

Member Briefs



Mar. 24, 2015



THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS



LEGISLATIVE & POLICY CORNER



Future of MIECHV and CHIP Could Be Set Within Next Week

As of press time, a potential bipartisan deal is emerging in Congress to permanently fix the Medicare doctor payment issue known as the Sustainable Growth Rate (SGR) and include at least a two-year extension of the Children's Health Insurance Program (CHIP) and a two-year extension of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. As of press time, details to confirm the deal are not available but could be released soon. It is expected a vote in the House could follow shortly, with timing on Senate action to follow. There remain a number of unknowns surrounding this fluid situation – including whether there are enough votes to pass the package in both chambers. AMCHP will be issuing Action Alerts as needed and appreciates your continued support to ensure these two MCH priority programs continue on a sustainable path.

Budget Resolutions Progressing in House and Senate

Last week, both the House and Senate released budget resolutions. These resolutions do not carry the force of law and are considered more as blueprints or statements of priorities and governing philosophies. According to analysis from our friends at the Coalition for Health Funding, the House budget fails to stop sequestration in 2016, maintaining spending on programs such as public health and health research at a level 17 percent below 2010. It also cuts these and other critical domestic programs by an additional 14 percent over the next decade and redirects this funding to the Department of Defense. The House proposes block granting the Medicaid program through "State Flexibility Funds." The proposal also would combine CHIP and Medicaid into a single block grant program. The Senate budget

resolution, which does not carry the weight of law, would cut \$3 trillion from federal health care spending over 10 years by, among other things, repealing the ACA and the corresponding Medicaid Expansion. It appears that Senate Republicans will leave the discretionary funding levels for defense and nondefense at the post sequester level for 2016 and keep defense at the post sequester level for the remainder of the budget window (FY 2017-2025). However, they propose cutting non defense discretionary programs (NDD) – that include public health – by an additional \$236 billion through 2025.

It is unclear if the House and Senate will agree on a final consolidated budget resolution. AMCHP will continue to monitor the potential impact on MCH programs.

Health Reform Implementation

Affordable Care Act (ACA)

The ACA, signed into law on Mar. 23, 2010, is approaching its five-year anniversary. The U.S. Department of Health and Human Services (HHS) recently announced that approximately 16.4 million people have gained insurance since its passage. This is the largest reduction in the uninsured in nearly four decades, according to Sec. Burwell. The reductions are due in large to several provisions of the ACA, including the expansion of Medicaid, allowing young people to stay on their parents insurance until age 26, and affordable health care options through the Health Insurance Marketplace. Many of these individuals are gaining health care coverage for the first time, they may need support connecting to primary care and preventive services, as well as understanding their benefits. The Centers for Medicare & Medicaid Services (CMS) has

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developed a helpful initiative called [Coverage to Care](#) that includes a variety of resources your state can use to help consumers on this journey.

King V. Burwell

Just as we are approaching the ACA's five-year anniversary, the health care law faces another challenge. On Mar. 4, the Supreme Court of the United States (SCOTUS) heard oral arguments in the King v. Burwell case. This case hinges on the legality of the advance premium tax credits (the "subsidies"). The Obama Administration argues that the law always intended to make the subsidies available to all, regardless of whether an exchange was state or federally run. Currently, 34 states rely on the federally facilitated exchange. A basic explanation of the case is available [here](#). In addition, the Urban Institute conducted a [recent analysis on](#) the consequences of cutting tax credits to those individuals in the 34 states. If the Supreme Court rules that subsidies are not available in the federal exchange, it could result in loss of coverage for millions of people and destabilization of the health insurance industry, rendering coverage unaffordable and inaccessible. While the ruling

is anticipated in June, several lawmakers have come up with [alternative plans for the ACA](#).

HHS Final Rule: Benefit & Payment Parameters for 2016

In the last *Member Briefs*, we highlighted the [final rule](#) on benefit and payment parameters for 2016. Within the final rule, there are several changes to essential health benefits (EHBs) that may have implications for MCH populations. A quick summary of key points is highlighted below, a larger summary of the changes is available through the advocacy network, the [National Health Law Program](#).

