



Maternal and Child Health Access

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Save the Date

Tuesday, July 26, 5-6 PM and Thurs., July 28, 10-11 AM. Webinar, "Sorting Out the Confusion: An In-

Next MCH Access Monthly Meeting:

This Thursday, July 21, 2011 10 AM - 12 noon

LOCATION:

Good Samaritan Hospital (Moseley Salvatori Conference Center)
637 S. Lucas Street Los Angeles, CA 90017
(between 6th and Wilshire Streets)

SPEAKERS:

Lucy Quacinella, JD
Health Reform Implementation in California
Impact on Women's Health and Maternity

Next California Health Exchange Board meeting: Friday, July 22, 2011. The *Exchange will help California consumers and small businesses shop for and buy competitive health insurance starting in 2014*. The Webcast can be accessed [HERE](#). For more information, see www.healthcare.ca.gov or www.healhexchange.ca.gov

PARKING:

Free at MCH Access, enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across street or pay \$6 at Good Samaritan, entering on Lucas St. across from the conference center.

PLEASE ALLOW TIME TO WALK!

Find us on Facebook

Materials, if still timely from June 16, 2011 meeting

Please call for copies, if necessary.

- Copy of change in MRMIB/Healthy Families regulations for dental cap of \$1500 to be struck down in October, 2011
- Draft notice MCHA proposed for informing women of enrollment in managed care in 3rd trimester and opportunity to disenroll by phone
- "Anti-Choice Billboards Pop Up in California, Call a Latina's Womb, "Dangerous", OC Weekly, 6-14-11
- "Trust Black Women - Take Down the Anti-Abortion Billboards"

Depth Look at Breast Cancer Screening -

This webinar will delineate the risks and benefits of breast cancer screening, review the science behind the US Preventive Services Task Force's recommendations, and provide attendees with tools for understanding media coverage of mammography. Join us for an illuminating look at a complex and often confusing issue. Click [HERE](#) to register for the 7/26 webinar! Click [HERE](#) to register for 7/28 webinar!

Thurs., July 28, 10:00-11:00 AM- Webinar on Children's Health Homes

Join Children Now for a free webinar on to examine opportunities in the Affordable Care Act (ACA) to increase children's access to health homes. During the session, Children Now will outline the health home option in the ACA, and attendees will hear from the California Department of Health Care Services about the state's efforts to explore this option. For more information, please contact Nicette Short at:

nshort@childrennow.org to register now click [HERE](#) to register for 7/28 webinar!

Thursday, July 28, 9 AM - 12 Noon,

"Choice, An Interfaith Perspective" interfaith panel of speakers and workshops on lobbying, choice, writing letters to the editor (with editors from our local paper), and meeting with our panelists. National Council of Jewish Women, 543 N. Fairfax

LA Watts Times, 1-25-11

From speakers Jan Robinson Flint and Nourbese Flint: Black Going Green (environmental impact of personal care products), Black Women for Wellness Manifesto; 10 key facts about Black Women for WellnessMaterials.

Black Women for Wellness

Jan and Nourbese spoke to the group about the range of issues that Black Women for Wellness (BWW) address - women's health care, including HIV/AIDS, diabetes and hypertension, pregnancy and reproductive health. The billboard campaign address reproductive freedom and abortion grew out of similar campaigns in Georgia, Florida, Texas, Illinois, Mississippi, New York and Wisconsin. Billboards started with the "Endangered Species" billboards that have been seen along Martin Luther King Blvd at the time of the annual MLK parade along King Blvd in Los Angeles. Now eight organizations have partnered nationally to address these billboards, with groups in California having been brought together prior by parental notification initiatives. Copies of the billboard pictures were distributed in two articles, one by Jan Robinson Flint and another an interview with Gabriela Valle, of California Latinas for Reproductive Justice. Newer billboards have surfaced in Latino communities in East Los Angeles and Montebello, and state, in Spanish, "The most dangerous place for a Latino is in the womb". Speakers called out the offensive nature of this message - that women are both unable to adequately take care of their pregnancy and that they have too many abortions. These billboards are put up by a group out of Mexico City - unidosporlavida - who also put on an event at the Sports Area on June 12 with conservative presidential candidate Rick Perry and others. Speakers called on meeting attendees to call the billboard companies; if the billboards are above businesses, complain to that business; call the city councilperson and/or supervisor in whose district the billboard resides. Update: recently billboards were successfully removed in Oakland. We await similar success in Los Angeles and elsewhere.

