

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
COMMITTEE REPORT
1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004**

TO: All Councilmembers
FROM: Councilmember Vincent C. Gray, Ward 7
Chairperson, Committee on Health
DATE: July 1, 2020
SUBJECT: Report on Bill 23-0326, "Postpartum Coverage Expansion Amendment Act of 2020"



The Committee on Health, to which Bill 23-0326 was referred, reports favorably thereon and recommends approval by the Council.

CONTENTS

| | |
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| I. | Background and Need..... |
| II. | Legislative Chronology..... |
| III. | Position of the Executive |
| IV. | Comments of Advisory Neighborhood Commissions |
| V. | Witness List and Summaries of Testimony |
| VI. | Impact on Existing Law |
| VII. | Fiscal Impact..... |
| VIII. | Section-by-Section Analysis..... |
| IX. | Committee Action..... |
| X. | Attachments |

I. BACKGROUND & NEED

The stated purpose of Bill 23-0326 is to extend postpartum inpatient and outpatient benefits to at least a year after childbirth; and to require the Mayor to seek approval from the Centers for Medicare and Medicaid Services that all health policies offered through the District’s Medicaid program cover inpatient and outpatient maternity and newborn care for at least one year after childbirth. The “Postpartum Coverage Expansion Amendment Act of 2020” was introduced on June 4, 2019 by Councilmembers Vince Gray, Jack Evans, David Grosso, Brianne Nadeau, Charles Allen, Robert White, Anita Bonds, and Brandon Todd. The bill was also co-sponsored by Councilmembers Kenyan McDuffie, Mary Cheh, Elissa Silverman, Trayon White, and Chairman Phil Mendelson.

Postpartum care is one of the most important, yet often neglected components of maternity care. Mothers who have recently given birth often deal with a multitude of medical and behavioral challenges, including pain, depression, anxiety, and high levels of stress, all while caring for a newborn baby. While Medicaid pays for nearly half of all births and covers pregnant women through 60 days after birth, many women are left without a pathway to coverage and become uninsured after this period, leaving them medically vulnerable. Incidence of perinatal mood and anxiety disorders (PMADs), including postpartum depression, is very high amongst new mothers, and impacts their ability to take care of a newborn baby. A review of infant visits at Children’s Hospital found that about a quarter of the mothers screened positive for perinatal mood and anxiety disorder, and 8% were suicide. Bill 23-0236 is needed to close the gaps in coverage for women in the postpartum phase of childbirth, and provide the District’s new mothers with comprehensive medical and behavioral health care that improves infant maternal outcomes.

II. LEGISLATIVE CHRONOLOGY

| | |
|-------------------|--|
| June 04, 2019 | B23-0326 Introduced by Councilmembers Gray, Evans, Grosso, Nadeau, Allen, R. White, Bonds, and Todd at Legislative Meeting |
| June 04, 2019 | Referred to Committee on Health |
| June 14, 2019 | Notice of Intent to Act on B23-0326 Published in the District of Columbia Register |
| October 18, 2019 | Notice of Public Hearing Published in the District of Columbia Register |
| November 8, 2019 | Revised Notice of Public Hearing Published in the District of Columbia Register |
| November 13, 2020 | Public Hearing on B23-0326 |
| July 1, 2020 | Consideration and vote on B23-0326 |

III. POSITION OF THE EXECUTIVE

Melisa Byrd, Senior Deputy Director/Medicaid Director, Department of Health Care, testified on behalf of the Executive. Ms. Byrd stated that currently, the District provides comprehensive health benefits to pregnant women and newborns enrolled in Medicaid, which align with traditional Medicaid benefits that include, but are not limited to: inpatient and outpatient hospital services, primary, peri and post-natal, and maternity care services; behavioral health services; transportation to and from medical appointments; and pharmacy benefits. Few women are eligible to be enrolled in the Medicaid program solely based on the basis of pregnancy, and are at risk for losing coverage, because most are already eligible under another category, such as childless adult, parent/caretaker relative, or child; those who are eligible are enrolled for the duration of their pregnancy plus 60 days postpartum. Approximately 95% of women who give

birth while enrolled in Medicaid maintain their Medicaid coverage for a full year following the birth of their child.

