

Maternal and Child Health Access



Where?

ONLINE!



**MCHA Monthly Meeting
Thursday, June 26, 2025
10:00 am to 12:00 pm**

(After you register, look for the Zoom link in your registration confirmation email)

Speaker/Topic:

**Medically Tailored Meals - Medically Supportive Foods
A CalAIM Medi-Cal Community Support Service**

Guest speakers: Representatives from agencies working with Medi-Cal Managed Care plans! How does the benefit work now and how will it change in July?

From GA Foods – Janet Uy and Carolina Jantac, MS, RD, LD
From Mom’s Meals – Brianna Moncada and Angela Sandoval
From Project Angel Food- Nancy Lopez and Alyssa Baldino

Updates for Medi-Cal and other health news

PRIDE Month – Belated Happy Father’s Day and Juneteenth!



[Juneteenth](#), an annual commemoration of the end of slavery in the United States after the Civil War, has been celebrated by African Americans since the late 800s. President Biden [signed legislation in 2021](#) that made Juneteenth, which falls on June 19, a federal holiday, after interest in the day was renewed during the summer of 2020 and the nationwide protests that followed the police killings of Black Americans including [George Floyd](#) and [Breonna Taylor](#).

Announcement! Celia Steps Up! Lynn Steps Down!! Support MCHA!

On behalf of the Maternal and Child Health Access Board of Directors and me, please join me in congratulating our new Executive Director, Celia Valdez. We are excited she has accepted! See last month's mailing for our full write up. Celia is deeply committed to the work, staff, and clients of MCHA, and we look forward to a smooth transition July 1, and the work ahead. Lynn will be working after July 1 to transfer the directorship.

We are painfully aware that once again, the legislature and the governor have declined to fund the assistance needed for health coverage, and our training funding that helps maintain quality services for health coverage here in LA. The cuts and chaos the governor, legislature and the federal government are proposing, and that the ICE raids and detentions are causing, make assistance even more vital. Like MCHA, your agencies have probably seen the same declines in program participation and the terror that the ICE raids have unleashed. We are extending ourselves as much as possible to give the right messages, provide Know Your Rights and basic resources information – who delivers food, where to get legal assistance, and help for families of detainees, including pregnant women whose partners are currently detained in horrific conditions.

We have continued, even without adequate funding, because we can't imagine walking away from the need. In fact, we're trying to set up even more assistance for shopping and other needs. If we have assisted you in any way, if you find these mailings helpful, won't you recognize MCHA and their historic change in leadership in their 29th year with **a donation of \$29?** We have 6468 email addresses receiving this mailing. Donations of any amount from everyone would help enormously, checks are gratefully accepted too! **Help MCHA with \$29 for our 29th year of service!**

Thanks for considering!



From our May 15 meeting:

www.mchaccess.org/meetings.htm

Speaker: Lucy Quacinella, Multiforum Advocacy Solutions

The Governor's May Revise, 2025

Lucy reminded us that the May Revise budget is the Governor's proposal; the Legislature will have their own proposal and both will negotiate to produce a budget by June 30. She also reminded us of the announcement the Governor has made, and used, that CA is the fourth largest economy in the world. The wealth exists.

The Overall Context is one of lower revenues to the state – why?

- Lower capital gains taxes to the state due to stock market reaction to Trump tariffs announcements and ongoing concerns about tariffs

In addition:

- \$12 billion shortfall for the 2025-26 budget the Governor proposed in January
 - Medi-Cal borrowing to cover budget gap – expenses more, inflation affects
 - Concerns about Medicaid and other federal threats from Republicans in Congress
- Lucy reviewed the health budget shortfall – which includes higher costs, greater enrollment and per-person costs for the adult expansion 19-49.

