

confidential secretary, but does not have sufficient funds to fill either of those positions. While I strongly support providing the Board of Health with needed assistance, I cannot support signing this section without the appropriate funding accompanying this mandated increase.

Section 302 requires the Department of Health to study and report on health care professional licensure needs. This is a subject deserving a coordinated review; however, I cannot support signing this section without an accompanying appropriation.

Section 415 amends RCW 18.64.044 which is also amended by section 401. Since the language within section 401 reflects the statute as amended by section 1, chapter 352, Laws of 1989 (HB 1478), I am vetoing section 415.

Section 512 requires the Department of Health to perform a biennial study of the State's expenditures on health care services, and submit that report to the Legislature. Since this study was not funded and the Legislature currently has the ability to request this type of information from each of the affected state agencies, I am vetoing this section.

Section 714 requires the Higher Education Coordinating Board (HECB) to develop a plan for increasing rural training opportunities for students in medicine and nursing by December 1, 1989. I agree that the training needed for working in rural settings is different from that needed for urban settings; however, I cannot support yet another unfunded study requirement of the HECB. Note, I would have also vetoed section 713 of this bill but we have the opportunity, given the delayed due date of that study, to come back and seek funding to carry out its purpose.

Section 814 requires the Department of Social and Health Services to monitor alcohol and drug treatment programs, to collect data on addicted persons who receive general assistance, and to contract with the University of Washington Alcoholism and Drug Abuse Institute to evaluate treatment outcomes. Although the purposes of this section are of value, no funds have been provided for these purposes. In order to collect this data, the Department would have to use a substantial portion of funds provided for treatment services. This diversion of treatment funds would impair the State's commitment to assist as many addicted persons as we can to overcome their addictions.

I strongly urge the Legislature to consider the impact of legislation on the budget before passing legislation. The unfunded programs and studies which I am returning to you without my approval are programs of merit. I strongly encourage you to revisit these issues, and to pass them again with appropriate funding.

With the exception of sections 105, 209, 302, 415, 512, 714, and 814, Engrossed Senate Bill No. 6152 is approved.\*

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## CHAPTER 10

[House Bill No. 2244]

### MATERNITY CARE—ACCESS

AN ACT Relating to maternity care; amending RCW 74.09.510; adding new sections to chapter 74.09 RCW; creating a new section; and making appropriations.

Be it enacted by the Legislature of the State of Washington:

**NEW SECTION.** Sec. 1. This act may be known and cited as the "maternity care access act of 1989."

**NEW SECTION.** Sec. 2. (1) The legislature finds that Washington state and the nation as a whole have a high rate of infant illness and death

compared with other industrialized nations. This is especially true for minority and low-income populations. Premature and low weight births have been directly linked to infant illness and death. The availability of adequate maternity care throughout the course of pregnancy has been identified as a major factor in reducing infant illness and death. Further, the investment in preventive health care programs, such as maternity care, contributes to the growth of a healthy and productive society and is a sound approach to health care cost containment. The legislature further finds that access to maternity care for low-income women in the state of Washington has declined significantly in recent years and has reached a crisis level.

(2) It is the purpose of this chapter to provide, consistent with appropriated funds, maternity care necessary to ensure healthy birth outcomes for low-income families. To this end, a maternity care access system is established based on the following principles:

(a) The family is the fundamental unit in our society and should be supported through public policy.

(b) Access to maternity care for eligible persons to ensure healthy birth outcomes should be made readily available in an expeditious manner through a single service entry point.

(c) Unnecessary barriers to maternity care for eligible persons should be removed.

(d) Access to preventive and other health care services should be available for low-income children.

(e) Each woman should be encouraged to and assisted in making her own informed decisions about her maternity care.

(f) Unnecessary barriers to the provision of maternity care by qualified health professionals should be removed.

(g) The system should be sensitive to cultural differences among eligible persons.

(h) To the extent possible, decisions about the scope, content, and delivery of services should be made at the local level involving a broad representation of community interests.

(i) The maternity care access system should be evaluated at appropriate intervals to determine effectiveness and need for modification.

(j) Maternity care services should be delivered in a cost-effective manner.

**NEW SECTION.** Sec. 3. The legislature reserves the right to amend or repeal all or any part of this chapter at any time and there shall be no vested private right of any kind against such amendment or repeal. All rights, privileges, or immunities conferred by this chapter or any acts done pursuant thereto shall exist subject to the power of the legislature to amend or repeal this chapter at any time.

**NEW SECTION.** Sec. 4. Unless the context clearly requires otherwise, the definitions in this section apply throughout sections 1 through 8 of this act:

(1) "At-risk eligible person" means an eligible person determined by the department to need special assistance in applying for and obtaining maternity care, including pregnant women who are substance abusers, pregnant and parenting adolescents, pregnant minority women, and other eligible persons who need special assistance in gaining access to the maternity care system.

