



Maternal and Child Health Access

In this mailing:

[Prematurity Prevention/Awareness Month](#)

[Breast Cancer and the Environment](#)

[California Kids Reopens](#)

[Healthy Families Update](#)

[Insure Kids Now!](#)

[POLICY ALERT](#)

[CDC Removes Discriminatory HPV](#)

[Air Quality and Health](#)

[Don't Be Fooled! - Target & Walmart](#)

Monthly Meeting

Place:

MCH Access
1111 W. 6th St., 4th Fl.
Los Angeles, CA 90017
10am to 12noon

[free parking in back - enter on 5th st.]

[driving directions](#)

Quick Links

[MCHA "'We've Got You Covered" Core Training](#)

[MCHA is still hiring!](#)

[Support a family in need!](#)

[Materials distributed at last meeting](#)

Upcoming Monthly Meeting

Focus on Prematurity Prevention/Awareness Month

Vickie Lombardo, [March of Dimes](#)

Lisa Pettinato, [PAC/LAC](#)

California gets a "C" in prematurity! **CLICK HERE** to see report card.

Los Angeles Best Babies Collaborative Releases their Perinatal Scorecard for Los Angeles County - **CLICK HERE** to read scorecard.

The U.S. ranks 30th in the world in infant mortality, largely due to its high prematurity rates, according to a newly released report by the Centers for Disease Control and Prevention **CLICK HERE** to read report.

See also: Healthy African American Families "[Baby on Time](#)" section, the [California Premature Infant Health Coalition](#), the [California Maternal Quality Care Collaborative](#), and the [California Perinatal Quality Care Collaborative](#) for more resources/information.

From our last meeting October 15:

Breast Cancer and the Environment - Katherine Attar Health and Environmental Coordinator Physicians for Social Responsibility

Ms. Attar provided an excellent overview of the environmental aspects of breast cancer, including incidence of breast cancer and its greater prevalence in women of color, the connections to use and exposure to harmful chemicals, specific chemicals of concern and the idea of "pinkwashing" - referring to companies that promote pink ribbon products while the products themselves contribute to the disease.

Although we are aware of these statistics and we all know of someone with breast cancer, it is still a shock to be reminded that between 1973 and 1998, breast cancer incidence rates in the United States increased by more than 40 percent and that today, a woman's lifetime risk of breast cancer is one in eight. This statistic is worse for African Americans and Latinas AND they are disproportionately affected by more aggressive tumors. However, the risk for women over 50 years old has lowered due to stopping the use of Hormone Replacement Therapy.

Most of the tens of thousands of synthetic chemicals that are used in the US today have never been tested for their effects on human health. Another thousand or so are added every year. Many, if not most, women with breast cancer had none of the commonly accepted risk factors. A great deal of research focuses on personal attributes such as later pregnancies, alcohol use and weight, but less research focuses on chemicals and the environment and interactions between chemicals and genetics.

(call for copies)

Information on Medi-Cal benefits cuts for adults (note - pregnant women can still get some or all of the services)

- HCA Fact Sheet
- LA Care and Health Net to continue to provide some services to their enrollees

- Denti-Cal clarification of procedures for pregnant Denti-Cal beneficiaries

- DHS Medi-Cal "how to bill" for excluded optional benefits

- MCHA's California Kids fact sheet

- Western Center on Law and Poverty list - Health Care Legislation passed or vetoed

- Mia's Law - Child Care safety law

- Keep pesticide-laden GMOs out of Halloween candy

- IHSS cuts alert (note: A Federal judge stopped the state from making deep cuts in the In Home Supportive Services (IHSS) homecare program that would have affected some 130,000 low income elderly, blind and disabled Californians. [View more...](#)

Specific chemicals discussed included phthalates, which are "endocrine disrupters" - mimicking estrogen in the body and linked to increased estrogen. Mixtures and timing of exposure to these chemicals or combinations of chemicals and genetic or hormonal profiles matters.

Parabens and Bisphenol-A (BPA) were also discussed. BPA is a chemical which softens plastic and makes it more easily shaped and bent. It is one of the chemicals produced in highest volume in the world, although many countries such as Japan and Canada have banned it, as have Boston, Minnesota and Connecticut. It was the subject of a bill to ban BPA from plastic baby bottles and other containers and from infant formula containers. This bill will become a two-year bill for the current session.

