



Maternal and Child Health Access

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Save the Date

Weds., Sept. 14; 1:30 - 2:30 PM Webinar: The Affordable Care Act and Its Impact on Chronic Disease. Including

Next MCH Access Monthly Meeting:

This Thursday, September 15, 2011 10 AM - 12 noon

NEW LOCATION!

We're home! Our 3rd floor space has been expanded and we will be meeting in our own Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
(6th St., and Bixel St.)

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

SPEAKERS:

Clean Up Green Up Campaign
Healthy Way LA - Updates and Ongoing Questions
MCH-related legislation signed or on the Governor's desk!
Access for Infants and Mothers - Changes ahead....

Find us on Facebook

Notices, if still timely, from July 2011 meeting

Notices, if still timely, from July meeting (call for copies):

- Clinical Preventive Services for Women - Closing the Gap Institute of Medicine Report Brief, July, 2011 see report [HERE](#).
- Copy of MCHA's letter to Sen. Ed Hernandez about SB 703: Basic Health Program (now a two-year bill)
- Sample letter for AB 395, to add Severe Combined Immunodeficiency (SCID) to California's Newborn Screening
- The New York Times, July 17, 2011, "The Value of Medicaid"
- MCHA's fact sheet/Q and A on the Healthy Way LA program, (link to flyer on training page)

Lucy Quacinella, Esq., Multiforum Advocacy Solutions,
"Health Care Reform and Public Programs - Key Issues for Women's Health Care"

Ms. Quacinella's presentation covered the major points relating to public programs in the Affordable Coverage Act (ACA): how it protects eligibility for adults to 2014 and kids to 2019; expands Medicaid (Medi-Cal) with new federal funding; changes how Medicaid counts income and led to the creation of the California Health Benefits Exchange. By 2014:

Asthma

The California Asthma Partners are hosting a webinar in their series dedicated to the implementation of the Strategic Plan for Asthma in California. This webinar focuses on Goal 3: Health Care.

Participants in this webinar will:

*Gain a better understanding of the new health care law and who stands to benefit from it;
*Hear about key provisions in the law that will help reduce chronic diseases, including asthma;

*Learn about other important provisions that will help to promote health equality in our state;

*Hear about current efforts to implement the new law; and opportunities to advocate for stronger policies in California - **space is limited** - reserve your Webinar seat [HERE](#). After registering you'll receive a confirmation email about joining the Webinar.

September 16, 2011, 9:00 am to 1:00 pm. Infant Mortality Awareness Month

In recognition of Infant Mortality Awareness Month, Great Beginnings for Black Babies, Inc. is addressing health access, pre/postnatal care, and preventive measures to reduce cesarean sections, among other interventions that contribute to high infant and maternal mortality in African American

communities. Located at the Lucy Florence Cultural Center 5671 Pico Blvd., Los Angeles, CA 90019. Please RSVP before September 14, 2011.

Sept. 21, 2011, 8:30 AM - 3 PM Transitional Age Youth-Improving Outcomes for Los Angeles Adolescents -

sponsored by the LA County Adolescent Health Collaborative, LA County DPH MCAH Programs and PACLAC at The California Endowment \$35.00, includes continental breakfast lunch conference

- California must provide Medi-Cal coverage to 133% of the Federal Poverty Line, plus 5%, or 138% of poverty. This includes those children in that percentage poverty level who are now in Healthy Families, young adults 19-20 and adults.
- Former foster youth will be eligible to age 25.
- There will no longer be the need for a "categorical" eligibility.
- The ACA removes any asset test that now exists for these populations.

A new income-counting mechanism will be introduced, but the "traditional" or current income-counting rules will apply to Seniors and Persons with Disabilities as well as children and adults (e.g., grandparents and other relative caregivers) who can't qualify under the new rules. The expansion does NOT include individuals who do not have satisfactory immigration status - they should still get prenatal, pregnancy and postpartum care and emergency services under prior rules.

