

Maternal and Child Health Access



Monthly (Virtual) Meeting
Thursday, April 18, 2024 - 10:00 am to 12:00 pm



April is [Earth Month](#)

Where?

This is a virtual meeting



10:00 AM to 12:00 PM

After you register, look for the Zoom link in your registration confirmation email

Speaker/Topic:

Kelly Sanks
Climate Impacts Analyst
[Center for Climate Integrity](#)

[“Los Angeles County’s Climate Cost Challenge: A \\$12.5 Billion Bill to Protect Communities Through 2040.”](#)

Emma Silber
Climate Justice Associate
[Physicians for Social Responsibility](#)
[Los Angeles](#)

The fight to end neighborhood oil drilling at the local and state level

Updates

New Since Last Meeting

Notes from Monthly Meeting March 21, 2024 ([website](#))

Speaker: Lynn Kersey, Executive Director, MCHA Women's Health, Trends and Updates

Lynn spoke to non-reproductive, non-maternity health issues and trends. In particular, she focused on heart disease, cancer, STI infections, and LGBTQ health. From the outset, what women get sick from and die from differs depending on race and ethnicity. The top two issues are consistently heart disease and cancer, but the third most prominent issue may be injuries or respiratory diseases depending. Much of the statistical data is reflective of the pandemic, and we don't universally have good data on how or if we have recovered or begun to recovery.

Ironically, although drug deaths, injury deaths, frequent mental distressed and depression all showed an increase between the periods of 2016-18 and 2019-21, women self-reported an increase in high health status. This is the percentage of women who reported that their health is very good or excellent. This may very definitely be disparities showing. Other good news is that the percentage of uninsured women decreased (thank you Affordable Care Act!), physical inactivity decreased, and smoking decreased! Reflecting the times, the number of women's health providers decreased as well.

The focus on heart disease was to point out the different symptoms that women may feel and the disparities in race - nearly half of Black women over 20 experience some type of heart disease. But we also wanted to raise the profile of microplastics and their role they play, as recent studies have found. The two major findings are: 1) the identification of nanoplastics in the atherosclerotic plaques; 2) the patients with atherosclerotic plaques contaminated by nanoplastics had a greater incidence of cardiovascular events as myocardial infarction, stroke, or death than patients who did not have evidence of nanoplastics within the atheroma [plaque,]. The discussion of cancer was to highlight the excellent resources our own Office of Women's Health in Los Angeles provides on their website and that while overall cancer mortality rates have been on the decline, an alarming trend is that cancer under age 50 is increasing, and especially in regard to colon cancer in adults in their 20s and 30s. These trends are so alarming and documented worldwide that in the US, recommended ages to start screenings have been lowered - for colon cancer from 50 down to 45 and for breast cancer from 50 down to 40.

We discussed the role of "ultraprocessed" foods - ready to eat products including packaged snacks, carbonated soft drinks, instant noodles and ready-made meals. They are primarily made of chemically modified substances that are increasingly linked in mega-studies to illnesses and death, including depression, anxiety, obesity, metabolic syndrome, certain cancers including colorectal cancer and premature death

Considering a recent survey by the Gay & Lesbian Alliance Against Defamation (GLAAD) found that 12 percent of the population identifies as LGBTQIA+, it's more crucial than ever to understand the terminology around this growing community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the US. The perspectives and needs of LGBTQ people should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities.

Reminders:

Report the pregnancy!! Even though everyone under 138% of Federal Poverty has full-scope Medi-Cal now, we are experiencing many cases of people being cut off Medi-Cal during pregnancy because clients don't renew or don't know to renew and the county doesn't know the person is pregnant and should not be terminated from Medi-Cal! DPSS will put the person back on Medi-Cal, and we are working to smooth this process, but the mix-ups can delay care!! See [Medi-Cal Eligibility Division Information Letter No. I 23-24](#).

All doors to Medi-Cal open for real time Accelerated Enrollment (AE) into MAGI Medi-Cal on November 1, 2023!

What is AE? It provides temporary Full Scope coverage in real time when a person's application information shows they are eligible for MAGI (non-disability, non-aged) Medi-Cal. AE lasts until the county completes the final eligibility decision, even if that takes more than the 45-day limit. AE also frees up county time to process the small minority of applications that are not based on MAGI. AE is provided under Medi-Cal eligibility aid code 8E. All immigrants, regardless of status, and pregnant adults who are waiting for a final eligibility decision also go into 8E for Full Scope under AE when their application information shows they are eligible for any MAGI category AE expands to applications submitted directly to the county: Starting November 1, MAGI-eligible individuals applying for Medi-Cal directly to the county using BenefitsCal or by mail, phone, fax or in person will also be granted AE. [MEDIL I 23-45](#); [ACWDL 22- 24](#). See full MCHA Bulletin [here](#).