The Governor's proposed cuts in health are:

Adults 19 or Older who lack immigration status for federal matching funds

- **Enrollment Freeze: No new enrollment**

- o To start no sooner than January 1, 2026
- o Cuts \$86.5 million General Fund first year; \$3.3 billion by FY 2028-2029

- **No non-emergency dental**

- o Effective July 1, 2026
- o Cuts \$308 million GF FY 2026-27 and \$336 million FY 2028-29 and ongoing

- **Premiums: \$100 monthly Medi-Cal premiums**

- o Effective January 1, 2027
- o Cuts \$1.1 billion General Fund FY 2025-2026; \$2.1 billion by FY 2028-2029

- **Long Term Care roll back: End Medi-Cal's LTC benefit, including IHSS, for people who lack status for federal matching funds**

- o ages? Or just 19 and older?
- o Effective January 1, 2026
- o Cuts \$333 million General Fund in FY 2025-26; \$800 million in FY 2026-27 and ongoing

Other issues affect the Managed Care Organization tax for provider rates, clinic Prospective Payment System rates and Prop 56 supplemental provider rates. Changes are made to pharmacy rebates, prescription drug utilization management and skilled nursing facilities – eliminating the Workforce and Quality Incentive Program.

Some of the positive changes includes for CalWORKs:

- Expanding. Welfare to work activities
- Making Job Club optional
- Simplifies how sanctions are cured
- Makes changes in county welfare-to-work reporting requirements.

Lucy also touched on what Congress had planned, as of that date – shifting large amount of costs from the federal government to the states, making them make the cuts. This version defunds Planned Parenthood and others who provide abortion care even though their main work is basic primary care.

See slides posted on MCHA's website for more detail and stay tuned for the **Thurs., July 17, 2025** MCHA meeting for the update about the final state budget.

No Cuts to Medicaid – Hands Off Medicaid! Call your Senators today at 202-224-3121 - Tell them to defend Medicaid, SNAP (CalFresh in California), clean energy credits!

Policy Updates: Senate Finance Committee Reconciliation Package – from Protecting Immigrant Families

On Monday, 6/16, the Senate Finance Committee (SFC) released their proposed budget reconciliation package. Below are updates you'll find in the Senate bill:

NEW:

- **Section 71110 Eliminates Medicaid and Children’s Health Insurance Program (CHIP) eligibility for many types of legal immigrants. This includes: refugees, asylees, parolees, certain abused spouses and children; certain victims of trafficking. People who are undocumented are already ineligible for Medicaid and CHIP. The only immigrants who would be eligible for Medicaid would be Lawful Permanent Residents (after a 5-year or longer waiting period); certain Cuban immigrants; and individuals living in the United States under a Compact of Free Association (CoFA) and lawfully residing children and pregnant people in states that opt to provide coverage for them.**
- **Section 71112 Lowers Federal Medical Assistance Percentage (FMAP) for “Emergency Only” services for immigrants in the Medicaid Expansion category. This provision would lower the FMAP rate for emergency services provided to low-income adults who are ineligible for full scope Medicaid because of their immigration status. Under the Senate bill, rather than the higher FMAP rate for this expansion group, states would receive the same rate as for the traditional Medicaid groups. This shifts costs to the states for providing services that federal law requires them to provide.**

CHANGES:

- Section 70104 modifies the child tax credit (CTC) provisions slightly. The provision in the House bill denies the CTC to children if any parent lacks a Social Security Number. **This version allows the CTC if at least one parent has an SSN, a mild improvement to a persistently harmful provision.**
- Section 71111 modestly alters the FMAP penalty. The Senate bill reduces the Medicaid expansion FMAP to 80 percent for any state that provides financial assistance to purchase health coverage from a state general fund to an immigrant who is not: a qualified immigrant, or a lawfully residing child or pregnant person in states that opt to cover coverage for them in Medicaid or CHIP. This is a modest improvement to the House version which penalized states that opted to provide coverage for lawfully pregnant kids/pregnant people under CHIP, or that covered persons granted humanitarian parole into the U.S.

STAYS THE SAME:

- **The rest of the provisions in the SFC proposal stay the same as in the House-passed bill. This includes making most immigrants ineligible for Medicare and the Affordable Care Act (ACA) (other than green card holders, certain Cubans and people residing under COFA). Reasonable opportunity periods under Medicaid would become optional for states and immigrants not qualified for Medicaid and earning under 100% of federal poverty could no longer enroll in ACA coverage. Immigrants without Social Security Numbers would be ineligible for many tax credits and exemptions.**

For additional reading, the Center on Budget and Policy Priorities (CBPP) has [live updates](#) that address these and other provisions while the National Immigration Law Center (NILC) has updated its [side by side](#) analysis and PIF has updated its [analysis](#) of the benefit provisions.

