
SUBSTITUTE SENATE BILL 5068

State of Washington**67th Legislature****2021 Regular Session**

By Senate Ways & Means (originally sponsored by Senators Randall, Rivers, Billig, Cleveland, Conway, Darneille, Das, Dhingra, Frockt, Hasegawa, Hunt, Keiser, Kuderer, Liias, Lovelett, Muzzall, Nguyen, Nobles, Saldaña, Salomon, Stanford, Warnick, and Wilson, C.)

1 AN ACT Relating to improving maternal health outcomes by
2 extending coverage during the postpartum period; adding a new section
3 to chapter 74.09 RCW; and creating new sections.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** (1) In Washington and across the country,
6 maternal mortality rates continue to be unacceptably high. The
7 maternal mortality rate in the United States is higher than in most
8 developed countries. Approximately 700 people die each year in the
9 United States due to pregnancy-related conditions. The majority of
10 these deaths are preventable.

11 (2) National and state maternal mortality data reveals
12 significant racial and ethnic disparities. Nationally, black women
13 are two to three times more likely to die from a pregnancy-related
14 cause than white women. In this state, data from the maternal
15 mortality review panel reveals that American Indian and Alaska Native
16 women are six to seven times as likely to die from a pregnancy-
17 related cause than white women. Significant disparities in maternal
18 mortality rates also exist for Hispanic, Asian, and multiracial women
19 in Washington.

20 (3) Over 50 percent of pregnancy-related deaths in Washington
21 state are women enrolled in medicaid. In 2019, medicaid covered

1 almost 37,000 births which is nearly half of the total of nonmilitary
2 births in Washington state.

3 (4) The centers for disease control and prevention find
4 pregnancy-related deaths occur up to one year postpartum, and data
5 shows that health needs continue during that entire year. In
6 Washington, nearly one-third of all pregnancy-related deaths and the
7 majority of suicides and accidental overdoses occurred between 43 and
8 365 days postpartum.

9 (5) The maternal mortality review panel has identified access to
10 health care services and gaps in continuity of care, especially
11 during the postpartum period, as factors that contribute to
12 preventable pregnancy-related deaths. In their October 2019 report to
13 the legislature, the panel recommended ensuring funding and access to
14 postpartum care and support through the first year after pregnancy.
15 The panel also recommended addressing social determinants of health,
16 structural racism, provider biases, and other social inequities to
17 reduce maternal mortality in priority populations.

18 (6) Approximately 50,000 people also experience serious
19 complications from childbirth each year, resulting in increased
20 medical costs, longer hospitalization stays, and long-term health
21 effects.

22 (7) Postpartum medicaid coverage currently ends 60 days after
23 pregnancy, creating an unsafe gap in coverage. Continuity of care is
24 critical during this vulnerable time, and uninterrupted health care
25 coverage provides birthing parents with access to stable and
26 consistent care. Extending health care coverage through the first
27 year postpartum is one of the best tools for increasing access to
28 care and improving maternal and infant health. A health impact review
29 published by the state board of health found very strong evidence
30 that this policy would decrease inequities by race and ethnicity,
31 immigration status, socioeconomic status, and geography.

32 (8) During the public health emergency, a federal maintenance of
33 effort requirement has extended medicaid coverage beyond 60 days
34 postpartum. This extension is critical, with pregnancy-related deaths
35 increasing due to COVID-19. Pregnant women are more likely to be
36 admitted to the intensive care unit and receive invasive ventilation
37 and are at increased risk of death compared to nonpregnant women. The
38 pandemic has also exacerbated the behavioral health challenges
39 normally faced in the pregnancy and postpartum period. It has also
40 highlighted and contributed to increased housing crises. Even outside

1 of the pandemic, research shows that pregnancy can increase a woman's
2 risk of becoming homeless, and pregnant women face significantly
3 greater health risks while unstably housed. The legislature is
4 committed to continuing coverage for this population beyond the
5 maintenance of effort requirement.

6 (9) Pending federal legislation, the helping moms act, would
7 provide federal matching funds to states that provide one year of
8 postpartum coverage under medicaid and the children's health
9 insurance program.

10 (10) The legislature therefore intends to extend health care
11 coverage from 60 days to 12 months postpartum.

12 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
13 RCW to read as follows:

14 (1) The authority shall extend health care coverage from 60 days
15 postpartum to one year postpartum for pregnant or postpartum persons
16 who, on or after the expiration date of the federal public health
17 emergency declaration related to COVID-19, are receiving postpartum
18 coverage provided under this chapter.