The Access for Infants and Mothers Program (AIM) goes Fee-for-Service

The state budget signed in late June transformed the AIM program from a managed-care based program to one that uses a network of Fee-for Service (FFS) providers, presumably for cost-containment reasons. MRMIB is moving forward with planning and issued draft regulations for the changes at its 7-13 meeting for review and comment; see the draft regulations [HERE](#). MCH Access had written a letter with our questions and concerns; accessible [HERE](#). More discussion at this week's meeting about what these changes mean and how you may comment, if interested.

Los Angeles. To RSVP or for more information, call 323-852-8503

"We've Got You Covered" 2-Day Core Comprehensive Training (Thursday & Friday) at MCH Access

August 18-19, 2011 - 8:30AM - 4:30PM

This two-day training is for those individuals who want to provide full-service outreach, enrollment and retention services for clients. Programs for children and adults are covered. All free or low cost health programs provided in LA County are included: Medi-Cal, Healthy Families, Healthy Kids, Healthy Way LA, Kaiser Permanente Child Health Plan, as well as County Resources, Managed Care, Immigrant Issues, and Advocacy Tips for accessing and successfully using these programs and resources.

If you have questions regarding our specialized trainings please contact: Liz Ramirez, (213) 749-4261 ext 317 lizr@mchaccess.org or Donald Nollar at ext.301 donaldn@mchaccess.org

Please note you must [RSVP](#) in order to attend this training

EMPLOYMENT

MCH Access is hiring a Case Manager for our Perinatal Outreach in East Los Angeles. See all positions [HERE](#).

Join Our List

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The Importance of Medicaid (Medi-Cal in California)

In the LA Times, NY Times, on list serves and everywhere, it seems, is the news of a landmark study released Thurs., July 7. From Families USA:

The results of The Oregon Health Insurance Experiment clearly indicate that expanding access to Medicaid "substantially increases health care use, reduces financial strain on covered individuals, and improves their self-reported health and well-being." For a full summary of key findings and methodological highlights, click [HERE](#).

What is it that defines this study as truly groundbreaking? **In short, it's the methodology.** In the past, health economists have compared access to care and self-reported well-being across people who have insurance and the uninsured. These populations, however, tend to be different in many ways (e.g., education, employment, initial health, etc.) and teasing out the effect of health insurance alone could be challenging. This study, however, was conducted using a randomized, controlled design-a gold standard in medical research, yet a methodology infrequently used in social policy research due to the ethics of systematically designing a study where one population is denied coverage.

In 2008, the state of Oregon opened up a waiting list for its Medicaid program, drawing names by lottery to fill the openings. For the first time, this random selection process allowed health economists the opportunity to study, apples-to-apples, people on the Medicaid program and people that remained uninsured. Researchers were able to really understand the implications of insurance status versus other confounding factors since the groups were divided by chance.

This is a defining study in the field of health services research, and no doubt, will be cited for years to come. More importantly, the findings are crucial for seniors in nursing homes, people with disabilities living in the community, and children who need medical care.

Negotiations are happening now, at both the state and federal level. Please use the findings from this sturdy to ramp up your advocacy efforts. Contact your elected officials, submit a letter to the editor or op-ed, draft a blog post, leverage social media, participate in a talk radio show, birddog at town hall meetings, or host your own community forum. Please help spread the word: Medicaid increases access to and use of health care, increases financial security, and improves health and well-being.

Clinical Preventive Services for Women: Closing the Gaps

The *Patient Protection and Affordable Care Act* (ACA) addresses preventive services for both men and women of all ages, and women in particular stand to benefit from additional preventive

health services. The Department of Health and Human Services charged the IOM with reviewing what preventive services are important to women's health and well-being and then recommending which of these should be considered in the development of comprehensive guidelines. The IOM recommends that women's preventive services include, among other services, improved screening for cervical cancer, sexually transmitted infections, and HIV; a fuller range of contraceptive education, counseling, methods, and services; services for pregnant women; at least one well-woman preventive care visit annually; and screening and counseling for interpersonal and domestic violence.

These preventive services recommendations will be released TOMORROW, Weds, affecting which services women should get for free within health reform.

Join the [live webcast](#) of the report briefing tomorrow at 10:00 a.m. EDT, or click [HERE](#) for additional information about the report and how to download a free copy.