Parabens are widely used as anti-microbial preservatives in food, pharmaceuticals and cosmetics products. They are absorbed through intact skin and from the gastrointestinal tract and blood. They also have been shown to increase estrogen and are endocrine disrupters. We should contact manufacturers to urge the removal of parabens from our products, such as in baby and other shampoos. PVC, as in plastics and shower curtains, was mentioned but most of the problems are in the making and processing of these products. They are a huge problem for the workers in the PVC industries.

The talk ended with discussion of safer ways to clean and of the concept of pushing for a standard of proving the safety of products before they are used rather than proving risk. A new statewide coalition, [CHANGE](#) (Californians for a Healthy & Green Economy) was announced.

Los Angeles County Department of Health Services Prepay Rules and Pregnant Women -Donald Nollar

On The "prepay" program at Los Angeles County Department of Health Services (LAC/DHS) sites for pregnancy and delivery requires that women pay \$60 per visit; women only have to pay for a total of seven visits (\$420 total), then they are not charged for the rest of their prenatal visits. Delivery costs \$2000 and the family must agree to enroll the baby in Medi-Cal, or Healthy Families if the family is over 200% of poverty.

However, in order to use the prepay system, women must not already be on Medi-Cal, including Share of Cost Medi-Cal, or any other insurance. If they are, they can't use the prepay system unless they drop their Medi-Cal.

No one should not be forced to apply for Medi-Cal when seeking to prepay, as this would negate their ability to use the pre-pay system.

LAC/DHS's materials say that one should not have to apply for Medi-Cal when using the pre-pay system. "Prepay" means paying at the time of the service, or up to seven days afterward. However, if the service isn't paid for within the seven days, the full cost of treatment will be billed. Prepayment does NOT cover medications. See the LAC/DHS information sheet [HERE](#), How to get no-cost or low-cost medical care at County Comprehensive Health Centers (CHC)/Health Centers (HC) and multi-service ambulatory care centers (MACC)

The Prepay system is helpful for those Los Angeles County residents who would otherwise have Medi-Cal with a high share of cost, or who are later than 30 weeks pregnant. One must still be a county resident to qualify.

Please let [Donald Nollard](#), [Liz Ramirez](#), or [Celia Valdez](#) know if you have questions or problems with any pregnant clients in the LAC/DHS prepay system.

Resources

[Kidsdata.org](http://kidsdata.org), a program of the Lucile Packard Foundation for Children's Health, just expanded statewide, offering data for all counties, cities, and school districts in California -- nearly 1,600 regions. Data are available for dozens of topics measuring the health and well being of children, and much more data will be phased in over the coming months.

Visit kidsdata.org now
1 Million Baby Strollers Recalled: FInger Amputations Cited The U.S. Consumer Product Safety Commission, in cooperation with the firm named below, announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed: Maclaren Strollers Distributor: Maclaren USA, Inc., of South Norwalk, Conn. Hazard: The stroller's hinge mechanism poses a fingertip amputation and laceration hazard to the child when the consumer is unfolding or opening the stroller. Consumer Contact: For additional information, contact Maclaren USA toll-free at (877) 688-2326 between 8 a.m. and 5 p.m. ET Monday through Friday or visit the firm's [website](#).

California Kids Reopens

CaliforniaKids, or CalKids, is an independent non-profit organization that provides premium-subsidized, comprehensive preventive and primary health care services to children ages 2 through 18.

CalKids began in 1992 and was one of the first programs in Los Angeles to provide health care to children ineligible for public programs such as Medi-Cal and now Healthy Families. With the advent of the Healthy Kids program, CalKids opted to concentrate services in other counties in need; however, since Healthy Kids cannot accept children over 5 ½ for enrollment, CalKids has opened once again in Los Angeles and statewide.

Premiums are \$49 plus a one-time processing fee of \$10. Co-payments for services range from \$5 and up, depending on the service provided. The benefits include comprehensive preventive and primary care coverage, medical office visits, dental care, prescription drugs, mental health services, radiology and lab tests, outpatient hospital services, ambulance services and \$1000 annually in emergency room services. Hospitalizations, major surgery and vision are not covered.

