

Our next monthly meeting is scheduled for this Thursday, October 18, 2018 - RSVP today!



Maternal and Child Health Access

MCHA Monthly Meeting

Where?

10:00 AM to 12:00 PM

Maternal and Child Health Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
213 749 4261
info@mchaccess.org

Speaker/Topic

Denny Zane, Move LA, Executive Director
and Santa Monicans for Renters' Rights
2018 Ballot Propositions
for Homelessness/Housing

Additional speakers invited for rest of
propositions

Updates - Legislation signed/vetoed

Coverage Program Updates - It's Open
Enrollment time!

October is Breast Cancer Awareness PREVENTION Month! Get to know [Breast Cancer Action](#) and join their fight to stop the carcinogens and hormone disrupters that cause breast cancer - and to call out the "pinkwashers" - companies that sell products that contribute to breast cancer, but they're sold with a pink ribbon... Breast Cancer Action has never been your typical breast cancer organization. They are working to address and end the breast cancer epidemic at the intersection of breast cancer, the environment, social justice and feminism. So, join BCA and [think before you pink](#) this October.

[Click here to RSVP!](#)

***From meeting September 18, 2018 see materials on our
website***

[HERE](#)

**Guest Speaker: Nona Randois, Bolder Advocacy, Alliance
for Justice**

Nona works to encourage non-profit organizations to do "Bolder Advocacy" - Public charities CAN lobby - they just have to do so Much advocacy work, including efforts to influence executive branch actions, does not constitute lobbying. Yet contrary to popular misconception, 501(c)(3) public charities-including houses of worship and public foundations-can lobby. In

fact, the Internal Revenue Service has stated that public charities "may lobby freely" so long as lobbying is within generous specified limits. Under federal tax law, lobbying generally consists of communications that are intended to influence specific legislation. How much lobbying your organization can engage in depends on the test it uses to calculate its limit - the optional "501(h) expenditure" test or the default "insubstantial part" test. Nona's organization has been strong in opposing the judicial nomination before us at the time of the meeting - judgeships are not elected and expressing views on them is not lobbying. Neither is expressing views on regulations, such as with the comments that are currently being sought on new Public Charge interpretations. Most organizations will be able to engage in more lobbying by electing to measure their lobbying under Section 501(h) of the Internal Revenue Code. The 501(h) expenditure test provides more generous lobbying limits than the insubstantial part test. It defines a clear dollar amount that the electing public charity may spend on lobbying, and lobbying limits vary depending on the size of the organization's annual expenditures. Organizations with overall expenditures of \$500,000 or less per year, for example, can spend as much as 20% of their budget on lobbying.

See the materials on our website, and Bolder Advocacy's website [HERE](#).

Public Charge proposed rules change - you can comment!

The **Public Charge Notice of the Proposed Rule Making** has been published in the Federal Register and the public comment period is finally open for submissions. The public comment period is open through **December 10, 2018**.

For helpful FAQs, analysis and background info, please click [HERE](#).

Protecting Immigrant Families will hold a Public Charge webinar Weds Oct. 17 at 10:00 AM Pacific Time. [Click here to register.](#) This webinar describes public charge policy today, how it would change under the DHS proposal, and what you need to know if you work with immigrant families. Presenters from NILC and CLASP will also discuss how members of the Protecting Immigrant Families Campaign are fighting back.

What should advocates do to fight the proposed public charge rule?

[The Protecting Immigrant Families, Advancing Our Future](#) campaign, the Center for Law and Social Policy (CLASP) and the National Immigration Law Center (NILC) are working with advocates across the country to fight back.

We invite you to express your concern in individual or organizational public comments. Public comments are important as they must be reviewed, and they help build a record against this shameful action. Regulations are not considered specific legislation. Submitting comments on a proposed rule making that would impact your work is a permissible advocacy activity your organization could engage in. Check with the [Council on Foundations](#) or [Bolder Advocacy's](#) free technical assistance opportunities if you have questions. You can also send comments as an individual.

How should public comments be submitted?

NEW - Please note - new portal for comments from California: CA PIF is working to set up a comment portal for the public charge proposed rule specifically for California. The goals of this portal are to:

- 1) track the number of comments generated by California, and
- 2) share template comments tailored to different sectors and specific to California (these templates will be populated directly on the portal page for people to choose from)

The portal is in the final stages of development, but in the meantime, we do not want to lose count of comments coming out of CA so we've set up a temporary link. Effective immediately, we are asking all of you to please use (and share) this link for anyone in California going to submit a comment: bit.ly/CAcomments.