The Senate proposal would take a slower and less sweeping approach to phasing out clean-energy tax credits created during the Biden administration, **and cover part of the cost of doing so by imposing deeper and more expansive cuts to Medicaid.**

While the House measure would add a new work requirement to Medicaid for childless adults, **the Senate proposal would expand its application to the parents of older children.** It also would crack down even harder than the House bill on [strategies that many states have developed](#) to tax medical providers and pay them higher prices for Medicaid services.

In making the case for the bill, Republicans focused on another, far more politically popular element of the measure: its extension of tax cuts that were enacted in 2017 and are set to expire at the end of the year.

New Since last mailing

Department of Homeland Security and Centers for Medicare and Medicaid data sharing

What happened: According to an investigation by the Associated Press, the federal government transferred private Medi-Cal information to the Department of Homeland Security on June 20, 2025. The information included people's addresses and immigration status. This also happened in a few other states – Illinois, Washington State and Washington DC- that use their own money-- not federal money--to provide non-emergency services to all low-income state residents, regardless of status.

Homeland Security has nothing to do with administering the national Medicaid program (Medi-Cal in our state), so sending them people's personal Medi-Cal information is inconsistent with many federal and state laws protecting privacy.

The feds aren't saying whether they will use the information in ICE operations or in processing green cards or visas. CA officials are trying to find out how the info will be used. As indicated [in reporting](#), CMS officials attempted to not comply with this request due to legal and ethical concerns, but were unsuccessful.

What should people do?

Here are messages from Protecting Immigrant Families that can be used with people at risk:

- When applying for Medicaid or SNAP, you are not required to provide the social security number or immigration status of family members who are not seeking benefits for themselves, and should not do so.
- The public charge rules have not changed: Medicaid and SNAP are not considered in a public charge determination.
- Families should weigh the value of receiving health care and nutrition assistance against the possible risk that their information may be shared.
- If DHS already is aware of your presence and has your address (e.g. from an immigration-related process), there may be no additional risk to applying for or receiving benefits.

- If you are already receiving benefits and have not moved, there is no reason to withdraw from those benefits at this point.

*Note: As we hear from partner organizations about what is needed, we will be revising/enhancing these messages so check back!

See link for information from Protecting Immigrant Families and National Immigration Law Center: [Medicaid and SNAP Data Sharing: What Advocates Need to Know](#) and please also see the Health4All Steering Committee's FAQ in [English](#) and [Spanish](#).

We may have more info on July 9 about what the feds are doing. Our two CA Senators [demanded that immigration officials stop using all Medicaid data](#) and destroy all the data it got.

Hotline helps immigrants move hearings online to avoid arrest at court

A group of students, alumni and volunteers from the University of Southern California are banding together to help people with upcoming immigration-related court hearings. Olu Orange, assistant professor of political science and international relations and founder of the **USC Dornsife Agents of Change: Civil Rights Advocacy Initiative**, files motions to have court hearings moved online, which [prevents defendants from being seized by federal agents](#) when they show up for court in person.

Calls to AoC's hotline — **888-462-5211** — are answered by about 15 volunteers who help the defendants fill out the necessary paperwork to request to move their hearing online. Help is available for both English and Spanish speakers.

With the support of the National Immigration Project, Orange and his firm, Orange Law Office, then file the motion.

“A lot of the people who have immigration hearings coming up are not represented by counsel, so they’ve got to do all this stuff themselves, unless they have somebody helping,” Orange said, as [reported by USC Annenberg Media](#). “We endeavor to do that with Agents of Change.”

Orange noted that there is no guarantee the motion will pass, and USC said this hotline is not affiliated with the USC Gould School of Law or its Immigration Law Clinic, but that hasn't stopped thousands of people from all across the country from calling for assistance.

As Orange explained, those calling are trying to follow the law, and they're being punished for it.