April is Medicaid Awareness Month! Medicaid (Medi-Cal in California) Fast Facts

Medicaid represents **\$1 out of every \$6 spent on health care in the U.S.** and is **the major source of financing for states to provide health coverage and long-term services and supports for low-income people.**

Medicaid covers health services for **41 million children, nearly half of all children in the U.S.**

Medicaid is a lifeline for nearly half of the **14 million children with special health care needs in the U.S.**

Medicaid is the largest single payer of pregnancy-related services, financing **42% of all U. S. births.**

Medicaid provides health coverage to nearly **17 million people with disabilities and older adults.**

Medicaid covers **23% of adults with mental health conditions and 21% of adults with substance use disorder (SUD), a combined estimate of 13.9 million people.**

Click [here](#) for facts about California

What We Know About the Arizona Abortion Ban

The state's highest court upheld an 1864 law that bans nearly all abortions. Here's what to know about the ruling.



Gov. Katie Hobbs in Phoenix on Tuesday. She decried the ruling as “a stain on our state” that would energize abortion-rights supporters to vote in November. Credit...Mark Henle/The Republic, via USA Today Network

By [Anna Betts](#)

April 10, 2024 – New York Times

Arizona's highest court [upheld an 1864 law](#) that bans nearly all abortions, a decision that could have far-reaching consequences for women's health care and election-year politics in a critical battleground state. But the law is not immediately in effect. The court put its ruling on hold for the moment, and sent the matter back to a lower court to hear additional arguments about the law's constitutionality.

Here's what to know about the ruling, the law and its possible impact.

What is the 1864 law?

The law, which was on the books long before Arizona achieved statehood in 1912, outlaws abortion from the moment of conception, except when necessary to save the life of the mother, and it makes no exceptions for rape or incest. It bans all types of abortions, including medication abortions.

Until now, abortion had been legal in Arizona through 15 weeks of pregnancy. Since the [overturning of Roe v. Wade](#) nearly two years ago, supporters and opponents of abortion rights in Arizona had been fighting in court over whether the 1864 law, which had sat dormant for decades, could be enforced, or whether it had been effectively neutered by decades of other state laws that regulate and restrict abortion.

Doctors prosecuted under the law could face fines and prison terms of two to five years for [providing, supplying or administering care](#) to a pregnant woman.

What does the ruling say?

On April 9, the Arizona Supreme Court ruled in a 4-to-2 decision that the pre-statehood law was “now enforceable.”

The court said that because the federal right to abortion had been overturned by the U.S. Supreme Court in 2022, there was no federal or state law preventing Arizona from enforcing the near-total ban. It noted that the State Legislature had not created a right to abortion when it passed the 15-week ban in 2022.

“Physicians are now on notice that all abortions, except those necessary to save a woman’s life, are illegal,” the court wrote.

You can read the full ruling [here](#).

Is the law in effect now?

No. The court put its ruling on hold for 14 days, and sent the case back to a lower court to hear additional arguments about the law’s constitutionality.

[READ MORE](#)

JANUARY 16, 2024

Younger people on Medicare lack access to birth control, according to Pitt study

Sarah Boden/WESA

Witf - a non-commercial, public FM radio station licensed to serve Harrisburg, Pennsylvania.

Some people with disabilities pay out-of-pocket for birth control, according to a new study from the University of Pittsburgh. Researchers say this policy harms an already marginalized group.

Medicare is not required to cover contraception to prevent pregnancies. However, it will pay for birth control if prescribed for other medical reasons — such as endometriosis or menstrual migraines.

Most Medicare enrollees are 65 or older and, therefore, don’t need birth control. But, the program also provides insurance to people with disabilities: Nationwide, that includes nearly 1.4 million women of childbearing age, according to the analysis by Pitt researchers.

Medicare is an outlier when it comes to birth control. [Federal law requires](#) that most health insurance plans cover contraception with no out-of-pocket cost. This includes the majority of employer-based coverage as well as Medicaid — the public insurance program for low-income people that’s jointly funded by the federal and state governments.

To better understand the coverage discrepancy’s ramifications, Pitt researchers looked at claims from 2019 from more than 200,000 reproductive-age females with Medicare. They found that just 14.7% had a claim for birth control.

A national policy change is needed, said the study’s lead author, Jacqueline Ellison, who researches reproductive health policy at the Pitt School of Public Health. That’s partly because people who have disabilities are more likely to [live in poverty](#), making birth control out-of-reach for some Medicare patients.

“Disabled people are desexualized and devalued. People with disabilities are often deemed asexual, but this isn’t true,” said Ellison. “Disabled people have sex, and they deserve reproductive health care that is accessible and person-centered.”

Furthermore, as abortion care becomes increasingly difficult to access in the U.S., Ellison warns that some Medicare enrollees will be forced to carry medically dangerous pregnancies.

Previous [studies](#) have found that people with disabilities are at higher risk of perinatal complications, including preterm birth and maternal death.

Employers must give their workers time off for an abortion or pregnancy care, according to final federal rule

A new final rule from the Equal Employment Opportunity Commission clarifies the provisions of the Pregnant Workers Fairness Act.

Most employers must offer “reasonable accommodations” to workers related to pregnancy or childbirth, including providing time off for an abortion, according to a final rule issued Monday by the Equal Employment Opportunity Commission.

