

Individual State Agency Fiscal Note

Revised

Bill Number: 5580 2S SB	Title: Maternal health outcomes	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	3.3	3.3	3.3	3.3	3.3
Account					
General Fund-State 001-1	1,034,000	2,771,000	3,805,000	6,548,000	6,548,000
General Fund-Federal 001-2	1,245,000	2,834,000	4,079,000	6,318,000	6,318,000
Total \$	2,279,000	5,605,000	7,884,000	12,866,000	12,866,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

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Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

See attached narrative.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

See attached narrative.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

See attached narrative.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	1,034,000	2,771,000	3,805,000	6,548,000	6,548,000
001-2	General Fund	Federal	1,245,000	2,834,000	4,079,000	6,318,000	6,318,000
Total \$			2,279,000	5,605,000	7,884,000	12,866,000	12,866,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	3.3	3.3	3.3	3.3	3.3
A-Salaries and Wages	221,000	221,000	442,000	442,000	442,000
B-Employee Benefits	78,000	79,000	157,000	158,000	158,000
C-Professional Service Contracts					
E-Goods and Other Services	236,000	236,000	472,000	472,000	472,000
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services	1,646,000	4,971,000	6,617,000	11,598,000	11,598,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	98,000	98,000	196,000	196,000	196,000
9-					
Total \$	2,279,000	5,605,000	7,884,000	12,866,000	12,866,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Fiscal Analyst 3	65,000	0.8	0.8	0.8	0.8	0.8
IT Data Management - Senior/Specialist	111,000	1.0	1.0	1.0	1.0	1.0
Medical Assistance Program Specialist 3	83,000	1.0	1.0	1.0	1.0	1.0
Medical Assistance Specialist 3	54,000	0.5	0.5	0.5	0.5	0.5
Total FTEs		3.3	3.3	3.3	3.3	3.3

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 2(3) will require new rules with passage of this legislation.

HCA Fiscal Note

Bill Number: 5580 2SSB

HCA Request #: 23-168

Part II: Narrative Explanation

An act relating to improving maternal health outcomes; amending RCW 74.09.830; and adding new sections to chapter 74.09 RCW.

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

This bill differs from the previous version by making the following changes:

Section 1 (1) (a) Allows extended post-delivery hospital stays for “up to 5 days” (from “at least five additional days”) for birth parents with substance use disorder at the time of delivery.

Section 2 (1) Adds language “Subject to the amount appropriated for this specific purpose” in regard to the Washington Health Care Authority’s (HCA) requirement to update maternity support services.

Deletes Section 2 (2) in the previous bill and moves “By January 1, 2025, the authority shall” up into the first paragraph, to clarify the whole provision is subject to appropriations.

Section 2 (1) (d) Adds clarifying language regarding the intent to increase utilization of services for eligible maternity support services clients is a goal rather than a requirement for the Washington State Health Care Authority (HCA).

Section 1 is a new section that allows extended post-delivery hospital stays for up to 5 days for birth parents with substance use disorder at the time of delivery, providing behavioral health and social care for the birth parent and child.

Section 2 is a new section and requires HCA to: update the maternity support services program to address perinatal outcomes and increase equity and healthier birth outcomes subject to the amount appropriated for this specific purpose; update current screening tools to be culturally relevant; ensure care coordination with the patient’s health care providers; develop a mechanism to collect the results and evaluate outcomes of the maternity support services screenings to identify strengths and weaknesses and recommend program improvements; and increase the allowable benefit and reimbursement rates with the goal of increasing utilization of services to all eligible maternity supports services clients who chose to receive the services.

Section 3 is a new section adding the income standards for a pregnant person eligible for Washington Apple Health pregnancy coverage shall have countable income equal to or below 210 percent of the federal poverty level (FPL).

Section 4 amends RCW 74.09.830 so the After Pregnancy Care program income limits increase to 210% FPL (from 193 percent).

II. B - Cash Receipts Impact

Indeterminate.

II. C – Expenditures

HCA Fiscal Note

Bill Number: 5580 2SSB

HCA Request #: 23-168

The fiscal impact is greater than \$50,000 but indeterminate to actual cost.

