



Maternal and Child Health Access

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MAY IS BETTER HEARING AND SPEECH MONTH

Contact MCHA

Save the Dates!

**May 22, 2010 9 am to 4pm
Breastfeeding - Cultural Challenges, Creative Solutions: Blacks, Latinas, Asians and Teens**

Providence Holy Cross Medical Center

This one day seminar will provide important and useful information about working with the diverse populations in Southern California. We will discuss concerns of African American, Latina, and Asian mothers, as well as methods for addressing them to support and protect breastfeeding. Teens are a special group of people and are often overlooked as a 'cultural group'. We will look at their needs and describe successful interventions to support their parenting skills, including breastfeeding.

Sharen Anthony, MFCC, RD
PHFE WIC- Senior Nutritionist, Teen Coordinator, outreach and networking with pregnant minor programs
Vanessa Annibali, MS, IBCLC, RLC
PHFE WIC- Breastfeeding Peer Counselor Program, breastfeeding mentoring, nutrition education and staff breastfeeding training

[CLICK HERE](#) for brochure or to register

Wednesday June 2 - 4:30 pm- 6:30 pm - Hunger Action Day-LA City Hall South Lawn, Los

MCH Access monthly meeting:

We are in the process of expanding and will be moving around our meetings - check each month

Thursday, May 20, 10 AM - 12 noon

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

Parking:

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

PLEASE ALLOW TIME TO PARK AND WALK!

Topic:

Health Policy Consultant Lucy Quacinella, Esq.
May Revise, State Budget Cuts and Health Reform

How you can plug into actions and activities taking place.

[Find us on Facebook](#)

April 15, 2010 meeting notes - National Children's Study

National Children's Study Update
Celia Brugman, Senior Community Liaison
Dena Herman, Study Coordinator

National Children's Study - LA-Ventura Study Center -
UCLA School of Public Health

The National Children's Study (NCS) is the largest longitudinal study of children's health and development in the U.S. It studies the effect of the environment on children's health and development. It will follow 100,000 children in 105 counties, from pregnancy through age 21! This study will help identify genetic and environmental factors that contribute to health disorders and conditions of childhood and adulthood. The goal is to collect information that will help prevent and treat some of the nation's most pressing health problems, including autism, birth defects, diabetes, ADHD, heart disease, and obesity, among others.

Los Angeles is the largest single-county site, studying 4,000 children in 56 different neighborhoods. NCS staff presented exactly one year ago at MCHA - now they know in which neighborhoods and zip codes children will be studied in the first cohort. They will begin in 14 randomly selected areas. They will invite thousands of pregnant women or those who may become pregnant to answer a short survey. A smaller group of eligible women will be also invited to participate in

Angeles CA 90012

Rally, speakers, and invited elected officials to discuss state and city budget issues impacting Seniors, kids, disabled persons, and needy families

Especially around programs such as Summer Lunch for kids and Senior Meal programs as well as Cash assistance programs for low income working families and disabled persons. See [Hunger Action LA](#)

June 14, 2010, Monday 9am to 4pm - Controversies in Breastfeeding Support and Management White Memorial Medical Center

Overfeeding in infancy increases the risk for childhood obesity. Why don't parents following our feeding advice? Why do they supplement breastfeeding with formula? Why do they introduce cereal and other foods earlier than we recommend? Many parents and healthcare providers believe that a quiet, sleeping baby is a 'good baby' and react to the crying and wakeful baby by overfeeding. This evidence based one day seminar will provide tools that can be used to support exclusive breastfeeding in community, clinic and hospital settings.

Denise Parker, BA, IBCLC Lactation Consultant at Kaiser Permanente, Baldwin Park Southern California Kaiser Permanente Regional Lactation Committee Chair, Birth and Beyond California Consultant Karen Peters, MBA, RD, IBCLC Executive Director, Breastfeeding Task Force of Greater Los Angeles, Birth and Beyond California Consultant. [CLICK HERE](#) for brochure or to register

California Commission on the Status of Women: LET YOUR VOICE BE HEARD!

In another year of unprecedented budget cuts, we know that the state budget crisis has adversely impacted women and their families. The California Commission on the Status of Women will hold public hearings to provide a forum for Californians to voice their opinions and talk about real problems faced by women and girls every day. We look forward to hearing from people throughout the state who have ideas about how we can help improve the lives of women and girls. Information obtained from the hearings will assist in the Commission's ongoing work to achieve equal opportunities for all women and girls.

Hearing Schedule:
Friday, June 11th
1 PM to 5 PM

home, clinic, and birth visits. The purpose of these visits will be to collect environmental and biological samples.