Organ Transplants: Anti-Rejection Medication

An All County Letter has been issued (11-02, dated Feb. 1, 2011) announcing that organ transplant recipients are eligible to continue receiving anti-rejection medication for up to two years AFTER they lose their Medi-Cal eligibility and MC will pay for it. This is really good, for example, for those children on CCS who age out of Medi-Cal at 21, but still need anti-rejection meds. Read more [HERE](#)

Medicaid Managed Care Plans Owned by For-Profits Have Higher Costs, Lower Quality

In many states, Medicaid programs have contracted out the delivery of health care services to publicly traded, for-profit health plans that are focused on managing the care of Medicaid beneficiaries. Under the Affordable Care Act, states will see expanding Medicaid enrollment, and publicly traded companies are expected to capitalize on this growing market. A new Commonwealth Fund [issue brief](#) compares these plans with non-publicly traded plans owned by groups of health care providers, health systems, community health centers, or clinics. Researchers Michael J. McCue, D.B.A., and Michael H. Bailit, M.M., found that Medicaid managed care plans that are owned by publicly traded, for-profit companies spent an average of 14 percent of premiums on administrative costs, while the non-publicly traded plans spent about 10 percent. The publicly traded plans also received lower scores for quality-of-care measures related to preventive care, treatment of chronic conditions, members' access to care, and customer service. The authors point out that "investment in information technology may also account for the higher administrative costs among plans with larger memberships, especially those owned by publicly traded companies." To read the complete brief, go to [Assessing the Financial Health of Medicaid Managed Care Plans and the Quality of Patient Care They Provide](#).

Consumers can sue now when private health info is sent to debt collectors

In June the State Supreme Court ruled that California residents can sue health care providers, debt collectors and others who release their private medical data to a credit reporting agency. The decision overturns a previous ruling by an appeals court, which dismissed the case because it said the federal Fair Credit Reporting Act preempted the state's Confidentiality of Medical Information Act. **Background** - The lawsuit stemmed from a dispute over a \$600 dental bill for a service that Los Angeles attorney Robert Brown claimed he did not receive. Brown refused to pay the bill, so the dentist referred the bill *and Brown's dental charts* to a debt collector (Cheever, [Bay City News/San Francisco Appeal](#) , 6/16). Federal law places restrictions on the disclosure of private medical records, but does not authorize lawsuits against those who disclose medical records to consumer reporting agencies during disputes over bills. However, California's 1981 medical confidentiality law allows patients to sue anyone who divulges their health data without permission. Read more [HERE](#).

From Every Child Matters: GAO report, Child Fatalities from Maltreatment:

National Data Could Be Strengthened and Congressional Hearing on child deaths due to abuse and neglect:

The U.S. government is stepping forward with recommendations on reducing child deaths due to abuse and neglect and to improving prevention in the first place. A congressional hearing on the topic coincided with the release of a report by the Government Accountability Office which, among other things, confirms assertion by the National Coalition to End Child Abuse Deaths (NCECAD) and others that the numbers of children who die from maltreatment each year is understated by 55% to 75%. That brings the number of 1,700 reported killed in 2009 to some 2,500 killed. During the hearing, Human Resources Subcommittee Chairman Geoff Davis (R-KY) challenged committee members and the hearing speakers to consider gaps, but also to identify ways that better information in the system can help caregivers prevent future tragedies. Members of the Coalition were instrumental in providing information to the GAO as it investigated child abuse and neglect deaths associated with the child welfare system. They also worked with members of Congress, holding a briefing with Congressman Camp and collecting 8,000 plus signatures on a petition calling for a congressional hearing on child abuse and neglect deaths. And, finally, they testified during the hearing on Tuesday, July 12. To read more about the report and hearing, click [HERE](#). For the report, click [HERE](#).

Resources

Improving Access to Oral Health Care for Vulnerable and Underserved Populations

The Institute of Medicine (IOM) recently released a report that addresses the need for improved access to oral health for low-income, vulnerable, and underserved populations. Based on the general principles that oral health is an integral component of comprehensive health care and that oral health is essential to any strategy aimed at improving access to care, the report makes several recommendations, such as: 1) amending existing laws to broaden access to oral health, 2) expanding the capacity of federal qualified health centers to provide dental care, and 3) expanding Medicaid coverage of oral health care and increasing reimbursement rates for dental services. See the brief [HERE](#) . You can also download the full 280-page report [HERE](#)

New Report from the Government Accounting Office (GAO): Medicaid and CHIP: Most Physicians Serve Covered Children but Have Difficulty Referring Them for Specialty Care. GAO-11-624, June 30. GAO assessed (1) the extent to which physicians are enrolled and serving children in Medicaid and CHIP and accepting these and other children as new patients, and (2) the extent to which physicians experience difficulty referring children in Medicaid and CHIP for specialty care, as compared to privately insured children. GAO conducted a national survey of nonfederal primary and specialty care physicians who serve children, and asked about their enrollment in state Medicaid and CHIP programs, whether they served and accepted Medicaid and CHIP and privately insured children, and the extent to which they experienced difficulty referring children in Medicaid and CHIP and privately insured children to specialty care. GAO also interviewed officials with the Centers for Medicare & Medicaid Services (CMS), an agency within the Department of Health and Human Services (HHS) that oversees Medicaid and CHIP. Read more [HERE](#) and see highlights [HERE](#)

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