Maternal and Child Health Access

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In this monthly mailing:

SUMMARY OF NOV. 15 MEETING

GUEST SPEAKER: MARTHA DINA ARGUELLO, PHYSICIANS FOR SOCIAL RESPONSIBILITY

NEW SINCE MEETING: CALIFORNIA STATE BUDGET ANNOUNCED

COVERED CALIFORNIA & KAISER PERMANENTE CHILD HEALTH PLAN CLOSE FOR ENROLLMENT FEB 15

STATE AWAITS APPROVAL FOR FULL SCOPE COVERAGE TO 138% FPL FOR PREGNANT WOMEN

ALERT - STATE PLANS TO SHIFT PREGNANT WOMEN WHO INCREASE TO FULL SCOPE INTO MANAGED CARE IMMEDIATELY

CALHEERS NAVIGATION - HELP PREGNANT WOMEN ENROLL PROPERLY

Next MCH Access Monthly Meeting:

Thursday, Jan. 15, 2015

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/TOPIC:

California Partnership - 2015-16 State Budget for Health and Human Service

MCHA Staff - What's happening with health coverage for pregnancy in California?!

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

REGISTER NOW! Click here

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

Materials Distributed November 2014 meeting (no December meeting)

Materials Distributed at November 20, 2014 meeting may be found **HERE**

[JOIN MONTHLY CALLS ON THESE ISSUES]

[SENATOR RICARDO LARA INTRODUCES HEALTH FOR ALL ACT]

[L.A. COUNTY WEIGHS MERGER OF HEALTH]

[PRESIDENT OBAMA SIGNS "THE NEWBORN SCREENING SAVES LIVES"]

[DOCTORS FOR CLIMATE HEALTH" CAMPAIGN LAUNCHES...]

[CONTACT US]

SAVE THE DATE

Saturday, January 17, 2015 Martin Luther King, Jr. Day of Service Forum"at the California Science Center in L.A. The South Coast ACMD is arranging a limited number of buses to transport large groups of people to the event, but need to get their details this week. This event includes a hot lunch

January 23rd & 24th, Los Angeles City College. DACA Renewal Information Session & Workshop hosted by Mayor Eric Garcetti, World Relief, Catholic Legal Immigration Network, Inc., American Immigration Lawyers Association, the American Bar Association, Los Angeles City College and the Youth Policy Institute on at Day 1 - Information Session 5:00 - 6:00pm (English); 6:30 - 7:30pm (Spanish). Day 2 - Application Workshop Saturday, January 2412:30 - 4:30pm RSVP please call (213) 978-0645

Feb. 9, 2015, 9 AM - 1 PM: Baby Signs Sign Language for Infants and

Guest Speaker: Martha Dina Arguello, Physicians for Social Responsibility, Los Angeles - Environmental Health Update and AB 32

Martha Arguello spoke about California's clean energy policy landscape and the role played by AB 32, passed in 2006 in California. The "Scoping Plan" for AB 32 lays out how much various strategies should contribute to reduction of harmful emissions.

Martha being a health advocate always addresses the impacts for health of air, water and other pollutants, and now, of climate change. Climate change affects temperature, sea level and precipitation - their effects have a marked impact on food supply and air pollutants, for example. Anticipated direct health consequences of climate change include injury and death from extreme weather events and natural disasters; increases in climate-sensitive infectious diseases; increases in air pollution-related illness; and more heat-related, potentially fatal, illness. Within all of these categories, children experience greater vulnerability in comparison to other groups.

Unhealthy air is costly - implementing federal clean air standards alone could save billions in just the Los Angeles region alone. Near and dear to our MCH hearts are studies now showing the impacts of air pollution on birth outcomes, such as a 2011 study, "**Traffic-Related Air Toxics and Term Low Birth Weight in Los Angeles County, CA**" Environ Health Perspect 120:132-138 (2012). [online 11 August 2011] In this study, odds of term low birth weight increased approximately 5% per interquartile range increase in entire pregnancy exposures to several correlated traffic pollutants.

Martha explained the difference between short-term and long-term climate pollutants and what savings would be incurred by heath impacts avoided if we implemented just two key clean fuel policies. Cleaner cars improve public health!

Finally, Martha discussed how some of the proceeds of AB 32 will be invested in communities - for affordable transit, energy efficiency and other programs, from the cap and trade proceeds allowing "pollution credits". Highlights in the 2013-14 budget included: $200 million for low carbon transportation and $130 million for sustainable communities strategies and affordable housing

The American Academy of Pediatrics, California Medical Association, American Public Health Association and American Nurses Association all have strong policy statements on climate change.

