



MCH Access Monthly Meeting

Thursday, October 18, 2007, 10 AM – 12 noon

At: Maternal and Child Health Access

1111 W. 6th St., Fourth Fl. Parking in back, enter on 5th St.

Guest speaker: Brenda Salgado, Breast Cancer Action! October is Breast Cancer Awareness Month, but see “Think Before You Pink” www.thinkbeforeyoupink.org.

Also, “Why Health Reform is a Women’s Health Issue”

Update on DRA – State mailings to go out NEXT WEEK, but no LA County mailing yet to have beneficiaries comply. NO ACTION NECESSARY! Call or see our website for more info.

Beilenson Hearing on cuts and reductions in services (including OB) at King Drew Medical Center

Tuesday, Oct. 30 at LA County Board of Supervisors.

Call HCC (800) 896-3203 with any stories of care reduction, waits, at and around MLK!

In this mailing:

(See mailing on our website to use hyperlinks)

- **Sun., Oct. 21** and various dates, “Building a Community With Greater Compassion” Black infant health lecture series.
- **Sat. Oct. 27 – Fertility and Adoption Seminar**
- **Tues Oct 30 – Moving Forward: Building a Shared Vision for CA Immigrant Communities**
- **Tue Oct. 30 – Beilenson Hearing!**

Speaker: Vanessa Cajina, Regional Networks Coordinator, Latino Coalition for a Healthy CA “State Health Care Reform Update”

Ms. Cajina provided an excellent comprehensive review of the recent history and status of state healthcare reform.

- In January there were at least three main comprehensive bills and the governor’s plan, which was not in legislation.
- The governor noted he would veto AB 8, the Democrat’s bill – not universal. SB 840 (Kuehl), single payor bill, was held back to become a 2-year bill.
- Governor declared a special session on healthcare reform lasting anywhere from a few weeks to months. In his words and the Democrats’ words, if it weren’t for the budget impasse, the need to then quickly sign a budget, there would not be a need for this special healthcare session.

- Governor and the Legislature will likely agree to put financing for healthcare on the ballot, since getting a 2/3 vote (necessary for financing bills) will not happen with the Republicans.
- California is one of only three states with a 2/3 vote requirement for passing budget.
- Many groups are said to be ‘at the table’ for discussion of healthcare reform
- The Democrats and Republicans in the Assembly have formed work groups
- Health advocacy coalitions (see below) have made Sacramento and District visits with healthcare principles, held Town Hall meetings and sent get-well cards as symbolic for how important health care is.

Update since September meeting:

The Governor released his plan in several versions and then in legislative form 10-9-07, called the “Healthcare Security and Cost Reduction Act”. An author will be sought. The 220-page Health Care Security and Cost Reduction Act can be found at: <http://gov.ca.gov/pdf/gov/HCR-RN0729963.pdf> (49.8 MB PDF file) You may want to read a 3-page summary: http://gov.ca.gov/pdf/gov/HealthCareReform_Detail_s10.9.07.pdf and may find more on the Governor’s interest in health care on www.fixourhealthcare.ca.gov.

You may also be interested in healthcare coalitions:
- It’s OUR Healthcare! is a coalition of consumer

advocates, seniors, health advocates, communities of faith, and labor united to ensure that the people of California's voice is heard in the debate over healthcare reform. <http://www.itsourhealthcare.org>

- **Having Our Say** is a statewide coalition working to ensure that communities of color have a voice in the health care reform debate and that the solutions provide equal access to all Californians. The coalition is comprised of over 30 community organizations who have identified key Health Care Reform Principles. See www.cpehn.org

- **Guaranteed Healthcare** GuaranteedHealthcare.org is a project of the California Nurses Association/National Nurses Organizing Committee, and patients and community groups around the country.


- **"SICKO"** – not an organization but Michael Moore's website has good information: www.michaelmoore.com/sicko/health-care-proposal/

Manufacturers remove infant meds

Last month, U.S. health experts urged the federal Food and Drug Administration to consider banning the sale of over-the-counter cough and cold medicines for young children. The FDA safety officials recommendation would apply to decongestant use in children under 2, and antihistamines in those younger than 6, according to FDA documents. An FDA advisory panel is scheduled to consider the recommendation during a meeting on Oct. 18 and 19, and will then offer an opinion to the full agency. The FDA typically follows the recommendations of its advisory boards but is not required to do so. See: <http://health.msn.com/pregnancykids/kidshealth/article.page.aspx?cpdocumentid=100171778>1=10514>

Resources

Pregnancy immunizations:

CDC has updated their website with  flyers focused on the immunizations a woman needs before, during and after pregnancy:

Pregnancy & Vaccines General Page – <http://www.cdc.gov/vaccines/pubs/flyers-brochures.htm#preg>
Pregnancy & Vaccines Flyers – http://www.cdc.gov/vaccines/pubs/downloads/f_preg.pdf
http://www.cdc.gov/vaccines/pubs/downloads/f_preg_chart.pdf



Save the Date

Wednesday Nov. 7th, 9am to 12 noon - Public Counsel is holding a workshop if you want to learn how to conduct lobbying or issue advocacy without risking the organization's tax exemption. http://www.publiccounsel.org/cdpseminar/Lobbying_Issues_for_Nonprofits_2007-11-07.pdf

Advocacy Tips!

- 1) **Medi-Cal (MC) to Healthy Families (HF)**
- 2) **Bridging Healthy Families to Medi-Cal**

Remember!

- Children should not need to be bridged from one program to the other except at annual redetermination/review.
 - Children get to keep free Medi-Cal through "Continuous Eligibility" (CE) until an annual redetermination, if the family's income goes up or a Share of Cost (SOC) is determined.
- 1) **MC to HF:** If families are not told of bridging opportunity at the annual redetermination you should still advocate for them to be bridged to HF. If client paid for medical expense while not bridged, MC should cover. Client should appeal.
 - 2) **HF to MC:** This bridge was changed 9-1-07 to the "Presumptive Eligibility for No-Cost Medi-Cal" program (unfortunate name confused with pregnancy program). At annual renewal, a family may give permission for HF to forward renewal to MC if their income falls below HF levels. A child with income below HF level at renewal will keep their HF until the first day of the month after the HF renewal date, then will be enrolled in No-Share of Cost MC FEE FOR SERVICE (regular Medi-Cal) until they are enrolled into Medi-Cal and receive a packet to enroll in a Medi-Cal managed care plan. See August, 2007 CAA newsletter for description: http://www.healthyfamilies.ca.gov/English/caa/pdfs/EECAA_Newsletter_200708.pdf
Families with ongoing chronic care issues and/or scheduled surgeries or treatments around the time of their annual redeterminations have to be aware of provider changes that will probably be necessary as the family moves from Healthy Families to Fee For Service Medi-Cal to Medi-Cal Managed Care. The aid code for the FFS Medi-Cal is 8E (same as that for the "AE" program) until a new aid code given. Confused? Call Liz, Donald or Celia at MCHA.