Maternal and Child Health Access

In this monthly mailing:

SAVE THE DATE

Tuesday, February 25, 2014 5:00 - 6:30 PM "Making Our Voices Heard on Reproductive Justice: Sandra Fluke" Lawyer and women's rights activist Sandra Fluke will discuss her recent congressional testimony, the climate in Washington on reproductive rights and policy, the Affordable Care Act and her vision for women's rights.
UCLA Fielding School of Public Health
Lecture Hall 43-105 CHS
*Food will be served

Saturday, March 15, 1 PM - Don't Frack California California State Capitol, 1315 10th St., Sacramento Californians from across the state will flood the streets of Sacramento to send

Next MCH Access Monthly Meeting:

Thursday, Feb. 20, 2014

10am - 12pm

LOCATION:
MCH Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
(6th St., and Bixel St.)

SPEAKER
Jenny Kattlove, Director, Strategic Health Initiatives, The Children's Partnership
Dental Health Month -
"AB 1174 (Bocanegra and Logue) - Virtual Dental Home"

Dental care updates
Other speakers TBA

Oral health news:
MCHA's "Educate and Advocate - Oral Health During Pregnancy" conference Monday, Feb. 24!
Seats remain! Register HERE by Thursday!

PARKING:
Free at MCH Access; enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across the alley to our building

RSVP now

Please contact our office with any questions regarding this email or visit our website for further information about our organization.

MCHA's "Educate and Advocate - Oral Health During Pregnancy" Conference Monday, Feb. 24!

Governor Brown a clear message: Don't frack California. **This will be the largest anti-fracking mobilization in our state's history, and we need you to be there to make sure Governor Brown hears us**. Click **HERE** to RSVP for Don't Frack California. If you don't live near Sacramento, don't worry. There will be buses coming from all across the state, including San Francisco, Oakland, Marin, San Jose, Palo Alto, Fresno, Merced, Bakersfield, Santa Cruz, San Benito, Monterey, San Luis Obispo, Santa Barbara, Los Angeles, Orange County, San Diego and Chico. We're still adding buses, so if you don't see a bus coming from where you live, please request one! Click **HERE** to sign up for or request a bus. A ride and housing board is set up to help you self-organize carpools and housing at the rally. Click **HERE** to request a ride or housing, organize a carpool or offer housing.

April 11-12, 2014 Infant Development Association Southern California Regional Conference "The Significance of Sensory Experiences in Young Children" SEE REGISTRATION BROCHURE Register Today! Westin Pasadena Hotel. Register **HERE**- download brochure **HERE**.

Tues., April 29 and Weds. April 30, 8:30 - 4:40 - The Mother-Friendly Childbirth Initiatives Symposium, "Medicine and Midwifery: Bridging the Gap" At the California Endowment. See

MCHA is hosting a policy conference for prenatal providers, dental providers and health educators working at agencies that treat and interact directly with pregnant women. During this conference we will hear from speakers and from panelists on barriers to care, what benefits actually exist, and reimbursement issues. More importantly, we will hear how to educate and advocate on behalf of pregnant women seeking dental care OR pregnant women who simply don't know that dental care exists. We will develop recommendations, so that participants can take information back to their agencies, educate other staff and implement steps to inform pregnant women of the dental benefits that they are eligible for and determine policy solutions to the issue of underutilization of oral health care. Staff from Delta Dental and other state representatives will be in attendance. See agenda **HERE**.

Summary of Jan 16, 2014 meeting

Pregnancy and the ACA: Lynn Kersey and Donald Nollar, MCH Access

Lynn and Donald presented presented a modified version of a webinar in which MCHA had participated and contributed for county Eligibility Workers on changes to (Medi-Cal) pregnancy coverage under the Affordable Care Act. The recording of the presentation and the slides as presented by the California Welfare Directors Association, Los Angeles County Department of Public Social Services, and Maternal and Child Health Access may be accessed **HERE**, along with other informative slide presentations about Health Care Reform. In addition to being able to speak to the changes in codes and percentage levels, Lynn was glad that the presenters wanted to note the importance of pregnancy coverage and the special nature of coverage for pregnant women:

- Prenatal care is important for both maternal and child health. Babies of mothers who do not get prenatal care are three times more likely to have low birth weight and five times more likely to die than those born to mothers who do get care. (Womenshealth.gov accessed 11-25-13)
- Pregnancy is an "immediate need" situation for processing applications!
- California improved birth outcomes with major Medi-Cal expansions in 1989-90.
- Medi-Cal covers half of all women giving birth - about 250,000 of the state's 502,023 births.

All of the existing pregnancy programs still exist; however, income limits have changed in line with the new income counting rules and the acronym known as MAGI- Modified Adjusted Gross Income. Donald Nollar explained in basic terms what constitutes the new rules. Our Formerly-Known-as-200%-Program pregnancy coverage will now go up to 213%; Access for Infants and Mothers will start at 214% and go to 322%. Other changes are taking place with AIM - those we know of include that the $50 up-front application cost (applied to premium payments) now cannot be charged. The program is going over to DHCS from MRMIB but will remain a separate program, funded largely by the Child Health Insurance Program federally.

