SENATE BILL 5580

Sta	ate of Was	shington	68th	Legisla	ature	2	023 Regular	Session
Ву	Senators	Muzzall,	Cleveland,	Braun,	Rivers,	and	Warnick	

1 AN ACT Relating to improving maternal health outcomes; amending 2 RCW 74.09.830; and adding new sections to chapter 74.09 RCW.

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

4 <u>NEW SECTION.</u> Sec. 1. A new section is added to chapter 74.09 5 RCW to read as follows:

6 (1) By January 1, 2024, the authority shall create a postdelivery 7 and transitional care program that allows for extended postdelivery 8 hospital care for women with a substance use disorder at the time of 9 delivery. The authority shall:

10 (a) Allow for at least five additional days of hospitalization 11 stay for the birth parent;

(b) Provide the birth parent access to integrated care and medical services including, but not limited to, access to clinical health, medication management, behavioral health, addiction medicine, specialty consultations, and psychiatric providers;

(c) Provide the birth parent access to social work support which includes coordination with the department of children, youth, and families to develop a plan for safe care;

(d) Allow dedicated time for health professionals to assist infacilitating early bonding between the birth parent and infant by

1 helping the birth parent recognize and respond to their infant's 2 cues; and

3 (e) Establish provider requirements and pay only those qualified4 providers for the services provided through the program.

5 (2) In administering the program, the authority shall seek any 6 available federal financial participation under the medical 7 assistance program, as codified at Title XIX of the federal social 8 security act, the state children's health insurance program, as 9 codified at Title XXI of the federal social security act, and any 10 other federal funding sources that are now available or may become 11 available.

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

(1) The authority shall update the maternity support services program to address perinatal outcomes and increase equity and healthier birth outcomes.

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(2) By January 1, 2024, the authority shall:

(a) Update current screening tools to be culturally relevant,
 include current risk factors, ensure the tools address health equity,
 and include questions identifying various social determinants of
 health that impact a healthy birth outcome and improve health equity;

(b) Ensure care coordination, including sharing screening toolswith the patient's health care providers as necessary;

(c) Develop a mechanism to collect the results of the maternity
 support services screenings and evaluate the outcomes of the program.
 At minimum, the program evaluation shall:

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(i) Identify gaps, strengths, and weaknesses of the program; and

(ii) Make recommendations for how the program may improve to better align with the authority's maternal and infant health initiatives; and

31 (d) Increase utilization of services to all eligible maternity 32 support services clients who choose to receive the services.

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(3) The authority shall adopt rules to implement this section.

34 <u>NEW SECTION.</u> Sec. 3. A new section is added to chapter 74.09 35 RCW to read as follows:

The income standards for a pregnant woman eligible for Washington apple health pregnancy coverage shall have countable income equal to or below 210 percent of the federal poverty level. 1 Sec. 4. RCW 74.09.830 and 2021 c 90 s 2 are each amended to read 2 as follows:

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

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

9 (a) Provide health care coverage to postpartum persons who reside 10 in Washington state, have countable income equal to or below ((193)) 11 <u>210</u> percent of the federal poverty level, and are not otherwise 12 eligible under Title XIX or Title XXI of the federal social security 13 act; and

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

18 (3) Health care coverage under this section must be provided 19 during the 12-month period beginning on the last day of the 20 pregnancy.

21 (4) The authority shall not provide health care coverage under 22 this section to individuals who are eligible to receive health care coverage under Title XIX or Title XXI of the federal social security 23 act. Health care coverage for these individuals shall be provided by 24 a program that is funded by Title XIX or Title XXI of the federal 25 social security act. Further, the authority shall make every effort 26 to expedite and complete eligibility determinations for individuals 27 who are presumptively eligible to receive health care coverage under 28 Title XIX or Title XXI of the federal social security act to ensure 29 the state is receiving the maximum federal match. This includes, but 30 31 is not limited to, working with the managed care organizations to 32 provide continuous outreach in various modalities until the 33 individual's eligibility determination is completed. Beginning January 1, 2022, the authority must submit quarterly reports to the 34 caseload forecast work group on the number of individuals who are 35 36 presumptively eligible to receive health care coverage under Title XIX or Title XXI of the federal social security act but are awaiting 37 for the authority to complete eligibility determination, the number 38 39 of individuals who were presumptively eligible but are now receiving 40 health care coverage with the maximum federal match under Title XIX

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or Title XXI of the federal social security act, and outreach
 activities including the work with managed care organizations.

3 (5) To ensure continuity of care and maximize the efficiency of 4 the program, the amount and scope of health care services provided to 5 individuals under this section must be the same as that provided to 6 pregnant and postpartum persons under medical assistance, as defined 7 in RCW 74.09.520.

(6) In administering this program, the authority must seek any 8 financial participation under the 9 available federal medical assistance program, as codified at Title XIX of the federal social 10 11 security act, the state children's health insurance program, as 12 codified at Title XXI of the federal social security act, and any other federal funding sources that are now available or may become 13 available. This includes, but is not limited to, ensuring the state 14 is receiving the maximum federal match for individuals who are 15 16 presumptively eligible to receive health care coverage under Title 17 XIX or Title XXI of the federal social security act by expediting completion of the individual's eligibility determination. 18

19 (7) Working with stakeholder and community organizations and the Washington health benefit exchange, the authority must establish a 20 21 comprehensive community education and outreach campaign to facilitate applications for and enrollment in the program or into a more 22 23 appropriate program where the state receives maximum federal match. Subject to the availability of amounts appropriated for this specific 24 25 purpose, the education and outreach campaign must provide culturally 26 and linguistically accessible information to facilitate participation in the program, including but not limited to enrollment procedures, 27 28 program services, and benefit utilization.

(8) Beginning January 1, 2022, the managed care organizations 29 contracted with the authority to provide postpartum coverage must 30 31 annually report to the legislature on their work to improve maternal 32 health for enrollees, including but not limited to postpartum services offered to enrollees, the percentage of enrollees utilizing 33 each postpartum service offered, outreach activities to engage 34 enrollees in available postpartum services, and efforts to collect 35 eligibility information for the authority to ensure the enrollee is 36 37 in the most appropriate program for the state to receive the maximum federal match. 38

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