Enrollment: Online and "real time" enrollment for Medi-Cal, Healthy Families and AIM must be an option, as well as by the traditional means of in-person, phone or mail (i.e. folks can't be forced to use only online). Applicants must FIRST be screened for these public programs before being enrolled in the Exchange.

Health Insurance Exchange: Beginning in 2014, people can buy private insurance, and, to avoid penalties, MUST buy it if they are uncovered, through the "Exchange", a marketplace that provides comparison among insurance products and online enrollment. The overused analogy is that it will be like "Travelocity" for those who buy airline tickets online and make comparisons. The federal government pays the full cost of Exchange coverage, including subsidies for people with income to 400% of the federal poverty level, but cost-sharing (premiums and co-payments) for Exchange products for individuals under 250 200% of poverty is still not likely to be affordable.

Basic Health Program: The ACA allows for states to create a "Basic Health Program" for people with income from 138% to 200% of poverty. This should help lower cost-sharing, but since this population is eligible for Medi-Cal's 200% program for pregnancy-related care (pregnancy, abortion, miscarriage, family planning), making sure that women get Medi-Cal for these services, and not another program, is essential. The new clarification on preventive health benefits for women will help ensure quality in the Exchange and the Basic Health Program, if California adopts the latter. However, Medi-Cal still provides more benefits and no cost-sharing; preventive and certain acute dental care and the Comprehensive Perinatal Services Program are two.

Additional concerns overall include that - the expanded program (i.e. Medi-Cal to the "expansion populations") does not have to offer the same scope of benefits as are available now under Medi-Cal. The state will receive 100% funding for the new 133% Program for many years and then nearly full federal funding after that, but only 50%, as usual, for the existing Medi-Cal groups. Therefore, the state has an incentive to shift more people into the new 133% program (and the Exchange), and advocates have the burden and responsibility to be sure people get to the right program.

Maternal and Child Health Access has shared proposals for preserving access to Medi-Cal's unique pregnancy-related benefits and for preserving family planning services in Family PACT with no cost-sharing. For more information, please contact Lynn Kersey at lynnk@mchaccess.org or Lucy Quacinella at lucy@quacinella.com

materials, and continuing education units. For registration form, contact Sherelle Brown at shebrown@ph.lacounty.gov or (213) 639-6407.

Friday, September 23, 2011, 8 AM - 3 PM, Healthy African American Families (HAAF) "Building Bridges to Optimum Health"

The California Science Center, 700 State Drive Los Angeles, CA 90037

Understanding Air Pollution; Impact of Air Pollution on Healthcare Cost; Air Resources Board Analysis What does Environmental Justice Mean to Me? Advocacy Training - food & refreshment provided - register [HERE](#)

Thursday and Friday, Sept. 29 and 30: POWER SHIFT: Gathering Our Forces, Kicking Up Sand, Lifting Our Fists, Protecting Our Wombs presented by Black Women for Wellness. An empowering event held over two days in September 2011, the conference will provide a dedicated space to address reproductive justice issues affecting Black and African American women and girls. Why PowerShift? PowerShift encourages **mobilization** within our communities and **provides women and girls** with the tools and resource needed to enact change - [registration](#)

Thursday, October 20, 2011, 8:30 AM - 11 AM: "Trends in Exploitation: Human Trafficking and Organ Trafficking" conference set for at **UCLA's Covel Commons**. The event is **FREE** and is being hosted by the Iris Cantor - UCLA Women's Health Education & Resource Center in an effort to address the links between these two forms of modern day slavery. Daphney Alexander, (310) 794-8063 or dtalexander@mednet.ucla.edu to register