2010-2011 Randomly selected neighborhoods and their zip codes*:

1) 93535 Lancaster	8) 90015 Downtown
2) 91343 North Hills East	9) 90731 San Pedro
3) 91352 Sun Valley	10) 90049 Brentwood
4) 90280 South Gate/Lynwood	11) 90018-90016 Crenshaw District
5) 91801 Alhambra	12) 90220 Compton
6) 91790 West Covina	13) 90304 Lennox
7) 90241 Downey	14) 90042 Highland Park

* NCS study areas are smaller than a zip code area and they may include smaller portions of neighboring zip codes.

Appropriate incentives will be provided to the women depending on their level of involvement. Mail-out questionnaires will begin to be sent before the end of the year.

The NCS staff expects to enroll hundreds of women for the survey and a minimum of 100 women for the in-person visits over a one-year period. NCS staff members are collaborating with community agencies and key formal and informal community leaders and others to raise awareness of the survey. For more information, contact: Celia Brugman, cbrugman@mednet.ucla.edu or Dena Herman, dherman@mednet.ucla.edu

Governor Schwarzenegger releases "May Revise" to close budget gap of 19.1 billion through cuts and accounting shifts, but "no new taxes"

The draconian budget released Friday, May 14 by the governor would slash social services and health care for those most affected by the worldwide recession. Once again the governor is proposing to eliminate CalWORKs, the state's welfare-to-work program, and most child care for the poor. He would freeze funding for local schools, further cut state workers' pay and take away 60% of state money for local mental health programs. The proposed budget would further cut services for Medi-Cal beneficiaries and impose co-payments on adults AND children that would require a federal waiver:

- \$5 co-pay on doctor, dental and pharmacy
- \$50 co-pays on ER visits
- \$100 co-pay per day for hospital stays up to \$200 maximum

Some over the counter drugs and nutritional supplements would be eliminated, and caps imposed on hearing aids, durable medical equipment, incontinence supplies, and wound care supplies. Prescriptions (6 per month) and doctor visits (ten per year but not affecting kids) would be limited.

The governor is again proposing to end full-scope Medi-Cal for legal immigrants and eliminate the Adult Day Healthcare Program. In Healthy Families, the Governor is proposing to eliminate vision care and increase premiums for families in the 200-250% federal poverty level category from \$24 to \$42 per child and increase ER co-pays from \$15 to \$50 and add a fee for hospital stays of \$100 per day up to \$200 (as proposed for Medi-Cal).

CalWORKS is proposed for elimination. However, if the legislature doesn't accept ending the program, the governor proposes to cut grants by almost 16%, from \$694 a month for three to \$586 and make drastic cuts in child care. In addition, he even proposes cuts in the food stamp program, which is nearly 100% paid for by the federal government and

Pasadena Central Library
Donald Wright Auditorium
285 East Walnut Street
Pasadena, CA

* Submit sign-up form by June 3rd

**Friday, June 18th
11 AM to 3 PM**

Redding Library
1100 Parkview Avenue
Redding, CA

* Submit sign-up form by June 10th

**Thursday, August 12th
1 PM to 5 PM**

State Capitol, Room TBD
Sacramento, CA

* Submit sign-up form by August 4th

Can't attend a hearing? Submit your recommendations in writing by August 12, 2010.

For more information, sign-up to testify, or submit your recommendations in writing, please visit www.women.ca.gov

RESOURCES

Designating May as Perinatal Depression Awareness Month - Posters available at MCHA meeting Thurs May 20, "Speak Up When You're Down" ACR 105 - Designating May as "Perinatal Depression Awareness Month" in California Passes Assembly and Senate.

The Junior Leagues of California's State Public Affairs Committee (SPAC), working with Assembly Member Pedro Nava (D-Santa Barbara), sponsored Assembly Concurrent Resolution 105 (ACR 105) to designate each May as "Perinatal Depression Awareness Month" in California. National studies estimate 1 in 5 women suffer from postpartum depression and related disorders -- 80% of whom go undiagnosed and untreated because they are uninsured, underinsured, or lack access to comprehensive health care. There may be as many as 800,000 new cases in the United States each year. As passed, ACR 105 will also request that the State Department of Health Care Services, the State Department of Mental Health and other private stakeholders work together to explore ways to improve women's access to mental health care, to facilitate increasing awareness of and education about Perinatal Depression and to encourage the use of available prenatal screening tools.

Just What the Doctor Ordered: Using Medical-Legal Partnerships to Address Home Housing

has been shown to be a boon to local economies and jobs.

The May Revise would increase AIM premiums to 2% of family income, up from the current 1.5%. Some analyses say the reason is to cover the cost of increased caseload-- yet the AIM caseload is not increasing, and the actual caseload is pretty much on target with what was budgeted. It appears that the proposal is designed instead to make up for lower Prop 99 (cigarette tax) revenues by shifting the costs onto pregnant women themselves. Please join MCHA in opposing the May Revise proposal to balance the AIM budget on the backs of pregnant women.

