AMCHP 2008 ANNUAL CONFERENCE

WE ARE MAKING A DIFFERENCE:

LEADERSHIP, INNOVATION AND INVESTMENT IN MATERNAL AND CHILD HEALTH

Your Voice in Congress: How AMCHP Sets our Legislative Agenda

March 1st to 5th, 2008

JOSHUA BROWN: Well, thank, you Phyllis. Following Mike and Phyllis is a little bit like following Sinatra and Dean Martin, Laurel and Hardy, perhaps. I'm going to open with a little joke that Phyllis has hears many times before and that's a few years a go, my cousin got married and my grandfather who had been married for thirty-five years was at the wedding with my grandmother. And my cousin approached him prior to the ceremony and he said, 'Grandfather, how have you stayed married for so long? I would like some advice from you. What do you think is the hardest year of marriage? I've heard it's the first year, perhaps the second after the honeymoon has worn off? And my grandfather looked at him and said, 'Son, it's whatever year you're living in. I feel a little bit like that, with kind of our—Maternal Child Health Block Grant here, it's a lot of work year after year but it's certainly well worth it.

I also want to say something else before I actually start going over these issues and I want to talk a little it about how AMCHP staff uses their legislative agenda to kind of do our work and how we can perhaps, support you in doing your work.

But I would be remiss if I didn't, and I know this happened earlier, but I would be remiss if I didn't introduce our Director of Policy and Legislation, Brent E. Weig who's sitting over here. The reason I wanted to do that is because, if you look at the legislative agenda, the first item on there is 'Fully fund the Block Grant', and then after that there's 'Everything else'. Well Brent handles everything else, and that's a lot of issues on there. And he also helps us kind of coordinate how fully funding that Block Grant is going to do some of these other things that are on their legislative agenda, so Brent loves to talk, he loves to make jokes. I invite you to come up to him anytime after that and talk about the legislative agenda. And he's just all around great guy. Michelle Leto recently joined us too. Mike apparently felt that there is a need to be a little beauty added to our, kind of—policy department here and so, we're happy to have her join us.

I will point out that there's literally three of us in the legislative policy department in AMCHP. Three staff members that are working at all these issues for you and for the nation. I just bring that up because I want you to know that we're very eager to help. There's oftentimes, we find ourselves wanting to work on certain issues that we know are important and perhaps we just cant because three people obviously can only handle so many issues, but we certainly want you to tell us when you have an issue that's very important to you and that is affecting your state. We invite you to email us, we invite you to call us, we invite you to track us down at certain meetings, you can find Michael, you can find Phyllis at different meetings and let us know if there's a particular issue that is really

affecting you and your state and the Maternal and Child Health issues in your state.

As Phyllis kind of mentioned before, the committee puts together this legislative agenda and gets board approval for it. We kind of view the legislative agenda not really as a work plan, but more of a framework of how AMCHP is really going to work on a lot of these issues. We use the legislative agenda, as Phyllis pointed out, to kind of inform members, to inform staff, to inform our partners, and hopefully our funders on what issues are actually important to us and what issues are important to our membership. The agenda also kind of sets priorities for the organization and lets Mike figure out and Brent figure out how staff is going to go about working on those issues, but it gives us that big kind of—umbrella piece, so we know exactly what we are working on.

I'll go over quickly, you know Phyllis mentioned that there's kind of three tiers to the legislative agenda. There's the lead tier, there's the partner tier, and there's the monitor tier. The lead tier are things, I should mention, where you're going to advocate on directly now, the Title V Block Grant will always be number one, that's very important to us, but there are other issues like newborn screening, that she mentioned, that we actually go on Hill visits for, we partner with March-A-Dime's org, Brent has been on the Hill all last year with the March-A Dimes working a very important newborn screening bill. That bill got caught up a little bit unfortunately, I think. In the SCHIP debate, they overshadowed a lot of legislation