- Definition of habilitative services: the final rule adopts a uniform definition of habilitative services, available [here](#), for plans that are required to include EHBs. This definition is effective Jan. 1, 2017. While states can continue to define habilitative services in a non-discriminatory manner, the definition must be comparable to the uniform definition adopted in the final rule. Additionally, issuers can no longer provide a definition for habilitative services.
- Pediatric services: the final rule requires issuers to provide pediatric coverage to enrollees until at least the end of the month in which the enrollee turns 19. The rule encourages "issuers to cover services under the pediatric services EHB category beyond the 19th birthday month if non-coverage of those services after that time would negatively affect care" ([Federal Register](#), 2015).
- Benchmark process: the final rule indicates that HHS will continue to use the benchmark approach to define EHBs and states can choose a new benchmark for plan year 2017.

Special Enrollment

- As a reminder, CMS announced a special enrollment period (SEP) from Mar. 15 to Apr. 30, 2015. This enrollment period is for individuals and families who did not have health coverage in 2014 and are subject to the fee or "shared responsibility payment" when they file their 2014 taxes in states that use the Federally Facilitated Marketplaces (FFM). This special enrollment period will allow those individuals and families who were unaware or did not understand the implications of this new requirement to enroll in 2015 health insurance coverage through



AMCHP is seeking submissions of emerging, promising and best practices in maternal and child health from all states and territories on child health. Do you have a program that fits?

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The online submission process is simple and applications are accepted on a rolling basis. For more information, contact [Ki'Yonna Jones](#) at (202) 266-3049 or visit amchp.org/bestpractices.

You can also [click here](#) to refer an innovative MCH program that we should know about!

LEGISLATIVE CORNER CONT.

the FFM. For those who were unaware or did not understand the implications of the fee for not enrolling in coverage, CMS will provide consumers with an opportunity to purchase health insurance coverage from Mar. 15 to Apr. 30. If consumers do not purchase coverage for 2015 during this special enrollment period, they may have to pay a fee when they file their 2015 income taxes. More information on eligibility and guidelines is available [here](#).

- Recently, several members of Congress wrote a letter to HHS Sec. Burwell, dated Mar. 12, 2015, expressing the need for a special enrollment period for pregnant women. The members of Congress noted that pregnancy should be considered a qualifying life event that triggers special enrollment, similar to the birth or adoption of a child. The letter in its entirety is available [here](#).

GET INVOLVED



New Opportunity for Title V Agencies and Partners: AYAH-CollIN

The Adolescent and Young Adult Health National Resource Center (AYAH-NRC) is pleased to announce the opportunity for five state MCH programs to participate with key partners in a new Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CollIN). The AYAH CollIN presents an opportunity for building your agency capacity to address and improve health outcomes in adolescent and young adult populations through access to unique data sources and analysis, strategic collaboration among public health and health care partners, peer-to-peer learning among a small cohort of states, and intensive assistance from national experts in adolescent and young adult health, quality improvement, and Title V programs. The AYAH CollIN Request for Applications (RFA) is now available on the AMCHP website [here](#). Applications are due by Apr. 16.



GET INVOLVED CONT.

National MCH Workforce Development Center Coffee Talk Series – Join the Twitter Chat Thursday!

This series will be hosted by the National MCH Workforce Development Center Change Management core on three pertinent topics benefiting the Title V workforce. The series will consist of three archived 20-minute videos for AMCHP members to access bi-monthly at their leisure. For the alternating months, AMCHP will host a Twitter chat on the content shared during the preceding month's archived video. The topics and identified speakers for each video/Twitter chat are outlined below. [Click here](#) to learn more about each talk and to register! You don't want to miss our Mar. 26 Twitter Chat!

