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## LACK OF HEALTH INSURANCE SIGNIFICANT PROBLEM FOR WOMEN AND CHILDREN

The March of Dimes each year commissions the U.S. Census Bureau to prepare the most recent data nationally and by state on the health insurance status of women of childbearing age (15-44) and children under age 19. Lack of health insurance continues to be a major problem for these groups according to recently released data for 2005, now available on the March of Dimes website and dimension.

### HIGHLIGHTS OF NATIONAL DATA FOR 2005

#### Women of Childbearing Age (15-44):

- One in five women of childbearing age—12.9 million—was uninsured in 2005, showing no improvement over 2004.
  - These women accounted for 28% of all uninsured Americans.
  - At 20.8%, the uninsured rate for women of childbearing age is greater than that for Americans under age 65 overall (17.9%).
- Hispanic women in this age group were over 2.5 times as likely as non-Hispanic whites to be uninsured—39% compared with 15%. Native American (36%), African-American (24%) and Asian/Pacific Islander women (22%) were also more likely than non-Hispanic whites to be uninsured.
- Among Hispanics, Mexican (43%) and Central/South American (38%) women were uninsured at the highest rates, compared with Puerto Ricans (20%) and all other Hispanic women (26%).

#### Children Under Age 19:

- In 2005, 9 million (11.6%) of the nation's 78 million children under age 19 were uninsured—an increase of over 300,000 from last year's figures and the first increase since 1998.

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Editor: Joseph Luchok

Direct Questions or Comments to:

March of Dimes Birth Defects Foundation  
Office of Government Affairs  
1146 19<sup>th</sup> Street N.W.  
6<sup>th</sup> Floor  
Washington D.C. 20036

Phone: (202) 659-1800  
Fax: (202) 296-2964

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- Hispanic children were nearly three times as likely as non-Hispanic whites to be uninsured--22% compared with 8%. Native American (27%), African-American (13%) and Asian/Pacific Islander children (13%) were also more likely than non-Hispanic whites to be uninsured.
- Among Hispanic children, Mexicans (25%) and Central/South Americans (22%) were uninsured at the highest rates, compared with Puerto Ricans (11%) and all other Hispanic children (12%).
- Medicaid and the State Children's Health Insurance Program remain critical sources of health insurance for children, covering 26% of those under age 19 according to these latest Census figures.

### HIGHLIGHTS OF STATE DATA

- The rates of uninsured vary by state. For example, Texas (32.5%) and New Mexico (31.3%) had the highest average rates of uninsured for women of childbearing age over the 2003-2005 period, while Minnesota (10.6%) and Hawaii (11.6%) had the lowest.
- For children under age 19, Texas (20.3%) and Florida (16.9%) had the highest average rates of uninsured children, and Vermont (5.6%) and New Hampshire (6.0%) had the lowest over the 2003-2005 period.

Source: U.S. Census Bureau, 2006 Current Population Survey Annual Social and Economic Supplement. Data prepared for the March of Dimes.

### PUBLIC AFFAIRS ISSUES AND YEAR 2007 ADVOCACY PRIORITIES

The March of Dimes Public Affairs agenda focuses on public policies and programs that relate to the Foundation's mission -- improving the health of infants and children by preventing birth defects, premature birth and infant mortality -- and on issues that pertain to tax-exempt organizations. Public Affairs initiatives are designed to support the March of Dimes priority that racial and ethnic health disparities be reduced or eliminated wherever possible. Issues are organized into the four general categories listed below and specific examples are cited for each category. A star in the left margin indicates that the issue is a Foundation-wide advocacy priority for the year 2007. Federal advocacy on any issues listed may also require participation by Chapters.

