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## SECOND SUBSTITUTE SENATE BILL 5580

State of Washington 68th Legislature 2023 Regular Session

By Senate Ways & Means (originally sponsored by Senators Muzzall, Cleveland, Braun, Rivers, Warnick, Hasegawa, Kuderer, Lovelett, Randall, Shewmake, and J. Wilson)

READ FIRST TIME 02/24/23.

- 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:
- MEW SECTION. Sec. 1. A new section is added to chapter 74.09

  RCW to read as follows:
  - (1) By no later than January 1, 2025, the authority shall create a postdelivery and transitional care program that allows for extended postdelivery hospital care for people with a substance use disorder at the time of delivery. The authority shall:
- 10 (a) Allow for up to five additional days of hospitalization stay
  11 for the birth parent;
- 12 (b) Provide the birth parent access to integrated care and 13 medical services including, but not limited to, access to clinical 14 health, medication management, behavioral health, addiction medicine, 15 specialty consultations, and psychiatric providers;
- 16 (c) Provide the birth parent access to social work support which 17 includes coordination with the department of children, youth, and 18 families to develop a plan for safe care;
- 19 (d) Allow dedicated time for health professionals to assist in 20 facilitating early bonding between the birth parent and infant by

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- 1 helping the birth parent recognize and respond to their infant's 2 cues; and
- 3 (e) Establish provider requirements and pay only those qualified 4 providers for the services provided through the program.
- 5 (2) In administering the program, the authority shall seek any available federal financial participation under the medical assistance program, as codified at Title XIX of the federal social security act, the state children's health insurance program, as codified at Title XXI of the federal social security act, and any other federal funding sources that are now available or may become available.
- NEW SECTION. Sec. 2. A new section is added to chapter 74.09
  RCW to read as follows:

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- (1) Subject to the amounts appropriated for this specific purpose, the authority shall update the maternity support services program to address perinatal outcomes and increase equity and healthier birth outcomes. By January 1, 2025, 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;
- 22 (b) Ensure care coordination, including sharing screening tools 23 with 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:
    - (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 the allowable benefit and reimbursement rates with 32 the goal of increasing utilization of services to all eligible 33 maternity support services clients who choose to receive the 34 services.
- 35 (2) The authority shall adopt rules to implement this section.
- NEW SECTION. Sec. 3. A new section is added to chapter 74.09
  RCW to read as follows:

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The income standards for a pregnant person eligible for Washington apple health pregnancy coverage shall have countable income equal to or below 210 percent of the federal poverty level.

- Sec. 4. RCW 74.09.830 and 2021 c 90 s 2 are each amended to read 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.
  - (2) By June 1, 2022, the authority must:

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- (a) Provide health care coverage to postpartum persons who reside in Washington state, have countable income equal to or below ((193)) 210 percent of the federal poverty level, and are not otherwise eligible under Title XIX or Title XXI of the federal social security 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.
- (3) Health care coverage under this section must be provided during the 12-month period beginning on the last day of the pregnancy.
- (4) The authority shall not provide health care coverage under this section to individuals who are eligible to receive health care coverage under Title XIX or Title XXI of the federal social security act. Health care coverage for these individuals shall be provided by a program that is funded by Title XIX or Title XXI of the federal social security act. Further, the authority shall make every effort to expedite and complete eligibility determinations for individuals who are presumptively eligible to receive health care coverage under Title XIX or Title XXI of the federal social security act to ensure the state is receiving the maximum federal match. This includes, but is not limited to, working with the managed care organizations to provide continuous outreach in various modalities until individual's eligibility determination is completed. Beginning January 1, 2022, the authority must submit quarterly reports to the caseload forecast work group on the number of individuals who are presumptively eligible to receive health care coverage under Title

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XIX or Title XXI of the federal social security act but are awaiting for the authority to complete eligibility determination, the number of individuals who were presumptively eligible but are now receiving health care coverage with the maximum federal match under Title XIX or Title XXI of the federal social security act, and outreach activities including the work with managed care organizations.

- (5) To ensure continuity of care and maximize the efficiency of the program, the amount and scope of health care services provided to individuals under this section must be the same as that provided to pregnant and postpartum persons under medical assistance, as defined in RCW 74.09.520.
- (6) In administering this program, the authority must seek any available federal financial participation under the medical assistance program, as codified at Title XIX of the federal social security act, the state children's health insurance program, as codified at Title XXI of the federal social security act, and any other federal funding sources that are now available or may become available. This includes, but is not limited to, ensuring the state is receiving the maximum federal match for individuals who are presumptively eligible to receive health care coverage under Title XIX or Title XXI of the federal social security act by expediting completion of the individual's eligibility determination.
- (7) Working with stakeholder and community organizations and the Washington health benefit exchange, the authority must establish a comprehensive community education and outreach campaign to facilitate applications for and enrollment in the program or into a more appropriate program where the state receives maximum federal match. Subject to the availability of amounts appropriated for this specific purpose, the education and outreach campaign must provide culturally and linguistically accessible information to facilitate participation in the program, including but not limited to enrollment procedures, program services, and benefit utilization.
- (8) Beginning January 1, 2022, the managed care organizations contracted with the authority to provide postpartum coverage must annually report to the legislature on their work to improve maternal health for enrollees, including but not limited to postpartum services offered to enrollees, the percentage of enrollees utilizing each postpartum service offered, outreach activities to engage enrollees in available postpartum services, and efforts to collect eligibility information for the authority to ensure the enrollee is

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- 1  $\,$  in the most appropriate program for the state to receive the maximum
- 2 federal match.

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