(2) "County authority" means the board of county commissioners, county council, or county executive having the authority to participate in the maternity care access program or its designee. Two or more county authorities may enter into joint agreements to fulfill the requirements of this chapter.

(3) "Department" means the department of social and health services.

(4) "Eligible person" means a woman in need of maternity care or a child, who is eligible for medical assistance pursuant to chapter 74.09 RCW or the prenatal care program administered by the department.

(5) "Maternity care services" means inpatient and outpatient medical care, case management, and support services necessary during prenatal, delivery, and postpartum periods.

(6) "Support services" means, at least, public health nursing assessment and follow-up, health and childbirth education, psychological assessment and counseling, outreach services, nutritional assessment and counseling, needed vitamin and nonprescriptive drugs, transportation, and child care. Support services may include alcohol and substance abuse treatment for pregnant women who are addicted or at risk of being addicted to alcohol or drugs to the extent funds are made available for that purpose by Engrossed Second Substitute House Bill No. 1793, if enacted.

**NEW SECTION.** Sec. 5. The department shall, consistent with the state budget act, develop a maternity care access program designed to ensure healthy birth outcomes as follows:

(1) Provide maternity care services to low-income pregnant women and health care services to children in poverty to the maximum extent allowable under the medical assistance program, Title XIX of the federal social security act;

(2) Provide maternity care services to low-income women who are not eligible to receive such services under the medical assistance program, Title XIX of the federal social security act;

(3) By January 1, 1990, have the following procedures in place to improve access to maternity care services and eligibility determinations for pregnant women applying for maternity care services under the medical assistance program, Title XIX of the federal social security act:

(a) Use of a shortened and simplified application form;

- (b) Outstationing department staff to make eligibility determinations;
- (c) Establishing local plans at the county and regional level, coordinated by the department; and
- (d) Conducting an interview for the purpose of determining medical assistance eligibility within five working days of the date of an application by a pregnant woman and making an eligibility determination within fifteen working days of the date of application by a pregnant woman;
- (4) Establish a maternity care case management system that shall assist at-risk eligible persons with obtaining medical assistance benefits and receiving maternity care services, including transportation and child care services;
- (5) Within available resources, establish appropriate reimbursement levels for maternity care providers;
- (6) Implement a broad-based public education program that stresses the importance of obtaining maternity care early during pregnancy;
- (7) Study the desirability and feasibility of implementing the presumptive eligibility provisions set forth in section 9407 of the federal omnibus budget reconciliation act of 1986 and report to the appropriate committees of the legislature by December 1, 1989; and
- (8) Refer persons eligible for maternity care services under the program established by this section to persons, agencies, or organizations with maternity care service practices that primarily emphasize healthy birth outcomes.

NEW SECTION. Sec. 6. (1) The department shall establish an alternative maternity care service delivery system, if it determines that a county or a group of counties is a maternity care distressed area. A maternity care distressed area shall be defined by the department, in rule, as a county or a group of counties where eligible women are unable to obtain adequate maternity care. The department shall include the following factors in its determination:

- (a) Higher than average percentage of eligible persons in the distressed area who receive late or no prenatal care;
  - (b) Higher than average percentage of eligible persons in the distressed area who go out of the area to receive maternity care;
  - (c) Lower than average percentage of obstetrical care providers in the distressed area who provide care to eligible persons;
  - (d) Higher than average percentage of infants born to eligible persons per obstetrical care provider in the distressed area; and
  - (e) Higher than average percentage of infants that are of low birth weight, five and one-half pounds or two thousand five hundred grams, born to eligible persons in the distressed area.
- (2) If the department determines that a maternity care distressed area exists, it shall notify the relevant county authority. The county authority

shall, within one hundred twenty days, submit a brief report to the department recommending remedial action. The report shall be prepared in consultation with the department and its local community service offices, the local public health officer, community health clinics, health care providers, hospitals, the business community, labor representatives, and low-income advocates in the distressed area. A county authority may contract with a local nonprofit entity to develop the report. If the county authority is unwilling or unable to develop the report, it shall notify the department within thirty days, and the department shall develop the report for the distressed area.

(3) The department shall review the report and use it, to the extent possible, in developing strategies to improve maternity care access in the distressed area. The department may contract with or directly employ qualified maternity care health providers to provide maternity care services, if access to such providers in the distressed area is not possible by other means. In such cases, the department is authorized to pay that portion of the health care providers' malpractice liability insurance that represents the percentage of maternity care provided to eligible persons by that provider through increased medical assistance payments.

NEW SECTION. Sec. 7. To the extent that federal matching funds are available, the department or the department of health if one is created shall establish, in consultation with the health science programs of the state's colleges and universities, and community health clinics, a loan repayment program that will encourage maternity care providers to practice in medically underserved areas in exchange for repayment of part or all of their health education loans.

