



From Data to Action:  
Building Health Equity for Women in  
Los Angeles County  
**Pregnancy Access and  
Services**

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Maternal and Child Health Access  
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# Maternal and Child Health Access



- **MCHA** improves the health of low-income women and families through advocacy, education, training and direct services.
- Started in 1996; formerly a program of Homeless Health Care Los Angeles and Children's Advocacy Institute
- 6-8 direct service programs and community work feeding into policy work



## Overview

- Births on decline, but 1 in 8 babies in U.S. born in California, over 500,000.
- 26% of those in LA – 130,150 in 2014
- Delivery is #1 reason for hospital admission
- Medi-Cal covers almost half of births CA and LA
- Prematurity on the rise in Los Angeles 8.5 to 8.8 2014-15 (9.1)
- Increasing use of managed care, but still about 45% fee-for-service
- 40% prenatal care provided in FQHCs in California
- LA - 35 of 53 birthing hospitals “baby-friendly” – 63%



## Current landscape and advancements - Enrollment

- 83% LA births, 84.5% CA births to women who received prenatal care in first trimester, above HP 2020 FHOP, Peristats
- Much lower – African American (72%)
- Coverage for pregnancy benefits – up to 322% Federal Poverty Level (FPL), with Medi-Cal and Medi-Cal Access Program (MCAP), formerly Access for Infants and Mothers (AIM)
  - includes undocumented women
  - can enroll any time of the year
- Up to 400% FPL with subsidies under Cov CA for citizens/Qual Imm
  - Doesn't include undocumented women
  - Cannot enroll in or change your health plan except in Open Enrollment
  - Birth of baby is qualifying life event: the birth triggers a 60-day [Special Enrollment Period \(SEP\)](#) for new mom, spouse, and children
  - Hospital co-pays can be extremely high



## Current landscape and advancements - Enrollment, con.

- “Pregnancy-related” Medi-Cal program – all benefits.
  - Undocumented and higher-income women (over 138 to 213% FPL)
  - All necessary benefits
- Presumptive Eligibility – short-term ambulatory coverage prior to full Medi-Cal application.
  - Mostly online – glitches
  - Separate benefits list – should be unnecessary
- Teen Minor Consent Program in Medi-Cal (through 20 yrs old)
  - Confidentiality program
  - Good LA working group making improvements
  - Currently eligibility month –to- month
- LA County - pre-payment clinic visits (\$60 per visit for 7 visits; rest free) and child delivery plan (\$2000)



# From this... to this.





## Current landscape and advancements - Benefits

- CA already had broad benefits under Medi-Cal – had adopted many programs in the 1990s
- **Maternity** one of 10 essential health **benefits** that must be covered by all health insurance plans offered to individuals, families, and small groups
  - Outpatient services, such as prenatal and postnatal doctor visits, gestational diabetes screenings, lab studies, medications
  - Inpatient services, such as hospitalization, physician fees
  - Newborn baby care
  - Lactation counseling and breast-pump rental
  - Access to midwives and Alternative Birth Centers
- Nationally, before 2014, maternity coverage wasn't a guaranteed benefit, and only about 12% of plans sold in the individual market included it. With ACA, women have guaranteed access to maternity coverage for the first time in U.S. (CA had own law requiring.)





# Current Landscape and Advancements – Dental benefits

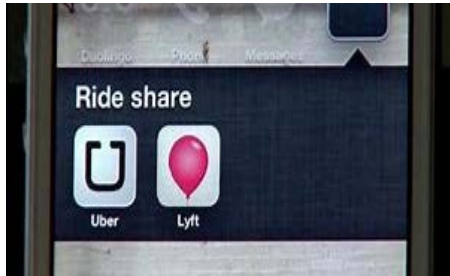


- ALL pregnant beneficiaries have dental coverage – full coverage for all adults in Medi-Cal as of 1-1-18
- Many pregnant women, prenatal providers, dentists - are not aware of the benefits
- Helps protect babies from being born premature and/or low-birthweight
- Dental purchased separately in Cov CA – no financial subsidy





# Current Landscape and Advancements Medi-Cal Transportation benefit



- “Non-medical transportation” is transportation to and from a doctor’s visit, a pharmacy, or medical supplier, to attend to a sick baby in the NICU, or to receive any other Medi-Cal-covered service, incl. mental health and dental.
- Medi-Cal covers for beneficiaries who do not have and cannot get transportation on their own.
- Through plan Member Services; fee for service more problematic
- Cannot require doctor certification