The rule clarifies the provisions of the [Pregnant Workers Fairness Act](#), which became law last June after Congress passed it as part of a [federal government spending package](#) in late 2022. The measures apply to employers with at least 15 workers unless the accommodations would cause “undue hardship” for the employer.

The law provides pregnant and postpartum workers with a variety of protections, including time off for recovery from childbirth, prenatal or postnatal appointments and postpartum depression and accommodations related to seating, light duty, breaks for food, water and restroom needs, breastfeeding and miscarriage. Employers are not required to offer paid time off.

Read more [HERE](#):

Guaranteed Income Programs Abundant Birth

CA Abundant Birth Project- will provide monthly unconditional income supplements to selected pregnant individuals at highest risk of perinatal health inequities starting in 1st or 2nd trimester for 12-18 months.

To be eligible to participate, clients must:

- Live in Los Angeles or Riverside Counties
- Be 8-27 weeks pregnant
- Household income under \$106,911

Identify with **ONE** or more of the following high risk factors for preterm birth:

- Are Black or African American
- Previous preterm birth (live before 37 wks)
- Have preexisting hypertension (includes preeclampsia before current pregnancy)
- Have preexisting diabetes (before pregnancy)
- Have sickle cell anemia (SCA)

NOT currently participating in another guaranteed income program.

[APPLICATION](#):

SAVE THE DATE

April 18-22: [Health for All Week](#) - Includes a Los Angeles event **Saturday, April 20. Central Los Angeles, 10AM:** Coalition for Humane Immigrant Rights – Los Angeles/Consulate General of Mexico, 2401 W 6th Street Los Angeles, CA 90057

Thursday, April 25, 10-11 AM Pacific Time. Extreme Heat and Early Childhood Development: A Discussion on Rising Temperatures and Strategies for Supporting Development and Lifelong Health. They’ll bring the latest research and insights from the field to

discuss the intersection of heat and health equity and discuss actionable solutions to benefit children, caregivers, and communities now and in the future. Register [here](#):

Note the registration uses Eastern time of 1-2 PM, which is 10-11 AM in California!

Thursday, April 25, 6 PM *Rights and Responsibilities* – a multimedia art exhibition showcasing the rights and dignity of immigrant women workers in California. At START Los Angeles, 2270 Venice Blvd. 90006. See [here](#) for more information and to register.

May 1, 2024, 6:30 PM Glendale Tenants Housing Rights Workshop! at the Adult Recreation Center ([click here to reserve your spot](#)).

As a **tenant**, have you ever wondered what federal and state fair housing rights you have? How to request a reasonable accommodation for a disability? Or, how much your rent can legally be increased? Register now for our **Tenant Workshop** on **May 1st**. This presentation will be offered in English, Spanish, and Armenian.

[Registration Form / Formulario de Registro / Գրանցման ձևը](#)

May 20, 2024 – 8:30 – 4 PM USC Gehr Family Center Research Symposium *Providing High-Quality, Equitable Care Across the Care Continuum Within the Changing Policy Landscape*. At the California Endowment

The USC Gehr Family Center for Health Systems Science and Innovation is hosting its first annual research symposium. We invite researchers, students, health policy specialists, and health care administrators to come together to hear about ongoing research projects and to also discuss new ideas and questions that can help inform broad efforts to improve health equity and reduce disparities. See flyer [here](#):

RESOURCES

Apply by May 1st: An amazing, paid opportunity for CSU and UC Students for the 2024-2025 school year, to join the Pro Abortion Student Advisory (PASA) Board. [here is the application link and flyer](#)

Boost Your Bottom Line – With LADWP Water Conservation Rebates – Enjoy the benefits of reduced water bills and operational costs with cash-back rebates while contributing to a more sustainable future! [See](#)

“What is Income?” Video: DHCS created a new two-minute video that answers common questions Medi-Cal members have about income. It is now available for use on your social [media pages](#). - Note that MCHA has made a few suggestions, such as the fact that the video doesn't address the role of household size.

Medi-Cal Income Explainer: This two-page messaging guide explains common income terms found on Medi-Cal renewal and application forms. It also provides examples of how to answer questions from members. It is now available for download in [English](#) EnglishIncomeExplainer (7).pdf and will be available in all 19 threshold languages in the coming weeks.

For CalFresh Month in May:

Great news! The California Food Assistance Program (CFAP) has developed an Implementation Newsletter that will be published quarterly (Fall, Winter, Spring and Summer) leading up to the CFAP expansion implementation.

The newsletter will provide a summary of the expansion progress and may include data, participant stories, timelines, and important dates. The Newsletter will be available in both English and Spanish. We have attached the Winter 2024 edition of the Newsletter to this email, and you can also find it on the [CFAP](#) webpage.

Please contact us if you have any questions about the CFAP expansion at CFAP@dss.ca.gov.

Job opportunities available!

MCHA is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

- [Health Care/Practical Support Navigator – Women’s Health](#)
 - [Project Director Reproductive and Maternal Health](#)
 - [Health Programs and Benefits Trainer](#)
 - [IT Support Technician](#)
 - [Volunteering](#)
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