that we would have liked to have seen pass through, a lot of time and energy was put in to SCHIP and my fear is there wasn't a lot of stomach to do a lot of work after the SCHIP debate list and frankly, Congress was a little bit behind schedule, as they often are. But AMCHP will either directly go with the Hill and advocate on these lead issues, often we'll publicly comment, we could either have Mike Mann as a President, Phyllis as a President of like—go to hearings and specifically comment when that's available. If that's not available oftentimes we do written comments. Written comments, I have to say are very important to AMCHP and we really look to membership to help us craft those written comments. Certainly, Brent, Michelle and I have overviews of the issues, but you folks are really the experts on these issues. Long time experts, I should point out as Title V Directors and Children and Special Health Care Need Directors and Family Members and Nurse Practitioners. So we'll often be looking out to you to help us craft public comments around things that we can then submit to certain organizations like CMS in particular area or another, perhaps organizations, when they are making certain changes to things that we either oppose, or sometimes we actually agree with some of these changes, and it's just as important—not often, but sometimes we agree with some of these changes, and it's just as important to let the government know when they're actually doing a good job, not just when they're doing a bad job.

I'll go on to the partnering now. The partnering is very important to AMCHP. Again from staff capacity standpoint, it's important that we partner with as many

people as possible so we can just get the message of AMCHP, the message of Maternal and Child Health out, but also we look towards organizations that have been working on certain issues for a long time AAP, the March of Dimes, very important groups like this, and we partner with these groups for two reasons. Number one, it just kind of extends our influence in Washington, it extends our influence around the nation, it allows us to work on kind of a broader range of issues that we'd like to work on, but we also think it's very important that these organizations, though they're friends of Maternal and Child Health, that they constantly be reminded to remember the piece of Maternal and Child Health as they're putting together kind of some of their messages as they go ahead.

We'll often do sign on letters or, he'll sign on letters or AMCHP will lend its name to a letter that's perhaps going up to the Hill, to Congress or just letters in general, again opposing or supporting certain issues, AMCHP oftentimes signs on a list with a number of other organizations to do that kind of work. We often attend coalition meetings, we do that kind of billing work where we, again, have these relationships with other organizations, we meet on issues that may be common to al organizations, we're all going to work on together, we do joint meetings ad briefings oftentimes on the hill, where we're being—Congressional staff, typically, to hear about a specific issue. I think this year would be very exciting if we could have kind of a congressional briefing around the Maternal and Child Health Block random funding for that in particular, I know this is very important to Mike and Brent too, we're really going to try to kind of push that this

year and see if we can get that done so that staff, congressional staff, congressional members in particular, know what the Block Grant does and why it's so important to fund the Block Grant. And just as important, AMCHP tries to kind of serve as a resource for other organizations, oftentimes other organizations are putting together briefs or papers of their own, and there may be a small component of Maternal and Child Health within that, we hope they lean on us and turn to us to give them the expertise on that issue. And again, that's something we're going to ask you to help us with. And then the third tier again is just monitoring an issue, now that's not to say that these issues aren't important to AMCHP, its just maybe that somebody else is already doing most of the work, and that someone would just need to partner with or maybe, that we just don't have the staff capacity and maybe, as Phyllis pointed out, is an issue that's just starting to rise a little bit, often we'll just keep our eye on it and again if it becomes problematic, we'll then kick into gear and kind of do work around that issue, but we try to typically inform our membership whether that's through our Pulse, our electronic newsletter, we try to inform our membership through conference calls that we have around specific issues just to let them know that this issue exists and it could get larger later. And again one thing we try to do is make members aware of meetings that are going on within their own state.

Not all the meetings have been in Washington DC. We like to think that Washington DC is kind of the center of the universe there every time I call Montana or another state and I schedule a conference call and they always ask

me ‘what time?’, I often say ‘Well, Washington time, what other time is there?” But I think we have to recognize that the states actually all are very different, and oftentimes there’s meetings going on within your state that may be around a particular issue that AMCHP may not be able to get to, but we want you to be aware that that meting is happening. Perhaps you can go; perhaps you can send some of your staff, or some of your advocates that you partner with to that particular meeting.