What should be included in public comments?

- It is better if you speak in your own voice rather than submit a pre-populated template comment - if comments are the same, multiple comments will be counted as one - which is less helpful.
- Explain the impact that this proposed public charge rule would have on you, your loved ones or the community you serve.
- Don't propose changes to the proposed rule. Simply oppose the ENTIRE proposed new rule.
- If you include a mention of or a link to studies/data to back what you state in your comment, please be sure to attach those documents to your comment.

For more detailed guidelines for submitting public comments, please follow this Protecting Immigrant Families [Comment Guidelines document](#).

What information is most helpful for people who are concerned about public charge?

The most important thing for people to know is that NOTHING HAS CHANGED for immigrants inside the US AND if anything DOES change, anyone affected by the rule change will have 60 days after the rules are finalized (after this initial 60 day comment period) to disenroll from any programs that would affect their immigration status.

BOTTOM LINE: NO ONE SHOULD DROP THEIR BENEFITS OR DECIDE AGAINST ENROLLING IN BENEFITS BECAUSE OF THIS PROPOSED RULE CHANGE. They should use all of the benefits they are entitled to until the time comes when it MAY affect their immigration status and they MIGHT have to decide whether or not they should keep or drop certain benefits.

What should immigrant families do if they want to take action against this rule change?

Immigrant families who are interested in submitting their own story about how this public charge change could affect them, should visit The National Immigration Law Center's [story link](#). They may remain anonymous if that is their preference.

***Open Enrollment is here for Covered CA!
10-15-18 through 1-15-19
Medi-Cal and Medi-Cal Access Program is ALWAYS OPEN.***

Renewals begin October 1.

- Anyone enrolled in Covered California health plans will be receiving information in the mail about renewals. Members will be **automatically renewed** into their existing plan (if the plan still exists) if they do not take action within **30 days of the date on the renewal notice**.

- It is important for members to update their information in their Covered California account in order to ensure that they are receiving the correct amount of premium assistance and cost sharing subsidies.

PLEASE NOTE: The **renewal notices** will include the increased monthly premium amounts, but **DO NOT INCLUDE** the premium assistance amount. Enrollees **SHOULD NOT PANIC** about the premium amount included in letter. If they qualify for premium assistance this could greatly reduce the monthly premium they are being quoted.

For additional information, please visit [Covered California's Renewal Quick Guide](#).

Open Enrollment runs from **October 15** through **January 15**

Premiums are increasing approximately 9% in California. For subsidized enrollees this will a 6% increase because subsidies will offset the increase

If you or someone you know needs assistance renewing or enrolling in a Covered California health plan, please call **MCHA at 213-749-4261** and ask to speak with our outreach and enrollment advocates.

Now Available - Snapshot of the 2019 Covered California Health Plan Offerings and Sample Rates by County

California remains a strong and stable individual marketplace as it heads into its sixth year, with all eleven health insurers in Covered California returning for 2019, and 96 percent of consumers able to choose from two or more insurers.

Review the [2019 County Rate and Plan Information Slide Deck](#), which provides a snapshot of the sample rates for a 25 and 40 year old single individual by county. It is a quick way to identify the second-lowest silver plan in each county, which factors the amount of Advanced Premium Tax Credit (APTC) your consumer will receive. It also provides each plan position by county at a glance.

Use the [Shop and Compare](#) tool to help consumers identify plan options, or receive an estimate of premium assistance and determine what consumers will pay for their 2019 coverage.

Loss of Short-Term Insurance

Short-term limited duration insurance plans will be banned in California beginning January 1, 2019. Some carriers have decided to stop selling these plans now, while other carriers will continue to sell new policies through December 31, 2018. Covered California will allow a [Special Enrollment Period \(SEP\)](#) for consumers who will be affected by this ban.

Consumers affected by this ban may contact you inquiring about health insurance options. Consumers affected by the short-term insurance ban will have 60 days following the last day of their short-term coverage to enroll in a Covered California health plan. You can use the special SEP circumstance to assist consumers with their applications.

Please Note: The last lawful short-term plan in California will expire on March 31, 2019, therefore the last possible day to enroll in a Covered California health plan for consumers affected by this ban will be May 30, 2019.

