



Maternal and Child Health Access

Support the work of
MCH Access

by giving the gift of
health care, food
support and policy work
that makes lasting
change!



In this monthly mailing

[SUMMARY OF AUGUST MEETING](#)

[UPCOMING CHANGES IN PRENATAL CARE COVERAGE](#)
[LYNN KERSEY, DONALD NOLLAR, LIZ RAMIREZ AND CELIA VALDEZ](#)

[VITAL SIGNS: IMPROVEMENTS IN MATERNITY CARE POLICIES AND PRACTICES THAT SUPPORT BREASTFEEDING UNITED STATES, 2007-2011](#)

[DEPARTMENT OF HEALTH CARE SERVICES MEDI-CAL MANAGED CARE ISSUES AND PLAN LETTER REMINDING PLANS THAT WOMEN MAY GO OUT OF NETWORK FOR ABORTIONS](#)

[PREGNANCY EVENTS REVEAL CARDIOVASCULAR RISK](#)

Next MCH Access Monthly Meeting:

Thursday, October 15, 2015

10am - 12pm

LOCATION:

MCH Access

Patricia Phillips Community Room

1111 W. 6th St., 3rd Floor

Los Angeles, CA 90017

(6th St., and Bixel St.)

SPEAKER/TOPIC:

TBD

New legislation signed by Governor Brown!

Note: The Medi-Cal Access Program, formerly known as AIM, should now be programmed into the state's eligibility computer for pregnancy applications. Also no more dual enrollment in Pregnancy-Related Medi-Cal and Covered CA for pregnant applicants with income to 213% - let us know your experiences! Thank you!

Updates

PARKING:

Free at MCH Access; enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across the alley to our building

[BLUE SHIELD WILL BECOME
MEDI-CAL PROVIDER WITH
CARE 1ST](#)

[TEXTING AND
BREASTFEEDING "BREXTIN"
- MAKES NATIONAL PUBLIC
RADIO](#)

[FROM THE LOS ANGELES
COUNTY DEPARTMENT OF
PUBLIC HEALTH: GET
INVOLVED IN THE
DEVELOPMENT OF A
PHARMACEUTICAL TAKE-
BACK ORDINANCE](#)

[CONTACT US](#)

SAVE THE DATE

Sat. Oct. 17, 9 AM - 1 PM-
1st Annual East Los Angeles
Fatherhood and Family
Conference - ELA College,
Recital Hall - see [here](#)

Mon., Oct. 19, 9 AM - 1 PM
"Who Gets Breast Cancer &
Why: A Workshop on
Environment, Disparities &
Breast Cancer?" California
Breast Cancer Research
Program. We will focus on:
* environmental exposures
and disparities, such as the
stress of racism and poverty
and how they can increase a
woman's risk for breast
cancer,
* more equitable ways
communities can partner with
researchers with the support
a funder that values genuine
collaboration, and funding
opportunities for community
nonprofits, support groups and
scientists to get involved in
preventing breast cancer.

For more information and to
register, please see [here](#):

Thurs., Nov. 5, 2015
California Children's



Please contact our office with any questions regarding this email or visit our [website](#) for further information about our organization.

Materials Distributed August 2015 meeting

Meeting notes August 20, 2015 - no meeting in September due to MCHA air conditioning issues. Materials can be found [HERE](#)

Upcoming Changes in Prenatal Care Coverage - Lynn Kersey, Donald Nollar, Liz Ramirez and Celia Valdez

MCHA changed our policy to have an August meeting in light of multiple changes in pregnancy coverage. MCHA staff reviewed slides and new policies in Lucy Quacinella's absence. We will have her come to speak at a future meeting. See slides posted for August meeting on our website; see handout with information below on our website, [here](#).

The areas discussed were:

- Pregnant Applicants with income to 138% of poverty are now eligible for FULL SCOPE Medi-Cal!!
- Citizen and lawfully present beneficiaries already in Pregnancy-Related Medi-Cal as of August 1, 2015 with income up to 138% of poverty have a choice. They can keep their current Pregnancy-Related Medi-Cal coverage and providers. No action is necessary to exercise this option. Women in Pregnancy-Related Medi-Cal will not be charged ACA tax penalties. Or these beneficiaries can switch to full-scope Medi-Cal. If they wish to switch, they need to contact the county eligibility worker to request the switch.
- Pregnant applicants with income over 138% up to 213% of poverty are eligible for Pregnancy-Related Medi-Cal, which IS "Minimum Essential Coverage"
- Postpartum coverage: The postpartum coverage under Pregnancy-Related Medi-Cal WILL BE considered MEC.
- All medically necessary services must be provided under Pregnancy-Related Medi-Cal.
- Women with income to 213% who become pregnant AFTER enrolling in Covered California have a choice.
- AIM/MCAP for pregnant women with income over 213% up to 322% is now/should be in the state's enrollment computer system

Services Demystified 8:30
Registration, 9:00 - 10:30
presentation. Sponsored by
the Infant Development
Association of California. A
Braille Institute, 741 Vermo
Avenue, Los Angeles, CA
90029 Phone: (323) 663-1111
Free parking and refreshment
provided. Early Bird
Registration Deadline is
October 22, 2015
IDA Members - \$25.00 and
Non-members \$30.00 After
10/22/15 - Registration
Fee: IDA Members - \$30.00
and Non-members \$35.00

EMPLOYMENT

Please click on job title to
view full description and the
application process. And
provide a cover letter and
resume with your application
that specifically outlines your
employment history
experience and educational
background for which you're
applying.

- [Pregnancy Coverage
Specialist](#)
- [Administrative
Assistant](#)
- [Project Coordinator](#)

[MCHA](#) is an Equal
Opportunity Employer;
women and people of color
are strongly encouraged to
apply.

