

Maternal and Child Health Access



Monthly (Virtual) Meeting
Thursday, June 20, 2024 - 10:00 am to 12:00 pm

Happy Pride Month! Juneteenth!!

World Infertility Awareness Month

Happy Father's Day June 16th!!

Where?

This is a
virtual meeting



**10:00 AM to 12:00
PM**

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

Speaker/Topic:

Blanca Vargas, MPA, RDN,
Senior Manager of Operations
Cindy Clapp, MS, RDN, IBCLC
Deputy Director of Breastfeeding
Services

Sagrario Nielson, MS, RDN
Deputy Director of Nutrition
Services and Projects
PHFE WIC

WIC Updates, Special Formula
and
Breast Pump Issues

Hospital Newborn Enrollment
New Child Presumptive Eligibility
Medi-Cal Program

Updates

Notes from Monthly Meeting May 16, 2024 ([website](#))

**Speaker: Lucy Quacinella, Multiforum Advocacy
Solutions
Getting Ready for Hospital Newborn Enrollments in
Medi-Cal
The State Budget - May Revise**

Ms. Quacinella presented the upcoming changes to newborn enrollment.

Currently, no application is required for an infant if the delivery was covered by Medi-Cal or MCAP. But the birth must still be reported to the county – via phone call, fax of Newborn Referral Form, mailing or online reporting.

Infant Referral Forms:

<https://www.dhcs.ca.gov/formsandpubs/forms/Documents/MC-330-ENG.pdf> (note 2023 version)

- https://www.dhcs.ca.gov/formsandpubs/forms/Forms/MCED/MC_Forms/MC330_Spa.pdf

- <https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Documents/MCAP-infant-registration-form.pdf>

- <https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Documents/MCAP-Infant-Registration-Form-SP.pdf>

The Newborn Gateway: As of July 1, hospitals or other birth setting that participate in any of Medi-Cal's PE programs, such as Hospital PE, must adhere to a [new state law](#). The law requires births to be reported within 72 hours, or one day after discharge, whichever is sooner, through a new online portal. When the mom's Medi-Cal or MCAP number is matched, the baby will be automatically enrolled in Medi-Cal until their first birthday. PE providers must attend a training on this new requirement before July 1. The hospital or birth setting is supposed to give the family proof of the enrollment or must mail a copy of the confirmation printout to the family.

Note that if a baby is not enrolled by the birth site, for whatever reason, the Newborn Referral Form can still be used – up to the baby's first year. You can also report the baby's birth or an uncovered infant born to a mom on Medi-Cal to the appropriate phone line for each county. In Los Angeles, that's (833) 735-9359 – a different number is listed on the Newborn Referral Form list of numbers. The number on the form is for the mail-in district where the form itself might go.

The new requirement is paired with a change in children's (over 1 year old) enrollment called Children's Presumptive Eligibility (CPE). This replaces the CHDP Gateway and is open to ALL Medi-Cal providers who see children, not just CHDP providers. Like the current CHDP Gateway, the CPE will look to match the DE Medi-Cal or children whose moms had MCAP to the mother's coverage and confirm real-time eligibility for the child. Children can use the CPE for immediate coverage up to two times a year. CHDP as a program will be available for urgent needs, children in foster care and for sports physicals, but most kids will be covered by Medi-Cal. See [CHDP Program Transition](#) DHCS page.

Ms. Quacinella also gave an update on the Governor's budget proposal for 2024-5. At the time, it had just been released. We were reminded that the legislature responds and proposes THEIR funding package and then there are negotiations. This year several "early" agreements were made with the legislature that many characterize as accounting moves, outside the budget process.