I kind of want to talk about now how we coordinate our legislative agenda as opposed to other organizations’ legislative agenda. It’s very important to do, I think, because as Phil was pointing out, around the summertime a lot of the national organizations will all come out with their legislative agenda, some of them used here, like we do, some maybe have two or gust three things on their legislative agenda. Other organizations, we’ve noticed, has twenty-four, twenty-five things, and we hope AMCHP gets to that point, but right now, I think this is a good workable legislative agenda we have here. One thing staff does is to attend these coalition building meetings where we all talk about our legislative agenda. What are we going to work on this year? What’s going to be important that lets us know what organizations are doing what throughout the year and who we need to partner with as things come up? We share our legislative agenda obviously with these other organizations. We literally take it to them, we pass it out to them. We say, ‘Look, the Maternal and Child Health Block Grant will be number one, we hope you turn to us if there’s ever an issue around that’. But here’s some other

issues that are also important to us, and again, as you are putting together your own papers and your own briefings and your own documents, please think of AMCHP and Maternal and Child Health in general.

A quick word about the Maternal and Child health Block Grant, we've pointed out several times that that's our number one issue, and I have to tell you that AMCHP is really the only organization that has that as their number one issue. There's other organizations that certainly has partnered with us many times in the past, CityMatCH, AAP, March of Dimes, all very supportive of Maternal and Child Health Block Grant, (unintelligible) all supportive of the Maternal and Child Health Block Grant. But they all of course have their own issues that are important to them and Maternal and Child Health Block Grant is just a piece of a lot of the key issues to those organizations. And so we certainly do not expect these other organizations to kind of push Maternal and Child Health Block Grant as number one of their issues ever. It's really going to be us doing he work. But it's important that they know that that's number one to us and that we really expect them to help us kind of carry that message up to congress in the hill.

I'll talk quickly about how membership can actually help AMCHP since we're so staff-limited here. Phyllis said you should take a legislative agenda and you should literally pass it out on the street corner, and I completely agree with it. I invite members, I invite people who have Maternal and Child Health that's important to them to talk about Maternal and Child Health all the time. Talk about

it with your colleagues that may not know about Maternal and Child Health, talk about it when you are having a dinner party and people ask you ‘what you do’. Talk about it when you pick your child up from school, you look at organizations like The March of Dimes and Easter Seals, you can go out in the public and, to this day, The March of Dimes, people think of the polio issue. Maternal and Child Health unfortunately does not have that yet. And we found that the general public often isn’t even aware of the Maternal and Child Health Bureau, of AMCHP, of Title V Directors. We want that to change, we want the general public to know what it is we do, and why this work is important to us, so I just invite you to talk about it constantly with people that you know, because we hope that that’ll trickle up and some. I also invite you to really use opportunities like this annual meeting, the partnership meeting, Block Grant reviews, to talk with yourselves about issues that are common to you and your states.

You can look at the left side, the agenda look at some of the issues on there and ask other states, ‘how is this affecting you? Have you implemented anything? Is there anything you’ve changed? Is there any thing you are doing that I could take pieces of and perhaps use part of in my state?’ We do a lot of work be email, we do a lot of work by conference call. I think really face to face meetings are one of the most important things you can do when you talk to your peers and you talk to the other people within your states. We hope that you let AMCHP know, as I said before, when you’re seeing certain trends. If a particular issue is really, really affecting your state, I really invite you to pick up the phone and let us know.

Because perhaps, that exact issue is happening in another state at the exact same time. And that's important for AMCHP to know; now it's not just one state, now it's two states, four states, ten states. That's something obviously we'll pick up, we'll start working on, even if it is only four states, perhaps we could connect those four states together, so those four states can work on those issues as a common goal, rather than kind of (unintelligible) is. Unfortunately states are ought to do often times. We want you to let us know if you're having success in your state, not just if there's a problem in your state. But if you're actually having success in your state with a particular issue and with a particular program, we often use the term 'best practices', I think it's important to highlight those best practices, not only among each other, but to congress and other things, other people other organizations. Let them know the good work, the Maternal and Child Health and Title V Directors are doing, Children and Special Health Care Needs Directors are doing and families are actually doing.