For an application, call (818) 755-9700 or see the [CalKids](#) website. For the MCHA CalKids fact sheet, [CLICK HERE](#)

Healthy Families Update

See the excellent [TIMELINE](#) on the Healthy Families waitlist created by the 100% Campaign.

Picking up from there, according to MRMIB, as of last week, Maximus, the Healthy Families enrollment contractor, has processed 75% of the waiting list applications. "Processed apps" are those which have been either 1) determined eligible, 2) determined ineligible or 3) have been determined to have missing information. For the final group, Maximus uses the normal missing information process: they call the family and give them 25 days to send information to complete the application. 50,000 children from the waiting list of nearly 90,000 have been enrolled. Maximus staff have been working weekends and overtime.

Additionally, MRMIB representatives have stated that applications have been processed in order of receipt of application. That does not, however, mean that children have been enrolled according to the date their application was received (because some are incomplete apps). This does mean that new apps are reviewed after older apps.

Finally, Maximus is processing applications and taking income documentation according to HFP regulations. It is accepting income docs that are good within 45 days of the date of application. This is true even of apps submitted during the enrollment freeze - "expired" income verification is not being accepted.

(Thanks to Manju Kulkarni, National Health Law Program, for the updated information.)

Insure Kids Now!

[Insure Kids Now!](#)

Lynn Kersey, MCHA Executive Director, had the opportunity and privilege of attending the Centers for Medicaid and Medicare (CMS) National Children's Health Insurance Summit held in Chicago in early November. All 69 recipients of recently distributed ARRA (federal stimulus) grants for children's outreach attended. MCHA was not one of

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the grantees but was invited to speak. The first \$40 million in grant funds was awarded on September 30, 2009. The Centers for Medicare & Medicaid Services (CMS) received over 400 applications, and awarded 69 grants that will distribute the \$40 million across 42 states and the District of Columbia. For a complete list of grantees, see [2009 Cycle I Outreach Grantees \[545 KB.PDF\]](#).

The energy and excitement at the conference was palpable and the plenary presentation by Department of Health and Human Services Secretary Kathleen Sibelius was an encouraging sign of the Obama Administration's recognition of the importance of child health coverage. The outreach campaign has a website, [Insure Kids Now](#) which houses outreach materials available for download and a Toolkit covering topics such as -developing an approach, developing and disseminating materials, partner engagement, and working with media. These topics are very much "on the ground"; however, "outreach" was recognized as "improving enrollment and retention" as well. It was humbling to see what other states have done in the areas of enrollment simplification and retention.

Watch for the conference powerpoints and other materials soon.

POLICY ALERT: Setback for Women's Health in the House Health Care Reform Bill

Thanks to the California Family Health Council for the information below:

Late Friday night, the U.S. House of Representatives passed its version of health care reform, the Affordable Health Care for America Act (H.R. 3962). The bill, approved by a vote of 220-215, is estimated to cost \$894 billion and projected to cover 36 million currently uninsured Americans. It includes a public insurance plan and an expansion of Medicaid up to 150% of the Federal Poverty Level (FPL), as well as several important reproductive health provisions, such as: the inclusion of our community providers in health exchanges; the expansion of Medicaid Family Planning coverage as a state's option; and funding for comprehensive sex education.

The bill, however, also contains a devastating setback for women's health. In order to secure the number of Democratic votes needed to pass the "rule" (a procedural vote governing debate on the bill itself), House Democratic leaders agreed to allow a vote on an amendment by anti-choice Representative Bart Stupak (D-MI), along with Reps. Joseph Pitts (R-PA), Brad Ellsworth (D-IN), Christopher Smith (R-NJ), Marcy Kaptur (D-OH), and Kathy Dahlkemper (D-PA), to ban abortion coverage in health care reform. The rule passed by a vote of 242-192, making way for debate on H.R. 3962 and the two amendments allowed by the Rules Committee: the restriction on abortion coverage; and a Republican alternative amendment to the entire health care reform bill.