Coffee Talk 1: Title V Transformation

Presenter: Lacy Fehrenbach, MPH, CPH, Director, Programs, AMCHP

Video Release: Mar. 2 - [Click here](#) to view the video

Twitter Chat: Mar. 26 3-4 p.m. EST

Coffee Talk 2: Getting to the Table

Presenter: Sharron Corle, MS, Associate Director, MCH Leadership Development & Capacity Building, AMCHP

Video Release: Apr. 1

Twitter Chat: May 13 2-3 p.m. EST

Coffee Talk 3: Leading Change

Presenter: Karen Trierweiler, Director of Programs & Services, Prevention Services, Colorado Department of Public Health and Environment

Video Release: Jun. 1

Twitter Chat: Jul. 22 2-3 p.m. EST

Coffee Talk 4: Managing Change

Presenter: Brenda Jones, DHSc, RN, MSN, WHNP-BC, Deputy Director, Office of Women's Health, Illinois Department of Public Health

Video Release: Aug. 1

Twitter Chat: Sept. 9 1-2 p.m. EST

GET INVOLVED CONT.

Upcoming Infant Mortality CoIIN Learning Session

The Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) is a platform designed to accelerate improvement in priority strategy areas through collaborative learning, quality improvement and innovation, and to drive forward our common agenda of ensuring every child reaches his or her first birthday and beyond. Learning Sessions are designed to bring states together to learn from experts and colleagues through plenary sessions, interactive small group meetings, and team time. All sessions will be held from 12-5 p.m. EST both days.

- **Pre/Interconception Care:** Wednesday and Thursday, Mar. 25-26, [register by Mar. 20](#)
- **Perinatal Regionalization:** Wednesday and Thursday, Apr. 1-2, [register by Mar. 27](#)

Beyond Policy: Implementing Care Coordination in Practice

The National Center for Medical Home Implementation (NCMHI) is hosting the first webinar in a three part series focusing on implementation and evaluation of pediatric care coordination on Mar. 30, 12-1 p.m. CST. This webinar will outline clinical guidelines and identify strategies and resources to help facilitate the implementation of care coordination in practice. Faculty will provide real life examples of successful care coordination and highlight outcomes for patients and families on the receiving end of care coordination services. For more information and to register, [click here](#).

NICHQ Offers Coaching on TJC Perinatal Care Measures

The National Institute for Children's Health Quality (NICHQ) Improving Performance on TJC Breastfeeding Measures group coaching program provides hospitals with the advice, mentorship and support they need to improve their performance on The Joint Commission perinatal care measures 05 and 05a. Led by two experts

in hospital-based system change, who have helped more than 100 hospitals improve their exclusive breastfeeding rates. Hospitals will receive the advice, mentorship and support they need to improve their performance and tracking of TJC PC-05 and PC-05a measures. The six coaching sessions, which begin on May 21, take place online on the third Thursday of each month from 2:30 to 4 p.m. EST. To learn more about the coaching program, [click here](#).

2015 CSTE Annual Conference Travel Scholarships Available

AMCHP will provide up to \$1,635 in travel scholarships for eight attendees to the MCH Symposium, *Unleashing the Potential of Clinical Performance Measure for Maternal and Child Health*, and the Council of State and Territorial Epidemiologists (CSTE) conference. Applicants should be epidemiology/data analysis personnel from state MCH Title V programs and will be selected on a first come, first serve basis. To be considered for a travel scholarship, please contact Krista Granger at kgranger@amchp.org with the following information: name, title/job function, organization/state and Title V director for your state. For more information on the 2015 CSTE Annual Conference, visit csteconference.org.

PUBLICATIONS & RESOURCES



General Maternal & Child Health

New State Based Resources Available on MIECHV

Looking for data on how home visiting is making a difference in your state? The Health Resources and Services Administration (HRSA) recently released state fact sheets highlighting how the MIECHV program is helping at-risk families in each state, including home visits made, parents, children and communities served and evidence-based models used. To find your state fact sheet, [click here](#). If you would like national program data, HRSA also released an issue brief detailing national program data and information, which can be accessed [here](#).



PUBLICATIONS CONT.