The last thing I'll just wrap up with before I talk a little bit about the probations is Brent, Michelle and I are here for you. Mike's our direct boss, Phyllis is Mike's boss. You guys are all of our bosses. And we are actually here to work for you, so come up to us anytime as I said before, scribble on the back of a napkin, pass it to me, pass it to Mike, let us know what is an issue for you what is affecting you, what is important to you and—because what is important to you is really important to us.

I'll talk just really briefly about some of the work we've done around advocacy in general for the Title V Block Grant. I think most people know that unfortunately the last five years, we've seen either flat funding or cuts to the Block Grant. And flat funding as far as I'm concerned is, just a passive cut. If you are not adjusting for inflation, if you're not adjusting for the number of people you're serving, it's a cut. They can call it whatever they want, it's a cut. So really feel that we have to go for full funding for the Block Grant this year. It's important to us, it's important that we carry the message up to Congress, that we'd let them know really that we're not going to stand for this anymore. That if they are truly up there and they care about women and children, they should fully fund the Block Grant. We've had some success this year. It's very early in the appropriations process; I want to point out just one quick thing that Brent constantly reminds me of. I think you're going to hear a lot of talk and a lot of rumors this year about, 'Are they going to put together a budget? Will, congress put together a budget? Won't they put together a budget? Will they hold off on it, send it to a new president when the old president is gone? Are we going to share you that congress will put together a budget?' Now, they may hold on to the budget and waiting for a new president to sign it, but that budget will be done this year and it's important that we work on this issue this year so that we get the most money that we can within that Block Grant . Hopefully as it goes on we'll have a new president that may be more receptive, that remains to be seen but we have to actually do the work. We're very early in appropriations process right now, committees are just meeting or deciding that overall kind of pot of money that we are going to work

with that hasn't gotten down to the actual amount that the Block Grant will get you at but for the AMCHP work on this issue through he entire probes, as Phyllis likes to say 'process'. We got to keep reminding congress, "You have to fund that Block Grant" We've had some congressional members be receptive to that, I'd be remiss if I didn't point out Tim Ryan from Ohio, who said that he will support fully funding the Block Grant, he's a very important member of that's on the (unintelligible) as house subcommittee, but that's just one member. We're asking every member of congress to support fully funding the Block Grant.

We've talked a lot about infant mortality as Brent and I have gone to the Hill, we often point out to congressional members and Senators that there's often—United States is ranked thirty-first, thirtieth in the world in infant mortality. We just think that's atrocious, to be honest with you. We point out to people that Maternal and Child Health Block Grant works on infant mortality, it works on disparities around infant mortality. Here is a program; here is a government agency that already exists. There's no reason to really create a new office perhaps of disparities around infant mortality. We are already working on these issues, and if you are going to address these kinds of issues we really should be finding the programs that already exist and are doing great work around those issues. I would say, as you start to think about how you are going to craft your message, infant mortality, of course, is a big one to talk about as you put together talking points as you're going up to the Hill. Brent often talks about childhood obesity epidemic that has hit the United States lately, that's a very important thing to