New Hospital PE program is now in place, as of 1-1-14.

- The Hospital Presumptive Eligibility (HPE) Program provides temporary no SOC Medi-Cal benefits during a presumptive period to individuals determined eligible by a qualified hospital, on the basis of preliminary information. Individuals potentially eligible for Hospital PE benefits are uninsured California residents, who are:

conference information and register **HERE**:

RESOURCES

Useful information and nicely done!

The Office of the Medical Director has produced the **Health Disparities in the Medi-Cal Population** fact sheets to explore potential inequalities in various health indicators among Californians. The Department elected to use the 39 health indicators presented in the California Health and Human Services Agency's Let's Get Healthy California Task Force Final Report, as a starting point for the fact sheets. Health Disparities in the Medi-Cal Population provides a snapshot of the health of Medi-Cal members from various backgrounds, compared to the state population, so that health organizations, government officials, policymakers, and advocates can better understand possible disparities. The initial suite of fact sheets includes 24 of the 39 indicators from the Let's Get Healthy California Task Force Final Report. In the future, more health topics will be examined such as smoking among adolescents and adults, diabetes prevalence, and hospice enrollment. In addition, other social strata and groups will be explored. Eliminating health disparities is an important part of the DHCS Strategy for Quality Improvement in Health Care, and the fact sheets will help us all identify the sub-populations in greatest need.

- Pregnant women
- Children 0-18
- Adults not pregnant nor on Medicare
- Parents/Caretaker Relatives
- Individuals 18-26 who were in Foster Care on their 18th birthday

Like pregnant women's PE program, the patient must submit a completed Medi-Cal application before her HPE period terminates in order to be eligible for continued coverage beyond the 60-day HPE period and/or retroactive coverage back to 3 months from the date of the Medi-Cal application.

What is most confusing about pregnancy coverage now is the interaction with Covered CA. Pregnant women applicants are not eligible for full-scope Medi-Cal in the 101-138% income bracket. For pregnant women between 61-100% and 139-213% of poverty, with pregnancy-related only Medi-Cal, the state will encourage enrollment in Covered CA. Unlike other Medi-Cal-eligible people who might choose Covered CA instead, the woman WILL receive subsidies. Part of the 2014-15 budget proposal is to fully cover her premiums and co-pays, not just subsidize them, and to cover pregnant women 61-100% of poverty with full-scope Medi-Cal at application, so that this income bracket would no longer have such coordination problems, MCHA has grave concerns about how Medi-Cal eligible women would fare; they would be unable to use their CPSP benefits unless they had a Covered CA provider who was also a Medi-Cal provider. See our paper on this issue **HERE**.

Finally, advocates were encouraged to use a more direct means of enrolling pregnant women in Medi-Cal than the Covered CA website if the woman is eligible for Medi-Cal. Use Your Benefits Now computer screening or a paper application faxed to the Medi-Cal district office. Presumptive Eligibility is still a benefit as well and is more important than ever.

MCHA's Income Comparison chart has been updated for the ACA, the new income counting rules and percentage levels and is available **HERE**:

MOST ADULT DENTAL BENEFITS IN MEDI-CAL RESTORED MAY 1

Adult beneficiaries on Medi-Cal receiving notices on reinstatement of (most) adult dental benefits. See copy of letter **HERE**; it may be slightly modified when sent out again.

From the Guttmacher Institute: U.S. ABORTION RATE HITS LOWEST LEVEL SINCE 1973

2008-2011 Decline Spans Almost All States, Suggesting State-level Restrictions Are Not the Cause Early Medication Abortion Makes Up an increasing Proportion of All Abortions

The U.S. abortion rate declined to 16.9 abortions per 1,000 women aged 15-44 in 2011, well below the 1981 peak of 29.3 per 1,000 and the lowest since 1973 (16.3 per 1,000), according to "Abortion Incidence and Service Availability in the United States, 2011," by Rachel Jones and Jenna Jerman. Between 2008 and 2011,

The Health Disparities in the Medical Population Fact Sheets are downloadable online from the DHCS **website**: Claims Are Now Accepted for **Emergency Contraceptive Ulipristal Acetate** February 6, 2014 In the November 2013 Medi-Cal Update, providers were instructed to withhold billing for code J3490U5. Beginning March 1, 2014, providers may submit claims that were held or were erroneously denied for dates of service on or after November 1, 2013. Timeliness will be waived for dates of service from November 1, 2013, through February 28, 2014.Beginning March 1, 2014, providers may bill for the emergency contraceptive, ulipristal acetate (ella, 30 mg), for onsite dispensing to females only, using HCPCS code J3490 (unclassified drugs) with modifier U5 (Medicaid level of care five, as defined by each state).

Help Line for CEC's/CAAs - PLEASE DO NOT SHARE THIS NUMBER WITH CONSUMERS. THE HELP LINE NUMBER SHOULD BE USED BY CEEs and CECs ONLY!!!