New MCHB Resource on ACA Opportunities for Title V

Funded by the Maternal Child Health Bureau (MCHB) and developed by ABT Associates and the National Academy for State Health Policy, the *Peer-to-Peer Technical Assistance for State Title V (MCH) Programs on Implementation of the Affordable Care Act Toolkit* identifies opportunities created by the Affordable Care Act to improve the health of America's children and families. The toolkit provides information, examples and additional resources to promote understanding of the health reform changes affecting your state and identify key implications for your program's roles, and provides links to resources to help address questions that every MCH/CYSHCN program needs to consider as the Affordable Care Act is implemented. To view the toolkit, [click here](#).

CAREER OPPORTUNITIES

New Mexico Seeks Family Health Bureau Chief

The Family Health Bureau Chief is responsible for providing leadership and direction to the staff in core public health functions and services. The incumbent will oversee the department strategic planning in the areas of women, infants and children (WIC), family planning, children's medical services, prenatal case management, epidemiology, maternal health, child health, farmers market and home visiting programs. The incumbent will serve as the Title V director for the MCH Block Grant and work closely with the medical director and program manager, participate in public health emergency preparedness activities, and contribute to the development of public health policy by overseeing legislative analysis in the bureau. The incumbent will provide direction in the areas of fiscal management and health systems development through leadership, coordination, and innovation within the bureau, division, department and among other agencies. For more information, [click here](#).

CAREERS CONT.

DMCHWD Looking for Summer Interns

The Division of Maternal and Child Health Workforce Development (DMCHWD) is seeking intern(s) for Summer 2015. The internship is an *unpaid* practicum experience for graduate students in good standing at schools of public health or other health-related coursework or training programs in the United States. Students must be enrolled at least half-time in a graduate program (as verified by the student's institution of higher learning). The internship will be located in Rockville, Maryland and is Metro accessible. Intern(s) selected to work with DMCHWD will have the opportunity to help shape their experience based on interest areas. Possible focus areas may include:

- **Communications:** Contribute to the continued implementation of DMCHWD communications plan
- **MCH Workgroups and Committees:** Participate in cross-cutting division and bureau efforts around workforce development
- **Trainee Engagement:** Develop and sustain activities that encourage networking and engagement of current and former MCH trainees
- **MCH Training Program Data:** Analyze quantitative and qualitative data and produce summary reports
- **Grantee Best Practices:** Research, compile, and disseminate grantee best practices from the MCH Training Program

Interested candidates are encouraged to submit their [resume and unofficial transcript](#) to Claudia Brown at cbrown4@hrsa.gov by Mar. 27. The DMCHWD will follow-up directly with interested candidates. For questions about the DMCHWD internship experience, please contact Claudia Brown as well.

AMCHP CAREER CENTER

The Career Center is the premiere online job board for individuals seeking employment in MCH programs. Whether you are looking for an entry-level position or are a more seasoned professional looking for new opportunities, AMCHP's Career Center has great openings for great people! Searching our database is free and open to all job-seekers. AMCHP members receive a discount on job-postings - so [sign up](#) today!



MCH Autism Intervention Research Network on Behavioral Health (AIR-B Network)

Deadline: Apr. 21

This cooperative agreement will support an interdisciplinary, multicenter research forum for scientific collaboration and infrastructure building, which will provide national leadership in research designed to improve the behavioral, mental, social, and/or cognitive health and well-being of children and adolescents with Autism Spectrum Disorders (ASD) and other developmental disabilities. The AIR-B Network will be one of two HRSA-supported research networks that will provide national leadership in research to advance the evidence base on effective interventions for children and adolescents with ASD and other developmental disabilities, with AIR-B having a focus on addressing behavioral health and well-being. To learn more, [click here](#).

MCH Autism Intervention Research Network on Physical Health (AIR-P Network)

Deadline: Apr. 21

This agreement supports an interdisciplinary, multicenter research forum for scientific collaboration and infrastructure building, which will provide national leadership in research designed to improve the physical health and well-being of children and adolescents with ASD and other developmental disabilities. Physical health may include, but is not limited to, medical, dental, visual, nutrition and speech/hearing components. The AIR-P Network will be one of two HRSA-supported research networks that will provide national leadership in

research to advance the evidence base on effective interventions for children and adolescents with ASD and other developmental disabilities, with AIR-P having a focus on addressing physical health and well-being. To learn more, [click here](#).