MCHA Dental Provider Survey - Monica Ochoa

Ms. Ochoa informed the July attendees of the survey on dental care for pregnant women sent to 1,624 dental providers who are on various lists as accepting Medi-Cal/Denti-Cal patients. We wanted to find out what barriers exist to treating pregnant or postpartum women on Denti-Cal, make them aware of our project, direct them to the California Dental Association/American College of Obstetrics and Gynecology guidelines online and make available our poster about getting dental services while pregnant. We received 221 responses by the meeting point, about 14% response rate so far. Surveys keep coming in and we are conducting follow-up calls to try and get in more. Providers vary in their responses, but the barrier that is most cited is claims are rejected for scaling and root planning (SRP) and cleaning, despite evidence in x-rays showing the need for the procedure. Providers have also been affected by the Denti-Cal cuts so much that most of their patients wait until their pain is so severe to seek treatment, which often results in extraction and more costly treatments that patients cannot afford..

MCHA will conduct further analysis and create a project results brief for dissemination to policymakers and others when we've determined a stopping point for surveys.

4th Circuit Court of Appeals Dismisses Challenges to the Affordable Care Act

In two opinions issued on Thursday, Sept. 8, the U.S. Court of Appeals for the Fourth Circuit struck down separate attempts by Virginia Attorney General Cuccinelli and Liberty University to have the Affordable Care Act declared unconstitutional. Both of the opinions find the plaintiffs lacked standing to challenge the ACA.

In Commonwealth of Virginia ex rel. Cuccinelli v. Sebelius ([here](#)), the Court of Appeals found that the Commonwealth lacked standing to sue over the ACA. Virginia argued that the ACA's individual mandate conflicted with a recently enacted Virginia statute which seeks to prevent application of federal health insurance requirements to Virginia residents. The Fourth Circuit determined that the state statute, while announcing "general opposition of Virginia's leadership to the individual mandate ... fails to create any sovereign interest in the judicial invalidation of that mandate." *Commonwealth* at 27. The court remanded to the district court with instructions to dismiss for lack of subject matter jurisdiction. The court did not address the constitutionality of the individual mandate. The Fourth Circuit is known to take a hard look at the requirements for standing, and this decision had been predicted by some court watchers.

In Liberty Univ. v. Geithner ([here](#)), the majority found that Liberty University could not bring an action against enforcement of the individual mandate as it would violate a separate Federal statute, the Anti-Injunction Act, which prohibits pre-enforcement challenges to the collection of monetary exactions imposed by the Internal Revenue Code. Judge Wynn wrote a concurrence agreeing with the Anti-Injunction decision but adding that, had he reached the merits, he would have concluded that the ACA is constitutional based on Congress' plenary taxing power. In an opinion labeled as a dissenting opinion, Judge Davis took the position that the Anti-Injunction Act does not strip jurisdiction from the court, but reaching the merits would have found the ACA constitutional under Congress's Commerce Clause power. In other words, both of the separate opinions agreed that the ACA is a constitutional exercise of Congressional authority.

Appellate track record to date: Of the circuits that have decided ACA constitutional challenges (3d, 6th, 9th, 11th), only the 11th Circuit has decided (in a 2-1 opinion) that the individual mandate is unconstitutional. All other courts have either dismissed the case for lack of standing or found the ACA to

Training!

Parent Educator Certification Program: This certification program, led by Echo Parenting & Education Founder and Executive Director Ruth Beaglehole, is a highly regarded, intensive course of study reviewing the research, principles, and practices of nonviolence in parenting. Participants will be immersed in the philosophical underpinnings and pedagogical framework for teaching in multiple settings, use in clinical applications, and more. *Past participants have included teachers, therapists, and other professionals who are teaching parenting classes or integrating our modality of raising children into their work.* For the first time ever, we are offering a schedule to accommodate the requests we've had in previous years to make this program available to those who wish to commute from out of town. This year part one of the program runs from **November 2, 2011 through January 22, 2012** and includes three intensive weekends and ten Wednesday evenings (which can be attended via webcast for out of town participants). See [website](#)

EMPLOYMENT

MCH Access is hiring a Registered Nurse for our Welcome Baby program - see full job description [HERE](#)

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be constitutional. Attention now focuses on the DC Circuit Court of Appeals and the 8th Circuit, where cases are working their way through.