Ms. Byrd shifted her testimony to focus on ways in which DHCF is improving outcomes for maternal health in the Medicaid program. She explained that the District is a leader in health insurance coverage, ranking second in the nation in the percentage of residents that have health insurance coverage. For example, in 2017 the agency added maternal depression screening as part of the periodicity schedule for well-child visits in an effort to improve maternal and child behavioral health. In addition, all pregnant and postpartum women, women who are nursing, and women who may become pregnant also have access to additional benefits through the managed care program, which include incentive programs for completing prenatal visits during the first trimester and/or postpartum appointments 21-56 days after delivery, free Weight Watchers memberships, and free home meal deliveries. Lastly, DHCF tracks Managed Care Organizations' performance to ensure women receive family planning, prenatal, and postpartum care in a timely manner, and is strengthening its oversight and MCO accountability through the new Maternal Health Performance Improvement Plan (PIP). This plan focuses on timeliness of prenatal care and postpartum care, as well as women's access to contraceptive care. DHCF has also collaborated with the DC Department of Health in its efforts to improve maternal and infant health outcomes through a jointly hosted symposium.

Deputy Director Byrd concluded her testimony by discussing federal law with respect to extending postpartum coverage, stating that it is unclear how federal Medicaid funding would be accessed if states enact legislation extending postpartum benefits. She explained that Federal approval would be required through one of two vehicles: a State Plan Amendment or a demonstration waiver request - the latter being the most feasible. She expressed that the District is committed to keeping women and babies healthy, as evidenced through its Medicaid program's focus on maternal and child wellness, and reiterated that current Medicaid eligibility provides most women care beyond the standard 60-day postpartum period.

IV. COMMENTS OF ADVISORY NEIGHBORHOOD COMMISSIONS

The committee received no testimony or comments from Advisory Neighborhood Commissions.

V. LIST OF WITNESSES AND SUMMARIES OF TESTIMONY

Public Witnesses

- | | |
|---------------------|--|
| 1. Mary Revenis, MD | DC American Academy of Pediatrics |
| 2. Patricia Quinn | Director of Policy and External Affairs, DC Primary Care Association |

Executive Witness

Melisa Byrd

Senior Deputy Director/Medicaid
Director, Department of Health Care
Finance

Mary Revenis, MD, DC American Academy of Pediatrics, testified in support of Bill 23-0326, stating that as a pediatrician, she understands that the health of a new mother is critical to maximizing the health and development of a newborn and child, especially during the critical early months and years when brain development is very active. She expressed that new mothers in DC have considerable health and mental health problems, in tandem with a lack of access to care due to availability, accessibility to services, and insurance coverage issues. She also testified that because ER utilization is so pronounced with visits from mothers experiencing postpartum behavioral health problem that all ER visits for infants one year or less are now screened for perinatal mood and anxiety disorders. She concluded by reiterating her support for the bill.

Patricia Quinn, Director of Policy and External Affairs, DC, Primary Care Association, testified in support of the bill. The DC Primary Care Association published a report, titled *Human-Center Solutions to Improve Reproductive and Maternal Health Outcomes in Washington, DC*, in 2018, which found that postpartum care is lacking, and ripe with opportunity for improvement. Most of the women who participated in the report's study expressed a lack of postpartum care, and follow-up from the Mayor's Maternal Health Summit also identified postpartum care as a potential missed opportunity to improve the wellbeing of women and their families. Ms. Quinn also discussed DCPCA's launching of the Maternal Health Equity Action Lab in June of 2019, designed to find potential solutions to maternal health challenges with women who have direct experience of the District's system of care and their providers.