The governor estimated the state budget shortfall and \$7 billion more than in his January budget, for a total \$44.9 billion dollars. Early action solutions lowered the amount to \$27.6 billion. The negative specific proposals included eliminating: IHSS for undocumented people, wreaking havoc and creating a two-tier Medi-Cal program; both clinic and community-based enroller navigator funding streams; acupuncture as a Medi-Cal benefit. He also would not go forward with two important proposals that were passed "depending on funding" – continuous Medi-Cal for children 0-5, instead of just to age one as current and Share of Cost Reform. Other cuts include to provider rate increases not going into effect, huge cuts to public health – as if we didn't just have a pandemic – and to healthcare workforce programs. CalWORKs home visiting was cut by \$47 million, child care expansion paused and the state's California Food Assistance Program Expansion for some immigrants delayed from net year 2025 to 27-28. Cuts were proposed for many behavioral health programs – Housing Bridges, CalWORKs mental health and substance abuse programs, and the Children and Youth Behavioral Health Initiative.

On the positive side, more funding will come from managed care plan taxes through the taxing of Medicare plans as well as Medi-Cal. We were reminded that these are proposals and the legislature has an opportunity to propose other ways of meeting the budget needs.

Lucy's e-mail is lucyqmas@gmail.com and her phone at office (415) 348-6336.

Reminders:

Medi-Cal enrollees need to report pregnancy to DPSS so they don't get cut off Medi-Cal and get their one-year additional coverage post-pregnancy!!

**All doors to Medi-Cal open for real time Accelerated Enrollment (AE) into MAGI Medi-Cal on November 1, 2023!
See past mailings for reminder details.**

New since last meeting

Health Navigators and Training at Risk

The Governor's budget proposal mid-May eliminated funding for Community Health Navigators and separately-funded Health Navigators for clinics (there are also clinics funded in the Community Health Navigator funding stream. [The Legislature's budget proposal, AB/SB 107](#), passed last week, reinstated the

clinic funding stream (\$8 million) but not the Community Health Navigator funds. Without those funds, MCHA will lose most of our ability to work in the community with our seven health navigators and other staff. We will also lose our training staff who have kept navigators and other positions (home visitors, school personnel, clinic staff, social service agencies, even county DPSS and DHS workers) educated about health care programs and services for low-income people. See our [full letter](#) and [one-pager](#).

If you've ever called MCHA or any of the other 17 County DPH-funded (with state funds) CHOI agencies for assistance, please call or tweet to: Senator Caroline Menjivar @SenatorMenjivar 916-651-4020 for her to pressure Sen. President Mike McGuinness to fund Community Health Navigators. She is from LA – Burbank/Valley and Chair of the Senate Budget Subcommittee on Health And Assemblymembers Dr. Akilah Weber @asmakilahweber 916-319-2079 and Assemblymember Jesse Gabriel @AsmJesseGabriel 916-319-2046 (he is from LA, Assembly Budget Chair) to urge the Assembly Speaker Rivas (Central Valley) to fund Community Health Navigators!

While the leg budget has been signed, we understand there are still pockets of funding in play! We are grateful to the Legislature for fighting back on IHSS for undocumented people, for acupuncture as a Medi-Cal benefit, for retaining public health funds – however, we don't understand wiping out a 20+ year program with established infrastructure, data and trained staff. We're the ones who help people get IHSS (especially undocumented people) and acupuncture, and transportation, and prenatal care, and get to the right provider... etc etc etc. **Thank you for your support!**

Martin Luther King, Jr. Hospital in Jeopardy!

Assemblymember Mike A. Gipson's office shared this message: This past Friday, we received the alarming news that not only was **MLK Community Hospital's** (MLKCH) maternity ward at risk of closure, but additionally, the entire hospital could also close by early 2025 if we don't act now! This closure will severely impact maternal and infant health outcomes for community members by leaving one of the last maternity wards in South LA at risk, as well as, preventative and emergency care for 10s of 1,000s of residents.