What can we do?
Join Physicians for Social Responsibility in efforts to educate elected officials
Share campaign with your networks
Social media; Sign on letters
Join **California Delivers**

New since meeting
California State Budget Announced

This will be the topic of our Thursday, January 15 meeting, however, for those interested, budget analyses may be found on several organization's websites:

Toddlers. Child Care Resource Center, Chatsworth, $85. More info here.

Friday, February 27, 2014, 9:00 a.m. - 4:00 p.m. South Coast AQMD is hosting an environmental justice conference - "Environmental Justice for All: A Conversation with the Community" at The Center at Cathedral Plaza, 555 West Temple Street, Los Angeles, CA 90012-2707. Free, but pre-registration required

March 15-16, 2014: March of Dimes Fifteenth Annual Conference for Health Professionals - "Stepping Up to Excellence: Making Your Practice Evidence-Based". Hotel Irvine, Irvine CA. Registration here

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.

- CalFresh Specialist (formerly known as Food Stamps)
- Administrative Assistant
- Project Coordinator - Pregnancy Policy
- Parent Coach, Level II - Welcome Baby Program

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

Western Center on Law and Poverty
The California Budget Project
Health Access (blog)
California Partnership
California Immigrant Policy Center

The general consensus is that although new cuts are not proposed in health care, there is no significant return of funding cut during the years of the recession in Medi-Cal and various public health programs, nor to providers. California's Medi-Cal provider rates hover around 49th in the nation. Health Coverage for undocumented people, and relief from fear over estate recovery, or taking older people's homes for repayment of Medi-Cal coverage, were not addressed in the budget and will be taken up in two bills, SB 4 (Lara) and SB 33 (Hernandez)

Covered California and Kaiser Permanente Child Health Plan close for enrollment February 15!

But both have Special Enrollment considerations to enroll outside of the Open Enrollment period.

This LINK will allow you to download and print a Kaiser application or find an agency that can help you enroll

State awaits approval for full-scope coverage to 138% FPL for pregnant women

The State Department of Health Care Services (DHCS) on September 3 of last year submitted an amendment to the existing 'Bridge to Reform" health care waiver.

The amendment would allow pregnant Medi-Cal eligible women to be evaluated for full-scope Medi-Cal as are non-pregnant women, allowing them to access full-scope Medi-Cal up and including 138% of the Federal Poverty Level. Currently, as a result of the ACA, if pregnant at application, women 60-138% of poverty receive only limited scope services. Federal approval was expected in December and is now expected any day. The request is the next step after MCHA-supported state legislation (SB 857) established the increase to full-scope coverage for pregnant women in July, 2014. We support an immediate increase to full-scope Medi-Cal when federal approval is granted.

ALERT - State plans to shift pregnant women who increase to full-scope into managed care immediately!

ALERT - State plans to shift women immediately into managed care! MCHA and other advocates do NOT support required enrollment into managed care for women already with a provider when the federal approval is given. The State would move thousands of pregnant women into managed care immediately. Women with existing provider relationships would receive managed care enrollment packets (in the best of all worlds; some packets are lost or don't fit in mailboxes) and be forced to choose a provider. If lucky, the women will be able to stay with their own provider. However, many providers do NOT contract with managed care

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plans, or have hospital contracts that do not allow for the same delivery sites as the providers have in fee-for-service.

Note that the **Medical Exemption Process** still exists and that no ICD-9 code needs to be listed for pregnancy - pregnancy in and of itself is a reason for continuation with an existing provider, if that provider does not accept managed care. MCHA will assist AND will ramp up its training so that others can do the work of helping women stay with their existing providers.

MCHA wonders why the state can't wait and move NEWLY ENROLLED pregnant women into managed care. See our **letter to the state** and we encourage you - no, we BEG you to inform your networks of providers and pregnant women, and bring your own pressure on the state to transition existing pregnant women from limited to full-scope Medi-Cal, but suppress required managed care for these women. Start the managed care process with new pregnant women in the 60-138% group, as the state does for the pregnant women under 60% of poverty. Thank you!

CalHEERS navigation - Help pregnant women enroll properly!

Medi-Cal-eligible pregnant women do NOT have to enroll in Covered CA! Navigation on CalHEERS for pregnant women in the 100-213% FPL "pregnancy-related" Medi-Cal and the AIM/MAP income range of 213-322% FPL is misleading, even fraudulent. In the case of Medi-Cal, the women are enrolled in Cov CA and then told their application has been sent to Medi-Cal, asked to pick a Cov CA plan, etc. Being enrolled in Cov CA is not cost-effective or necessary, and blocks the ability to use Medi-Cal for pregnancy; CPSP is lost unless one's provider accepts both insurances. For AIM/MAP, women are enrolled in Cov CA - AIM/MAP is not a choice online, and women are called by telephone after enrollment and told about AIM. Not surprisingly, few women change at that point.

