

SENATE BILL REPORT

SB 6128

As Reported by Senate Committee On:
Health & Long Term Care, January 27, 2020

Title: An act relating to improving maternal health outcomes by extending coverage during the postpartum period.

Brief Description: Extending coverage during the postpartum period.

Sponsors: Senators Randall, Darneille, Dhingra, Frockt, Hasegawa, Hunt, Kuderer, Lovelett, Salomon, Stanford, Van De Wege, Nguyen and Wilson, C.

Brief History:

Committee Activity: Health & Long Term Care: 1/20/20, 1/27/20 [DPS-WM].

Brief Summary of First Substitute Bill

- Extends Apple Health coverage for pregnant and postpartum people from 60 days post-pregnancy to one year, post-pregnancy.
- Directs the Health Care Authority to submit a waiver to the Centers for Medicare and Medicaid Services for federal match.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 6128 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Conway, Dhingra, Frockt, Keiser, Muzzall, Rivers and Van De Wege.

Staff: LeighBeth Merrick (786-7445)

Background: The Health Care Authority (HCA) administers Washington's 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 women a complete medical benefits package.

Currently, Apple Health provides coverage to pregnant individuals with countable income at or below 193 percent of the federal poverty level (FPL), regardless of citizenship or

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immigration status. Once an individual is enrolled, they are covered regardless of any change in income through the end of the month, following the 60th day after the pregnancy end date. For example, if a pregnancy ends June 10, health care coverage continues through August 31st.

Individuals receive this post-partum coverage regardless of how the pregnancy ends. Individuals who apply for coverage after the baby's birth may not receive postpartum coverage, but they may qualify for help paying costs related to the baby's birth if they submit the application within three months after the month in which the child was born.

In 2016, the Legislature established The Maternal Mortality Review Panel (Panel) to review and identify factors associated with maternal deaths occurring in the state, and to make recommendations to improve healthcare for women. The Panel's 2019 report to the Legislature included a recommendation to ensure funding and access to postpartum care and support through the first year after the end of pregnancy.

Summary of Bill (First Substitute): Beginning, January 1, 2021, HCA must provide health care coverage to pregnant and postpartum persons with a countable income at or below 193 percent of the FPL. The coverage must be provided up to 12 months post pregnancy. HCA is required to seek any available federal financial participation or funding sources.

HCA is directed to submit a waiver request to the Centers for Medicare and Medicaid Services (CMS) to allow for the state to receive federal match for the coverage period past 60 days to one year post-pregnancy. HCA is required to provide coverage regardless of CMS' approval of the waiver, and report to the Legislature on the status of the waiver request by December 1, 2020.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Replaces references to "medicaid" and "medical assistance" with "health care coverage" so the extension to 12-months post pregnancy applies to both federal and state-only coverage.

Appropriation: None.

Fiscal Note: Available.

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 on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: Expanding coverage to support birthing parents has bi-partisan support and is extremely important to decreasing maternal mortality rates that largely impact communities of color and rural areas. The current coverage gap is unsafe and it is critical we provide birthing parents with a continuity of care. Implementing the program will take time which is why we chose the January 1, 2021 date.

One third of the maternal deaths the Panel reviewed occurred between 43 to 365 days postpartum. Extending the coverage will not only decrease maternal mortality rates, it will also help the thousands of women who experience pregnancy related morbidity. This bill will help address the postpartum mental health and substance use issues the Tribes face. Adverse childhood experiences often result from a child not bonding with their parent in their early stages of life. Postpartum depression can prevent parents from bonding with their child and may not onset until after two months postpartum. Treatment and medication for postpartum anxiety and depression is costly and parents without health coverage many choose not to access it because they can not afford it. The expansion should be included in the managed care rate development process.

Persons Testifying: PRO: Senator Emily Randall, Prime Sponsor; Dr. Laura Sienas, American College of Obstetricians and Gynecologists; Cori Domschot, MomsRising; Molly Firth, Perigee Fund; Patty Hayes, Public Health-Seattle & King County; Dr. Anisha Srinivasan, Washington Chapter of the American Academy of Pediatrics; Jan Olmstead, American Indian Health Commission; Chris Bandoli, Association of Washington Healthcare Plans.

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