SENATE BILL 6106

State of Washington 66th Legislature 2020 Regular Session

By Senator O'Ban

Prefiled 12/23/19.

- 1 AN ACT Relating to improving postpartum medicaid coverage;
- 2 amending RCW 74.09.510; and creating new sections.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- NEW SECTION. Sec. 1. The legislature recognizes that the first 4 three hundred sixty-five days of a child's life is a critical time 5 6 for the health, including mental health, of both the mother and the 7 child. Negative health conditions, including postpartum disorders, may develop and stay with a mother during the initial 8 three hundred sixty-five days after the pregnancy ends. Currently, 9 10 mothers who meet certain income threshold limits to qualify for 11 medicaid coverage during and shortly after pregnancy may lose 12 medicaid coverage less than three months after a pregnancy ends. This is often referred to as the postpartum cliff. The legislature finds 13 14 that losing medicaid coverage shortly after a pregnancy ends 15 negatively affects the health of both the mother and the child. 16 Therefore, the legislature intends to allow mothers who qualify for 17 medicaid to remain on that medicaid coverage for a period of three 18 hundred sixty-five days following the end of a pregnancy.
- 19 **Sec. 2.** RCW 74.09.510 and 2017 3rd sp.s. c 6 s 337 are each 20 amended to read as follows:

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Medical assistance may be provided in accordance with eligibility requirements established by the authority, as defined in the social security Title XIX state plan for mandatory categorically needy persons and:

- (1) Individuals who would be eligible for cash assistance except for their institutional status;
- (2) Individuals who are under twenty-one years of age, who would be eligible for medicaid, but do not qualify as dependent children and who are in (a) foster care, (b) subsidized adoption, (c) a nursing facility or an intermediate care facility for persons with intellectual disabilities, or (d) inpatient psychiatric facilities;
 - (3) Individuals who:

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- (a) Are under twenty-one years of age;
- (b) On or after July 22, 2007, were in foster care under the legal responsibility of the department of social and health services, the department of children, youth, and families, or a federally recognized tribe located within the state; and
- (c) On their eighteenth birthday, were in foster care under the legal responsibility of the department of children, youth, and families or a federally recognized tribe located within the state;
- (4) Persons who are aged, blind, or disabled who: (a) Receive only a state supplement, or (b) would not be eligible for cash assistance if they were not institutionalized;
- (5) Categorically eligible individuals who meet the income and resource requirements of the cash assistance programs;
- (6) Individuals who are enrolled in managed health care systems, who have otherwise lost eligibility for medical assistance, but who have not completed a current six-month enrollment in a managed health care system, and who are eligible for federal financial participation under Title XIX of the social security act;
- 31 (7) Children ((and pregnant women)) allowed by federal statute for whom funding is appropriated; 32
- 33 (8) Pregnant and postpartum persons who have countable income equal to or below one hundred ninety-three percent of the federal 34 poverty level. Medical assistance provided under this subsection 35 36 shall be provided up to twelve months postpregnancy and is subject to 37 any conditions or limitations specified in the omnibus operating appropriations act;

p. 2 SB 6106 (9) Working individuals with disabilities authorized under section 1902(a)(10)(A)(ii) of the social security act for whom funding is appropriated;

((+9))) (10) Other individuals eligible for medical services under RCW 74.09.700 for whom federal financial participation is available under Title XIX of the social security act;

 $((\frac{10}{10}))$ <u>(11)</u> Persons allowed by section 1931 of the social security act for whom funding is appropriated; and

((\(\frac{(11+)}{11+}\)) (12) Women who: (a) Are under sixty-five years of age; (b) have been screened for breast and cervical cancer under the national breast and cervical cancer early detection program administered by the department of health or tribal entity and have been identified as needing treatment for breast or cervical cancer; and (c) are not otherwise covered by health insurance. Medical assistance provided under this subsection is limited to the period during which the woman requires treatment for breast or cervical cancer, and is subject to any conditions or limitations specified in the omnibus appropriations act.

NEW SECTION. Sec. 3. The health care authority shall submit a waiver request to the federal centers for medicare and medicaid services to allow for the state to receive federal match for the coverage of pregnant and postpartum persons identified in RCW 70.235.010(8). The authority shall provide coverage to all eligible pregnant and postpartum persons identified under RCW 70.235.010(8) regardless of federal approval of the waiver request. The authority shall report to the legislature on the status of the waiver request by December 1, 2020, and inform the legislature of any statutory changes necessary to allow the state to receive federal match for the coverage of pregnant and postpartum persons identified in RCW 70.235.010(8).

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