Assemblymember Mike A. Gipson's office held an emergency press conference with the Willowbrook/Watts and neighboring communities to put out a plea for help to Governor Newsom. Today, we are asking you to assist us in our advocacy for MLKCH by calling and emailing the California Senate and Assembly Budget Committee's chief consultants and chiefs of staff and Governor Newsom. See flyer [here](#)

Access to Mifepristone Wins at the Supreme Court, for now

- The Supreme Court **has rejected a lawsuit** challenging the Food and Drug Administration's approach to regulating the **abortion pill mifepristone** with a ruling that will continue to allow the pills to be mailed to patients without an in-person doctor's visit. Justice Brett Kavanaugh **wrote the opinion** for a unanimous court.
- Why this matters: The ruling is a significant setback for the anti-abortion movement in what was the first major Supreme Court case on reproductive rights since the court's conservative majority **overturned Roe v. Wade in 2022**. The appeal was filed by anti-abortion doctors who said their practices have been affected because they must treat women who had complications from the drug.
- Mifepristone is one of two prescription drugs used for medication abortions, which account for **63% of all abortions** in the U.S. It's also frequently used in miscarriage care. It works by blocking a hormone that's needed for pregnancy to continue. It was first approved in the U.S. in 2000, and has been used by **more than 5 million people**.
- What groups have said: The FDA and outside medical groups have stressed that **mifepristone is safe**. The **doctors have faced scrutiny** over whether they have been harmed in a way that gives them standing to sue.

[After 20 Years of Same-Sex Marriage, Research Finds No Harms to Different-Sex Couples; Growth for Overall Support of Marriage](#)

Over the 20 years that same-sex couples have been able to marry in the United States, there have been no negative effects on marriage, divorce, or cohabitation among different-sex couples, according to a new **report** from RAND and UCLA. "Some of those who opposed the granting of marriage rights to same-sex couples predicted that doing so would undermine the institution of marriage, resulting in fewer couples marrying, more couples divorcing, and an overall retreat from family formation," said study coauthor Benjamin R. Karney, a UCLA psychology professor and adjunct researcher at RAND, a nonprofit research organization. "Overall, the fears of opponents of same-sex marriage simply have not come to pass."

More than half of LGBT adults in California worry about being a victim of gun violence

As June marks the eighth anniversary of the Pulse nightclub shooting in Orlando, Florida, UCLA researchers are sharing new data that illustrates risks and perceptions regarding gun violence among LGBT populations here in California.

While gun violence is most often associated with mass shootings, it is a broader phenomenon that includes any instances of firearm-related injury or death such as suicides and homicides.

Researchers from the UCLA Center for Health Policy Research (CHPR) and the UCLA School of Law's Williams Institute examined pooled data from the 2021 and 2022 California Health Interview Survey (CHIS).

Among their findings, more LGBT people in California are worried about being a victim of gun violence than their non-LGBT counterparts (54.6% vs. 44.5%, respectively).

An [infographic](#), which precedes the release of a related policy brief later this year, also shows a larger proportion of Asian, Black or African American, Latinx, and multi-racial LGBT adults are worried about being a victim of gun violence than their white, non-Hispanic peers:

- Asians: 71%
- Two or more races: 64.2%
- Latinx: 59.5%
- Black or African American: 57.4%
- White (non-Hispanic): 45.6%

Debunking the Myths of Oral Health and Pregnancy

Although written for dental providers, these questions are helpful in addressing concerns about dental care during pregnancy. Despite dental care being safe and effective for pregnant women, nearly 80% of obstetricians report that some patients had been “declined” treatment by dentists. In [this blog post, experts answered 8 questions](#) following a CareQuest Institute webinar debunking the myths of oral health and pregnancy.

Insights into the U.S. Maternal Mortality Crisis: An International Comparison

U.S. policymakers and delivery system leaders could learn from international models of maternity care, including for postpartum support and workforce composition. Nearly two of three maternal deaths in the U.S. occur during the postpartum period, up to 42 days following birth. Compared to women in the other countries studied, U.S. women are the least likely to have supports such as home visits and guaranteed paid leave during this critical time. See the article [here](#).

