

News from Maternal and Child Health Access



WHITHER HEALTH REFORM?

When the Patient Protection and Affordable Care Act passed on March 21, 2010, MCHA breathed a sigh of relief. The new law heralds important improvements – despite having problems many of us feel must still be addressed. These improvements include the opportunity for groups previously uninsured to be covered, subsidies for middle-income families, increased benefits for

those hit by limits in their current insurance coverage, and additional mandated preventive benefits. We see the benefits of the new law both in our work and in our own coverage situations. For starters, at least four staff members have children that can now stay on their parents' health insurance plan, since children can now do so until age 26. Many of these children have grown up in the agency - brought to visit during school breaks or to help us staple and fold our mailings. These kids are now out of school, but they are between jobs, or working without health insurance, or rely on public clinics where they may frequently wait long hours for medication to control asthma, for example.

At MCH Access we have seen too many children denied health insurance for preexisting conditions. Their



parents cling to their current job or stay stuck in their current city for fear of the inability to obtain health insurance for their child. We are pleased that the health care program for some of the poor, Medicaid, called Medi-Cal in California, will extend to adults with at least one-third more income than the current program allows.

Additionally, and maybe even more importantly, the strict categories of eligibility called "linkage", or a reason to be getting Medi-Cal, will be eliminated. This is one of the most difficult requirements to understand: Not all poor people are able to get Medi-Cal health coverage. Currently, it doesn't matter how poor you are, if you do not have "linkage" – if you don't have children, aren't in a nursing home, or aren't disabled, aged, or pregnant – you cannot get Medi-Cal. Today, a very poor 35-year old without kids who is not disabled is not eligible for Medi-Cal. This will change under the new law, and childless men and women will finally qualify for comprehensive coverage to meet their health needs, to allow them to live healthier lives, and take care of themselves.

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Support our Colectiva Mujeres en Movimiento

(Women in Action Arts Collective)
Aprons, small sculptures, tote bags, bib sets, scarves and hats, aromatherapy pillows, and more.

Self Help Graphics & Art

UPSTAIRS SALON
3802 E. CESAR CHAVEZ AVE.
LOS ANGELES, CA 90063

Saturday, December 11
12PM-6pm

CAN'T MAKE THIS SALE? COME BY OUR OFFICE TO SHOP!

SELF HELP GRAPHICS & ART Holiday Craft & Art Fair



December 11, 2010 from 12-6PM
Self Help Graphics & Art
Upstairs salon
3802 E. Cesar Chavez Ave.
Los Angeles, CA 90063

Access for Infants and Mothers (AIM) Advocacy: Persistence Pays Off!



Kristan and Madeline

Maternal and Child Health Access (MCHA) was born out of the critical need for support for women seeking care at crowded county facilities in the 1990s. We know that providing women preventive care during pregnancy costs far less than paying for poor birth outcomes that could be prevented. Pregnancy affords a window of opportunity to talk with women and families about their hopes and expectations for their children, and about improving their overall health.

The Access for Infants and Mothers program, or AIM, is a state-sponsored program that covers women with income over the cutoff for free Medi-Cal, or who have insurance that doesn't cover maternity or only covers maternity with a \$500 or more cost (in "deductibles" or co-pays). Since 1992, AIM has served up to 12,500 women a year.

MCHA's AIM work involves strategic administrative, legislative and other advocacy to improve the program's rules, regulations and treatment of women. In 2006, through MCHA's advocacy, AIM eliminated the requirement that women get written proof of pregnancy in order to apply. That same year, we questioned the constitutionality of the AIM requirement that a

woman wait six months for coverage if she moved to California from another state. AIM declined to change this rule. In 2007, Governor Schwarzenegger vetoed a bill that MCHA sponsored to end the six-month requirement. In 2008, the issue was successfully brought to court by a group of public interest attorneys, with MCHA as plaintiff, and the six-month residency requirement has finally been dropped from AIM.

In 2006, we also addressed the cruel and unusual punishment of continuing to charge women for prenatal care even if they'd lost their baby to miscarriage. AIM

justified this requirement because women sign a contract. Finally, by 2007, we were able to convince AIM to allow women who miscarry in the first trimester to disenroll from AIM and stop having to pay for medical care they aren't allowed to use after the pregnancy ends. Women who miscarry later, however, continue to suffer this indignity, something MCHA will continue to address.