19 (2) By June 1, 2022, the authority must:

20 (a) Provide health care coverage to postpartum persons who reside
21 in Washington state, have countable income equal to or below 193
22 percent of the federal poverty level, and are not otherwise eligible
23 under Title XIX or Title XXI of the federal social security act; and

24 (b) Ensure all persons approved for pregnancy or postpartum
25 coverage at any time are continuously eligible for postpartum
26 coverage for 12 months after the pregnancy ends regardless of whether
27 they experience a change in income during the period of eligibility.

28 (3) Health care coverage under this section must be provided
29 during the 12-month period beginning on the last day of the
30 pregnancy.

31 (4) The authority shall not provide health care coverage under
32 this section to individuals who are eligible to receive health care
33 coverage under Title XIX or Title XXI of the federal social security
34 act. Health care coverage for these individuals shall be provided by
35 a program that is funded by Title XIX or Title XXI of the federal
36 social security act. Further, the authority shall make every effort
37 to expedite and complete eligibility determinations for individuals
38 who are presumptively eligible to receive health care coverage under
39 Title XIX or Title XXI of the federal social security act to ensure

1 the state is receiving the maximum federal match. This includes, but
2 is not limited to, working with the managed care organizations to
3 provide continuous outreach in various modalities until the
4 individual's eligibility determination is completed. Beginning
5 January 1, 2022, the authority must submit quarterly reports to the
6 caseload forecast work group on the number of individuals who are
7 presumptively eligible to receive health care coverage under Title
8 XIX or Title XXI of the federal social security act but are awaiting
9 for the authority to complete eligibility determination, the number
10 of individuals who were presumptively eligible but are now receiving
11 health care coverage with the maximum federal match under Title XIX
12 or Title XXI of the federal social security act, and outreach
13 activities including the work with managed care organizations.

14 (5) To ensure continuity of care and maximize the efficiency of
15 the program, the amount and scope of health care services provided to
16 individuals under this section must be the same as that provided to
17 pregnant and postpartum persons under medical assistance, as defined
18 in RCW 74.09.520.

19 (6) In administering this program, the authority must seek any
20 available federal financial participation under the medical
21 assistance program, as codified at Title XIX of the federal social
22 security act, the state children's health insurance program, as
23 codified at Title XXI of the federal social security act, and any
24 other federal funding sources that are now available or may become
25 available. This includes, but is not limited to, ensuring the state
26 is receiving the maximum federal match for individuals who are
27 presumptively eligible to receive health care coverage under Title
28 XIX or Title XXI of the federal social security act by expediting
29 completion of the individual's eligibility determination.

30 (7) Working with stakeholder and community organizations and the
31 Washington health benefit exchange, the authority must establish a
32 comprehensive community education and outreach campaign to facilitate
33 applications for and enrollment in the program or into a more
34 appropriate program where the state receives maximum federal match.
35 Subject to the availability of amounts appropriated for this specific
36 purpose, the education and outreach campaign must provide culturally
37 and linguistically accessible information to facilitate participation
38 in the program, including but not limited to enrollment procedures,
39 program services, and benefit utilization.

1 (8) Beginning January 1, 2022, the managed care organizations
2 contracted with the authority to provide postpartum coverage must
3 annually report to the legislature on their work to improve maternal
4 health for enrollees, including but not limited to postpartum
5 services offered to enrollees, the percentage of enrollees utilizing
6 each postpartum service offered, outreach activities to engage
7 enrollees in available postpartum services, and efforts to collect
8 eligibility information for the authority to ensure the enrollee is
9 in the most appropriate program for the state to receive the maximum
10 federal match.

11 NEW SECTION. **Sec. 3.** Unless federal matching funds become
12 available by the effective date of this section, the health care
13 authority must submit a waiver request to the federal centers for
14 medicare and medicaid services to allow for the state to receive
15 federal match for the coverage of postpartum persons identified in
16 section 2 of this act. The authority shall provide coverage to all
17 eligible postpartum persons identified under section 2 of this act
18 regardless of federal approval of the waiver request. The authority
19 must report to the legislature on the status of the waiver request by
20 December 1, 2021, and inform the legislature of any statutory changes
21 necessary to allow the state to receive federal match for the
22 coverage of postpartum persons identified in section 2 of this act.

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