Apple Health Service-Related Costs (Indeterminate)

This bill includes three distinct changes of which the fiscal impact of two are estimated with assumptions and one is indeterminate. As a result, the fiscal impact of this bill as a whole is indeterminate.

- Creating a post-delivery and transitional care program (Determinate):

This bill requires HCA to allow for up to five additional days of hospitalization stay for the birth parent under the proposed postdelivery and transitional care program. While the program model has not yet been developed, HCA assumes that the services provided under this bill's proposed program would be similar to those available through the Substance-Using Pregnant People (SUPP) program. HCA also assumes that, on an average, clients would utilize four additional days of hospitalization in this program.

This fiscal impact, with the above-mentioned assumptions, was estimated as the product of the number of clients expected to utilize this program, four additional days of care, and the average per diem rate hospitals would receive for providing the said care. This estimate only considered costs associated with treating the birth parent and it is assumed that the baby would already be receiving additional days of treatment due to the effects of substance use during pregnancy. With requirement to start the program by January 1, 2025, the total impact in fiscal year 2024 (six months) was estimated to be \$1,166,000 with a General Fund State (GF-S) cost of \$426,000. For future fiscal years, the total annual impact was estimated to be \$2,333,000 with a GF-S cost of \$852,000.

- Updating the maternity support services program (Indeterminate):

This bill requires the inclusion of client risk factors in the screening tool used in the maternity support services program (MSS) program. This can have implications for the number of clients participating and the number of units available to those clients. Changes to the screening tool and the allowable units may also incentivize more providers to provide MSS services and more clients to seek the services provided. Currently, screening results are not reported to HCA. Without the official records of screening results, HCA is unable to estimate the number of clients in each risk category and further evaluate the needs of the program. The bill also requires HCA to increase the allowable benefit and reimbursement rates for clients receiving services through the Maternity Support Services (MSS) program. Since the bill language does not provide specific directions for benefit structure or rate changes, the fiscal impact of this proposed policy change is indeterminate.

To provide a sense of the potential fiscal impact, HCA considered a hypothetical scenario which included the following changes to the MSS program structure, allowable benefit limits, and payment rates.

- Changing the current three-tier structure to a two-tier structure allowing for 16 units (4 hours) for clients screened in at no, low, or moderate risk and 32 units (8 hours) for those screened at high risk during the pregnancy.
- Providing an additional 8 units (2 hours) for those screened at no, low or moderate risk and 16 units (4 hours) for those screened as high risk to be used specifically after delivery and through the 60-day postpartum period.

HCA Fiscal Note

Bill Number: 5580 2SSB

HCA Request #: 23-168

- Providing up to an additional four units (one hour) to only be used for an initial screening provided by a registered nurse, certified dietitian, or behavioral health specialist. The four units would be separate from the allowed number of units based on risk.
- Allowing an additional six units (1.5 hours) for a home visit only, preferably by a registered nurse, to be used within three to four weeks after delivery. The six units would be separate from the allowed number of units based on risk.
- Increasing current rates by \$10 per unit.

The fiscal impact of these changes was estimated as the difference between base utilization at current reimbursement rates and the increased utilization levels at increased rates. The change in reimbursement rates had no impact for encounter rate eligible utilization. The total annual fiscal impact of the above-mentioned changes to the MSS program was estimated to be \$4,633,000, with a GF-S cost of \$1,828,000.

- Increasing the income limit for Apple Health pregnancy coverage (Determinate):

Expanding the Apple Health pregnancy coverage by increasing the eligible income limit from 193% to 210% of FPL is expected to increase enrollment and service utilization. HCA estimated the potential cost as the product of the estimated number of additional clients receiving pregnancy coverage and the average monthly cost of those clients. It was assumed that the policy will be effective July 1, 2023, and that full enrollment maturity will be achieved in 24 months from the start date with total caseload growth evenly distributed across those months. The total service-related fiscal impact of the proposed policy is estimated to be \$480,000 in FY 2024, \$2,638,000 in FY 2025, and \$3,466,000 in each year thereafter. The GF-S costs are estimated to be \$292,000 for FY 2024, \$1,602,000 for FY 2025, and \$2,105,000 for each of the following years.

Information received from the Department of Social and Health Services suggests that the necessary Automated Client Eligibility System (ACES) changes will not be completed until November 1, 2023. In that case, HCA's implementation of this policy will be delayed until the ACES changes are completed.