To learn more about the challenges to the ACA, please see NHeLP's [ACA Litigation Case Schedule](#) and visit the [Health Law and Litigation](#) website (a collaborative project between NHeLP and Georgetown University O'Neill Institute for National and Global Health Law).

Unintended Pregnancy: Substantial Progress Among Higher-Income Women Contrasts with Dramatic Increases Among the Poor

A new analysis from the Guttmacher Institute shows that following a considerable decline between 1981 and 1994, the overall U.S. unintended pregnancy rate has remained essentially flat-about 5% of U.S. women have an unintended pregnancy every year. However, the rate has increased dramatically among poor women, while among higher-income women it has continued to decrease substantially, according to "[Unintended Pregnancy in the United States: Incidence and Disparities, 2006](#)", by Lawrence B. Finer and Mia R. Zolna.

Task Force on Community Preventive Services Publishes Findings on Home-based Asthma Programs

Nearly 1 in 12 people in the U.S. have asthma, a number that [grows every year and costs \\$56 billion](#) in medical expenses, missed school and work days, and early deaths. When asthma's symptoms of wheezing, breathlessness, chest tightness and coughing are not controlled, it also reduces a person's quality of life. Controlling asthma requires correct use of medications - and avoiding the "triggers" that cause asthma to flare up.

Home-based Asthma Prevention that Works

According to the [Community Preventive Services Task Force](#) (Task Force), controlling asthma triggers inside the home -- such as dust, pet dander and cockroaches -- helps prevent asthma symptoms in children and teens. The Task Force published its recommendations and findings in the August 2011 Supplement of the *American Journal of Preventive Medicine*, which also includes the Guide to Community Preventive Services (Community Guide) systematic review of scientific literature on which the Task Force based the following findings:

- **Children & adolescents** -- The Task Force recommends the use of home-based multi-trigger, multicomponent interventions with an environmental focus for children and adolescents with asthma, based on evidence of effectiveness in improving overall quality of life and productivity, specifically: 1) improving asthma symptoms and, 2) reducing the number of school days missed due to asthma.
- **Adults** -- The Task Force finds insufficient evidence to determine the effectiveness of home-based multi-trigger, multicomponent interventions with an environmental focus for adults with asthma based on the small number of studies identified and the mixed results across the outcomes of interest.
- **Economic efficiency** -- In addition, based on evidence from studies that assessed both costs and benefits, the Task Force concludes that these interventions provide a good value for the dollars spent on them.

Controlling Asthma Triggers at Home

The Task Force findings address "home-based multi-trigger, multicomponent interventions" which are steps taken to reduce indoor asthma triggers. In this

review, they involved home visits by trained personnel to conduct two or more of the following:

- Assessment of the home environment
- Changing the indoor home environment to reduce exposure to asthma triggers
- Education about the home environment

Most programs in the review also included one or more of the following non-environmental activities:

- Training and education to improve asthma self-management
- General asthma education
- Social services and support
- Coordinated care for the asthma client

The Publication

These findings, reviews and related commentaries are published in the August 2011 Asthma Supplement of the *American Journal of Preventive Medicine*: "Reducing Asthma Morbidity through Home-Based Environmental Interventions: Systematic Reviews, Recommendations from the Task Force on Community Preventive Services, and Expert Commentary". Read a [summary](#) of the reviews and Task Force findings on the Community Guide web site and access the full text articles.

More on Asthma

Visit the Centers for Disease Control and Prevention (CDC) [asthma web page](#) for more information, including fact sheets and data.

Scientific Methods

The Community Guide conducts state-of-the-art systematic reviews that: analyze all available scientific evidence on what works to promote health and prevent disease, injury and disability; assess the economic benefits of the interventions found to be effective; and identify critical research gaps. Community Guide review teams are led or supported by Community Guide scientists, and include government, academic, policy and practice-based partners.

