

# SENATE BILL REPORT

## SB 5580

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As of February 7, 2023

**Title:** An act relating to improving maternal health outcomes.

**Brief Description:** Improving maternal health outcomes.

**Sponsors:** Senators Muzzall, Cleveland, Braun, Rivers, Warnick, Hasegawa, Kuderer, Lovelett, Randall, Shewmake and Wilson, J..

**Brief History:**

**Committee Activity:** Health & Long Term Care: 2/07/23.

### Brief Summary of Bill

- Increases the federal poverty level requirement for pregnant women and postpartum persons from 193 percent to 210 percent.
- Directs the Health Care Authority (HCA) to create a post-delivery and transitional care program for women with substance use disorder at the time of delivery allowing for extended post-delivery hospital care by January 1, 2024.
- Requires HCA to update the current Maternity Support Services (MSS) program by January 1, 2024 to address perinatal outcomes and increase equity and healthier birth outcomes by updating screening tools, develop a mechanism to collect MSS screening results and evaluate the program, and increase utilization of services to all eligible MSS clients who choose to receive the services.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Staff:** Julie Tran (786-7283)

**Background:** The Health Care Authority (HCA) administers Washington's

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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 individuals a complete medical benefits package.

Apple Health provides coverage to pregnant individuals and postpartum persons with countable income at or below 193 percent of the federal poverty level, regardless of citizenship or immigration status. Once an individual is enrolled in Apple Health coverage and are pregnant, the coverage automatically transitions to After-Pregnancy Coverage (APC) once the pregnancy ends. Individuals receive this postpartum coverage regardless of any income changes and how the pregnancy ends.

APC lasts for 12 months, starting the first day of the month after the pregnancy ends. For example, if the pregnancy ends June 10th, the healthcare coverage would continue through June 30th of the following year. Individuals who apply for coverage after the baby's birth may still be eligible for APC if the individual was pregnant in the last 12 months and were not on Apple Health during the pregnancy.

Maternity Care Access Program. A program available to Apple Health enrollees is the Maternity Care Access Program, administered by HCA as the First Steps program. Program services include full medical coverage, including prenatal care, delivery, post pregnancy follow-up, and one year of family planning services and medical care for newborns.

Individuals can receive Maternity Support Services (MSS) through the First Steps program if they are pregnant and receiving Apple Health coverage. MSS is offered in addition to medical and prenatal care. MSS are preventive health and education services to help an individual have a healthy pregnancy, and a healthy baby.

A pregnant individual can receive MSS during pregnancy and 60 days postpartum, and services can begin any time during the pregnancy, delivery or postpartum period. MSS may include:

- pregnancy and parenting information;
- screening for possible pregnancy risk factors;
- brief counseling for identified risk factors; and
- referral to community resources.

**Summary of Bill:** Apple Health Coverage for Pregnant Women and Postpartum Persons. The countable income standards for a pregnant woman and a postpartum person eligible for Apple Health coverage is at or below 210 percent of the federal poverty level.

Post-delivery and Transitional Care Program. HCA must create a post-delivery and transitional care program (program) allowing for extended postdelivery hospital care for women with a substance use disorder at the time of delivery by January 1, 2024. This program must allow for at least five additional days of hospitalization stay for the birth

parent and allow dedicated time for health professionals to assist in facilitating early bonding between the birth parent and infant by helping the birth parent recognize and respond to their infant's cues. The program should also 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; and
- social work support which includes coordination with the Department of Children, Youth, and Families to develop a plan for safe care.

HCA must establish provider requirements, and pay only those qualified providers for the services provided through the program. HCA must seek any available federal financial participation under the medical assistance program and any other federal funding sources that are now available or may become available.

Maternity Support Services Program. The MSS program must be updated to address perinatal outcomes and increase equity and healthier birth outcomes. HCA must 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.

HCA must ensure care coordination, including sharing screening tools with the patient's health care providers as necessary and increase utilization of services to all eligible MSS clients who choose to receive the services.

HCA must develop a mechanism to collect the results of the MSS screenings and evaluate the outcomes of the MSS program. The program evaluation, at minimum, must: identify the program's gaps, strengths, and weaknesses; and make recommendations for how the program may improve to better align with HCA's maternal and infant health initiatives.

HCA must complete these tasks by January 1, 2024, and HCA may adopt rules to implement these tasks.

**Appropriation:** None.

**Fiscal Note:** Requested on February 1, 2023.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

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

**Staff Summary of Public Testimony:** PRO: This bill is a further move to ensure good health for mothers and babies that are born in a situation that is less fortunate. Pregnancy during times of housing instability can be scary and traumatizing. Pregnancy can increase the risk of homelessness. It is crucial for health and housing systems work together. There needs to be continued focus and support for the mother in the fourth trimester as a current

gap in care exists there.

OTHER: Transitional care and support for those who are experiencing substance use disorders at the time of delivery and post-delivery is included in the Governor's budget. There is an amendment request to change language of the bill to say "pregnant people" for consistency and to extend the implementation time because more time will be needed depending on what path CMS would require.

**Persons Testifying:** PRO: Senator Ron Muzzall, Prime Sponsor; Megan Veith, Building Changes; Katherine Mahoney, Virginia Mason Franciscan Health.

OTHER: Dr. Charissa Fotinos, Health Care Authority (HCA).

**Persons Signed In To Testify But Not Testifying:** No one.