

CERTIFICATION OF ENROLLMENT

SECOND ENGROSSED SECOND SUBSTITUTE SENATE BILL 5580

Chapter 213, Laws of 2024

68th Legislature
2024 Regular Session

HEALTH CARE AUTHORITY—MATERNAL HEALTH OUTCOMES

EFFECTIVE DATE: June 6, 2024

Passed by the Senate March 4, 2024
Yeas 48 Nays 0

DENNY HECK

President of the Senate

Passed by the House February 28, 2024
Yeas 94 Nays 0

Laurie Jinkins

**Speaker of the House of
Representatives**

Approved March 19, 2024 3:14 PM

JAY INSLIEE

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND ENGROSSED SECOND SUBSTITUTE SENATE BILL 5580** as passed by the Senate and the House of Representatives on the dates hereon set forth.

SARAH BANNISTER

Secretary

FILED

March 21, 2024

**Secretary of State
State of Washington**

SECOND ENGROSSED SECOND SUBSTITUTE SENATE BILL 5580

AS AMENDED BY THE HOUSE

Passed Legislature - 2024 Regular Session

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; adding new sections to chapter 74.09 RCW; and creating
3 a new section.

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

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

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

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

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

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

20 (d) Allow dedicated time for health professionals to assist in
21 facilitating 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 qualified
4 providers for the services provided through the program.

5 (2) In order to provide technical assistance to participating
6 hospitals regarding the postdelivery and transitional care program,
7 the authority shall contract with the Washington state chapter of a
8 national organization that provides a physician-led professional
9 community for those who prevent, treat, and promote remission and
10 recovery from the disease of addiction and whose comprehensive set of
11 guidelines for determining placement, continued stay, and transfer or
12 discharge of enrollees with substance use disorders and co-occurring
13 disorders have been incorporated into medicaid managed care
14 contracts.

15 (3) In administering the program, the authority shall seek any
16 available federal financial participation under the medical
17 assistance program, as codified at Title XIX of the federal social
18 security act, the state children's health insurance program, as
19 codified at Title XXI of the federal social security act, the federal
20 family first prevention services act, and any other federal funding
21 sources that are now available or may become available.

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

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

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

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

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

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

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

4 (d) Increase the allowable benefit and reimbursement rates with
5 the goal of increasing utilization of services to all eligible
6 maternity support services clients who choose to receive the
7 services.

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

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

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

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

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

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

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

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

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

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

1 (~~(4)~~) (5) The authority shall not provide health care coverage
2 under this section to individuals who are eligible to receive health
3 care coverage under Title XIX or Title XXI of the federal social
4 security act. Health care coverage for these individuals shall be
5 provided by a program that is funded by Title XIX or Title XXI of the
6 federal social security act. Further, the authority shall make every
7 effort to expedite and complete eligibility determinations for
8 individuals who are presumptively eligible to receive health care
9 coverage under Title XIX or Title XXI of the federal social security
10 act to ensure the state is receiving the maximum federal match. This
11 includes, but is not limited to, working with the managed care
12 organizations to provide continuous outreach in various modalities
13 until the individual's eligibility determination is completed.
14 Beginning January 1, 2022, the authority must submit quarterly
15 reports to the caseload forecast work group on the number of
16 individuals who are presumptively eligible to receive health care
17 coverage under Title XIX or Title XXI of the federal social security
18 act but are awaiting for the authority to complete eligibility
19 determination, the number of individuals who were presumptively
20 eligible but are now receiving health care coverage with the maximum
21 federal match under Title XIX or Title XXI of the federal social
22 security act, and outreach activities including the work with managed
23 care organizations.

24 (~~(5)~~) (6) To ensure continuity of care and maximize the
25 efficiency of the program, the amount and scope of health care
26 services provided to individuals under this section must be the same
27 as that provided to pregnant and postpartum persons under medical
28 assistance, as defined in RCW 74.09.520.

29 (~~(6)~~) (7) In administering this program, the authority must
30 seek any available federal financial participation under the medical
31 assistance program, as codified at Title XIX of the federal social
32 security act, the state children's health insurance program, as
33 codified at Title XXI of the federal social security act, and any
34 other federal funding sources that are now available or may become
35 available. This includes, but is not limited to, ensuring the state
36 is receiving the maximum federal match for individuals who are
37 presumptively eligible to receive health care coverage under Title
38 XIX or Title XXI of the federal social security act by expediting
39 completion of the individual's eligibility determination.

1 (~~(7)~~) (8) Working with stakeholder and community organizations
2 and the Washington health benefit exchange, the authority must
3 establish a comprehensive community education and outreach campaign
4 to facilitate applications for and enrollment in the program or into
5 a more appropriate program where the state receives maximum federal
6 match. Subject to the availability of amounts appropriated for this
7 specific purpose, the education and outreach campaign must provide
8 culturally and linguistically accessible information to facilitate
9 participation in the program, including but not limited to enrollment
10 procedures, program services, and benefit utilization.

11 (~~(8)~~) (9) Beginning January 1, 2022, the managed care
12 organizations contracted with the authority to provide postpartum
13 coverage must annually report to the legislature on their work to
14 improve maternal health for enrollees, including but not limited to
15 postpartum services offered to enrollees, the percentage of enrollees
16 utilizing each postpartum service offered, outreach activities to
17 engage enrollees in available postpartum services, and efforts to
18 collect eligibility information for the authority to ensure the
19 enrollee is in the most appropriate program for the state to receive
20 the maximum federal match.

21 NEW SECTION. **Sec. 5.** If specific funding for the purposes of
22 this act, referencing this act by bill or chapter number, is not
23 provided by June 30, 2024, in the omnibus appropriations act, this
24 act is null and void.

Passed by the Senate March 4, 2024.
Passed by the House February 28, 2024.
Approved by the Governor March 19, 2024.
Filed in Office of Secretary of State March 21, 2024.

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