

SENATE BILL REPORT

SB 5068

As of February 11, 2021

Title: An act relating to improving maternal health outcomes by extending coverage during the postpartum period.

Brief Description: Improving maternal health outcomes by extending coverage during the postpartum period.

Sponsors: 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..

Brief History:

Committee Activity: Health & Long Term Care: 1/20/21, 1/27/21 [DP-WM, w/oRec].
Ways & Means: 2/15/21.

Brief Summary of Bill

- Creates one year of postpartum coverage through Apple Health.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Frockt, Vice Chair; Muzzall, Ranking Member; Conway, Holy, Keiser, Randall, Rivers, Robinson and Van De Wege.

Minority Report: That it be referred without recommendation.

Signed by Senator Padden.

Staff: LeighBeth Merrick (786-7445)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Sandy Stith (786-7710)

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Background: Apple Health. The Health Care Authority (HCA) administers Washington's Apple Health program providing medical assistance primarily through Medicaid. Apple Health offers eligible families, children under age 19, low-income adults, certain disabled individuals, and pregnant women a complete medical benefits package.

Currently, Apple Health provides coverage to pregnant individuals with countable income at or below 193 percent of the federal poverty level (FPL), regardless of citizenship or immigration status. Once an individual is enrolled, they are covered regardless of any change in income through the end of the month, following the 60th day after the pregnancy end date. For example, if a pregnancy ends June 10th, health care coverage continues through August 31st.

Individuals receive this postpartum coverage regardless of how the pregnancy ends. Individuals who apply for coverage after the baby's birth may not receive postpartum coverage, but they may qualify for help paying costs related to the baby's birth if they submit the application within three months after the month in which the child was born.

Maternal Mortality Review Panel. In 2016, the Legislature established The Maternal Mortality Review Panel (panel) to review and identify factors associated with maternal deaths occurring in the state, and to make recommendations to improve healthcare for women. The panel's 2019 report to the Legislature included a recommendation to ensure funding and access to postpartum care and support through the first year after the end of pregnancy.

Enhanced Medicaid Funding During the Federal Public Health Emergency. On January 31, 2020, the Secretary of Health and Human Services declared a federal public health emergency exists due to COVID-19. The declaration has been renewed several times and is set to expire on April 21, 2021. The Families First Coronavirus Response Act, which Congress passed on March 18, 2020, provides states with a 6.2 percent enhanced federal match for Medicaid during the federal public health emergency. To receive the enhanced federal funding, states must provide continuous eligibility for individuals who are enrolled in Medicaid during the federal public health emergency. This means a state cannot terminate an individual's medicaid coverage unless the individual moves out of state or requests termination.

Summary of Bill: HCA must provide one-year of postpartum coverage through Apple Health. The coverage is implemented in two phases. In the first phase, HCA must extend coverage from 60 days postpartum to one year postpartum for individuals who are receiving Apple Health postpartum coverage on or after the expiration date of the federal public health emergency related to COVID-19. The second phase is required to be implemented by June 1, 2022. In the second phase, HCA must provide one-year of postpartum coverage to individuals who are Washington residents and have a countable income at or below 193 percent of the FPL. The coverage must be provided up to 12 months post pregnancy and must not be terminated if an enrollee's income changes. HCA is required to seek any

available federal financial participation or funding sources to administer the coverage.

HCA is directed to work with stakeholders and the Health Benefit Exchange to establish an education and outreach campaign to facilitate enrollment in the coverage. Subject to appropriations, the campaign must provide culturally and linguistically accessible information.

If federal funds do not become available by the effective date of the one-year postpartum coverage, HCA is directed to submit a waiver request to the Centers for Medicare and Medicaid Services (CMS) to allow for the state to receive federal match for the coverage period past 60 days to one year post-pregnancy. HCA is required to provide coverage regardless of CMS's approval of the waiver, and report to the Legislature on the status of the waiver request by December 1, 2021.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Requested on January 11, 2021.

Creates Committee/Commission/Task Force that includes Legislative members: Yes.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Health & Long Term Care): PRO: Maternal mortality disproportionately impacts individuals of color, living in rural areas, and with lower socioeconomic status. One-third of maternal mortality deaths occur after six weeks postpartum which makes it critical to extend coverage beyond two months. This bill is lifesaving and will help set-up families for healthy and successful futures. The standard of practice is for an individual to be seen six weeks after delivery and with only two weeks left in coverage, it makes it impossible to effectively treat common postpartum issues like gestational diabetes, high blood pressure, and depression. When these issues go untreated babies and moms suffer and it ends up costing the tax-payers more money. American Indians have the highest maternal mortality rate than any other race. Many of these deaths are preventable. Federally qualified health centers and community health centers are absorbing the costs to support postpartum health for individuals that do not have coverage. Individuals who experience trauma need more support during the postpartum period. Many women experience mood disorders during the postpartum period which may not show up for months after delivering. With COVID-19, the amount of new parents facing mood disorders, and socioeconomic and food insecurities has increased.

OTHER: The 2020 health impact review was updated to include the effects of COVID-19. The report found that depression and anxiety increased among new parents and there is strong evidence that this bill will likely improve health outcomes, and help address inequities that currently exist by geography, race, ethnicity and socio-economic status.

Persons Testifying (Health & Long Term Care): PRO: Senator Emily Randall, Prime Sponsor; Daniel Low, citizen; Dr. Jennifer Chin, American College of Obstetricians and Gynecologists; Abigail Echo-Hawk, Urban Indian Health Institute; Cindy Gamble, American Indian Health Commission for Washington State; Rokea Jones, Open Arms Perinatal Services; Maria Huang, Washington Chapter of the American Academy of Pediatrics.

OTHER: Lindsay Herendeen, State Board of Health.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.