Following debate, the House voted 240-194 (Roll Call Vote 884) in favor of the Stupak amendment, which would effectively prohibit both private and public insurance plans from covering abortion. This amendment would exclude abortion from any benefits package, denying this service to millions gaining coverage, and forcing millions more to lose the abortion coverage they currently have. Despite the fact that at present, private plans can -- and most do -- cover abortion care, and despite an effort by Rep. Lois Capps (D-CA) to address concerns about the use of federal funds to pay for abortion coverage and care, Rep. Stupak demanded a separate vote on his anti-choice amendment. If the Stupak

amendment stays in the bill through final passage of health care reform, it will represent a new and unprecedented restriction on abortion care in America.

It is very difficult to reconcile the potential for health care reform that we hope will improve women's health by expanding coverage and protecting access to reproductive and sexual health care, with the likelihood that it will instead further marginalize individual women for their choices.

For MCH Access and for the American Academy of Pediatrics, the abortion restriction is also a child health issue and should be addressed by child health advocates. We work with teens in need of abortion services and cannot shy away from that need.

CDC Removes Discriminatory HPV Vaccination Requirement for Immigrant Women and Girls

Victory for Reproductive Justice Advocates

New York --- [National Asian Pacific American Women's Forum](#) (NAPAWF), [the National Latina Institute for Reproductive Health](#) (NLIRH), and [California Latinas for Reproductive Justice](#) (CLRJ) commend the Centers for Disease Control (CDC) for taking the critical final step in removing a mandatory vaccination requirement for immigrant women and girls to receive the HPV vaccine. Today, the CDC published a rule that finalizes a set of criteria for evaluating whether vaccinations recommended by the CDC's Advisory Committee for Immunization Practices should become automatic requirements for immigrants. Starting December 14, 2009, the human papillomavirus (HPV) vaccine will no longer be a required vaccination for immigrant women and girls.

NAPAWF, NLIRH and CLRJ opposed the mandatory vaccination requirement when it took effect in July 2008, and worked together with national, state and local partners in the reproductive justice, women's health, immigrant rights, medical and public health movements to remove the mandate. Organizations from around the country sent letters to the CDC opposing the rule and submitted comments in support of the proposed criteria. This was an important victory for the reproductive justice movement and showcased the power of cross-movement building strategies to secure reproductive justice and bodily autonomy for the most vulnerable women and girls.

"Today shows what can happen when the reproductive justice, women's health, immigrant rights, and public health movements work together," said Miriam Yeung, Executive Director of NAPAWF. "NAPAWF is committed to leading policy change that addresses the intersections between immigration status, class, women's rights, and access to health care. We thank our allies who served with us on the national working group that orchestrated this collective victory."

"More than half of the immigrants who come to the U.S. seeking opportunity are women," said Silvia Henriquez, Executive Director of NLIRH. "We thank the CDC for restoring their dignity and reproductive justice."

Rocio Córdoba, Executive Director of CLRJ, said, "We commend the CDC for recognizing that all women and girls-regardless of their immigration status-must be treated with dignity in the context of any medical procedure including the HPV vaccine. As reproductive justice

advocates, we strive to ensure that women and communities have valuable information, coupled with the resources and power to make well-informed and uncoerced decisions about their bodies."

"Our campaign partners at the state level were a crucial in this victory," added Gabriela Valle, CLRJ's Senior Director of Community Education and Mobilization. "In a climate of increasing hostility towards immigrants and where seemingly few allies take a stand for the rights of the most vulnerable, nearly 100 California organizations and individual supporters stood steadfast in opposing this oppressive mandate on women and girls. Because of the support of Black Women for Wellness, the Coalition for Humane Immigration Rights of Los Angeles and the Mexican American Legal Defense and Education Fund, our message to the CDC was heard loud and clear."

Air Quality and Health

The recent SCAQMD-sponsored "New Perspectives on Community Health and Air Quality" conference featured several presentations on the health impacts of air quality. These presentations are available [HERE](#).

Don't Be Fooled! Target and Walmart Caught Selling Lead-Tainted Products for Children, Again!

Target and Walmart, two of the nation's top retailers, are still profiting from products that expose your children to lead. Recent tests found lead-contaminated Walmart and Target store brand shoes, belts, and raingear for kids. One Target product contained more than 14 times the legal limit for lead! Fourteen times!! Promises haven't worked. Recalls haven't worked. A new federal law hasn't worked. Enough is enough! So it's time for the stores to hear from you. Take Action: [CLICK HERE](#) to tell Target and Walmart to keep lead-tainted products off of their shelves!.