## **I. ACCESS TO HEALTH CARE FOR WOMEN OF CHILDBEARING AGE, INFANTS, AND CHILDREN**

- ★ Federal and state initiatives to expand newborn screening as well as treatment.
- ★ Federal and state policies regarding Medicaid, the State Children's Health Insurance Program (SCHIP) and other publicly-supported coverage and subsidies to protect and improve access to and quality of health care.
- Standards of care for mothers and children enrolled in health plans.
- Standards to protect patient privacy and prohibit genetic discrimination.
- Federal and state initiatives to improve maternal and child health care.
- Initiatives to improve the health of preterm and low birthweight infants and children living with birth defects.

## **II. RESEARCH TO PREVENT PREMATURETY, BIRTH DEFECTS AND INFANT MORTALITY**

- ★ Birth defects surveillance, research, prevention and treatment programs at the state, federal, and international level.
- Research funded by the National Institutes of Health, the Centers for Disease Control and Prevention and other Federal agencies to increase knowledge relating to the prevention of birth defects, prematurity and infant mortality.

## **III. PREVENTION AND TREATMENT PROGRAMS TO IMPROVE MATERNAL, INFANT, AND CHILD HEALTH**

- ★ Smoking prevention and cessation initiatives affecting women of childbearing age and children.
- Substance abuse prevention and treatment for pregnant women and their infants.
- Programs to improve prematurity risk detection and prevent preterm births.
- Food and nutrition education programs such as WIC - Supplemental Food Program for Women, Infants and Children.
- Preconception programs and services including increased use of folic acid.
- Programs to reduce racial and ethnic disparities in health care.

- Programs to immunize infants and children, research to develop new vaccines, and efforts to eradicate polio worldwide.
- Programs to collect data on and reduce exposure to environmental and reproductive hazards associated with birth defects.

#### **IV. INSTITUTIONAL CONCERNS FOR TAX-EXEMPT ORGANIZATIONS**

- ★ Federal and state laws and regulations related to tax-exempt organizations.
- Postal reform and rate changes.
- Tax treatment of charitable contributions.



**Dr. Jennifer L. Howse, President of the March of Dimes, speaks about the Prematurity Campaign at a Congressional Briefing on Capitol Hill, September 28, 2006. The briefing, sponsored by the American College of Obstetricians and Gynecologists, was titled “Exploring Women’s Health from Research to Outreach”.**

### **CHAPTER OF THE YEAR AWARD WINNERS**

The 2005 award winners for the Chapter of the Year Award were announced at the National Field Staff Training Conference in Phoenix, AZ. To be eligible, a Chapter must lead to successful conclusion two or more initiatives that advance Foundation-wide advocacy issue priorities.

The winner in the small Chapter category is Rhode Island for their

exemplary effort in using a regulatory strategy to expand from 12 to 29 the numbers of conditions for which all newborns are screened. The Chapter engaged health department officials to help advance its proposal. For its second initiative, the Chapter worked collaboratively with the health department to upgrade the state's birth defects surveillance reporting system by improving the regulations that govern the way in which the program operates.

The winner in the medium-size Chapter category is Iowa. Volunteers and staff led the advocacy drive to fund treatment for children with PKU. The Chapter skillfully engaged key health department officials and legislators to help advance this initiative. For its second legislative "win", the Chapter took the lead on protecting maternity and neonatal health benefits during debate over Medicaid reform. Of particular note is the Chapter's creativity in taking advantage of legislators' interest in reforming the program to advocate successfully for an increase in the number of women eligible for coverage.

The winner in the large Chapter category is Texas where volunteers and staff led an advocacy drive to expand from 7 to 29 the number of conditions for which all newborns are screened. The Chapter was skillful in using key contacts and the media to reach legislative leaders to achieve their goal. For its second initiative, the Chapter advocated for restoration of pediatric health benefits that had been eliminated through budget tightening in the previous legislative session. As a result of the Chapter's efforts, 20,000 infants and children who rely on the SCHIP program for their health insurance now have access to a more comprehensive benefit package, including vision and dental care.

## **CONTACT YOUR REPRESENTATIVE: URGE ACTION ON THE PREEMIE BILL BEFORE THIS CONGRESS ADJOURNS**



Informing the U.S. Congress about the growing problem of preterm birth and the devastating effects it can have on families is a key part of March of Dimes federal advocacy. America's children will benefit if Congress agrees to invest in and support initiatives designed to reduce the rates of preterm labor and delivery.