Keep in mind that Covered CA has cost-sharing, deductibles and premiums - delivery costs in the Bronze and Silver plans are a percentage of "usual and customary" fees, which are unknown at the time of application. 2014 maximum co-pay for an individual is over $6,000 - delivery could cost that much. This is entirely unnecessary for a woman in the Medi-Cal or AIM/MAP income ranges. Please lend your agency's name to efforts for transparency. The redesigned Covered CA website does not have the same ability to click for information about pregnancy coverage - it is buried in "**individuals and families/special circumstances**" Unlike Medi-Cal and MAP, Covered California considers a pregnant woman to be a household size of one.

However, we'd like information to the woman about what to do with this information about counting household size! Pregnant women should enroll through their County or a CEC, or directly with Medi-Cal instead, with information like, "If you have been on Presumptive Eligibility Medi-Cal, for example, or are pretty sure you are Medi-Cal eligible, apply for Medi-Cal for your pregnancy through the county system or a patient navigator/CEC."

Join monthly phone calls on these issues! Next call/meeting Friday, January 23.2015

SB 857, passed as part of the state budget in June, 2014, established a process for implementing Premium Assistance for pregnant women and newly qualified immigrants, and the increase of full-scope Medi-Cal for pregnant women to 138%. As part of that process, monthly meetings are held in Sacramento, with webinar presentations and the ability to follow and ask questions by phone. At bottom of page, see **dates and times**:

Senator Ricardo Lara Introduces Health for All Act

SACRAMENTO, CA December 1, 2014 -Senator Ricardo Lara (D-Bell Gardens) today introduced **SB 4** - the Health for All Act of 2015, to expand access to health care coverage for all Californians, regardless of immigration status. The bill continues the Senator's efforts to address the exclusion of undocumented Californians from the state's health care exchange.

"Access to health care is a human rights issue and until everyone is included, our work is unfinished," said Senator Lara. "I look forward to working with a broad coalition of immigrant, health care and legislative advocates to achieve the goal of health for all in the coming year.

"Although it's no substitute for comprehensive immigration reform in Congress, President Obama's action is a tremendous step forward for our immigrant community, " said Lara. "But we'll still have a significant population without access to affordable health care. "

Read more **here**

Los Angeles County weighs merger of health

Does anyone else remember that we've been through this before, and the agencies were once again separated in 2006? Is there no institutional memory? Please call or write your supervisor to ask for broader community input! This decision should NOT be made in a back room! Supervisor e-mails (note there are different configurations) and phone numbers:

Sup. Hilda Solis, 1st District FirstDistrict@bos.lacounty.gov	213-974-4111
Sup. Mark Ridley-Thomas, 2nd District MarkRidley-Thomas@bos.ca.gov	213-974-2222
Sup. Sheila Kuehl, 3rd District Sheila@bos.lacounty.gov	213-974-3333
Sup. Don Knabe, 4th District don@bos.lacounty.gov	213-974-4444
Sup. Michael Antonovich, 5th Distric FifthDistrict@lacbos.org	213-974-5555

Los Angeles County weighs merger of health agencies

BY ABBY SEWELL (Los Angeles Times) January 8, 2015, 8:53 p.m.
Amid a change in top leadership at Los Angeles County, the Board of Supervisors is considering a major overhaul of the way the county provides health services to its 10 million residents.

Supervisor Michael D. Antonovich wants to merge the county's public health department - which is responsible for preventing and responding to disease outbreaks, running substance abuse programs and inspecting restaurants, nursing homes and other facilities -- and a separate mental health agency with the Department of Health Services, which runs county hospitals and clinics.
The proposal has been championed by Mitch Katz, the director of the health services department. Katz is favored by at least some of the supervisors to oversee the consolidated agency.

The county broke off public health services from the larger medical care agency in 2006. At the time, a fiscal crisis in county hospitals raised concerns that other public health programs could be cut. The public health director position is vacant, following the retirement of longtime Director Jonathan Fielding last year. Fielding said in an interview that before the 2006 split, "public health was pretty much submerged and wasn't able to advocate for itself." If the supervisors approve the merger, he said, they should ensure that the directors of all three major divisions have direct access to the county's elected board members and the county chief executive to advocate for their programs.