# Current Landscape and Advancements Medi-Cal and Mental Health/SUD

- Medi-Cal covers Mental Health services - regardless of immigration status or coverage, including Presumptive Eligibility, Pregnancy Medi-Cal and Medi-Cal Access Program (MCAP)
- “Mild to moderate” as well as more severe covered by specialty mental health plans
- Treatment for Substance Use Disorders is also covered
- CPSP mandated to screen for depression
- Package of CA bills to bring in funding and mandate screening
- ACOG “recommends” once during pregnancy – not enough
- 1 in 5 suffer from pregnancy-related depression in CA, but LA DPH found 31%



# Current landscape - stressful event during pregnancy reported by 64% in LA (LAMB, 2014)

Factors	Medi-Cal	Private	0-100%	101-200%	>200%	Hispanic %	Black %	White %	Asian/ Pacific Islander - %
Food insecurity during pregnancy	27.5	4.6	30.1	16.8	2.5	22.3	20.8	12.4	6.2
Physical or psychological IPV (intimate partner violence)	10.7	2.8	12.5	5.1	2.4	9.1	11.1	4.2	4.5
Homeless or no regular place to sleep	4.8	0.7	5.4	1.7	0.5	3.1	9.1	2.1	1.1*
Moved due to problems paying rent or mortgage	10.3	2.9	11.8	5.7	1.9	8.4	13.4	5.3	2.6
Woman or partner lost job despite wanting to go on working	21.5	7.4	22.8	16.2	5.5	18.2	19.8	12.2	6.7
Became separated or divorced (during pregnancy)	11.6	2.9	13	7.6	1.6	10.5	14.8	4.2	1.7*
Obese before pregnancy	25.7	15.5	26.2	25.2	12.4	26.8	25.1	16.1	7.0
Had no practical or emotional support	6.7	1.8	8.1	2.7	1.5	6.7	3.6	1.6	3.2
Any smoking 3 <sup>rd</sup> trimester*	4.3	0.8	5	3.3	0.6	1.6	5.9	5.0	1.8*
Mistimed or unwanted pregnancy	41.2	20	43.3	34.7	15.8	38.4	40.3	23.3	21.1
Initiated prenatal care in 1 <sup>st</sup> trimester	84.2	96.8	83.7	89	97.2	87.2	85.9	92	94.3
Did not complete high school (or GED)	29.4	2.4	31.5	12.9	0.7	28.7	12.9	4.6	2.5
Daily folic acid use, month before pregnancy	21.7	44.9	22.0	26.3	47.4	24.8	25.0	41.4	44.5



## Current landscape and advancements - CPSP

- CA has a Medi-Cal Social Determinants of Health benefit during pregnancy – Comprehensive Perinatal Services Program
  - Provides assessments by trimester for psychosocial, nutrition and health education services
  - Includes dental care referrals, mental health referrals, transportation, food, housing, or immigration assistance, mandated screening for depression, assistance for other psychosocial services.
- Underutilized in LA and elsewhere
- MCHA brief raises CPSP access, oversight and monitoring, utilization



## Low-Income Women with Private Insurance

- Make up about 15% of the private insurance coverage for prenatal care
- Face food insecurity, financial strain from involuntary job loss, housing problems, lack of social/economic support
- Chronic stress is a plausible and likely major contributor to both socioeconomic and racial/ethnic inequalities in health
- We need an expanded version of maternity care
  - Dr. Paula Braveman, Center on Social Disparities in Health - UCSF



## Areas of Action

- Home Visitation for pregnant, postpartum women
  - Funded under ACA but currently held up at federal level (MIECHV)
  - In state budget and legislation – AB 992 (Arambula)
  - Strong HV consortium in Los Angeles working in policy local, state, fedl
- Maternal Risk-Appropriate Care
  - Addresses maternal and infant mortality/outcomes
  - Matrices for 5 high-risk conditions (hemorrhage, preterm labor, preeclampsia, cardiac, obesity)
  - Heavily influenced by provider networks-reimbursement
- Positive focus on preventable complications
- CPSP - Social Determinants of Health
- Addressing C-section rate – 1/3 in 2014 now to around 25% 2017
- Addressing hemorrhage during delivery - reduced 21% 2014-16 with CMQCC best practice toolkit



# Areas of Action

- Network Adequacy-Managed Care reform
- Transitions between coverage programs
- Maternal mortality significantly higher in LA than in CA  
(18 deaths vs. 7.3 per 100,000 births) and black women over four times as high, at 86/100,000 live births
- Increasingly risky obstetric population
- Significant racial/ethnic disparities
- Concern with increase in cannabis use/belief that it's risk-free
- Midwifery and Alternative Birth Centers recognized as MC benefits
- Increase in prematurity in LA
  - 13 per 100 live births for Black women; 16/100 for Amer Indian/Alaskan Native
  - MOD/CDPH-led prematurity focus – use of progesterone (17p) and low-dose aspirin – Action Summit





## Areas of Action

- BUT – 92% of women with a recent live birth (LAMB - 2014) reported high maternal resiliency during pregnancy\*

