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.

AN ACT Relating to improving maternal health outcomes; amending RCW 74.09.830; adding new sections to chapter 74.09 RCW; and creating a new section.

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

5 <u>NEW SECTION.</u> 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;

(b) 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;

(c) Provide the birth parent access to social work support which includes coordination with the department of children, youth, and 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

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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.

(2) In order to provide technical assistance to participating 5 6 hospitals regarding the postdelivery and transitional care program, the authority shall contract with the Washington state chapter of a 7 national organization that provides a physician-led professional 8 community for those who prevent, treat, and promote remission and 9 recovery from the disease of addiction and whose comprehensive set of 10 guidelines for determining placement, continued stay, and transfer or 11 12 discharge of enrollees with substance use disorders and co-occurring disorders have been incorporated into medicaid managed care 13 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 family first prevention services act, and any other federal funding 20 21 sources that are now available or may become available.

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

(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, 2026, 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;

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:

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(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.

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

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

By November 1, 2024, 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.

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

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

(a) Provide health care coverage to postpartum persons who reside
 in Washington state, have countable income equal to or below 193
 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.

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

35 <u>(4)</u> 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 under this section to individuals who are eligible to receive health 2 care coverage under Title XIX or Title XXI of the federal social 3 security act. Health care coverage for these individuals shall be 4 provided by a program that is funded by Title XIX or Title XXI of the 5 6 federal social security act. Further, the authority shall make every effort to expedite and complete eligibility determinations for 7 individuals who are presumptively eligible to receive health care 8 coverage under Title XIX or Title XXI of the federal social security 9 act to ensure the state is receiving the maximum federal match. This 10 includes, but is not limited to, working with the managed care 11 12 organizations to provide continuous outreach in various modalities until the individual's eligibility determination is completed. 13 Beginning January 1, 2022, the authority must submit quarterly 14 reports to the caseload forecast work group on the number of 15 individuals who are presumptively eligible to receive health care 16 17 coverage under Title XIX or Title XXI of the federal social security act but are awaiting for the authority to complete eligibility 18 determination, the number of individuals who were presumptively 19 eligible but are now receiving health care coverage with the maximum 20 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 seek any available federal financial participation under the medical 30 31 assistance program, as codified at Title XIX of the federal social 32 security act, the state children's health insurance program, as codified at Title XXI of the federal social security act, and any 33 other federal funding sources that are now available or may become 34 available. This includes, but is not limited to, ensuring the state 35 is receiving the maximum federal match for individuals who are 36 presumptively eligible to receive health care coverage under Title 37 XIX or Title XXI of the federal social security act by expediting 38 39 completion of the individual's eligibility determination.

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

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

21 <u>NEW SECTION.</u> 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.

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