GOOD NEWS!!! Covered CA now has a dedicated CEE/CEC Help Line. You can call the help line for direct assistance with the following:

· Eligibility questions
· Status update on paper applications submitted
· General CalHEERS errors

the abortion rate fell 13%, resuming the long-term downward trend that had stalled between 2005 and 2008. The number of abortions (1.1 million in 2011) also declined by 13% in this time period.

While the study did not specifically investigate reasons for the decline, the authors note that the study period (2008-2011) predates the major surge in state-level abortion restrictions that started during the 2011 legislative session, and that many provisions did not go into effect until late 2011 or even later. The study also found that the total number of abortion providers declined by only 4% between 2008 and 2011, and the number of clinics (which provide the large majority of abortion services) declined by just 1%.

"With abortion rates falling in almost all states, our study did not find evidence that the national decline in abortions during this period was the result of new state abortion restrictions. We also found no evidence that the decline was linked to a drop in the number of abortion providers during this period," says Rachel Jones, lead author of the study. "Rather, the decline in abortions coincided with a steep national drop in overall pregnancy and birth rates. Contraceptive use improved during this period, as more women and couples were using highly effective long-acting reversible contraceptive methods, such as the IUD. Moreover, the recent recession led many women and couples to want to avoid or delay pregnancy and childbearing."

Beginning in 2011, state efforts to restrict abortion have surged, according to Guttmacher research. States enacted 205 abortion restrictions between 2011 and 2013, more than in the entire previous decade combined. "Over the past three years, we have seen an unparalleled attack on abortion rights at the state level, and these new restrictions are making it harder for women to access services and for providers to keep clinic doors open," says Elizabeth Nash, state issues manager at Guttmacher. "As we monitor trends in abortion going forward, it is critical that we also monitor whether these state restrictions are preventing women who need abortion services from accessing them."

While the overall abortion rate continued to decline, the proportion of abortions that were early medication procedures continued to increase. An estimated 239,400 early medication abortions were performed in 2011, representing 23% of all nonhospital abortions, an increase from 17% in 2008. The study estimated that 59% of all known abortion providers offer this service.

"Clearly, the availability of medication abortion does not lead women to have more abortions," says Jones. "However, it has likely helped women obtain abortion care earlier in pregnancy, as evidenced by a shift toward very early abortions."

The study also found that abortion rates dropped in all four U.S. regions and in all but six states during 2008-2011: Declines were steepest in the Midwest (17%) and the West (15%), and less steep yet noteworthy in the South (12%) and Northeast (9%). Notably, the few states in which abortion rates increased had rates lower than the national average to begin with.

This analysis was based on the Guttmacher Institute's 16th census of all known abortion providers in the United States. The study, "Abortion Incidence and Service Availability in the United States, 2011," is available online and will appear in the March 2014 issue of Perspectives on Sexual and Reproductive Health.

Additional materials can be found online:

The CEE/CEC Help line number is 855-324-3147. The CEE/CEC Help Line hours are Monday through Friday, 8am to 5pm.

Eyeglass distribution - see flyers on MCHA website: Sight for Students® is VSP's national charity program that provides free eye exams and glasses, when prescribed, to more than 50,000 children each year. See flyers in English and Spanish, **HERE**. (flyers sent to you for posting on website).

EMPLOYMENT

Please click on job title to view full description and the application process. And provide a cover letter and resume with your application that specifically outlines your employment history experience and educational background for which you're applying. **Please note: the job descriptions for the employment positions listed below will be posted on our website soon**.

- Project Coordinator - Pregnancy Policy
- Administrative Assistant - Pregnancy Policy

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

Join Our List

Join Our Mailing List!

- Facts on Induced Abortion in the United States - national overview fact sheet
- State Facts About Abortion - state-specific fact sheets
- Data Center - create your own tables, maps and graphs using the most current data available
- Abortion in the United States - video on characteristics of U.S. women who have abortions
- Barriers to Abortion Access - infographic on geographic and policy barriers faced by U.S. women who want to access abortion services

The USC University for Excellence in Developmental Disabilities (UCEDD), Children's Hospital Los Angeles

Is currently recruiting participants for the Family Support discipline in its 2014 California Leadership Education in Neurodevelopmental and Related Disorders (CA-LEND) training program. We are seeking parents of children with special needs who have a minimum of 2 years experience working with other parents or as an advocate for systems change and are interested in receiving advanced training in our multi-disciplinary program. If you have any questions, don't hesitate to contact me at fgoldfarb@chla.usc.edu or 323 361-3831.There will be a meeting the evening of Tuesday, February 25, 2014 to introduce potential applicants to the CA-LEND program and go over the Family Support Application and Program requirements. Time and location will be provided when you RSVP.

To RSVP for the information meeting and/or receiving an application packet, contact:

Fran Goldfarb, MA, MCHES, CPSP
Director, Family Support
(323) 361-3831 or fgoldfarb@chla.usc.edu

Application Deadline: **March 28, 2014**

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