### **Get Involved/Make a difference...**

The March of Dimes is working with Senators and Representatives from across the nation to enact the "PREEMIE" bill (S.707/H.R.2861), which would create a public-private agenda to accelerate the development of new strategies for preventing preterm birth and for treating babies who are born too soon. The principal bill sponsors are Senators Lamar Alexander (R-TN) and Chris Dodd (D-CT) and Representatives Fred Upton (R-MI) and Anna Eshoo (D-CA). The Senate approved the bill by unanimous consent on August 1, 2006. Currently, PREEMIE is awaiting action by the House of Representatives when they return from recess soon after the November 7 elections so that it can be signed into law this year.

Take a few minutes to contact your U.S. Representative and explain why it's important to be concerned about the growing rates of preterm birth. Describe your interest in prematurity and urge your Representative to add his or her name to the growing list of cosponsors, and do everything they can to secure enactment of PREEMIE before the end of the year.

1) Call your U.S. Representative. The Capitol switchboard (202) 224-3121 will connect you to his or her office. Speak with the Representative directly, the Chief of Staff or the Legislative Aide responsible for health issues.

2) Attend a local event, such as a parade or town hall meeting, with your U.S. Representative. Speak directly to the Representative about the urgency of enacting PREEMIE this year.

### **Key Points**

- The PREEMIE Act has strong bipartisan support and more than 90 House cosponsors.
- The Centers for Disease Control and Prevention (CDC) reports that more than 500,000 babies are born too soon each year. Since 1981, that number has increased by over 30%.
- The National Academy of Sciences (Institute of Medicine) estimates the economic burden of preterm birth in the US was at least \$26.2 billion in 2005, or \$51,600 per infant born preterm. Approximately half of the cost of health care is borne by employers and families with the remainder billed to Medicaid, SCHIP and other public programs.
- Ask your Representative to cosponsor PREEMIE and to help move it to a House vote before the end of this Congress.



For more information, contact the March of Dimes Office of Government Affairs (202) 659-1800.

## **NATIONAL YOUTH COUNCIL MEMBER CHARLES BENTLEY APPOINTED LIAISON TO NATIONAL PUBLIC AFFAIRS COMMITTEE**

Charles Bentley, a sophomore at the Catholic University of America in

Washington, D.C. has been appointed as liaison from the March of Dimes National Youth Council to the National Board of Trustees Public Affairs Committee.

Charles first became involved with the March of Dimes as an organizer of fundraisers in his high school in Naples, FL. Charles has continued to serve as an advocate for the March of Dimes and was the International President of Key Club International, a long time March of Dimes partner, in 2004-2005.

Charles has participated in various promotional and educational events, including the 2004 March of Dimes Volunteer Leadership Conference and the 2005 FDR Press Conference recognizing the Salk Polio Vaccine.

Now in his second-year on the National Youth Council, Charles serves both as co-chair of the Youth Summit Committee and as the point person for the Team Youth E-newsletter. He has written articles on the "PREEMIE" bill for the E-newsletter.

In addition to his volunteer activities with the March of Dimes, Charles' interests include public speaking, and politics. At Catholic University he is pursuing a double major in World Politics and Spanish.

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## REGION REPORTS

### NORTH

On September 14, Philadelphia Mayor John Street signed legislation which prohibits smoking in public places. The Pennsylvania March of Dimes Chapter actively supported the initiative by providing testimony and technical expertise on the effects of smoking and second-hand smoke on birth outcomes. The new law requires all public places, including restaurants, in the city of Philadelphia to be smoke-free. The law takes effect January 1, 2007.

Due to the persistence of March of Dimes advocates, on August 30, Governor Anibal Acevedo Vila signed a bill into law requiring health insurance companies in the Commonwealth of Puerto Rico to cover the cost of the respiratory syncytial virus (RSV) vaccine for all babies. The cost of the vaccine, which runs from \$700 to \$5000, depends on the weight and gestational age of the baby.