In 2009, we made a number of requests to align AIM's rules for counting income with Medi-Cal's to prevent women from "falling between the cracks" of the two programs. AIM changed many of the non-aligned rules, affecting self-employed families and those who collect rent from a roommate or have other rental income. Also in response to MCHA's requests, AIM's website now includes six sample forms for various kinds of allowed income deductions. State staff thanked us for raising these issues and being AIM's "eyes and ears."

In 2009, MCHA led the way in opposing proposed regulations to allow a cap in AIM enrollment, pointing out that AIM's caseload and budget projections showed sufficient funds. While the regulations were adopted, they were never invoked, a vindication of

MCHA's advocacy points. This year, we organized to fight the Governor's proposal to increase AIM premiums from 1.5% to 2% of family income—and are very happy that the increase was not adopted.

Kristen's story: Kristen was originally denied because AIM believed her income was low enough to qualify for Medi-Cal. MCHA, however, noted that AIM used the wrong income-counting rules, creating an eligibility gap between the two programs. Kristen was desperate when she wrote us:

"I received my letter [from AIM] on Saturday saying I did not make ENOUGH money to qualify and they will forward my app onto Medi-Cal and I have to wait another 45 days!!! I was already denied by Medi-Cal for making too much money! Is there anything you can do to help? I am desperate to have this issue resolved so I can focus on a happy and less stressful pregnancy. My sincerest

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(AIM) Advocacy: Persistence Pays Off! (Continued from page 2)

"hope is to have this issue resolved so I can continue with the doctor I started with. I have another appointment with him for a battery of tests and need to know I am financially covered..."

MCHA helped the client appeal her AIM denial, and her case was ultimately approved. AIM also corrected its income-counting rules. Now other women can benefit from Kristen's experience.

Ahn's story: Health insurance policies sold in the "individual market" are allowed to leave out maternity coverage under existing law. As a result, the sales of cheaper, "maternity-free" policies have increased significantly in recent years, and policies that DO include maternity coverage become even more expensive and out of reach for California families. MCHA has supported legislation for three years that would require such policies to include maternity – all three bills were vetoed by the Governor.

Ahn's experience demonstrates how discrimination against pregnancy coverage harms women and their families. Ahn was in her first trimester of pregnancy when she contacted MCHA, covered by health insurance that she didn't know excluded maternity. Upon asking, she was told one-year advance notice to the insurance company was required to cover maternity. Even before the pregnancy, she had severe diabetes, a condition that can be very dangerous for both the mother and fetus. The insurance she bought covered diabetes but not prenatal care or

labor and delivery services. Ahn had been taking five shots of insulin a day and regularly seeing a specialist, an endocrinologist, to monitor her blood sugar levels. However, once she became pregnant, she needed to see a perinatal endocrinologist, for more rigorous and specialized control of her blood sugar and its impact on the fetus.



Ahn and Simone

MCHA helped Ahn apply for AIM and find an AIM health plan that included her existing diabetes care providers in its network, to facilitate access to her medical records and coordination with the doctors who had been involved with her pre-pregnancy diabetes treatment. Tears of relief flowed when she learned she had been approved. Ahn scheduled her first prenatal care visit for the very first day her AIM coverage went into effect, in her second trimester of pregnancy. At least she had health coverage for the pregnancy. Other women with serious health conditions are not so lucky and face confusing and stressful choices all on their own about plan and provider selection, even when they are lucky enough to qualify for public programs.

MCHA is indebted to the clients who work with us and agree to share their stories. Their experiences show us what is needed to improve the programs with which we work – as MCHA has done over the years, and will continue to do, with the AIM program.



Get a jump on holiday gifts!

This fabulous bilingual children's book about the exquisite Monarch butterfly migration is a great gift, and sales will benefit MCH Access! The book describes a young girl's experiences with Monarch butterflies at a butterfly sanctuary in Goleta, California. Through the book the reader learns about the life of the Monarch butterflies, enjoys beautiful paintings and photographs and much more. The book is exquisitely illustrated by

"This book is a beautiful tribute to the wonders of Nature, the Kindness of a Child's heart, and the curiosity and searching for Knowledge of the Human mind."

Roberta Lee Tennant
Editora, Falcon Books

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"Este libro es un hermoso tributo a la belleza de la naturaleza, la ternura del corazón de una niña, y la curiosidad y la búsqueda del conocimiento de la mente humana."

Roberta Lee Tennant
Editora, Falcon Books

Directions

Go to www.forlymonarch.com to purchase the book. On the purchase page, pull down on the "Donar a/donate to" pull down menu and choose Maternal and Child Health Access. You may pay with credit card (Pay Pal) or check.