Note that legislative hearings are scheduled for the weeks of May 17 and 24. Per Assembly Speaker Pérez's direction, the Assembly now broadcasts Budget Committee Hearings on the web. Please refer to the [Assembly Video and Audio Broadcasts for Committee Hearings](#). For more detailed budget analysis, see:

Western Center on Law and Poverty, "The Governor's Proposed Budget Would Decimate California's Safety Net for Poor Families and Put Medi-Cal Health Services Out of Reach" [CLICK HERE](#)

Senate Committee on Budget and Fiscal Review - [May Revision Highlights](#)

Assembly Budget Committee - Highlights of Governor's Proposed May Revision 2010-11 State Budget [CLICK HERE](#)

[California Immigrant Policy Center California Budget Project](#)

For the Governor's official budget information, [CLICK HERE](#)

Governor submits letter of intent to operate high risk pool

The governor's April 29 letter to the Federal Government noted that California would operate the new high risk pool alongside the existing MRMIP high risk pool. One hundred percent of the state costs are paid by federal government until Jan 1, 2014 when health reform kicks in. The federal program has different requirements than does California's existing MRMIP program. Funds for the new program are available to states as early as July 1 of this year; the governor says he will work with the state legislature on state law changes necessary for implementation.

According to Families USA, a national health reform policy organization, in California, a large majority of the 8 million uninsured, about 6,487,000 Californians, have been diagnosed with a pre-existing condition that could result in denial of coverage. Of those, 576,500 are children under the age of 18, and 529,300 are young adults aged 18 to 24. See report [HERE](#)

The following is from the MRMIB website:

On March 23, 2010, President Obama signed the Patient Protection & Affordable Care Act into law (H.R. 3590). The Act contains a provision (Section 1101) requiring the federal government to establish a temporary federal high risk pool no later than 90 days after enactment and ending on January 1 2014.

To be eligible for the new federal high risk pool, federal law sets out three requirements:

1. Be a US Citizen, US National or lawfully present individual;

Conditions for Asthma

Tuesday, May 18, 2010 at 1:00 pm ET - Register today for this free webinar!

Speakers:

Megan Sandel, M.D., Medical Director, National Center for Medical-Legal Partnership
Samantha Morton, Executive Director, Medical-Legal Partnership/Boston (MLP/Boston) at Boston Medical Center
Marcia Peters, Clinical Instructor, Tenant Advocacy Project at Harvard Law School, Consulting Housing Attorney, MLP/Boston.

Many people with asthma live in conditions that contribute to uncontrolled asthma, such as pest infestations or mold. In most cases, these conditions violate housing sanitary codes under local, state or federal law. Medical-Legal Partnerships integrate legal services in medical homes and public health programs to address housing conditions, particularly for those residents with asthma. Attend this webinar to learn:

- What a medical-legal partnership is;
- How medical-legal partnerships work to address housing conditions problems; and
- How to access or start a medical-legal partnership in your community.

Please register in advance. This EPA webinar will be approximately 60 minutes and is free of charge to attendees. You will need a high-speed Internet connection and a telephone line to interact with speakers and other participants.

EMPLOYMENT

MCH Access is hiring a **Finance-Human Resource Assistant** as well as positions for our Welcome, Baby! program nurses and other home visitors. [CLICK HERE](#) to see all positions available.

Join Our List

[Join Our Mailing List!](#)

2. Have a pre-existing medical condition that meets the guidelines set by the federal government; and
3. Have not had health insurance or public health coverage for at least six (6) months.

The federal Centers for Medicare and Medicaid Services (CMS) on April 22, 2010 issued a Fact Sheet on the Temporary High Risk Pool Program available [HERE](#)

Based on CMS' interpretation of the federal Act, enrollment in coverage, including California's Major Risk Medical Insurance Program (MRMIP), will prevent you from meeting the federal high risk pool requirements of six (6) months without health coverage.

MRMIB will update its website as additional guidance becomes available from CMS. MRMIB has developed a fact sheet that compares California's existing high risk pool (MRMIP) and the proposed structure of the new high risk pools as outlined in the Act. You can access MRMIB's most recent updates and the fact sheet [HERE](#)

How the Other Half Fared: The Impact of the Great Recession and the Budget Crisis on California's Women and Their Families

Three new CBP policy briefs examine the impact of the recession and recent and proposed budget cuts on California's women and their families.

The first brief finds that women became increasingly vulnerable to job loss as the Great Recession wore on. California's single mothers were hit particularly hard, and married women increasingly became the sole breadwinners for their families.

