

RCW 74.09.830 Postpartum health care coverage. (1) The authority shall extend health care coverage from 60 days postpartum to one year postpartum for pregnant or postpartum persons who, on or after the expiration date of the federal public health emergency declaration related to COVID-19, are receiving postpartum coverage provided under this chapter.

(2) By June 1, 2022, the authority must:

(a) Provide health care coverage to postpartum persons who reside in Washington state, have countable income equal to or below 193 percent of the federal poverty level, and are not otherwise eligible under Title XIX or Title XXI of the federal social security act; and

(b) Ensure all persons approved for pregnancy or postpartum coverage at any time are continuously eligible for postpartum coverage for 12 months after the pregnancy ends regardless of whether they experience a change in income during the period of eligibility.

(3) By November 1, 2024, the income standards for a postpartum person eligible for Washington apple health pregnancy or postpartum coverage shall have countable income equal to or below 210 percent of the federal poverty level.

(4) Health care coverage under this section must be provided during the 12-month period beginning on the last day of the pregnancy.

(5) The authority shall not provide health care coverage under this section to individuals who are eligible to receive health care coverage under Title XIX or Title XXI of the federal social security act. Health care coverage for these individuals shall be provided by a program that is funded by Title XIX or Title XXI of the federal social security act. Further, the authority shall make every effort to expedite and complete eligibility determinations for individuals who are presumptively eligible to receive health care coverage under Title XIX or Title XXI of the federal social security act to ensure the state is receiving the maximum federal match. This includes, but is not limited to, working with the managed care organizations to provide continuous outreach in various modalities until the individual's eligibility determination is completed. Beginning January 1, 2022, the authority must submit quarterly reports to the caseload forecast work group on the number of individuals who are presumptively eligible to receive health care coverage under Title XIX or Title XXI of the federal social security act but are awaiting for the authority to complete eligibility determination, the number of individuals who were presumptively eligible but are now receiving health care coverage with the maximum federal match under Title XIX or Title XXI of the federal social security act, and outreach activities including the work with managed care organizations.

(6) To ensure continuity of care and maximize the efficiency of the program, the amount and scope of health care services provided to individuals under this section must be the same as that provided to pregnant and postpartum persons under medical assistance, as defined in RCW 74.09.520.

(7) In administering this program, the authority must seek any available federal financial participation under the medical assistance program, as codified at Title XIX of the federal social security act, the state children's health insurance program, as codified at Title XXI of the federal social security act, and any other federal funding sources that are now available or may become available. This includes, but is not limited to, ensuring the state is receiving the maximum federal match for individuals who are presumptively eligible to receive health care coverage under Title XIX or Title XXI of the

federal social security act by expediting completion of the individual's eligibility determination.

(8) Working with stakeholder and community organizations and the Washington health benefit exchange, the authority must establish a comprehensive community education and outreach campaign to facilitate applications for and enrollment in the program or into a more appropriate program where the state receives maximum federal match. Subject to the availability of amounts appropriated for this specific purpose, the education and outreach campaign must provide culturally and linguistically accessible information to facilitate participation in the program, including but not limited to enrollment procedures, program services, and benefit utilization.

(9) Beginning January 1, 2022, the managed care organizations contracted with the authority to provide postpartum coverage must annually report to the legislature on their work to improve maternal health for enrollees, including but not limited to postpartum services offered to enrollees, the percentage of enrollees utilizing each postpartum service offered, outreach activities to engage enrollees in available postpartum services, and efforts to collect eligibility information for the authority to ensure the enrollee is in the most appropriate program for the state to receive the maximum federal match. [2024 c 213 s 4; 2021 c 90 s 2.]

Intent—2021 c 90: "(1) In Washington and across the country, maternal mortality rates continue to be unacceptably high. The maternal mortality rate in the United States is higher than in most developed countries. Approximately 700 people die each year in the United States due to pregnancy-related conditions. The majority of these deaths are preventable.

(2) National and state maternal mortality data reveals significant racial and ethnic disparities. Nationally, black women are two to three times more likely to die from a pregnancy-related cause than white women. In this state, data from the maternal mortality review panel reveals that American Indian and Alaska Native women are six to seven times as likely to die from a pregnancy-related cause than white women. Significant disparities in maternal mortality rates also exist for Hispanic, Asian, and multiracial women in Washington.

(3) Over 50 percent of pregnancy-related deaths in Washington state are women enrolled in medicaid. In 2019, medicaid covered almost 37,000 births which is nearly half of the total of nonmilitary births in Washington state.

(4) The centers for disease control and prevention find pregnancy-related deaths occur up to one year postpartum, and data shows that health needs continue during that entire year. In Washington, nearly one-third of all pregnancy-related deaths and the majority of suicides and accidental overdoses occurred between 43 and 365 days postpartum.

(5) The maternal mortality review panel has identified access to health care services and gaps in continuity of care, especially during the postpartum period, as factors that contribute to preventable pregnancy-related deaths. In their October 2019 report to the legislature, the panel recommended ensuring funding and access to postpartum care and support through the first year after pregnancy. The panel also recommended addressing social determinants of health, structural racism, provider biases, and other social inequities to reduce maternal mortality in priority populations.

(6) Approximately 50,000 people also experience serious complications from childbirth each year, resulting in increased medical costs, longer hospitalization stays, and long-term health effects.

(7) Postpartum medicaid coverage currently ends 60 days after pregnancy, creating an unsafe gap in coverage. Continuity of care is critical during this vulnerable time, and uninterrupted health care coverage provides birthing parents with access to stable and consistent care. Extending health care coverage through the first year postpartum is one of the best tools for increasing access to care and improving maternal and infant health. A health impact review published by the state board of health found very strong evidence that this policy would decrease inequities by race and ethnicity, immigration status, socioeconomic status, and geography.

(8) During the public health emergency, a federal maintenance of effort requirement has extended medicaid coverage beyond 60 days postpartum. This extension is critical, with pregnancy-related deaths increasing due to COVID-19. Pregnant women are more likely to be admitted to the intensive care unit and receive invasive ventilation and are at increased risk of death compared to nonpregnant women. The pandemic has also exacerbated the behavioral health challenges normally faced in the pregnancy and postpartum period. It has also highlighted and contributed to increased housing crises. Even outside of the pandemic, research shows that pregnancy can increase a woman's risk of becoming homeless, and pregnant women face significantly greater health risks while unstably housed. The legislature is committed to continuing coverage for this population beyond the maintenance of effort requirement.

(9) Pending federal legislation, the helping moms act, would provide federal matching funds to states that provide one year of postpartum coverage under medicaid and the children's health insurance program.

(10) The legislature therefore intends to extend health care coverage from 60 days to 12 months postpartum." [2021 c 90 s 1.]