A Heartfelt THANKS to the Heartfelt Foundation!

Once upon a time, when MCHA was a smaller organization, we had holiday parties at our own facility, first at 1010 S. Flower, the First United Methodist Church where we were housed for our first five years, and then at our current site on 6th St. Usually it was potluck, as clients insisted on helping with the preparations for any party, and one of us would be pressed into service to wear a rented Santa costume.

Our clients have generally benefited from generous donations from the firefighters Spark of Love toy donation, the Marines Toys for Tots and toy donations from various companies and individuals. Generous benefactors have sometimes helped with donations of a gift card or a new warm blanket or other household item for the families, and we sometimes purchase items for teens who may miss out on the holiday toy donations.

For about the last three years, however, and again this year, the families we see will



Susanna and Robert receive gifts from Heartfelt



benefit from the generosity of the Heartfelt Foundation, a service organization based in Santa Monica.

On a Saturday in December, this year December 18th, Heartfelt takes over the Santa Monica Pier and with teams of volunteer staff, throws a huge party for kids and families nominated by local charities. The families enjoy visits with Santa; rides on the pier's famous and fabulously-restored merry-go-round; pony rides; rides at the Pier; food,

drink, and music; and a present for the kids.

For some of our families, this is their first trip to the Pier, maybe even to a Southern California beach. We have been lucky enough to have been allowed to send up to 400 people, translating to about 100 families, if we can get them there. We always request city buses from our city councilperson, Ed Reyes, and his office has been extremely helpful and generous with their time. Sometimes only one bus is available, however, and we need three to make use of all

the free tickets we receive, meaning we rent the buses and driver on our own.

If you'd like to help make our holiday party a successful one this year for as many families as the buses can hold, please donate as generously as you can. You may also bring a new unwrapped toy or other gift before December 20th to our offices. Thank you, and we give our heartfelt appreciation to the Heartfelt Foundation for remembering our families each year at the holidays.

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Whither Health Reform?

(Continued from page 1)

The higher income allowance for adults also means that more women who now lose their Medi-Cal after the birth of their baby, for example, will have coverage after pregnancy. They will be able to treat their ongoing chronic conditions – diabetes, hypertension, thrombosis, or debilitating depression. These conditions may have been uncovered during pregnancy or at least treated during pregnancy, when women have Medi-Cal.

MCHA staff are also active in advocacy work groups weighing in on how the many important issues surrounding health reform should work – for example, how county health care will continue and will be incorporated into health reform, how uninsured people will learn of their opportunities and seek to participate, and how the enrollment will take place. Many questions are being raised for



which we seek answers. But looming overhead is whether health care reform will be able to continue or whether forces trying to repeal, dismantle, replace or hobble the law, including cutting its funding in the budget, can succeed. The day after the election, incoming new House Speaker John

Boehner promised to "do everything we can" to repeal the health care law, calling our current health care system, "the best health care system in the world" that the health reform law would "ruin."

Those who want to dismantle health reform don't know the devastation brought by losing a job and the health care that goes with it, since they oppose both health care AND an extension to unemployment benefits. They apparently don't care about 55 million people without health coverage, including the two in our newsletter, or the kids who now have health care because of the law. We ask you, our readers and supporters, to defend the good that health reform will do, and to keep the reform moving forward, as we work to implement it in the best ways possible.

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Human Trafficking hits home

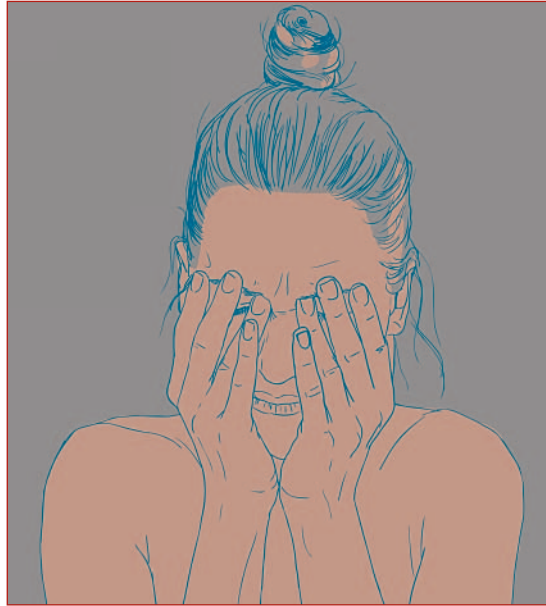
You may have seen Dan Rather's recent documentary about the trafficking of minor girls in Portland and along Interstate 5, where major California cities are affected.