VI. IMPACT ON EXISTING LAW

Bill 23-0326 amends The Telehealth Reimbursement Act of 2013 by clarifying that "Postpartum" means the time after delivery when maternal physiological changes related to pregnancy return to the nonpregnant state, which may last for as long as 12 months after delivery. This bill also adds a provision to the law that establishes that health insurance coverage through Medicaid or the D.C. Healthcare Alliance program shall cover and reimburse health care services and expenses for home visits via telehealth, face-to-face interaction, or digital health for a pregnant woman, in addition to provider-delivered, digital health interventions that are used to directly manage a patient's pregnancy.

VII. FISCAL IMPACT

Funds are not sufficient in the fiscal year 2020 budget and proposed fiscal year 2021 through fiscal year 2024 budget and financial plan to implement the bill. The bill will cost \$1.08 million in fiscal year 2021 and \$5.21 million over the proposed financial plan. The Local Funds portion of this cost is \$361,000 in fiscal year 2021 and \$1.69 million over the proposed financial plan. This legislation has been made subject to appropriations.

VIII. SECTION BY SECTION ANALYSIS

- Section 1 States the short title of Bill 23-0326
- Section 2 Amends the Telehealth Reimbursement Act of 2013, effective October 17, 2013 (D.C. Law 20-26; D.C. Official Code § 31-3861 *et seq.*) by clarifying that “Postpartum” means the time after delivery when maternal physiological changes related to pregnancy return to the nonpregnant state, which may last for as long as 12 months after delivery. This section also adds a provision to the law that establishes that health insurance coverage through Medicaid or the D.C. Healthcare Alliance program shall cover and reimburse health care services and expenses for home visits via telehealth, face-to-face interaction, or digital health for a pregnant woman, in addition to provider-delivered, digital health interventions that are used to directly manage a patient’s pregnancy.
- Section 3 States that by October 1, 2020, the Mayor shall seek approval from the Centers for Medicare and Medicaid Services, within United States Department of Health and Human Services, through a waiver request, of the requirement that all health policies offered through the District's Medicaid program cover inpatient and outpatient maternity and newborn care for at least one year after childbirth.
- Section 4 To make the Act subject to appropriations.
- Section 5 Adopts the fiscal impact statement.
- Section 6 States the Act will take effect following Mayoral approval and Congressional review, and publication in the District of Columbia Register.

IX. COMMITTEE ACTION

Bill 23-326, the “Postpartum Coverage Expansion Amendment Act of 2020.” The meeting was called to order at 9:10 a.m. after a quorum was present consisting of Committee Chairperson Vincent C. Gray and Councilmembers Brianne K. Nadeau, David Grosso and Mary M. Cheh. Bill 23-326 was the second item on the agenda.

After discussing the chronology and purpose of the bill, Chairperson Gray gave brief remarks, and opened the floor for discussion. Hearing no further discussion, Chairperson Gray moved the print and report, with leave for staff to make technical and editorial changes. The vote on the print and report were unanimous. (Chairperson Gray and Councilmembers Grosso, Cheh and Nadeau voting “aye”, Councilmember Todd being absent) The meeting adjourned at 9:43 a.m.

X. ATTACHMENTS

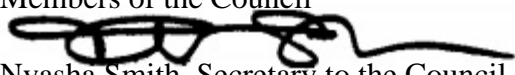
- A. Secretary's Notice for Bill 23-0326
- B. Bill 23-0326 as Introduced
- C. Hearing Notice and Witness List
- D. Copies of Written Testimony
- E. Fiscal Impact Statement
- F. Legal Sufficiency Memorandum
- G. Committee Print of Bill 23-0326

ATTACHMENT A

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington D.C. 20004

Memorandum

To : Members of the Council

From : 
Nyasha Smith, Secretary to the Council

Date : June 05, 2019

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Legislative Meeting on Tuesday, June 4, 2019. Copies are available in Room 10, the Legislative Services Division.

