

FINAL BILL REPORT

SSB 5068

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Synopsis as Enacted

Brief Description: Improving maternal health outcomes by extending coverage during the postpartum period.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Randall, Rivers, Billig, Cleveland, Conway, Darneille, Das, Dhingra, Frockt, Hasegawa, Hunt, Keiser, Kuderer, Lias, Lovelett, Muzzall, Nguyen, Nobles, Saldaña, Salomon, Stanford, Warnick and Wilson, C.).

Senate Committee on Health & Long Term Care
Senate Committee on Ways & Means
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: Apple Health. 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.

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 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 10th, health care coverage continues through August 31st.

Individuals receive this postpartum 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.

Maternal Mortality Review Panel. In 2016, the Legislature established The Maternal

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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.

Enhanced Medicaid Funding During the Federal Public Health Emergency. On January 31, 2020, the Secretary of Health and Human Services declared a federal public health emergency exists due to COVID-19. The declaration has been renewed several times and is set to expire on April 21, 2021. The Families First Coronavirus Response Act, which Congress passed on March 18, 2020, provides states with a 6.2 percent enhanced federal match for Medicaid during the federal public health emergency. To receive the enhanced federal funding, states must provide continuous eligibility for individuals who are enrolled in Medicaid during the federal public health emergency. This means a state cannot terminate an individual's medicaid coverage unless the individual moves out of state or requests termination.

Summary: HCA must provide one-year of postpartum coverage through Apple Health. The coverage is implemented in two phases. In the first phase, HCA must extend coverage from 60 days postpartum to one year postpartum for individuals who are receiving Apple Health postpartum coverage on or after the expiration date of the federal public health emergency related to COVID-19. The second phase is required to be implemented by June 1, 2022. In the second phase, HCA must provide one-year of postpartum coverage to individuals who are Washington residents and have a countable income at or below 193 percent of the FPL. The coverage must be provided up to 12 months post pregnancy and must not be terminated if an enrollee's income changes. HCA is required to seek any available federal financial participation or funding sources to administer the coverage. HCA is required to expedite eligibility determinations for individuals who are presumptively eligible for this program to ensure the state is receiving the maximum federal match. Beginning January 1, 2022, HCA must report quarterly to the Caseload Forecast Workgroup information on presumptive eligibility.

HCA is directed to work with stakeholders and the Health Benefit Exchange to establish an education and outreach campaign to facilitate enrollment in the coverage, including ensuring eligibility determination is completed. Subject to appropriations, the campaign must provide culturally and linguistically accessible information.

If federal funds do not become available by the effective date of the one-year postpartum coverage, HCA is directed to submit a waiver request to the Centers for Medicare and Medicaid Services (CMS) to allow 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's approval of the waiver, and report to the Legislature on the status of the waiver request by December 1, 2021.

Beginning January 1, 2022, managed care organizations contracted to provide postpartum coverage must report annually to the Legislature on their work to improve maternal health for enrollees.

Votes on Final Passage:

Senate	46	0
House	96	1

Effective: July 25, 2021