“The fact that [migrants] have a case in court means that they're following the legal processes that they're supposed to. And when they do that and they report to their court date, they're being seized,” he said.

See also: <https://ktla.com/news/local-news/hotline-helps-immigrants-move-hearings-online-to-avoid-arrest-at-court/amp/>

DHCS News Release 6-3-25
MEDI-CAL COMMUNITY SUPPORTS ARE DELIVERING ON THEIR
PROMISE: MEETING MEMBER NEEDS AND REDUCING COSTS

SACRAMENTO — The California Department of Health Care Services (DHCS) today announced the availability of [data](#) showing that Medi-Cal Community Supports are successful and cost-effective. The data show that Community Supports are [delivering on their promise](#) to address Medi-Cal member needs—reducing avoidable emergency department visits, hospital stays, and long-term care use while showing strong early signs of cost savings. All 12 Community Supports studied are reducing costs, and of these, nine have already demonstrated cost-effectiveness within the initial study period. The remaining three are projected to reach that threshold over a longer study period, consistent with federal rules for evaluating cost-effectiveness.

"Community Supports represent a fundamental shift in how we deliver health care to Californians, enhancing quality of care for Medi-Cal members and strengthening the overall efficiency and equity of our health care system," said **DHCS Director Michelle Baass**. "These findings confirm that these services are not only improving lives but also reducing avoidable health care costs. By scaling these supports statewide, we're making meaningful progress toward a person-centered Medi-Cal system that meets members where they are and prioritizes prevention, dignity, and value."

California's Community Supports were approved in the California Advancing and Innovating Medi-Cal (CalAIM) waivers and phased in by Medi-Cal managed care plans (MCP) beginning in 2022. CalAIM is the state's initiative to transform Medi-Cal to improve care quality, reduce complexity, and advance equity through data-driven, whole-person care initiatives.

WHY THIS MATTERS: Medi-Cal currently offers 14 [Community Supports](#). These services promote housing stability, ease transitions from institutional settings, support in-home care, provide healthy meals, and offer caregiver relief, helping members avoid costlier hospital or emergency care. The report analyzed 12 of these supports to assess their impact on health and cost outcomes. These 12 out of 14 Community Supports were studied because they are authorized under California's 1915(b) CalAIM waiver, which California is required to report on each year to the federal government. (The main Los Angeles plans, [Health Net, Kaiser and LA Care, offer all 14 Community Supports](#)).

DHCS submitted its annual 2024 report to the federal Centers for Medicaid & Medicare Services. It analyzes the impact of 12 Community Supports on member health care, including a new cost-effectiveness analysis for calendar year 2023. Key highlights from the report include:

- In 2024, more than **494,000** Community Supports were delivered to more than 252,000 Medi-Cal members.
- Twelve Medi-Cal MCPs across 23 counties now offer all 14 approved Community Supports; all MCPs [statewide](#) offer at least eight.
- All 12 services studied were associated with reductions in costlier inpatient services and/or the emergency department.
- Members who used at least one of the Housing Trio Community Supports (Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services) had reduced inpatient and emergency department use of 24.3% and 13.2%, respectively, in the six months that followed.
- Medically Tailored Meals/Medically Supportive Food, which have the greatest number of members studied, were associated with substantial reductions in inpatient and emergency department use (21.4% and 22.0%, respectively).

Read more [HERE](#)

From Families, USA: **Medicaid Expansion Reduces Maternal Mortality: Medicaid Cuts Would Be Deadly for Mothers and Babies**

Families USA released [a new report on the role of Medicaid expansion in reducing maternal mortality](#). As Medicaid faces severe proposed cuts through the ongoing reconciliation process of over 700 billion dollars from the program, these cuts will have devastating impacts on the health of moms and babies. Should Congressional Republicans pass this package, an estimated 13.7 million people will lose their coverage, creating significant financial stress for families, hospitals, and state budgets.

Based on a Families USA analysis of the five most recent years of data from the Centers for Disease Control and Prevention, maternal mortality rates are notably lower in states that have expanded Medicaid compared with states that have not:

- Between 2019 and 2023, maternal mortality rates in nonexpansion states were 35% higher than those in expansion states.
- Expansion states are better equipped to support maternal health during times of increased strain on the medical system. From 2020 to 2021, nonexpansion states experienced a 46% increase in maternal deaths, compared to a 21% increase experienced by expansion states.
- In 2021 alone, the rates of maternal death were over 50% higher in nonexpansion states than in expansion states.

