

CSHCS INFO #18-2015 - Legislation updating language in Public Health Code
Wed 7/8/2015 9:15 AM

Colleagues,

See excerpt below from the MCMCH Friday Notes. The full version of the Friday notes is also included below. References to "crippled children" have been removed from the CSHCS enabling legislation within the Michigan Public Health Code, and replaced with "children or youth with special health care needs."

Bills Eliminating Derogatory Language from State Law Signed

Lt. Gov. Brian Calley has signed bills modernizing state law by eliminating outdated language that is now considered offensive when referring to children with special health care needs.

"Michiganders with special needs deserve to be treated with respect and dignity everywhere, including within state law," Calley said in a released statement.

House Bills 4203, 4204, 4205 and Senate Bills 112, 113 and 114, sponsored by state Reps. Mike Callton, Joe Graves and Andy Schor, and state Sens. Curtis Hertel, Jim Marleau and Margaret O'Brien, respectively, remove all offensive references to "crippled children" from state law. The references in law will now be described as "children or youth with special health care needs"

The bills are now Public Acts 89-94 of 2015.

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From: Michigan Council for Maternal and Child Health [<mailto:info@mcmch.org>]

Sent: Friday, July 03, 2015 10:04 AM

To: Barnett, Lonnie D. (DCH)

Subject: Friday Notes July 3, 2015



Friday Notes

Friday Notes is intended to share current information, resources and notices. If you have information or announcements that you would like to have included in an upcoming issue, please forward them to MCMC.

July 3, 2015

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MDHHS Releases PRIME Guide

The Michigan Department of Health and Human Services (MDHHS) has released the [Practices to Reduce Infant Mortality through Equity \(PRIME\): Guide for Public Health Professionals](#).

"Achieving health equity for all residents is a goal of public health work within Michigan and across the country," said Sue Moran, deputy director for the Public Health Administration at MDHHS. "This guide provides valuable strategies for developing a training model and resources that promote the understanding of the root causes of health inequities, as well as methods for creating changes in policy going forward."

Health disparities are the metric used to measure progress toward ensuring that all residents have a fair opportunity to reach their potential. In Michigan, black and white infants died at a rate of 13.1 and 5.7 respectively in 2013, and these gaps in infant mortality rates between whites and blacks and whites and American Indians have persisted for decades.

The PRIME guide includes methods used by the department since 2010 to create a public health training model. These methods include consideration of the overall goals and design of the training components used, a description of specific content and concepts covered, the processes used, a description of the evaluation tools, lessons learned, and copies of existing tools and resources about health equity.

Additionally, the primary focus of PRIME has been to assist practitioners in the maternal child health arena, however, this guide will be a valuable resource for state and local public health systems interested in addressing racial and ethnic inequities related to other health outcomes. The PRIME initiative is led by the Bureau of Maternal and Child Health within the department

and a steering team that includes internal partners from the Health Disparities Reduction and Minority Health Section and the Lifecourse Epidemiology and Genomics Division of MDHHS. External partners that assisted with the development of this guide include the University of Michigan School of Public Health, Vanderbilt University, Michigan Public Health Institute, Inter-Tribal Council of Michigan, Ingham County Health Department, and Wayne County Department of Public Health.

To view the full report and accompanying documents, visit www.michigan.gov/dchprime. The PRIME initiative and publications were supported through a grant from the W.K. Kellogg Foundation.

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Study: Costs, Not Physician Choice, Most Important Factor In Individual Health Coverage Plan Selection

A new report released by the Center for Healthcare Research & Transformation (CHRT) shows that individuals selecting health coverage in Michigan are making their buying decision based on costs more than choice of physicians and network size.

The report, "[Health Plan Selection: Factors Influencing Michiganders' Choice of Health Insurance](#)," shows that consumers purchasing individual health insurance coverage were more than twice as likely to report that premium cost was very important in selecting a health plan as they were to report that the number of in-network physicians was a very important factor in their decision.

"We have known from consumer behavior that cost is very important, particularly when consumers are choosing and paying for health plans themselves. But, this study tells us more clearly just how much more important cost is in today's marketplace than network size," says Marianne Udow-Phillips, director of CHRT.

Highlights of report include:

- 92 percent of respondents with individually purchased insurance reported that at least one cost measure (premium, deductible, co-pay or co-insurance) had been a very important factor in their selection of a health plan.
- 41 percent of those with individually purchased health insurance-less than those with

employer-sponsored insurance (50 percent)-noted that the physician network was a very important factor in their decision-making.

- Nearly 20 percent of those with individual coverage changed primary care physicians as a result of their choice of plans.
- In 2014, the first open enrollment for individual coverage, more than 272,000 Michigan residents enrolled in individual health coverage, choosing from 60 non-catastrophic plans. In most cases, consumers had a wide choice of plans representing different provider networks and levels of cost sharing.

"The fact that consumers in the individual marketplace are willing to change their primary care physician relationship based on price and select a health plan with a narrow provider network with lower costs is significant," says Udow-Phillips. "Providers of care will want to pay close attention to these results as they think about which health plan products to participate in."