Congress, I think, right now. It's something they'll listen to. There are several other issues that are important for them to listen to. I'll just point out something that Mike touched on; a few weeks ago HHS Secretary Leavitt spoke before Congress, and he was specifically asked by Betty McCullen from Minnesota 'Why has the Block Grant been flat-funded?', and Secretary Leavitt said, several times, related to the Maternal and Child Health Block Grant and related to other programs, 'I instructed my staff to put together a budget that would focus on services, not infrastructure' and he repeated that mantra several times throughout that meeting and a subsequent meeting of the Budget Committee. Whether Secretary Leavitt is going to be there next year or not, I think doesn't matter. What concerns us is that that message now is being thought about in congress. And so I think it's important to start thinking about, as Mike pointed out, how we are going to really frame that message around direct services. Now I think we still have a lot of direct services, in particular in California, there's a lot of direct services, but that's not true of all states. What's important to kind of highlight a lot of the direct services that you actually do do. We've all seen the pyramid; we don't know how that's going to really play. The pyramid's been around for several years and obviously it's very heavy on infrastructure. I think it's time to kind of change our message and start talking about the direct services that the programs are already doing, as Mike pointed out, kind of put a story behind all of those messages, really partner with your family voices really talk to people that can give you the real story about how truly the mothers are being

affected by cuts and flat funding. I'll wrap that up because I know Mike has a few words and questions for the audience, but certainly come ask us after that.

PHYLLIS SLOYER: Before Mike wraps it up, I had a good example a couple of weeks ago that until I really started focusing on how much we need that Block Grant increase, I wouldn't have used this, but it was a perfect example. How many of you are called by your congressmen to help a child, a constituent, a family member? How many get those calls? You know that's a great opportunity, because I got a call from the mother of SCHIP in our state, and she is a US Congressman now. She had a constituent who needed help and she called my office and said is there any way you can—she knows the program very well. She knows our program, she knows what it does. 'So is there any way that you can help this family? I know that you don't have a lot of resources, but is there any way that you can help?' And it happened to have been a very young child whose family members actually were going to end up—one of them was going to have to quit their job. In order to take care of the child and actually get public assistance. And that's the last thing you wanted to do, was to have them quit their job and I said, 'Look, we have people who actually navigate the system. We can have somebody help you find that', plus we have a center that we can send them to. And I said, 'You know, we are doing that.' and it was the first time I actually thought about it. We're doing it, we're actually using Federal Maternal and Child Health Block Grant dollars to support these people and it's really very, very helpful. And it hadn't even clicked that that was a perfect opportunity to just

give them the message that we were using some Maternal and Child Health Block Grant matters to support those services and they were extremely important to continue to maintain. So when you have those targets of opportunity, use them with your congressional members and even with your State Representatives, because I think it was helpful. And she said ‘Oh’. At least it gets them to think.

MICHAEL FRASER: Thanks Phyllis, and thank you Joshua. What we’d like to do now is just mention just a couple other things and then either ask us some questions or hopefully you all will add some too. One of the things that Josh referred to was out partnership activity. And we do convene a group called Friends of Title V. We’re probably going to rename that Friends of MCH, because a lot of folks don’t know what Title V is. Before I got to AMCHP, I thought it was Title ‘V’, and every piece of legislation as Brent might say, has a Title V somewhere and so we are really talking about Friends of MCH. And so it convenes the folks that have an interest in Maternal and Child Health. The providers, the population organizations, the advocacy organizations, the children organizations, ACOD, the National Conference of State Legislators, those are folks who are members who happen to be here, but certainly all the different nursing professions, nurse practitioner, college societies, all those other groups come together. Currently, thirty eight or forty-ish in terms of—We invite them to come over and visit with us so we can tell them what’s going on with the Block Grant, but the other thing that we are trying to do and, I’m giving away a lot of secrets here and these guys are going to know now, but one of the things, when

we can, we're going to avail ourselves of the opportunity for a member to be in town to convene the Friends of Title V so that the groups can hear how Title V supports their membership. A lot of folks don't know that their programs are funded by the Block Grant and the Block Grant is more than just the state line. So, there's a number of different education activities, university activities, constituent services, all kinds of stuff built into the block where we feel our reach can really, if we're all holding hands together really move things up, and so you'll see us doing more of that. Certainly there's a lot to talk about on this topic so I hope that you have questions for us, but one of the questions that I think we do get asked is 'Why haven't we seen an increase in the block?' And again I think that comes down to a number of different factors, but is that a question on anybody's mind? Because it's not like we haven't tried, right? So in terms of that question, I could answer it, but Josh why don't you give us some of your thinking on why we haven't seen an increase in the Block:

JOSHUA BROWN: Well it's really just unfortunately a priority setting within Congress. I think we we've all been surprised that the Maternal and Child Health Block Grant hasn't gotten more support as a Block Grant with the next Governor in the White House, someone would think you would understand how the flexibility of a Block Grant would be great for the states to use to address issues within their state. Unfortunately, Mike, that just hasn't happened. The Maternal and Child Health Block Grant, I think is a little confusing to congressional members, to be honest with you. Every year I go up there and I visit some of the

same people and re-explain what the Maternal and Child Health Block Grant actually does. There are a lot of new Congressional members elected recently within the last few years. Those are all people you have to go up there and kind of re-educate about what the Block grant actually is before you can actually sell them on the Block Grant. And so we spend a lot of time, as I said, explaining what that is. Oftentimes Congress gets a little bit confused about what the Block Grant does as opposed to other kind of Health Services Funding. Often we were asked 'If we do this kind of SCHIP bill, wouldn't that help the Block Grant? And you have to kind of explain to them that it's actually why they work together certainly, it's separate. We get the same argument oftentimes around Medicaid. We all know that the Maternal and Child Health Block Grant actually mandates to work with Medicaid, however, sometimes Congressional members think, 'well, kind of funded Medicaid, so doesn't that help the Maternal and Child Health Block Grant?' And that's just not true. We'll talk about, I think later in my session, the fact that, as a country as a whole, the deficits just getting larger, and of course we still have a war going on, and there's just so much money to really go around and do a lot of things that we like to do. But again, that's where we really need to do that kind of education piece about why fully funding a Block Grant is still authority.

MICHAEL FRASER: Right. I think that really is the reality. We're dealing with this fixed pot. We mentioned SCHIP a couple of times, I think that's a good example of how our legislative agenda changes. SCHIP was on our agenda this fall, that's

really all we were doing was, engaging conversations about SCHIP, trying to get the new SCHP legislation passed. But that's off the table now. And so, it's not that we're not working on SCHIP, it's just that it's not on our agenda because there's other items as we're using this 'pot boiling over' analogy, that are pressing, so as we get to the point where SCHIP is back on the table, it's going to come back to our legislative agenda. And that will be part of our revisions to our legislative agenda that we do annually. Like a lot of folks say, 'Well, why don't you have X on the agenda? Why don't you have, what's a good example—why don't you have health professions training on your agenda?' because a lot of health professionals work in Title V. Again, that's not our issue in the sense that we know there's other groups working on that, for example. We know that a lot of the professional societies are working on that, we know that (unintelligible) is working on that. We know that workforce development is being covered by other organizations, but no one else is doing Title V. So that's why that's on our agenda. Other examples like that, I think, folks, I think part of the process that we use at AMCHP as a small organization is, someone comes up to me and says, 'this really an important issue to me, can you get it on the legislative agenda?' And we have to work though our committee and our board to approve that because, again, we'd be working on a list of eighty things long that may or may not be related to AMCHP's agenda, per se. The other thing AMCHP doesn't do, and this may be for better or for worse, we don't work on state specific issues. While that's really important, obviously to you, we don't' work on state-level advocacy, we don't work necessarily with state legislatures, we do work a lot with

the Governors, but mostly on implications on Federal programs like Title V. So we get calls sometimes, ‘Can you help us in our state with this one thing?’ We may be able to provide either guidance or resolutions or policies from the National level that relate to what’s going on at the state level, but we got enough to do in Washington if we started getting involved in each of the state capitals, it could be hard. But that’s a great place for us to work in partnership with you and with your folks who may be here in Washington, for example. We are very interested, though, in working at the state level to talk about Title V, so that it doesn’t really matter if folks that gets a state or Federal program at some level. If folks are talking about it, it has an impact at the state level. But the action that we’re going to take is going to be at the Federal level. And so I think that’s really important. The Title V investment at the state level is significant, seventy five percent, seventy cents in every dollar that you get from the Federal government, so it is a huge program in your states. It’s just that, that piece of it isn’t something that we advocate for. Other things that we may have left out or questions that you have about how AMCHP works in its legislative activity? Yes?