KFF Examines Implications of the Supreme Court's Ruling on Transgender Youth Access to Gender-Affirming Care

A [new KFF policy watch](#) examines how today's Supreme Court ruling upholding a Tennessee ban on gender-affirming care for transgender youth will affect access.

In a 6-3 decision in the *United States v. Skrmetti*, the Court ruled that the state's ban does not violate the Constitution's equal protection clause and can stand in Tennessee. This ruling has implications for the twenty-six other states that have enacted bans on gender-affirming care for minors, but in two of these states – Montana and Arkansas – existing court orders continue to prevent the bans from taking effect. The ruling does not impact the availability of care in states without bans. (KFF is [tracking state laws](#) restricting youth access to gender-affirming care.) The decision means that the ability for minor children to access gender-affirming care, even with parental consent, will depend in part based on where they live. Litigation is likely to continue in this area, and cases challenging bans on legal grounds other than the Constitution's equal protection clause can continue and could make their way to the highest court again.

Read the Policy Watch [HERE](#).

In a related move, earlier this year, CHLA initially complied with the Trump administration's unlawful executive order attempting to ban gender-affirming care for youth 19 and under. In response to public outcry and legal pressure, CHLA announced it would reverse its original decision and reinstate hormone therapy to new patients. To the surprise of many, **CHLA has now decided they will close their gender clinic entirely on July 22**. This change means the loss of care for 2,000 patients and the loss of a premier gender clinic in the country.

One thing you can do is push for an LGBTQ+ supportive budget. See Health Access's and California LGBTQ's letter sign-on [HERE](#).

More than half of top 100 mental health TikToks contain misinformation, study finds

Guardian investigation reveals promotion of dubious advice, questionable supplements and quick-fix healing methods

Rachel Hall and Rachel Keenan

Sat 31 May 2025 14.00 EDT

More than half of all the top trending videos offering mental health advice on TikTok contain misinformation, a Guardian investigation has found.

People are **increasingly** turning to social media for mental health support, yet research has revealed that many influencers are peddling misinformation, including misused therapeutic language, “quick fix” solutions and false claims.

Those seeking help are confronted with dubious advice, such as eating an orange in the shower to reduce anxiety; the promotion of supplements with a limited evidence base for alleviating anxiety, such as saffron, magnesium glycinate and holy basil; methods to heal trauma within an hour; and guidance presenting normal emotional experiences as a sign of borderline personality disorder or abuse.

Read more [HERE](#).

Reminder: Lactation Support for Low-Wage Workers Brief Available

2022 Maternal and Infant Health Assessment (MIHA) data indicate that birthing people with lower household incomes continue to be less likely than those with higher incomes to have workplace lactation support. The Maternal, Child, and Adolescent Health (MCAH) Division would like to remind Local Health Jurisdictions, Community Partners, and Breastfeeding Advocates that the [Lactation Support for Low-Wage Workers Brief](#) is available. The brief discusses actions that would help to ensure all low wage workers in California have the opportunity to reach their breastfeeding goals. Check out MCAH's [Lactation Accommodation webpage](#) for additional resources.

In addition to this important brief, we invite you to share these other vital breastfeeding resources with your communities:

- [Lactation Accommodations | MCAH](#)
- [Supporting Nursing Moms at Work | HHS Office on Women's Health](#)
- [What California Workers Need to Know About Lactation Accommodation | California Breastfeeding Coalition](#)

MMHLA Publishes State-Based Maternal and Infant Health Data for All to Access

Dear friends and colleagues,

Maternal Mental Health Leadership Alliance (MMHLA) is pleased to announce the publication of our updated [2025 State Fact Sheets!](#)

First published in 2020, our State Fact Sheets provide critical facts and figures about maternal and infant health.