Mental health department Director Marv Southard could not be reached for comment, but some mental health advocates expressed concerns.
Brittney Weissman, executive director of the Los Angeles County chapter of the National Alliance on Mental Illness, said mental health issues might take a back seat in the larger health agency. She noted a similar consolidation effort at the state level had been rocky.

"Mental health may not be priority No. 1 in a new health agency, whereas it is of upmost concern to the current Department of Mental Health," she said. See more **here**:

President Obama Signs "The Newborn Screening Saves Lives" Reauthorization Act Into Law

In December, the Senate advanced and then House and Senate approved a federal Newborn Screening bill that President Obama then signed. The legislation continues the mandatory screening program for newborns and updates it. Among other things, it speeds up the review of new conditions that the federal government recommends that states should screen for and expands research on conditions identified through screening. It will renew for 5 years federal initiatives that assist state newborn screening programs, support parent and provider education and ensure the accuracy and quality of newborn screening tests.

According to the March of Dimes, nearly all of the four million babies born in the U.S. every year get the heel prick that produces a tiny amount of blood for the testing. About one in 300 has a condition that can be detected through screening. The March of Dimes has posted a **fact sheet** and an **issue brief**.

"Doctors For Climate Health" Campaign Launches

The American Lung Association in California has launched "**Doctors for Climate Health**," a campaign to highlight the medical and health community's call for continued action to fight air pollution and climate change. The goal of the campaign is to raise broad public awareness of the health community's strong support for California's clean air leadership and climate policies.

"Climate change is one of the greatest public health threats of our time and California's ground-breaking climate protection law (known as AB 32) is among the most significant laws we have to clean the air and improve health," says Olivia Gertz, CEO of the American Lung Association in California. "Physicians are on the front lines taking care of patients and protecting them from harm and understand the threat of climate change to health. We applaud these physicians for speaking out about the urgency of reducing air pollution to protect public health and protect future generations from a worsening climate." For the full statement, please click **here**.

Weekly on Tuesdays, the campaign will feature physicians from throughout California on the American Lung Association **website** and via social media lending their voices on why clean air and a healthy climate is crucial. The campaign builds on the ambitious climate goals announced by Governor Jerry Brown. Please see the American Lung Association statement **here**.

Please help us promote this campaign to your colleagues, members, volunteers, friends and family. Below are sample social media posts. And please follow us on **Facebook**and **Twitter** (@Californialung) so you can share and re-tweet our posts. If you are interested in participating in the campaign, please contact Jenny Bard at Jenny.Bard@lung.org. Sample social media: Facebook - Doctors for Climate Health launches today, a campaign by the American Lung Association in California to highlight the medical community's call for continued action to fight air pollution and climate change. #climatehealth **#cleanair** Twitter - Doctors for #climatehealth: @californialung campaign to save lives today and protect future generations. Just what the doc ordered: Meet the Docs for #climatehealth: physicians working to protect our air and climat. What do MDs say about #AB32 and CA's pioneering clean air laws? Tune in at @californialung#climatehealth campaign

RESOURCES

2012 MIHA Data Now Available

The Maternal, Child and Adolescent Health (MCAH) Program of the California Department of Public Health is pleased to announce the release of 2012 MIHA data tables, maps and charts. MIHA, the Maternal and Infant Health Assessment, is a population-based survey of women with a recent live birth in California that collects information about maternal experiences, attitudes and behaviors before, during and shortly after pregnancy. Topics include: health status, nutrition, weight, health insurance, service utilization and content, breastfeeding, infant sleep, pregnancy intention, family planning, intimate partner violence, substance use, hardships, and income. This year we have new information on dental care during pregnancy. MIHA statewide results are available for subgroups of women based on maternal age, education, income, prenatal health insurance, and race/ethnicity. MIHA results are also available for the 20 California counties with the greatest numbers of births and at multi-county regional levels. Find the new 2012 MIHA results on our searchable MIHA **website**. Stay tuned in the coming months for more exciting MIHA results! For the first time, we will be releasing county and regional data by race/ethnicity, income and other subgroups.

Please share this announcement with others interested in the health and well-being of mothers, infants and families in California. For more information about MIHA, or to be added to our mailing list, please contact us at MIHA@cdph.ca.gov.

Medi-Cal NewsFlash: Reminder: Medi-Cal Payment Considered 'Payment in Full'

The article titled "**Reminder: Medi-Cal Payment Considered Payment in Full**' was posted to the NewsFlash area of the Medi-Cal website on January 2, 2015.

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