CDC Teen Pregnancy & Vulnerable Populations

Deadline: May 15

The CDC has announced the availability of funding to work with publicly funded health centers to reduce teen pregnancy among youth from vulnerable populations. The grant program is a five year initiative with the following aims: 1) enhance publicly funded health center capacity to provide youth-friendly sexual and reproductive health services and 2) increase the number of youth accessing sexual and reproductive health services by a) working with youth-serving systems to develop strategies to refer and link vulnerable youth to care and b) increasing awareness of the health centers and services in the local community through communication efforts. For more information, please [click here](#).

OAH Pregnancy Assistance Fund Program

Deadline: May 18 (Letters of Intent Due Apr. 17)

The Office of Adolescent Health (OAH) has developed the Pregnancy Assistance Fund grant program to support for expectant and parenting teens, women, fathers and their families in states and tribes. The grant program has many aims, some of which include: improve MCH outcomes, improve pregnancy planning and birth spacing, decrease likelihood of repeat teen pregnancy, improve positive paternal involvement, and improve the overall educational, social, and health wellbeing of parents and families. The OAH anticipates funding up to three (3) grantees for a five-year project period with an annual budget of \$500,000-\$800,000. For more information, please [click here](#).

NIH Initiative to Maximize Research Education in Genomics Diversity Action Plan

Deadline: Sept. 6, 2016

NIH present this funding opportunity to facilitate the training of individuals at all careers levels (the undergraduate, graduate, post baccalaureate,

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postdoctoral and faculty levels) from diverse backgrounds underrepresented in scientific disciplines relevant to genomics to enable them to pursue genomics research that spans all areas of interest to National Human Genome Research Institute later in their careers. To learn more, [click here](#).

Exploratory and Developmental Grant to Improve Health Care Quality through HIT

Deadline: *Nov. 16, 2016*

The purpose of this grant is to fund exploratory and developmental research grants that will contribute to the evidence base of how health information technology (HIT) improves health care quality. This funding opportunity supports the use of a wide variety of research designs in order to generate information regarding the design and development, implementation, use, or impact of health IT on quality. For more information on grant PA-14-001 and more, [click here](#).



CALENDAR

MCH Events

[2015 Preparedness Summit](#)

Apr. 14-17
Atlanta, GA

[Society for Public Health Education 66th Annual Meeting](#)

Apr. 23-25
Portland, OR

[Malaria in Pregnancy](#)

Apr. 24
Baltimore, MD

[WAPC Annual Statewide Perinatal Conference](#)

Apr. 26-28
Appleton, WI

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Child Health Programs**
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CALENDAR CONT.

[The Safe States Alliance 2015 Annual Meeting](#)

Apr. 29-May 1
Atlanta, GA

[National Network of Public Health Institutes Annual Conference](#)

May 12-14
New Orleans, LA

[31st Pacific Rim International Conference on Disability and Diversity](#)

May 18-19
Honolulu, HI

[8th Biennial Childhood Obesity Conference](#)

Jun. 29-Jul. 2
San Diego, CA

[NACCHO Annual 2015](#)

Jul. 7-9
Kansas City, MO

[2015 CityMatCH Annual Urban MCH Leadership Conference](#)

Sept. 27-30
Salt Lake City, UT

[2015 ASTHO Annual Meeting](#)

Sept. 29-Oct. 1
Salt Lake City, UT

List Your Event on the AMCHP MCH Events Calendar

Do you want to include your listing on the AMCHP MCH Events Calendar? It's easy! Just complete our easy [online submission form](#). You are welcome to submit MCH conferences, webinars, trainings, webcasts and meetings. Thanks for helping us to build our MCH Events Calendar! If you have any questions, please contact [Julio Arguello Jr.](#), Online Media & Information Technology Manager. Please note: All event listings are subject to AMCHP approval.