The Task Force and Community Guide

The Community Preventive Services Task Force (Task Force) -- an independent, nonfederal body of public health and prevention experts -- makes its findings and recommendations based on systematic reviews of scientific literature conducted under the auspices of the Community Guide. The Centers for Disease Control and Prevention (CDC) provides ongoing scientific, administrative and technical support for the Task Force. The Community Guide is the only sole resource of all Task Force evidence-based recommendations and findings to improve public health and promote safety.

Visit [All Community Guide Topics](#) to learn about other Community Guide systematic reviews and resulting Task Force findings.

Kaiser Briefing to Release 50-State Survey Data on Medicaid Managed Care Programs

Most Medicaid on the horizon, states are expected to increase their reliance on managed care to deliver services in their Medicaid programs. At a policy briefing at 9:30 a.m. EDT Tuesday, September 13, the Kaiser Family Foundation's Commission on Medicaid and the Uninsured (KCMU) will release data from a new comprehensive 50-state survey of Medicaid managed care programs. The survey documents the diversity of state Medicaid managed care programs and examines how states

monitor access and quality. It also explores emerging initiatives to improve care coordination, including managed long-term care and efforts targeted toward dual eligibles. And it offers perspective on the directions that Medicaid managed care may take in the coming years and under health reform. The report will go live on our website that morning. You should be able to find a link to it by going to the New & Noteworthy section on www.kff.org that day will also have an archived webcast of the briefing posted by that afternoon.

CCS Provider Bulletin explains enrollment in Medi-Cal Managed Care

A new Los Angeles County Provider Bulletin for CCS, dated 9-7-11, explains that Medi-Cal beneficiaries who are CCS clients and who are assigned an AID code that is for Seniors or Persons with Disabilities (SPD) should NOT be enrolled into a Medi-Cal Managed Care Organization. These aid codes are NOT listed on the bulletin below, but are: 20, 24, 26, 2E, 2H, 36, 60, 64, 66, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 10, 14, 16, 1E, 1H.

See prover bulleting [HERE](#) If you have a client enrolled who is in one of these aid codes, and is in CCS, and have trouble with continuity of care and/or disenrollment, please call Celia Valdez at (213) 749-4261 ext. 316. Thank you.

RESOURCES

First 5 Advocacy RFP

First 5 LA RFP First 5 LA has posted a Request for Proposals for new Policy Advocacy Fund (PAF) grant. The primary goal of the fund is to move the First 5 LA Policy Agenda forward (<http://www.first5la.org/Policy-Advocacy>) and to strengthen the capacity of organizations to be effective policy and advocacy leaders on behalf of young children in L.A. County. Grants will be awarded for a maximum of \$500,000 total for a period of up to 5 years. First 5 LA expects to award approximately 10 grants for this cycle.

In order to broaden the reach of organizations advocating on behalf of children 0-5 and their families in LA County, preference will be given to non-traditional organizations (or collaboratives led by or inclusive of non-traditional organizations). Non-traditional organizations include: agencies or collaboratives of agencies that have a proven policy and advocacy capacity with experience working on public policy but have not specifically focused on issues of children 0-5 and their families. Preference will also be given to applicants that specify a source and strategy for leveraging additional resources (fiscal or non-fiscal resources, such as facilities, equipment or commitment of staff) towards the chosen goal either during the project period or to extend the effort after the grant is completed.

Applicants must be either a non-profit 501(C)(3) or government organization. Organizations may be community-based, local, or statewide but must have (or commit to having) a meaningful presence in LA County. There will be an Applicant Information Workshop webinar on September 7, 2011. To register for the webinar, go to <https://www1.gotomeeting.com/register/229932312>. Applications are due by 5:00pm PST on October 7, 2011. The RFP can be viewed at www.first5la.org/PAF.

Contact us:

Maternal and Child Health Access

1111 W. 6th St., Fourth Floor

Los Angeles, CA 90017

213 749 4261 phone

213 745 1040 fax

www.mchaccess.org

info@mchaccess.org email