UNKNOWN SPEAKER: Does AMCHP or does Title V--

MICHAEL FRASER: What is a response that we can use when someone asks us? So I’m willing to give you a hundred and eighty four million dollars, if you tell me where it should come from. That’s the kind of conversation, right? Okay.

UNKNOWN SPEAKER: And we know you get that and the danger is pitting health groups against health groups and then the next group coming in and saying to the community health centers, ‘You know, Title V just said you guys get all the increase.’ We just can’t engage in that. It’s not the most satisfying answer, but the way I think to steer the conversation in the right direction when they say that is to say, ‘we know it’s a tough place to be sitting in, making those decisions right now.’ We also know that the reality is, in the last few years with the war going on, with the deficit spending, the programs that have come in and have done the best job of demonstrating unmet need in the case for funding have been increased . The community health center program has doubled over the last (unintelligible) and a billion dollars of additional funding over the last six years or so. Last year, (unintelligible) increased by four hundred million dollars in one year because the need was there, it was illustrated FDA has gotten increases NIH has gotten increases, at the end of the day, we note that some programs will receive increases and here’s why Title V should be in that same list of priority programs, and it steers it away, and then I think if you get pushed again, we know it’s a tough decision and that’s why the members are elected, to set those priorities, make those decisions and here’s the data to show you what the need is in Title V. and what we’re saying that’s been effective in getting people’s attention is our progress in reducing infant mortality has stalled over the last six years. The black infant mortality rate remains double that of whites. In America, that is atrocious. The childhood obesity epidemic threatens to wipe out all the gains and house tests that we made. The maternal mortality rate hasn’t

improved in decades. These are all signs that something that we need—we need national commitment from Federal leadership, from you, for these programs, and that has reduced some of the push backs. But again, I think, there's a number of wrong answers and you could get engaged in an ideological discussion that's going to get you off for talking about the health status of women and children. If you go to tax breaks, If you go to war funding, if you go to other less worthy programs, yet you're not talking about the black (unintelligible), so bring it back to why what we're seeing as alarming indicators in MCH that coincide, and you can't make that case too strong, but they coincide with the flat and reduced funding and that's why we need that renewed commitment to fund the program.

UNKNOWN SPEAKER: I have a question while you are at the podium, sir.

UNKNOWN SPEAKER: Madam, (unintelligible)

UNKNOWN SPEAKER: We've recently received information in all of the states that there is some guidance coming out of the Federal level, particularly the Federal CMS around implementing provisions of the (unintelligible) reduction act. That gives states more flexibility. There's talk about potential block brand. What is AMCHP's position going to be with respect to that?

UNKNOWN SPEAKER: It's to, very carefully, keep our message in line with--under the umbrella of the governors' policy. And this is one of these, I think, great

a example of where the best public policy answer might have some toxic political repercussions. And we've been lucky that with so many of the regulation changes coming out of CMS, the governors have been there in opposition. They targeted case management, the Medicaid, the school administrative base rates, so many of them, the governors have been up there opposing them, have gone to the White House. There are some though, and it's just coming on us to do the good staff work to find out the things around flexibility on the benefit package and on the co-pays, where the governors have argued for that, that the states need that flexibility. I think we would all agree that raising co-payments on new or poor families, is probably not good MCH policy, but the politics of that right now are to respect the bosses that you work for so that we don't get on the wrong--

MICHAEL FRASER: Health services, and so it gets hard because, even if everyone had insurance, we're still going to need a Block Grant. And how do we tell that story? How do we keep the block grant from becoming part of what's going to pay for everybody having universal coverage. So that's kind of the down the road piece, I had a not to mention that, but I think you are talking about the same kind of a thing. What is it that's unique about MCH programs in their addressing injury with--