Apple Health Administration Costs (Determinate)

Administration costs are estimated to be \$1,267,000 (\$633,000 GF-S) and 2.5 Full Time Equivalent (FTE) staff in the 2023-2025 biennium and then \$634,000 (\$317,000 GF-S) per year thereafter.

To implement the data collection solution required by Section 2 this bill, HCA will need to purchase additional licensing:

- Edifecs Licensing Costs: 40,000 additional transactions to be ingested by Edifecs will cost approximately \$30,000 per year for increased licensing to implement the data collection solution required by Section 2 this bill.

Section 2(2)(c) requires HCA to evaluate the outcomes of the program. The First Steps Data team, within HCA would need to complete an evaluation for the MSS program. Implementation would require a geospatial analysis tool and staff support for managing data sources.

- Previous MSS analysis used ArcGIS to evaluate spatial access to MSS providers. If a similar geospatial analysis requires that particular tool, HCA estimates a yearly cost of \$200,000.

HCA Fiscal Note

Bill Number: 5580 2SSB

HCA Request #: 23-168

1.0 FTE IT Data Management-Senior/Specialist (permanent). To manage multiple data sets, including the new screening tool data; provide technical assistance to data submitters, advise the construction of datasets to support the program’s analytical needs required in Section 2 of this bill. Annual salary and benefit cost \$147,000.

1.0 FTE Medical Assistance Program Specialist 3 (permanent). To lead the development, implementation and management of new post-delivery and transitional care program required in Section 1 of this bill. Annual salary and benefit cost \$113,000.

0.5 FTE Medical Assistance Specialist 3 (permanent). To manage eligibility for expected increase in post eligibility determinations and customer service supports for increase to the overall Medicaid caseload as a result of this bill. Annual salary and benefit cost \$40,000.

Administrative costs are calculated at \$39,000 per 1.0 FTE. This cost is included in Object T based on HCA’s federally approved cost allocation plan and are captured and/or included as Fiscal Analyst 3 classification.

II. C - Operating Budget Expenditures

Account	Account Title	Type	FY-2024	FY-2025	FY-2026	2023-25	2025-27	2027-29
001-1	General Fund	State	1,034,000	2,771,000	3,274,000	3,805,000	6,548,000	6,548,000
001-C	General Fund	Medicaid	1,245,000	2,834,000	3,159,000	4,079,000	6,318,000	6,318,000
Totals			\$2,279,000	\$5,605,000	\$6,433,000	\$7,884,000	\$12,866,000	\$12,866,000

II. C - Expenditures by Object Or Purpose

		FY-2024	FY-2025	FY-2026	2023-25	2025-27	2027-29
FTE		3.3	3.3	3.3	3.3	3.3	3.3
A	Salaries and Wages	221,000	221,000	221,000	442,000	442,000	442,000
B	Employee Benefits	78,000	79,000	79,000	157,000	158,000	158,000
E	Goods and Other Services	236,000	236,000	236,000	472,000	472,000	472,000
N	Grants, Benefits & Client Services	1,646,000	4,971,000	5,799,000	6,617,000	11,598,000	11,598,000
T	Intra-Agency Reimbursements	98,000	98,000	98,000	196,000	196,000	196,000
Totals		\$2,279,000	\$5,605,000	\$6,433,000	\$7,884,000	\$12,866,000	\$12,866,000

II. C - Operating FTE Detail: List FTEs by classification and corresponding annual compensation.

Job title	Salary	FY-2024	FY-2025	FY-2026	2023-25	2025-27	2027-29
FISCAL ANALYST 3	65,000	0.8	0.8	0.8	0.8	0.8	0.8
IT DATA MANAGEMENT - SENIOR/SPECIALIST	111,000	1.0	1.0	1.0	1.0	1.0	1.0
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	83,000	1.0	1.0	1.0	1.0	1.0	1.0
MEDICAL ASSISTANCE SPECIALIST 3	54,000	0.5	0.5	0.5	0.5	0.5	0.5
Totals		3.3	3.3	3.3	3.3	3.3	3.3

Part IV: Capital Budget Impact

None

Part V: New Rule Making Required

Section 2(3) will require new rules with passage of this legislation.