To read [How the Other Half Fared: The Impact of the Great Recession on Women](#)

Two other briefs show that women are disproportionately affected by recent and proposed budget cuts to safety-net and health care programs.

Women make up more than three out of five adults enrolled in the major safety-net programs - the CalWORKs Program, the Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program, and the In-Home Supportive Services (IHSS) Program. Nearly two out of every three adults enrolled in Medi-Cal are women.

[CLICK HERE](#) to read *The Governor's Proposed Cuts to Key Safety-Net Programs Would Disproportionately Affect Low-Income Women and Their Families*

[CLICK HERE](#) to read *The Governor's Proposed Cuts to Medi-Cal Would Significantly Affect California's Low-Income Women and Their Families*

Children of a health plan's enrollees must be offered coverage until age 26, in most cases

Times Health section, Monday May 17, 2010

Under the Patient Protection and Affordable Care Act, as Health Reform is known, millions more soon-to-be-college graduates can remain on

their parents' plan until age 26. Regulations clarifying the new provision were issued May 9 by the departments of Health and Human Services, Treasury and Labor. The new rules come as a huge relief to upcoming graduates and their parents, as well as to dependents younger than 26 who previously were on a parent's plan but had to give up the coverage once they reached age 19 or were no longer in school.

Here are basic provisions of the changes affecting young adults:

- Plans that offer dependent coverage, both employer-sponsored and those sold to individuals on the open market, must offer coverage to enrollees' adult children, until age 26, even if the young adults are no longer students, are not classified as dependents on a parent's tax return and don't live in a parent's home.
- If adult children have access to employer-sponsored coverage on their own, they do not have to be offered coverage by a parent's group plan. However, a parent's plan will have to allow them to be covered beginning in 2014.
- This extension applies to married children who meet eligibility requirements but not to that child's spouse or own children.
- The new provisions officially take effect on or after Sept. 23, but HHS Secretary Kathleen Sebelius has called on insurance companies to implement the new coverage as soon as possible. MCH Access has signed onto the letter circulated by the Young Invincibles, which advocates for health coverage for adults ages 18 to 34 See [Young Invincibles](#). They provide question and answer sheets and other information.

This change in health insurance would benefit students now graduating college who otherwise could have a gap in insurance coverage. Several insurers, including Kaiser Permanente, Aetna and Cigna, which insure millions of people in California, have announced plans to implement these rules sooner than September.

Some firms may not provide this benefit until the new benefit plan year begins, which could be Jan. 1, 2011, or even later.

Other options to cover the gap include COBRA (but not the 65% COBRA subsidy, which is only for employees who have been dismissed involuntarily) and short-term plans available through insurance brokers and online health insurance firms such as [ehealthinsurance.com](#).

To find out if a specific under-26-year-old qualifies, call the membership number on the back of your insurance card (if you buy individual coverage) or your employer's plan administrator (if you get coverage through your job).

- Employers who offer dependent coverage must give young adults a 30-day window in which to enroll in a plan, and they cannot charge more for these enrollees than for any other dependent.
- Some firms may begin offering the option shortly, others will phase it in whenever all other employees renew their annual coverage. So watch for an announcement.
- Families covered under an employer plan that charges just two rates - individual and family - won't have to pay any additional

premium when enrolling an adult child younger than 26 if that dependent is already enrolled in the family plan.

May is Better Hearing and Speech Month

From the Centers for Disease Control Morbidity and Mortality Weekly Report:

Hearing loss occurs in as many as three of 1,000 live births each year (see report [HERE](#).) Without intervention at an early age, hearing loss can delay a person's speech, language, and social skills development as well as academic achievement.

Because of this, all infants should be screened for hearing loss no later than age 1 month, preferably before leaving the birth hospital (2). All states and territories now offer hearing screening for newborn babies. Any baby who does not pass the hearing screening should have a full hearing evaluation no later than age 3 months. Any child who has a confirmed hearing loss should be referred for further testing and should begin intervention services no later than age 6 months (2). Following this 1-3-6 months plan can maximize communication and language development for affected children (3,4). [CLICK HERE](#) for additional information [CLICK HERE](#) for educational materials on newborn and infant hearing free of charge.

References

1. [CDC. Identifying infants with hearing loss---United States. 1999--2007.](#) MMWR 2010;59;220--3.
2. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. Pediatrics 2007;120:898--921.
3. US Preventive Services Task Force. Universal screening for hearing loss in newborns: U.S. Preventive Services Task Force recommendation statement. Pediatrics 2008;122:143--8.
4. Nelson HD, Bougatsos C, Nygren P. Universal newborn hearing screening: systematic review to update the 2001 U.S. Preventive Services Task Force recommendation. Pediatrics 2008;122:e266--76.

Contact us

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