Security Upgrade to the EBT Card Summer 2024

CDSS will be moving to chip/tap EBT cards, replacing all of the magnetic stripe-only cards that are currently in use. Please see the [attachment](#). The EBT Card Security team have completed accessibility on the attached Community Based Organization (CBO) document. This document includes information on the security upgrade to the EBT card coming Summer 2024 and recommendations for cardholders. More information to come.

More about SUN Bucks

CDSS issued a [SUN Bucks letter to the counties](#) that includes information about SUN Bucks eligibility, mail pick up for families experiencing

homelessness, proposed card issuance timeline, and some info on filing disputes. The state also activated the [SUN Bucks call center](#). It can be reached through the regular EBT hotline (1-877-328-9677).

In December 2022, Congress passed the [Consolidated Appropriations Act of 2023](#), which created a new, permanent S-EBT program for states to provide food benefits to families with school age children and low-income over the summer months beginning in 2024. In July 2023, California passed California passed [Assembly Bill \(AB\) 120](#) and subsequently codified in [Welfare and Institutions Code \(W&I\) 18901.57](#) establishing the California Department of Social Services (CDSS) as the lead agency, in partnership with the California Department of Education (CDE), to maximize S-EBT program participation for summer 2024.

In early 2024, the USDA rebranded S-EBT to “SUN Bucks”. The SUN name – derived from the words Summer and Nutrition – reflects the broader, brighter impact USDA’s Summer Nutrition Programs will have on kids across the nation, helping them thrive during summer and beyond. California has adopted USDA’s SUN Bucks brand guidelines. For summer 2024, it is estimated that approximately 5 million California children will be automatically eligible for SUN Bucks. The program will provide \$40 per month (\$120 total benefit for June, July, and August) in food benefits to children eligible for free or reduced-price meals (FRPM). The school closure period of June, July, and August is known as the Summer Operational Period (SOP).

[What does food insecurity look like in your area?](#)

Since 2011, Feeding America has produced Map the Meal Gap and provided estimates of local food insecurity and food costs to improve understanding of people and places facing hunger and inform decisions that will help ensure equitable access to nutritious food for all. Their interactive map features annual food insecurity estimates for all individuals and children, as well as older adults and seniors, at the state level and below.

To achieve their vision of an America where no one is hungry, they believe it is imperative to address disparities in food insecurity by race as well as place. To that end, the map now includes estimated food insecurity by race and ethnicity for select populations and places. Recognizing that sample sizes are smaller, and uncertainty is greater the more we disaggregate data, they believe that understanding even broad historical variations within and across local communities is critical. Only then can we develop effective strategies to address the root causes of food insecurity and change the systems, policies and practices that put people at risk of hunger.

To learn more, you can read their [report](#), review their [methodology](#) and even download their [data](#)

[LA County's new 'Community Health Profile' tool offers key data on more than 170 areas](#)

The Community Health Profile site is "An interactive platform to look at data on over a hundred indicators that stratified down into 179 communities within Los Angeles," said L.A. County Public Health Chief Deputy Director Dr. Anish Mahajan.

Within the latest launch of Community Health Profiles, users can find how many liquor stores may be in one city or how many kids are enrolled in preschool, information that can help develop intervention strategies, create policy and direct funding.

SAVE THE DATE

SOON!! **Tuesday June 18 2 PM – 3:30 PM PST Folic Acid in Pregnancy Webinar** ([flyer](#))

In anticipation for the upcoming [Folic Acid Webinar](#), MCAH has recently updated the [Folic Acid webpage](#) to reflect the most recent information and resources that will be discussed in the webinar. Please share with your networks.