Sec. 8. Section 4, chapter 30, Laws of 1967 ex. sess. as last amended by section 2, chapter 87, Laws of 1989 and RCW 74.09.510 are each amended to read as follows:

Medical assistance may be provided in accordance with eligibility requirements established by the department of social and health services, as defined in the social security Title XIX state plan for mandatory categorically needy persons and: (1) Individuals who would be eligible for cash assistance except for their institutional status; (2) individuals who are under twenty-one years of age, who would be eligible for aid to families with dependent children, but do not qualify as dependent children and who are in (a) foster care, (b) subsidized adoption, (c) an intermediate care facility or an intermediate care facility for the mentally retarded, or (d) inpatient psychiatric facilities; (3) the aged, blind, and disabled who: (a) Receive only a state supplement, or (b) would not be eligible for cash assistance if they were not institutionalized; (4) individuals who would be eligible for but choose not to receive cash assistance; (5) ~~((pregnant women who would be eligible for aid to families with dependent children if the child had been born and was living with the mother during the month of the payment, and~~

~~the pregnancy has been medically verified, (6))~~ individuals who are enrolled in managed health care systems, who have otherwise lost eligibility for medical assistance, but who have not completed a current six-month enrollment in a managed health care system, and who are eligible for federal financial participation under Title XIX of the social security act; (6) children and pregnant women allowed by federal statute for whom funding is appropriated; and (7) other individuals eligible for medical services under RCW 74.09.035 and 74.09.700 for whom federal financial participation is available under Title XIX of the social security act.

NEW SECTION. Sec. 9. The department shall contract with an independent nonprofit entity to evaluate the effectiveness of the maternity care access program set forth in sections 1 through 7 of this act based on the principles set forth in section 2 of this act. The evaluation shall also address:

(1) Characteristics of women receiving services, including health risk factors;

(2) Services utilized by eligible women;

(3) Birth outcomes of women receiving services;

(4) Birth outcomes of women receiving services, by type of practitioner;

(5) Services utilized by eligible infants; and

(6) Referrals to other programs for services.

The department shall submit an evaluation report to the appropriate committees of the legislature by December 1, 1990.

NEW SECTION. Sec. 10. The sum of forty-seven million five hundred thirty-one thousand dollars, or as much thereof as may be necessary, of which twenty-five million five hundred seventy thousand dollars shall be from federal funds, is appropriated from the state general fund for the biennium ending June 30, 1991, to the department of social and health services, medical assistance program, for medical assistance for categorically needy pregnant women and children under one year of age whose household income does not exceed one hundred eighty-five percent of the federal poverty level, and whose coverage qualifies for federal financial participation under Title XIX of the federal social security act.

NEW SECTION. Sec. 11. The sum of nine million five hundred thirty thousand dollars, or as much thereof as may be necessary, of which five million one hundred ten thousand dollars shall be from federal funds, is appropriated from the state general fund for the biennium ending June 30, 1991, to the department of social and health services, medical assistance program, for medical assistance for children under eight years of age whose family income does not exceed one hundred percent of the federal poverty level, and whose coverage qualifies for federal financial participation under Title XIX of the federal social security act.

NEW SECTION. Sec. 12. The sum of fourteen million three hundred ten thousand dollars, or as much thereof as may be necessary, of which seven million seven hundred ten thousand dollars shall be from federal funds, is appropriated from the state general fund for the biennium ending June 30, 1991, to the department of social and health services, medical assistance program, to increase reimbursement levels to health care providers for the delivery of maternity services.

NEW SECTION. Sec. 13. The sum of eight million eight hundred forty-one thousand dollars, or as much thereof as may be necessary, of which four million seven hundred forty-one thousand dollars shall be from federal funds, is appropriated from the state general fund for the biennium ending June 30, 1991, to the department of social and health services, medical assistance program, for the purpose of establishing a maternity care case management system as prescribed in this act.

NEW SECTION. Sec. 14. The sum of ten million one hundred fifty-three thousand dollars, or as much thereof as may be necessary, of which five million three hundred thirty-six thousand dollars shall be from federal funds, is appropriated from the state general fund for the biennium ending June 30, 1991, to the department of social and health services, children and family services program, for the purpose of establishing a maternity care support service system as prescribed in this act.

NEW SECTION. Sec. 15. The sum of one million eight hundred five thousand dollars, or as much thereof as may be necessary, of which nine hundred twenty-six thousand dollars shall be from federal funds, is appropriated from the state general fund for the biennium ending June 30, 1991, to the department of social and health services, community services administration program, for administration and claims processing activities associated with the medical assistance eligibility expansions prescribed in this act, and for prenatal case management and support services claims processing.

NEW SECTION. Sec. 16. Sections 1 through 7 of this act shall be added to chapter 74.09 RCW and codified with the subchapter heading of "maternity care access program."

Passed the House May 10, 1989.

Passed the Senate May 10, 1989.

Approved by the Governor May 31, 1989.

Filed in Office of Secretary of State May 31, 1989.