The Huffington Post writes, "The business is booming. One of the worst areas for (human trafficking) runs along lines running roughly from Seattle to Portland, to San Francisco and Los Angeles, to Las Vegas. But no place in the country is immune."

The Coalition to Abolish Slavery and Trafficking (CAST) notes that human trafficking is the fastest-growing criminal enterprise and the third largest organized criminal activity, after drug smuggling and arms dealing. MCHA has had enough suspicion about the situations of some of our clients that we've been trained on recognizing human trafficking, what to do and whom to call. We've also brought this information to the community of social service organizations with which we work, in one of our monthly meetings. Our training was tested when the mother of a young girl came to us for other services, and in the process revealed her daughter Ana's trafficking case, and how afraid she was for her and her own family, who had been threatened.

Ana's mom brought her to the U.S. when she was just an infant. Ana had a baby at 19 and left home with her boyfriend and young baby, who was about the age Ana was when brought to the US. They were homeless, without money and food. She met a man in the mall one day and he offered her and a girlfriend work that had to do with music (definitely no mention of prostitution), money, and housing. So she accepted, hoping to make some money to have a better life. The man took both of the young women to another state and put them on the streets for prostitution. He took away her ID, and threatened her family and baby if she tried to get away or tell the police. When her friend came home one night after being sent out to be a prostitute, she told Ana that the work was prostitution and that they should leave immediately. Ana didn't have any money and was afraid to leave because of the threats. So the friend left, and Ana stayed. Ana called her mom several times when she was out at night, cold, sick and always crying and saying she wanted to get out of there but couldn't and was very afraid. She told her mom that the man had threatened to hurt her family and her baby, so not to send her anything because she didn't want the man to know her mother's address in Los Angeles. Ultimately, she was arrested for prostitution. Being in jail opened the door to get others involved and communication through safe contacts. MCHA talked with a trafficking task force in the other state, and got CAST involved here in Los Angeles. Ana was understandably extremely wary, even paranoid about who could be trusted. She suffered from a form of Post

Traumatic Stress Syndrome, with flashbacks and paranoia about her food being poisoned, and extreme feelings of isolation.



Ultimately, she was released into protective custody, returned to Los Angeles and reunited with her son. She got into a CAST shelter and received much needed medical and psychological services. Our case manager made a special fundraising appeal via e-mail among 30 or so friends and family, and friends of staff, and raised over \$700 in donations of \$10, \$15, \$25. This helped with phone cards and phone calls, while she was out of state, and the basic necessities she needed to start her life over again in Los Angeles. If you were one of those who helped, we thank you for helping Ana to escape. If you'd like to donate for situations like this in the future, your donation is greatly appreciated! If the issue gnaws at you like it does us, pick up the phone, send an e-mail or write a letter in support of HR 5575, "The Domestic

Minor Sex Trafficking Deterrence and Victims Support Act of 2010."

Since our two Senators are likely very good on this bill, focus on your Congressperson if s/he may be less supportive, and get your friends in other states to act!

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Wish Lists { Our United Way donation number is 595702 } for workplace giving.

- Holiday gifts for families, i.e., giftcards for food or department stores, blankets and children's toys.
- New or gently used maternity clothing
- New or gently used baby/children's clothing
- New or gently used bedding/towels
- New or gently used slings or other baby carriers and bassinets
- Household items – kitchen items such as pots and pans, dishware, silverware, and plastic storage ware with lids
- Educational toys, children's books in Spanish and English, art supplies, school supplies
- Sewing machines that work well or need only small repairs
- Childproofing items: locks, table covers, cabinet closures, plug covers
- Soft yarn for knitting scarves and hats – linen, cotton, wool best or nice fluffy colors in acrylic – or gift certificates to stores with these items
- Fabric for the aprons and purses made by our Women's Collective – colorful fun prints or bright solid colors, heavier fabric for lining, nice fabric for bags/purses - fabric or gift certificates to stores with these items, such as Joann's, Michael's, or Michael Levine's
- Small gift items we can use for raffle prizes in health classes
- Grocery, department store or other gift certificates
- New or gently used large gift bags for baby items we provide

For our offices...

- Small round office tables
- Waiting room chairs
- Desks
- Desk chairs
- Storage site for donated furniture (near downtown)
- Office supplies: color and white paper, HP Laserjet 55M printer toner, pens, staples.
- Professional photography for our office
- Professional document/website publishing.

Maternal & Child Health Access

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mch Advocate

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