***California Judge Blocks Feds from Ending
Temporary Protected Status***

SAN FRANCISCO - About 300,000 immigrants from El Salvador, Nicaragua, Haiti and Sudan can breathe a sigh of relief - at least for now. [A federal court judge](#) in San Francisco has blocked the Trump administration from ending their Temporary Protected Status. TPS holders will now be allowed to stay in the United States, at least until the case plays out in court. Many have lived here legally for decades, and got TPS status when disasters befell their home countries. The threat was most pressing for TPS holders from Sudan, who could have been deported starting next month. Read more [here](#).

Maternal Mental Health bills signed into law!

All three bills that Maternal Mental Health NOW and 2020 Mom co-sponsored at the California state legislature have been signed into law! The laws include:

[AB 2193](#), **Maternal Mental Health Screening and Support** requires obstetric providers to confirm that screening for maternal depression has occurred or to screen women directly, at least once during pregnancy or the postpartum period. It also requires private and public (Medicaid) health plans (HMOs) and health insurers (PPOs) to create maternal mental health programs. The law will become effective on July 1, 2019.

[AB 3032](#), **Hospital Maternal Mental Health** requires hospitals to provide maternal mental health training to clinical staff who work with pregnant and postpartum women, and to educate women and families about the signs and symptoms of maternal mental health disorders as well as any local treatment options. This law will become effective on January 1, 2020.

[AB 1893](#), **Maternal Mental Health Federal Funding** was signed by the governor on July 20, 2018 and required the state Department of Public Health to apply for federal funding provided through the [Bringing Postpartum Depression Out of the Shadows Act](#) (part of the 21st Century Cures Act).

[MCHA creates Issue Brief on Maternal Mental Health](#) - This summer MCHA released "Perinatal Mental Health Services under Medi-Cal" to shine a light on the breadth of mental health services under Medi-Cal the Medi-Cal Access Program, or MCAP and explain how they are delivered for women who are pregnant or postpartum. In addition, separate state instructions for Medi-Cal's Comprehensive Perinatal Services Program (CPSP) for women and teens require mental health assessments at the initial prenatal care visit and again during each trimester as well as the postpartum period. CPSP's Provider Handbook emphasizes assessment for perinatal mood, anxiety disorders, and other mental illness particularly during the postpartum period, using a validated screening tool, such as the PSQ-9, Edinburgh and/or GAD-7. At all stages of the pregnancy/postpartum period, mental health screening is supposed to be integrated with CPSP's assessment for other social risks, such as intimate partner violence, food and housing insecurity, and transportation needs, among others. These non-clinical interventions for "social determinants of health" (SDOH) are not covered by Medi-Cal for other populations without special federal permission.

[State review boards can change the trajectory of pregnancy-related deaths in the U.S](#)

Despite having the most advanced medical technology in the world, the U.S. has the highest rate of pregnancy-related deaths of any high-income nation - and the problem has gotten worse even as the rate has declined globally.

When a woman dies from pregnancy-related causes in this country, the factors that led to this tragic event often go unexamined. We need better data to understand what happened, and then use what we've learned to save women's lives.

Promising efforts underway are helping states get to the root causes of these deaths and determine what can be done to prevent them in the future.

Read more [here](#).

Resources/Opportunities:

Meet The Organization That Makes It Easy To Give Leftover House Paint A Second Life

Each year, Americans buy millions of gallons of paint to protect and beautify their homes and businesses, but some of that paint goes unused. In fact, the U.S. Environmental Protection Agency (EPA) estimates that 10 percent of all architectural paint purchased each year goes unused - up to 80 million gallons. That's enough paint to fill 121 Olympic-sized swimming pools. Over the years, this leftover paint piles up in basements, garages, and other storage spaces. Sadly, some of this paint will never be used and will end up in a landfill. But Paint Care has helped find a better way to manage leftover paint, stain, and varnish by setting up convenient, easy-to-use paint recycling locations! [Check out this infographic to get more information on how to participate and get involved.](#)

MCHA's training webinar - Medi-Cal Non-Medical Transportation Benefits

Non-Medical Transportation, Non-Emergency Medical Transportation, Emergency Medical Transportation - they're all covered by Medi-Cal, but what are the differences, and how can home visitors help families access the services they need? In this [webinar](#), Brigid Sweeney of [Maternal and Child Health Access](#) shows home visitors how to help families find their way and avoid bumps in the road; see also the lists of resources under the webinar including our latest flyer, FAQs and state information. Thanks to the [Los Angeles County Perinatal and Early Childhood Home Visitation Consortium for hosting!](#)

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STAY CONNECTED:

