
SENATE BILL 5642

State of Washington

69th Legislature

2025 Regular Session

By Senators Torres, Dozier, and Hasegawa

Read first time 02/03/25. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to improving performance on maternal health and
2 preventative cancer screening metrics for medicaid clients; adding a
3 new section to chapter 74.09 RCW; and creating new sections.

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

5 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

6 (a) To optimize the health of women and infants, it is important
7 to improve the continuum of care from encouraging a healthy pregnancy
8 to having a healthy birth and receiving postpartum care. Prenatal
9 care can help prevent and address health problems for both women and
10 their infants. It is most effective when it starts early and can be
11 continued through the entire pregnancy. It is also recognized that
12 interventions to increase access to health care can help more women
13 get the prenatal care they need. After the birth, it is also
14 important that postpartum care is an ongoing process with services
15 and supports that women receive specific to their individual needs so
16 that they can recover from birth and nurture their infants. The time
17 following birth is a critical period for a woman and her infant, and
18 it sets the stage for long-term health and well-being;

19 (b) Breast cancer is the second most common cancer in women in
20 the United States behind only skin cancer. Breast cancer is also the
21 second-leading cause of cancer death in women;

1 (c) Other cancers, like cervical cancer, rarely occur in women
2 who have been getting regular screenings before age 65;

3 (d) The state of Washington has substantial public interest in
4 the quality, price, and cost of health care, and ensuring that
5 managed care organizations are delivering quality health care.
6 Oversight of performance management of managed care organizations
7 providing health care services to medicaid clients contracted by the
8 health care authority is necessary to provide accountability for
9 state purchased health care;

10 (e) Services provided in a fee-for-service environment also
11 require oversight and accountability; and

12 (f) Health care costs are rising, and that containing health care
13 costs while ensuring positive health outcomes, appropriate
14 performance management, and accountability for dollars spent on state
15 purchased health care is essential. The legislature must hold both
16 the health care authority and the managed care organizations that
17 provide services to medicaid clients accountable for performance and
18 performance improvement.

19 (2) The legislature therefore intends to ensure medicaid clients
20 receive appropriate care in the right setting, at the right time, for
21 the right cost by providing oversight for performance management and
22 accountability for state purchased health care.

23 NEW SECTION. **Sec. 2.** (1) The health care authority, in
24 collaboration with the department of health, the Robert Bree
25 collaborative under chapter 70.250 RCW, and medicaid managed care
26 organizations, shall develop education and outreach material by
27 December 31, 2025, to encourage better health outcomes for medicaid
28 clients receiving services in a fee-for-service setting or managed
29 care setting for the following performance measures: Breast cancer
30 screening; cervical cancer screening; the timeliness of prenatal
31 care; and postpartum care.

32 (2) The health care authority and medicaid managed care
33 organizations shall also seek collaboration from representatives of
34 the American cancer society and the American college of obstetricians
35 and gynecologists as the education and outreach materials outlined in
36 this section are being developed.

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

1 (1) By December 31, 2025, the authority shall develop an
2 implementation plan to incentivize medicaid managed care
3 organizations to improve their performance measures as measured by
4 the external quality improvement organization and to improve fee-for-
5 service performance metrics related to providing the following
6 services to clients under this chapter: Breast cancer screening;
7 cervical cancer screening; the timeliness of prenatal care; and
8 postpartum care.

9 (2) The authority shall submit a report to the governor and the
10 relevant committees of the legislature by November 30, 2028, and
11 annually thereafter, that details any savings from improvements made
12 based on the performance measures referenced in subsection (1) of
13 this section for each prior plan year up to the previous three plan
14 years and additional data including, at a minimum:

15 (a) The implementation plan developed by the authority as
16 outlined in subsection (1) of this section, delineated between fee-
17 for-service and managed care;

18 (b) The work conducted by the authority to incentivize the
19 managed care organizations to improve each of the specific
20 performance measurements;

21 (c) The work conducted by the authority to improve fee-for-
22 service service delivery;

23 (d) What offsets were outlined by the authority;

24 (e) The number of clients enrolled with managed care
25 organizations;

26 (f) The number of clients enrolled with managed care
27 organizations eligible for: (i) Breast cancer screening; (ii)
28 cervical cancer screening; (iii) prenatal care; or (iv) postpartum
29 care;

30 (g) The number of clients in fee-for-service;

31 (h) The number of clients in fee-for-service eligible for: (i)
32 Breast cancer screening; (ii) cervical cancer screening; (iii)
33 prenatal care; or (iv) postpartum care;

34 (i) The number and percentage of clients who received a breast
35 cancer screening;

36 (j) The number and percentage of clients who received a cervical
37 cancer screening;

38 (k) The number and percentage of clients who received prenatal
39 care and the timeliness of the prenatal care;

1 (1) The number and percentage of clients who received postpartum
2 care; and

3 (m) The annual comparison of each performance measure for the
4 previous three plan years.

5 (3) For the purposes of this section, "external quality
6 improvement organization" means an organization that meets the
7 competence and independence requirements under 42 C.F.R. Sec.
8 438.354, as it existed on the effective date of this section.

9 NEW SECTION. **Sec. 4.** (1) By December 31, 2025, the health care
10 authority shall develop billing guide instructions for fee-for-
11 service providers and amend contracts with managed care organizations
12 to encourage the use of current procedural terminology code 0500F for
13 earlier identification of pregnant women.

14 (2) The health care authority may incentivize the use of current
15 procedural terminology code 0500F as part of its implementation plan
16 with managed care organizations as described in section 3 of this
17 act.

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