Medicaid at least current levels.

Maternal and Child Health Access	MCAH Action
American Congress of Obstetrics and Gynecology	National Health Law Program
California Nurse Midwives Association	Physicians for Reproductive Health
March of Dimes	Western Center on Law and Poverty

ⁱ Beavis, Gravitt, and Rositch, Hysterectomy-corrected cervical cancer mortality rates reveal a larger racial disparity in the United States, *Cancer* (January 23, 2017).

ⁱⁱ www.healthychildren.org accessed 1-22-17.

ⁱⁱⁱ Wisner, et al., *Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings*, *JAMA PSYCHIATRY*/VOL 70 (NO. 5), MAY 2013.

Downloaded from: <http://jamanetwork.com/pdfaccess.ashx?url=/data/journals/psych/926903/> on 01/23/2017.

^{iv} The number of drug overdoses in California hit a new high in 2014, according to the latest available estimates from the U.S. Centers for Disease Control and Prevention.

About 4,500 Californians died following drug poisoning in 2014, up by 1,500, or 50 percent, from 2002. The age-adjusted rate of drug overdose deaths rose almost 30 percent during the same period.

Far more Californians die from drug poisoning each year than die in car accidents. More than twice as many Californians die of drug overdoses than are murdered.

The Sacramento Bee, *Two maps that illustrate California's growing opioid epidemic* (January 22, 2016)

www.sacbee.com/site-services/databases/article56168810.html . See also, STATE OF CALIFORNIA STRATEGIES TO ADDRESS PRESCRIPTION DRUG (OPIOID) MISUSE, ABUSE, AND OVERDOSE EPIDEMIC IN CALIFORNIA (June 16)

www.cdph.ca.gov/documents/caopioidpreventionstrategies06272016.pdf.

^v The Kern County Health Department describes the local situation as a crisis in 2015 as a crisis:

[Chlamydia](#): Kern is ranked second worst in California and rates are 42 percent higher than state average.

[Gonorrhea](#): Kern is ranked seventh worst in California and rates are 26 percent higher than state average.

[Primary and secondary Syphilis](#): Kern is ranked second worst in the California and rates are 46 percent higher than state average.

[Congenital Syphilis](#): Kern is ranked second worst in the California and rates are 555 percent higher than state average.

County staff have been working hard on outreach, health education and treatment, and there is fortunately reason to believe the 2016 data will show improvement. But without the necessary support for Medi-Cal, to help cover the costs of diagnosis and treatment, the challenges facing the public health system would be even more daunting. "Syphilis is one of those STDs that when a woman has it and she's pregnant she can pass it to her baby, and in Kern County last year six babies died because they had congenital syphilis," Michelle Corson, spokesperson for the Kern County Public Health Department, has said. KBAK: Health Officials Work Combat STD Crisis In Kern County.

^{vi} Medi-Cal income eligibility during pregnancy goes to 213% of the federal poverty level, while adult women who are not pregnant may qualify under the ACA expansion only if income is at or below 138%.

^{vii} Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, *Healthy Women, Healthy Children: Preconception Health in LA County*: LA Health; March 2010.