Join Our List

[Join Our Mailing List!](#)

- Questions? Please contact Lynn Kersey at lynnk@mchaccess.org
or Lucy Quacinella at lucyqmas@gmail.com. MCHA can help
problem-solve applications and cases.

New since August meeting:

[Vital Signs: Improvements in Maternity Care Policies and Practices That Support Breastfeeding - United States, 2007-2013.](#)

Cria G. Perrine, PhD, Deborah A. Galuska, PhD, Jaime L. Dohack, MS, et al. MMWR Morb Mortal Wkly Rep 2015;64(Early Release):1-6 Although 80% of U.S. mothers begin breastfeeding their infants, many do not continue breastfeeding as long as they would like. Since 2007, CDC has conducted the biennial Maternity Practices in Infant Nutrition and Care survey among all birth facilities in all U.S. states, territories, and the District of Columbia. CDC analyzed data from 2007 (baseline), 2009, 2011, and 2013 to describe trends in the prevalence of facilities using maternity care policies and practices that are consistent with the Ten Steps to Successful Breastfeeding. This report summarizes the analysis.

Department of Health Care Services Medi-Cal Managed Care issues All Plan Letter reminding plans that women may go out of network for abortions

DHCS has issued this very helpful [All Plan Letter](#) about abortion access under Medi-Cal managed care plans: The main policy is that a woman has the right to go outside of her plan network without prior authorization at any time for any reason to access abortion services?? This victory was the result of efforts by many-- THANK YOU ALL! The group is still working on several other issues, such as Medi-Cal transportation to abortion services, defining covered ancillary services, including advance practice clinicians among providers of covered professional services, and updated protocols for Mifepristone and Misoprostol.

Pregnancy Events Reveal Cardiovascular Risk

Some Complications Signal Seven-fold Increase in Risk of Heart Disease Death

Women who experience complications during pregnancy may be at greater risk of dying from heart disease later in life than women with uncomplicated pregnancies, according to new [research](#). from the Public Health Institute, published Sept. 21, 2015 in the American Heart Association's journal Circulation.

Researchers found that some combinations of pregnancy complications were associated with as much as a seven-fold increase in risk of cardiovascular disease death overall. Other complications were associated with a four- to five-fold higher risk of dying of cardiovascular disease early, before the age of 60.

"Pregnancy is really a stress test for the cardiovascular system," said senior study author Barbara A. Cohn, PhD, of the Public Health Institute's Child Health and Development Studies (CHDS) in Berkeley, CA. "And it can be used to identify women at highest risk for cardiovascular disease death so they can receive earlier and more intensive preventive care." Cardiovascular disease is the No. 1 killer of American women. According to the American Heart Association, 399,503 women died of cardiovascular disease in 2013.

Blue Shield will become a Medi-Cal provider with Care 1st

Care1st will continue to operate as a standalone entity with its existing provider networks, and the company's CEO and other top leaders have committed to stay in place. The Care1st headquarters in Monterey Park will remain open, as will their medical clinics. Care1st, which is currently for-profit, will become a not-for-profit company in the Blue Shield organizational structure. Care1st health plans will remain in place through next year, and members will continue to receive services from Care1st. The acquisition required approval from the Department of Managed Health Care. The DMHC and Blue Shield agreed that the Care1st acquisition would be approved on several conditions, including increased contributions to charitable causes, plans to improve quality ratings, close coordination on premium increases and resolution of outstanding network-related issues, among other areas. See Blue Shield's piece, and Frequently Asked Questions, [here](#) and concerns expressed in the Los Angeles Times, [here](#).

Texting and Breastfeeding "Brexting"... makes National Public Radio

[Smart phones distract breastfeeding moms, disrupt bonding](#)

More new moms are spending prolonged amounts of time online while feeding their babies. Experts say that's an important time for bonding.

From the Los Angeles County Department of Public Health:

Get involved in the development of a Pharmaceutical Take-Back ordinance

WHAT'S THE PUBLIC HEALTH PROBLEM?

According to the National Community Pharmacists Association, an estimated 200 million pounds of unused or expired prescription drugs are stored in medicine cabinets across America. This situation provides easy access and an opportunity for the abuse of these medications by others for whom they were not intended. Also, the use and disposal of needles, syringes, lancets, and other medical products is closely regulated in

healthcare facilities. But, there is no regulatory oversight of their use in the home. Studies show that these items are routinely placed in the trash. Improper disposal practices may result in needlestick and other injuries that can expose others to bloodborne illnesses such as hepatitis B, hepatitis C, and HIV.

Many residents are unsure of safe disposal methods, and proper disposal services are limited. These situations represent a significant public health problem.

ORDINANCE BACKGROUND:

The Los Angeles County Board of Supervisors recently passed a motion directing the Pharmaceutical Working Group, made up of several County departments, to draft an Extended Producer Responsibility ordinance. In the proposed ordinance, pharmaceutical manufacturers and producers would develop and fund convenient collection services for LA County residents.

WAYS YOU CAN GET INVOLVED:

There is an opportunity to implement additional disposal options that will protect health and safety in LA County. The Pharmaceutical Working Group is working with producers of drugs, needles, syringes and other medical products as well as community stakeholders to gather suggestions and concerns about such an ordinance. After this information has been collected, the group will draft an ordinance, share it for further comment, and then provide it to the Board of Supervisors for consideration. You can get involved in the following ways:

1. Visit the [website](#) to learn more about the Pharmaceutical Take-Back:
2. Attend upcoming stakeholder meetings. Find dates and agendas on the Pharmaceutical Take-Back [website](#):
3. Share comments regarding a pharmaceutical take-back program or a personal story on how you or a loved one have been affected by misuse of pharmaceuticals or pricked by sharps. Email epr@lacounty.gov

CONTACT US



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