The 2025 State Fact Sheets are a comprehensive source of state-specific information including:

- Births by race and ethnicity.
- Infant and maternal mortality rates.
- Maternal mental health programs and resources.
- Medicaid programs and policies related to maternal and infant health.
- Additional state data impacting maternal health.

Information is organized in easy-to-read tables with corresponding links to external websites and publications. The aim of these fact sheets is to provide a high-level overview of maternal and infant health in each state so that policymakers, providers, and advocates have a trusted source to reference in their work.

New Resource from UC Irvine Joe C. Wen School of Population & Public Health

Insure the Uninsured Project (ITUP) is excited to share newly published partner research brief titled:

“Older Undocumented Enrollees in My Health LA Were Less Likely to be Hospitalized After an ED Visit.”

This important brief, highlighted in our recent webinar, *Retaining Immigrant Health Coverage in California*, analyzes Emergency Department utilization among older undocumented adults at public hospitals in Los Angeles County *prior* to the Medi-Cal expansion for individuals 50 and older.

Using hospital records from 2016–2020, the research offers valuable insights into how this population engages with the health care system and what it means for future policy and access efforts.

Key Themes:

- Health care patterns among older undocumented adults
- Impacts of limited coverage on hospitalizations
- Opportunities to inform policy as California expands Medi-Cal

[Read the Full Report](#)

RESOURCES

[Get Care from the Safety of Your Home - Health Services Los Angeles County](#)

Go to [this page](#) to toggle the information below into over 100 languages!

“We know the recent immigration raids are causing fear and worry for many of our patients. Please know that we share your concern, and we stay committed to giving you the healthcare you need.

We want to remind you that we offer ways to get healthcare without going into the clinic. Some medical appointments can be taken care of from the safety of your home.”

Pharmacy

- **Free Delivery:** Call 213 – 288 – 8480 and sign up for free mail delivery of your prescription medicines.
- **Refill by Phone:** Call 800 – 500 – 1853 to order refills and have them delivered to you at no cost.

· **Renew Online:** If you are out of refills, use the [LA Health Portal](#) to ask for a renewal of your prescription..

Nurse Advice Line (NAL)

Call 844 – 804 -0055 and speak directly to one of our nurses. 7 a.m. – 10 p.m. 7 days a week.

Video Visits

Call your clinic and ask if your in-person appointment can be switched to a virtual one.

Phone Visits

Call your clinic and ask if your in-person appointment can be done over the phone.

eVisits

Send us a message through the [LA Health Portal](#) and get a reply in an hour or less. 8 a.m. – 8 p.m. 7 days a week.

Public Benefits State of Play 2025 Webinar – Slides

Did you miss the Benefits Access for Immigrants in LA (BAILA) webinar on June 11? Discussed were: Public Charge refresher, Public Benefits Data Privacy Updates and 2025 Public Benefits Changes and Updates. You can access the slides in [English](#) and [Spanish](#) and all materials are available on the BAILA [website](#). Many materials are in 15 languages!!

Jewish Free Loan Association – loans for school

Eligible students pursuing degrees, diplomas, or certificates at Vocational, Extension or Trade Schools, Community or Junior Colleges can receive up to \$5,000 with one qualified guarantor or up to \$10,000 with two qualified guarantors. **Check it out [HERE](#).**

Apply to the Young Advocates Program: Use your voice to shape the future

Young Invincibles is offering a unique, paid opportunity for young adults to develop their skills in community organizing, public policy, and advocacy through our Young Advocates Program. [Applications are open](#) to individuals aged 18-34 who live in or attend school in Colorado, Houston, TX, or Southern California.

Apply now. Spots are limited.



Poison Control is ending their Text Tips program – converting to email

Stay connected and receive updates by subscribing to their email newsletter [HERE](#).

SAVE THE DATE

Wednesday June 25, 10-11:30 AM: Access to Reproductive Health, Abortion and Family Planning! Presented by MCHA Register [HERE](#).

Saturday, June 28, 10-4 PM Online webinar First-Time Homebuyer Workshop. Led by HUD-Certified Housing Counselors. By registering and attending the full workshop, you qualify for a HUD Certificate of Completion, which is a requirement to qualify for first-time homebuyer programs and down payment assistance programs. Register [HERE](#).

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