

HOUSE BILL REPORT

2E2SSB 5580

As Passed House - Amended:

February 28, 2024

Title: An act relating to improving maternal health outcomes.

Brief Description: Improving maternal health outcomes.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Muzzall, Cleveland, Braun, Rivers, Warnick, Hasegawa, Kuderer, Lovelett, Randall, Shewmake and Wilson, J.).

Brief History:

Committee Activity:

Health Care & Wellness: 3/22/23, 3/28/23 [DPA], 2/16/24, 2/21/24 [DPA];
Appropriations: 4/1/23, 4/4/23 [DPA(APP w/o HCW)], 2/23/24, 2/26/24 [DPA(APP w/o HCW)].

Floor Activity:

Passed House: 2/28/24, 94-0.

Brief Summary of Second Engrossed Second Substitute Bill (As Amended by House)

- Increases the federal poverty level (FPL) threshold for pregnant and postpartum persons eligible for Medicaid from equal to or below 193 percent to 210 percent of the FPL.
- Directs the Health Care Authority (HCA) to create a postdelivery and transitional care program for people with substance use disorder at the time of delivery allowing for extended postdelivery hospital care by January 1, 2026.
- Requires the HCA to update the current Maternity Support Services Program by January 1, 2026, to address perinatal outcomes and increase equity and healthier birth outcomes.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Bronoske, Caldier, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

Staff: Kim Weidenaar (786-7120).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended by Committee on Appropriations and without amendment by Committee on Health Care & Wellness. Signed by 29 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Corry, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Connors, Assistant Ranking Minority Member; Couture, Assistant Ranking Minority Member; Berg, Callan, Chopp, Davis, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Stokesbary, Stonier, Tharinger and Wilcox.

Staff: Meghan Morris (786-7119).

Background:

Medicaid Coverage for Pregnant and Postpartum Persons.

The Health Care Authority (HCA) administers the Medicaid program, which is a state-federal program that pays for health care for low-income state residents who meet certain eligibility criteria. Washington's Medicaid program, known as Apple Health, offers a complete medical benefits package to eligible families, children under age 19, low-income adults, certain disabled individuals, and pregnant persons. Apple Health provides coverage to pregnant individuals with countable income at or below 193 percent of the federal poverty level. Once an individual is enrolled, the person remains continuously eligible for 12 months following the end of a pregnancy, regardless of any change in income during that period.

Maternity Support Services Program.

Under the state's Maternity Care Access Act, the HCA established First Steps to provide access to services for eligible clients and their infants. The Maternity Support Services Program is a component of First Steps and delivers enhanced preventive health and education services and brief interventions to eligible pregnant clients to improve and promote healthy birth outcomes. The services are provided as early in pregnancy as possible, based on the client's individual risks and needs. State regulations establish client eligibility, qualifications, and requirements for providers to participate, and documentation and reimbursement requirements.

Summary of Amended Bill:

By January 1, 2026, the Health Care Authority (HCA) must create a postdelivery and transitional care program (postdelivery program) that allows for extended postdelivery hospital care for individuals with substance use disorder at the time of delivery. In administering the postdelivery program, the HCA must seek any available federal participation through Medicaid or other federal funding sources. The HCA must:

- allow for up to five additional days of hospitalization for the birth parent;
- provide the birth parent access to integrated medical care, including medication management, behavioral health, addiction medicine, specialty consultations, and psychiatric providers;
- provide the birth parent access to social work support and coordination with the Department of Children, Youth, and Families to develop a plan for safe care;
- allow dedicated time for health professionals to assist in facilitating early bonding between the birth parent and infant; and
- establish provider requirements and pay for qualified providers of services provided through the postdelivery program.

To provide technical assistance to hospitals participating in the postdelivery program, the HCA must contract with the Washington chapter of a national organization that provides a physician-led professional community for those who prevent, treat, and promote remission and recovery from the disease of addiction and whose comprehensive set of guidelines related to substance use disorders and co-occurring disorders have been incorporated into Medicaid managed care contracts.

Subject to appropriated funds, the HCA must update the Maternity Support Services Program (MSS Program) to address perinatal outcomes and increase equity and healthier birth outcomes. By January 1, 2026, the HCA must:

- 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;
- ensure care coordination;
- increase the allowable benefit and reimbursement rates with the goal of increasing the utilization of services to all MSS Program clients; and
- develop a mechanism to collect results of the MSS Program screenings and evaluate the outcomes of the MSS Program. The MSS Program evaluation must identify gaps, strengths, and weaknesses of the MSS Program and make recommendations for how the MSS Program may improve to better align with the HCA's maternal and infant health initiatives.

By November 1, 2024, the income standards for pregnant and postpartum persons eligible for Apple Health pregnancy and postpartum coverage is increased to a countable income equal to or below 210 percent of the federal poverty level.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) There is a lot of excitement for this bill because many have been working for years to expand Medicaid access for pregnant and postpartum individuals. While the state has made strides in this area, 80 percent of pregnancy related deaths are preventable and are often linked to behavioral health conditions. This coverage can significantly improve the health of parents and young children. This bill expands wraparound services to patients who need extra support to match the latest standards of care.

This bill takes three different approaches to improve health outcomes for babies and families to give them the best start possible.

Section 1 of the bill directs the Health Care Authority to establish a postdelivery hospital program. There is a compassion model used currently that provides a five-day postpartum floor hospital stay to provide comprehensive, compassionate, and respectful whole-person care. This model should be extended to offer whole-person care to all mothers to encourage and empower them to offer care to their families.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) None.

(Opposed) None.

Persons Testifying (Health Care & Wellness): Lee Che Leong, Northwest Health Law Advocates; Siri Larson Iverson, Midwives Association of Washington State; and Vania Rudolf, Washington Society of Addiction Medicine.

Persons Testifying (Appropriations): None.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.