Maternal and Child Health Access

1111 W. Sixth Street, Suite 400
Los Angeles, CA 90017-1800
Tel 213. 749. 4261
Fax 213. 745. 1040
info@mchaccess.org
www.mchaccess.org

MCH Access Monthly Meeting
Thursday, November 15, 2007, 10 AM – 12 noon
Site: Maternal and Child Health Access
1111 W. 6th St., Fourth Fl. Parking in back, enter on 5th St.

Guest speaker: Panelists on "new" health care resources in SPA 4-6 areas serving uninsured
Updates

In this mailing:

(See mailing on our website to use hyperlinks)

- **MCHA Training –** Health Coverage - Pregnancy
- **Various Nov and Dec dates –** MCHA's Women's Arts Collective holiday sales
- **Sat. Dec 1 –** "Sicko" and Health Reform
- **New bridging letter** from Healthy Families to Medi-Cal when income decreases (see October mailing's Advocacy Tip)
- "Folic acid use drops among Latinas" 11-1-07

Materials from October 18, 2007

- MCH-Related Chaptered and Vetoed Bills (see http://www.mchaccess.org/legislation.htm
- Breast Cancer Action materials - healthier cleaning products, What You Should Know About the Environment and Breast Cancer, BCA news, etc.
- Multiple flyers for events now passed.

Notes - Speaker: Brenda Salgado, Breast Cancer Action (www.bcaction.org) and Women's Working Group on Universal Health Care

Ms. Salgado started out her presentation with words for thought, calling breast cancer an *epidemic*, with rates hovering between 7 and 8 per 100 women. She reminded us that, "The beginning of wisdom is to call things by their correct name".

Breast Cancer Action (BCA) is different from other breast cancer organizations in that it focuses on the causes and prevention of breast cancer, especially links to environmental causes, while also supporting women with breast cancer and the information that they need to take action. Their tag line is "Do something besides worry. Educate, Agitate, Organize".

- Breast cancer represents about 26% of the total cancer cases in women. More than two million women in the US are living with the disease. "One in eight" means that if all women lived to be 85, one in eight would develop the disease sometime during her life. The rate is quickly rising: 30 years ago, lifetime risk was 1 in 20.
- In the US, breast cancer is the second leading cause of cancer death among women, lung cancer is the first, but more women will die from heart disease.
- 89% of women diagnosed with breast cancer five years ago are still alive
- However, black women are less likely than white to survive five years after a breast cancer diagnosis: 77% vs. 90% respectively. Black women with breast cancer are dying younger than other women with breast cancer.
- Five year survival rates vary according to age of diagnosis; the older you are when you get cancer, the higher the chance of five year survival (but a difference of only 5% points for under 45 vs. over 55).
- Lack of medical insurance and poor access to screening and treatment decrease survival.
- Breast Cancer Action looks at what is making people sick in the environment and urges not only change in personal exposure to these environmental contaminants, but "moving beyond the personal" to educate others, help stop the manufacture and use of contaminants and get involved with larger campaigns.
- Two such campaigns (in the BCA's October newsletter, available online) are 1) "Stop Cancer Where It Starts" focusing on research. BCA notes the release of the Silent Spring Institute's study on environmental factors and breast cancer and the cancellation of a drug trial focusing on prevention through drugs. 2) "Think Before You Pink" campaign, now in its sixth year, this year focuses on

"pinkwashers" companies that market pink ribbons campaigns but make products contributing to the breast cancer epidemic. This campaign has been successful in shaming companies into saying how much of their profit is going to breast cancer organizations.
BCA is also a major part of the Women's Working Group on Universal Health Care at www.womenleadforhealth.org, a group working toward universal health care by educating and promoting it among women. They also promote the idea that "health care is a woman's issue" as women are the health care decision makers in families and the caretakers, for the most part, when someone is sick.

Update on Health Reform:

The Governor released his plan in several versions and then in legislative form 10-9-07, called the "Healthcare Security and Cost Reduction Act". It still has no author and has not been introduced in the legislature. Meanwhile, Assembly Speaker Fabian Nunez and Senate Pro Tem Don Perata have introduced ABX1 1 which moves closer to the Governor's proposal - The bill would establish an individual mandate to have insurance (with some exceptions for affordability) and creates a "pay or play" system for employers. Employers would be required to offer coverage or contribute 2 to 6.5% of payroll toward the cost of employees' coverage through a purchasing pool. It expands eligibility for public health insurance programs for children and parents. The proposal also aims to improve access to coverage on the individual insurance market, and has provisions to help contain health care costs. Childless single adults under 100% poverty would be covered in county health coverage programs. Key financing components include increased federal funding, employer contributions and county contributions. A 4% hospital fee and an increase in tobacco tax is subject to approval of a ballot initiative, likely November, 2008.
The bill's first hearing is Nov. 14 in the Assembly Health Committee. See www.leginfo.ca.gov for bill.

San Francisco Sues State over Revoking Medi-Cal for At-Risk Youth

San Francisco City Attorney Dennis Herrera has sued the State of California for illegally preventing disadvantaged youth from receiving Medi-Cal benefits while they are in the custody of a public institution and immediately following their release. For more information, contact the Youth Law Center in San Francisco or see:
www.sfgov.org/site/cityattorney_page.asp?id=69599

Resources

Testimony – MLK- Beilenson Hearing 10/30: **www.lahealthaction.org** See "What's New" in Issues Library – in 5 volumes.
DRA Documents: Letters going to clients on a quarterly basis as well as fact sheets – how to help your clients, Q and A and Alert Final:
http://www.mchaccess.org/health_coverage.htm
Certified Application Assistor conference Sept 7 – If you want to download the available presentations, see Alerts at right hand side of our website or:
http://www.mchaccess.org/pdfs/alerts/CAA%20Forum%20Links.pdf
"Children's health care falling short, study says" Oakland Tribune, Oct. 16, 2007. Are we getting what we pay for? For full New England Journal of Medicine Study, see:
http://content.nejm.org/cgi/reprint/357/15/1515.pdf

Advocacy Tip!
Minor consent outpatient mental health

This Minor Consent benefit is the ONLY one at this time that may be accessed without a new Minor Consent Medi-Cal application each month. All County Welfare Director's Letter (ACWDL) # 94-63 is the ONLY letter we've found that states (page 2) "… if this statement (of need for services) includes the length of time the mental health professional estimates the minor will need the service, then the minor is not required to bring in a new statement each month at reapplication, for the length indicated in the original statement". Thus:

- Minor consent mental health services may be provided to a minor 12 years of age or older
- ONLY outpatient mental health services are covered under Minor Consent
- Services require a letter or statement in writing from a professional, including psychiatrists and licensed clinical social workers
- The letter should state the amount of time the minor needs the services, up to six months, in order to bypass the monthly recertification for minor consent. ACWDLs are at right hand side of page at:
  http://www.dhs.ca.gov/mcs/mcpd/MEB/ACLs