MCAH welcomes you to attend the upcoming MCAH topic-based webinar in collaboration with CDC, Genetic Disease Screening Program (GDSP), and WIC.

ucsf.zoom.us/j/99475397868 1 (213) 338-8477 (Los Angeles) Meeting ID 994 7539 7868 1 (669) 219-2599 (San Jose)
Passcode 324919

Friday, June 21 and Saturday, June 22, 8 PM: Grand Vision Foundation presents: The People with the Trees in their Chest

From Grand Vision: I'd like to invite you and your coworkers to a workshop production of a new play that we (Grand Vision) are producing, The People with the Trees in Their Chest, written by Shawn Christopher Lovell Nabors and directed by Bruce Lemon.

It is based on the life story of Shawn's grandmother, who had a heart condition that went misdiagnosed. The story centers around generational trauma and equitable healthcare access.

The performance is free; we request that people RSVP. Could you please help us spread the word about these performances?

6/21 RSVP: <https://grandvision.org/event/the-people-with-the-trees-in-their-chest/>

6/22 RSVP: <https://grandvision.org/event/the-people-with-the-trees-in-their-chest-2/>

Wednesday, June 26 from 1:30pm-3pm - Queer & Transgender Immigrant Health in California: Enrolling in Medi-Cal, Accessing Services, and Filing Complaints ([flyer](#) [Span](#) and [Eng](#))

The webinar will be led by Plascencia Consulting and include speakers from the CA LGBTQ Health and Human Services Network and Bay Area Legal Aid. During the webinar Plascencia Consulting will present its new **Queer and Transgender Immigrant Health** brochure. They will explain how providers and advocates can use it as a tool to support queer and transgender immigrant

communities to enroll in Medi-Cal, access affirming services, and file complaints.

Attendees will have the opportunity to hear case studies and examples of queer and transgender immigrants navigating the healthcare system. They will also learn more about the recent Medi-Cal expansion to include all income-eligible Californians regardless of age or immigration status, the Medi-Cal renewal process, and the most current public charge rule.

This webinar will be presented in English, with live Spanish interpretation available. **Attendees will also be entered into a raffle to win one of four \$50 gift cards we are giving away!**

Advocates and community members can register for the webinar here: bit.ly/QTIImmigrant

RESOURCES

Secure Period-Tracking App - Euki

Euki is a comprehensive, inclusive, secure sexual and reproductive health app which is becoming its own 501(c)3 nonprofit tech organization (read the full joint announcement from [Ibis](#) and [Euki here](#))!!

Euki was initially developed in response to community-engaged, user-centered research conducted at Ibis Reproductive Health. People told us they wanted a period tracking app that took their privacy seriously AND provided users with comprehensive sexual and reproductive health information, including abortion, that's what Euki does.

Since the leak of the *Dobbs* decision, Euki has dramatically grown its base and has continued to evolve to meet the needs of users today—and it has become clear that Euki will only become more critical as the crisis in abortion access in the US deepens. The new Euki organization is grounded in values of equity, justice, inclusivity, and collaboration—values that are the core of Ibis's work and that have made Euki the unique and trusted tool that it is. We are thrilled to see Euki move on to this next phase and the impact it will have—we hope you will help us celebrate and spread the word!

YI's Young Advocates Program is open for applications!

Want to learn how to advocate for your community, gain valuable skills and experience, and get paid while doing it? [Apply now!](#)

Our Young Advocates program is a chance for young adults to join a movement and become a leader. You'll gain new skills while learning about advocacy and public policy. At weekly meetings, Advocates will receive training on community organizing, policy advocacy, strategic communications skills, as well as our key issue areas. In addition, each participant will be asked to do activities such as conduct policy research, participate in legislative meetings, advocate for policy changes, plan events, or produce a digital product such as a blog post, graphic quote, or video.

The Young Advocates Program is open to young adults ages 18-34 living or attending school in California, Colorado, Illinois, New York, and Texas. Weekly time commitment will be between 6-10 hours a week, from September 13 - December 6.

Maternal and Child Health Access

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