

2E2SSB 5580 - H COMM AMD
By Committee on Appropriations

ADOPTED AS AMENDED 02/28/2024

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 74.09
4 RCW to read as follows:

5 (1) By no later than January 1, 2026, the authority shall create
6 a postdelivery and transitional care program that allows for extended
7 postdelivery hospital care for people with a substance use disorder
8 at the time of delivery. The authority shall:

9 (a) Allow for up to five additional days of hospitalization stay
10 for the birth parent;

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

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

18 (d) Allow dedicated time for health professionals to assist in
19 facilitating early bonding between the birth parent and infant by
20 helping the birth parent recognize and respond to their infant's
21 cues; and

22 (e) Establish provider requirements and pay only those qualified
23 providers for the services provided through the program.

24 (2) In administering the program, the authority shall seek any
25 available federal financial participation under the medical
26 assistance program, as codified at Title XIX of the federal social
27 security act, the state children's health insurance program, as
28 codified at Title XXI of the federal social security act, and any
29 other federal funding sources that are now available or may become
30 available.

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

3 (1) Subject to the amounts appropriated for this specific
4 purpose, the authority shall update the maternity support services
5 program to address perinatal outcomes and increase equity and
6 healthier birth outcomes. By January 1, 2026, the authority shall:

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

11 (b) Ensure care coordination, including sharing screening tools
12 with the patient's health care providers as necessary;

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

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

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

20 (d) Increase the allowable benefit and reimbursement rates with
21 the goal of increasing utilization of services to all eligible
22 maternity support services clients who choose to receive the
23 services.

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

25 NEW SECTION. **Sec. 3.** A new section is added to chapter 74.09
26 RCW to read as follows:

27 By November 1, 2024, the income standards for a pregnant person
28 eligible for Washington apple health pregnancy coverage shall have
29 countable income equal to or below 210 percent of the federal poverty
30 level.

31 **Sec. 4.** RCW 74.09.830 and 2021 c 90 s 2 are each amended to read
32 as follows:

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

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

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

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

9 (3) By November 1, 2024, the income standards for a postpartum
10 person eligible for Washington apple health pregnancy or postpartum
11 coverage shall have countable income equal to or below 210 percent of
12 the federal poverty level.

13 (4) Health care coverage under this section must be provided
14 during the 12-month period beginning on the last day of the
15 pregnancy.

16 ((+4)) (5) The authority shall not provide health care coverage
17 under this section to individuals who are eligible to receive health
18 care coverage under Title XIX or Title XXI of the federal social
19 security act. Health care coverage for these individuals shall be
20 provided by a program that is funded by Title XIX or Title XXI of the
21 federal social security act. Further, the authority shall make every
22 effort to expedite and complete eligibility determinations for
23 individuals who are presumptively eligible to receive health care
24 coverage under Title XIX or Title XXI of the federal social security
25 act to ensure the state is receiving the maximum federal match. This
26 includes, but is not limited to, working with the managed care
27 organizations to provide continuous outreach in various modalities
28 until the individual's eligibility determination is completed.
29 Beginning January 1, 2022, the authority must submit quarterly
30 reports to the caseload forecast work group on the number of
31 individuals who are presumptively eligible to receive health care
32 coverage under Title XIX or Title XXI of the federal social security
33 act but are awaiting for the authority to complete eligibility
34 determination, the number of individuals who were presumptively
35 eligible but are now receiving health care coverage with the maximum
36 federal match under Title XIX or Title XXI of the federal social
37 security act, and outreach activities including the work with managed
38 care organizations.

39 ((+5)) (6) To ensure continuity of care and maximize the
40 efficiency of the program, the amount and scope of health care

1 services provided to individuals under this section must be the same
2 as that provided to pregnant and postpartum persons under medical
3 assistance, as defined in RCW 74.09.520.

4 ~~((6))~~ (7) In administering this program, the authority must
5 seek any available federal financial participation under the medical
6 assistance program, as codified at Title XIX of the federal social
7 security act, the state children's health insurance program, as
8 codified at Title XXI of the federal social security act, and any
9 other federal funding sources that are now available or may become
10 available. This includes, but is not limited to, ensuring the state
11 is receiving the maximum federal match for individuals who are
12 presumptively eligible to receive health care coverage under Title
13 XIX or Title XXI of the federal social security act by expediting
14 completion of the individual's eligibility determination.

15 ~~((7))~~ (8) Working with stakeholder and community organizations
16 and the Washington health benefit exchange, the authority must
17 establish a comprehensive community education and outreach campaign
18 to facilitate applications for and enrollment in the program or into
19 a more appropriate program where the state receives maximum federal
20 match. Subject to the availability of amounts appropriated for this
21 specific purpose, the education and outreach campaign must provide
22 culturally and linguistically accessible information to facilitate
23 participation in the program, including but not limited to enrollment
24 procedures, program services, and benefit utilization.

25 ~~((8))~~ (9) Beginning January 1, 2022, the managed care
26 organizations contracted with the authority to provide postpartum
27 coverage must annually report to the legislature on their work to
28 improve maternal health for enrollees, including but not limited to
29 postpartum services offered to enrollees, the percentage of enrollees
30 utilizing each postpartum service offered, outreach activities to
31 engage enrollees in available postpartum services, and efforts to
32 collect eligibility information for the authority to ensure the
33 enrollee is in the most appropriate program for the state to receive
34 the maximum federal match.

35 NEW SECTION. **Sec. 5.** If specific funding for the purposes of
36 this act, referencing this act by bill or chapter number, is not
37 provided by June 30, 2024, in the omnibus appropriations act, this
38 act is null and void."

1 Correct the title.

EFFECT: Delays the date that the Health Care Authority must create a postdelivery and transitional care program and update the maternity support services program by one year to January 1, 2026.

A null and void clause is added, making the bill null and void unless funded in the budget.

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