In a separate CHRT survey, Michigan's primary care physicians reported having capacity to see new patients, making them more willing to accept Medicaid patients and more likely to consider joining networks with lower negotiated payments in order to gain access to more patients.

The CHRT analysis has important insights for providers, payers and employers alike, says Udow-Phillips, who is a member of the U-M Institute for Healthcare Policy and Innovation and holds a faculty appointment in the U-M School of Public Health.

"For providers, consumer loyalty may not be as strong a factor in keeping patients as it once was, as they are more willing to shift providers for lower price. For employers, they may be able to offer more narrow-network plans, as consumers are more accepting of less choice in exchange for lower premiums, deductibles and out of pocket costs. For insurers, plan design and the ability to develop narrow quality networks are essential."

Read the full report, "Health Plan Selection: Factors Influencing Michiganders' Choice of Health Insurance," at www.chrt.org.

Legislation Would Prohibit Sale of Breast Milk Online

Rep. Erika Geiss (D-Taylor) has introduced a bill that would make the sale of breast milk over the internet illegal in Michigan.

HB 4691, referred to the House Health Policy Committee, deals with the sale of human breast milk over the internet--a practice that has increased dramatically over the past five years. The Food and Drug Administration has issued a statement that the "FDA recommends against feeding your baby breast milk acquired directly from individuals or through the Internet. When human milk is obtained directly from individuals or through the Internet, the donor is unlikely to have been adequately screened for infectious disease or contamination risk. In addition, it is not likely that the human milk has been collected, processed, tested or stored in a way that reduces possible safety risks to the baby." In addition to parents buying the milk for infants there has also been a rise in body builders buying the milk as a protein supplement.

Watch Friday Notes for updates on this and other maternal and child health related bills.

Contributors to this Issue

Center for Healthcare Research & Transformation
Gongwer News Service
HealthDay

Quick Links . . .

California Governor Signs New Vaccination Law

Adopting one of the most far-reaching vaccination laws in the nation, California this week barred religious and other personal-belief exemptions for schoolchildren, a move that could affect tens of thousands of students and sets up a potential court battle with opponents of immunization. California's weakened public health defenses against measles and other preventable diseases led to the adoption of the measure, signed Tuesday by Gov. Jerry Brown, intended to stem the rising number of parents who opt not to inoculate their children. Public health officials said a proliferation of waivers, many sought because of unfounded concerns about the safety of vaccines, helped fuel a measles outbreak that started at Disneyland in December and quickly spread across the West, infecting 150 people. [Read more](#)

Study: Are Too Many Young Americans Getting Antipsychotics for ADHD?

A growing number of teens and young adults are being prescribed powerful antipsychotics, even though the medications aren't approved to treat two disorders -- ADHD and depression - - they are commonly used for, a new study shows. Of concern to some experts are the conditions for which many of these antipsychotic prescriptions are being written, namely attention-deficit hyperactivity disorder (ADHD) and depression. Currently, the U.S. Food and Drug Administration approves this class of drugs for psychiatric conditions such as psychosis, bipolar disorder, schizophrenia or impulsive aggression tied to autism. But the new report finds that by 2009, 52.5 percent of younger children (aged 1 to 6), 60 percent of older children (aged 7 to 12) and about 35 percent of teens who got an antipsychotic were diagnosed with ADHD. [Read more](#)

Job Posting: MIBFN Executive Director

Michigan Breastfeeding Network is seeking a part-time Executive Director who can provide strategic and visionary leadership to a non-profit in the early stages of growth. We are searching for an experienced, dedicated, and self-motivated leader to help lay the foundation, establish best practice and create financial stability in a fledgling non-profit. This position is a great match for an energetic person who's eager to apply their talents, develop new skills, and make a difference in the climate for breastfeeding in Michigan. Applicants should email a cover letter and resume to Barb Jammer at info@mibreastfeeding.org with the subject line "MIBFN Executive Director." Interested candidates should apply no later than Friday July 17, 2015 by 5pm EST. Full description and application details are available [here](#).

New Webinar Series for Pink Book Begins July 8

This webinar series will present summaries of the relevant sections of the 13th edition of

"Epidemiology and Prevention of Vaccine-Preventable Diseases" (The Pink Book). Each webinar in the [series](#) (15 in total) will last approximately 1 hour and cover topics as noted in the schedule on web page. Continuing education will be available for each event. Participation in an event in this series requires advance registration. Registrants will receive event access information via email. Register for 1 or more seminars in the series. Virtual 'seats' are available for the first 500 logins at the start of the event - be sure to call in at least a few minutes early. The archived versions are available within 2 weeks after each event. [Register online](#)

U.S. Birth Rate Rises for First Time Since 2007

The birth rate among women ages 15 to 44 increased by 1%, from 62.5 births per 1,000 women in 2013 to 63 births per 1,000 women in 2014, according to the CDC's National Center for Health Statistics. The birth rate for women ages 15-19 fell 9% while rising 3% for women in their 30s and 2% for women in their 40s. The rate of preterm births decreased to slightly under 10%. [Read more](#)



The Michigan Council for Maternal and Child Health is made up of member organizations who share a commitment to the health of Michigan's women, children and families.

To learn more go to www.mcmch.org or email info@mcmch.org

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