Puerto Rico Chapter volunteers made phone calls and visits to secure approval by the Senate on the final day of the session. They then educated members of the Governor's staff about premature birth and the important role the vaccine could play. The Chapter worked in partnership with MedImmune's Patient Advocate Office to persuade Governor Vila to sign the RSV legislation into law.

RSV is a common virus that causes cold-like symptoms in healthy children but can cause serious respiratory infections in premature infants. One in five babies in Puerto Rico is susceptible to RSV due to the high rate of premature birth.

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## SOUTH

The Georgia Chapter successfully advocated for regulations needed to implement expansion of the state's newborn screening program. The Chapter activated its advocacy alert network and asked volunteers to contact the office of the administrative officer that handled public comment for the expansion. On August 16, the state approved the rules and regulations needed to add 16 screens to the current panel of 12, bringing the total number of conditions for which infants are screened to 28. Implementation of the expansion is scheduled for January 1, 2007. The Chapter will now focus on adding hearing screening, the remaining condition needed to complete the panel of 29 "core" screens recommended by the March of Dimes and American College of Medical Genetics.

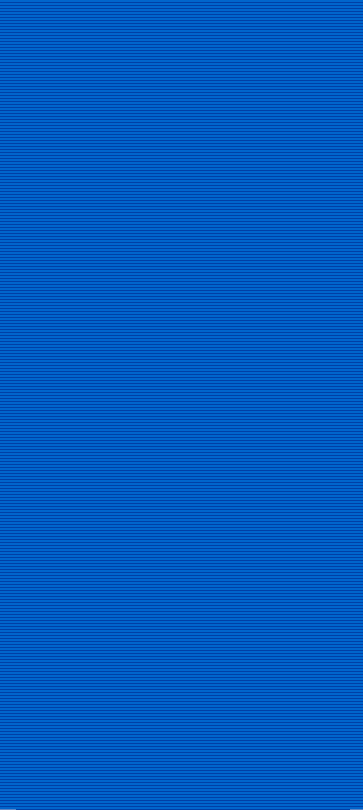
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## WEST

On September 19<sup>th</sup>, Governor Arnold Schwarzenegger signed legislation requiring universal newborn hearing screening in the state of California. March of Dimes volunteers and staff secured the bill sponsor, testified at hearings, met with key legislative leadership, activated the Chapter's Advocacy Network, and discussed the issue with legislators during their Day at the Capitol. With funding appropriated earlier in the legislative session to screen for Cystic Fibrosis and Biotinidase Deficiency, by the end of 2007, California is expected to be screening for the full 29 treatable disorders in the recommended panel.



**Governor Arnold Schwarzenegger signing the universal newborn hearing screening bill. Assemblymember Dave Jones, lead sponsor of the bill is on the far left. Dani Montague, March of Dimes State Director, is in the group behind the governor.**



Also on September 19<sup>th</sup>, Governor Schwarzenegger signed legislation requiring the state to conduct a study to modify the current electronic application for the Child Health and Disability Prevention Program. This law gives families the option to apply over the Internet for enrollment in Medi-Cal or the Healthy Families Program. Currently, some children are dropped from the rolls after 30 days because of a requirement to submit paper applications. The legislation will keep those children on the rolls for one year.

The Kansas Department of Health and Environment (KDHE) has implemented a pilot project for presumptive eligibility for children on Medicaid, ensuring timely access to health care for children waiting for their paperwork to be processed. The pilot project began on July 1<sup>st</sup> with plans to take the program statewide on April 1, 2007. The Kansas Chapter lobbied the KDHE Director of Health Policy and Finance and the Medicaid Director with a letter and discussed the issue and MOD position with KDHE Medicaid representatives at Kansas Perinatal Council meetings.

The North Dakota Chapter secured Congressman Earl Pomeroy as a co-sponsor of the “PREEMIE” Act.