

SENATE BILL REPORT

2E2SSB 5580

As Passed Senate, January 17, 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 & Long Term Care: 2/07/23, 2/14/23 [DPS-WM].
Ways & Means: 2/21/23, 2/23/23 [DP2S].

Floor Activity: Passed Senate: 3/8/23, 48-0; 1/17/24, 48-0.

Brief Summary of Second Engrossed Second Substitute Bill

- Increases the federal poverty level requirement for pregnant and postpartum persons to 210 percent by November 1, 2024.
- Directs the Health Care Authority (HCA) to create a post-delivery and transitional care program for people with substance use disorder at the time of delivery allowing for extended post-delivery hospital care by no later than January 1, 2025.
- Requires HCA to update the current Maternity Support Services (MSS) program by January 1, 2025 to address perinatal outcomes and increase equity and healthier birth outcomes.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5580 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member;

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.

Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

Staff: Julie Tran (786-7283)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5580 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Rolfes, Chair; Robinson, Vice Chair, Operating & Revenue; Mullet, Vice Chair, Capital; Wilson, L., Ranking Member, Operating; Gildon, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Rivers, Assistant Ranking Member, Capital; Warnick, Assistant Ranking Member, Capital; Billig, Boehnke, Braun, Conway, Dhingra, Hasegawa, Hunt, Keiser, Muzzall, Nguyen, Pedersen, Saldaña, Torres, Van De Wege, Wagoner and Wellman.

Staff: Sandy Stith (786-7710)

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 individuals a complete medical benefits package.

Apple Health provides coverage to pregnant individuals and postpartum persons with countable income at or below 193 percent of the federal poverty level, regardless of citizenship or immigration status. Once an individual is enrolled in Apple Health coverage and are pregnant, the coverage automatically transitions to After-Pregnancy Coverage (APC) once the pregnancy ends. Individuals receive this postpartum coverage regardless of any income changes and how the pregnancy ends.

APC lasts for 12 months, starting the first day of the month after the pregnancy ends. For example, if the pregnancy ends June 10th, the healthcare coverage would continue through June 30th of the following year. Individuals who apply for coverage after the baby's birth may still be eligible for APC if the individual was pregnant in the last 12 months and were not on Apple Health during the pregnancy.

Maternity Care Access Program. A program available to Apple Health enrollees is the Maternity Care Access Program, administered by HCA as the First Steps program. Program services include full medical coverage, including prenatal care, delivery, post pregnancy follow-up, and one year of family planning services and medical care for newborns.

Individuals can receive Maternity Support Services (MSS) through the First Steps program if they are pregnant and receiving Apple Health coverage. MSS is offered in addition to

medical and prenatal care. MSS are preventive health and education services to help an individual have a healthy pregnancy, and a healthy baby.

A pregnant individual can receive MSS during pregnancy and 60 days postpartum, and services can begin any time during the pregnancy, delivery or postpartum period. MSS may include:

- pregnancy and parenting information;
- screening for possible pregnancy risk factors;
- brief counseling for identified risk factors; and
- referral to community resources.

Summary of Second Engrossed Second Substitute Bill: Apple Health Coverage for Pregnant and Postpartum Persons. By November 1, 2024, the countable income standards for a pregnant person and a postpartum person eligible for Apple Health coverage is at or below 210 percent of the federal poverty level.

Post-delivery and Transitional Care Program. HCA must create a post-delivery and transitional care program (program) allowing for extended postdelivery hospital care for people with a substance use disorder at the time of delivery by no later than January 1, 2025. This program must allow for up to five additional days of hospitalization stay for the birth parent and allow dedicated time for health professionals to assist in facilitating early bonding between the birth parent and infant by helping the birth parent recognize and respond to their infant's cues. The program should also 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; and
- social work support which includes coordination with the Department of Children, Youth, and Families to develop a plan for safe care.

HCA must establish provider requirements, and pay only those qualified providers for the services provided through the program. HCA must seek any available federal financial participation under the medical assistance program and any other federal funding sources that are now available or may become available.

Maternity Support Services Program. The MSS program must be updated to address perinatal outcomes and increase equity and healthier birth outcomes. 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 that impact a healthy birth outcome and improve health equity.

HCA must ensure care coordination, including sharing screening tools with the patient's health care providers as necessary with the goal of increasing utilization of services to all eligible MSS clients who choose to receive the services. By January 1, 2025, HCA must develop a mechanism to collect the results of the MSS screenings and evaluate the outcomes of the MSS program. The program evaluation, at minimum, must: identify the

program's gaps, strengths, and weaknesses; and make recommendations for how the program may improve to better align with HCA's maternal and infant health initiatives.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

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 (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: This bill is a further move to ensure good health for mothers and babies that are born in a situation that is less fortunate. Pregnancy during times of housing instability can be scary and traumatizing. Pregnancy can increase the risk of homelessness. It is crucial for health and housing systems work together. There needs to be continued focus and support for the mother in the fourth trimester as a current gap in care exists there.

OTHER: Transitional care and support for those who are experiencing substance use disorders at the time of delivery and post-delivery is included in the Governor's budget. There is an amendment request to change language of the bill to say "pregnant people" for consistency and to extend the implementation time because more time will be needed depending on what path CMS would require.

Persons Testifying (Health & Long Term Care): PRO: Senator Ron Muzzall, Prime Sponsor; Megan Veith, Building Changes; Katherine Mahoney, Virginia Mason Franciscan Health.

OTHER: Dr. Charissa Fotinos, Health Care Authority (HCA).

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: There are a few little details that need to be worked on. It's mostly just language on how time is presented. This is one of those bills that once you're engaged in it, it's hard to not like.

Persons Testifying (Ways & Means): PRO: Senator Ron Muzzall, Prime Sponsor.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.