TITLE: "Postpartum Coverage Act of 2019", B23-0326

INTRODUCED BY: Councilmembers Gray, Evans, Grosso, Nadeau, Allen, R. White, Bonds, and Todd

CO-SPONSORED BY: Councilmembers McDuffie, Cheh, Silverman, T. White, and Chairman Mendelson

The Chairman is referring this legislation to the Committee on Health.

Attachment

cc: General Counsel
Budget Director
Legislative Services

ATTACHMENT B

1 
2 Councilmember Charles Allen


Councilmember Vincent C. Gray

3
4
5 
6 Councilmember Robert C. White, Jr.


Councilmember Jack Evans

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8
9 
10 Councilmember Anita Bonds


Councilmember David Grosso

11
12
13 
14 Councilmember Brandon T. Todd


Councilmember Brianne K. Nadeau

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18
19 A BILL
20
21

22 _____
23 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
24 _____
25

26
27 To extend postpartum inpatient and outpatient benefits to at least a year after childbirth.

28
29 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
30 act may be cited as the "Postpartum Coverage Act of 2019".

31 Sec. 2. Postpartum insurance coverage.

32 (a) By October 1, 2020, the Mayor shall seek the approval of the United States
33 Department of Health and Human Services, Centers for Medicare and Medicaid Services to
34 amend the Medicaid State Plan so that all individual and group health policies offered through
35 the District's Medicaid program cover inpatient and outpatient maternity and newborn care for at
36 least one year after childbirth.

37 Sec. 3. Fiscal impact statement.

38 The Council adopts the fiscal impact statement in the committee report as the fiscal
39 impact a statement required by section 4a of the General Legislative Procedures Act of 1975,
40 approved October 16, 2006 (120 Stat. 2038; D.C. official Code Section 1-201.47.

41 Sec. 4. Effective date.

42 This act shall take effect following approval by the Mayor (or in the event of veto by the
43 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
44 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
45 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
46 Columbia Register.

ATTACHMENT C

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
NOTICE OF PUBLIC HEARING
1350 PENNSYLVANIA AVE., N.W., WASHINGTON, D.C. 20004**

**COUNCILMEMBER VINCENT C. GRAY, CHAIRPERSON
THE COMMITTEE ON HEALTH**

ANNOUNCES A PUBLIC HEARING ON

BILL 23-0326, THE “POSTPARTUM COVERAGE ACT OF 2019”

**BILL 23-0360, THE “CONTINUING NUTRITION EDUCATION AMENDMENT ACT OF
2019”**

**BILL 23-0416, “BETTER ACCESS FOR BABIES TO INTEGRATED EQUITABLE
SERVICES ACT OF 2019”**

BILL 23-0430, THE “ACCESS TO BIOSIMILARS AMENDMENT ACT OF 2019”

**WEDNESDAY, NOVEMBER 13, 2019
12:00 P.M., ROOM 412, JOHN A. WILSON BUILDING
1350 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004**

Councilmember Vincent C. Gray, Chairperson of the Committee on Health, announces a Public Hearing on Bill 23-0326, the “Postpartum Coverage Act of 2019”, Bill 23-0360, the “Continuing Nutrition Education Amendment Act of 2019”, Bill 23-0416, the “Better Access for Babies to Integrated Equitable Services Act of 2019”, and Bill 23-0430, the “Access to Biosimilars Amendment Act of 2019.” The hearing will be held on Wednesday, November 13, 2019, at 12:00 p.m., or immediately following the Committee on Health and Committee on Education’s joint hearing, in Room 412 of the John A. Wilson Building.

Bill 23-0326, the “Postpartum Coverage Act of 2019”, extends postpartum inpatient and outpatient benefits to at least a year after childbirth.

Bill 23-0360, the “Continuing Nutrition Education Amendment Act of 2019”, requires continuing education for certain health occupations on the subject of nutrition.

Bill 23-0416, the “Better Access for Babies to Integrated Equitable Services Act of 2019”, adds provisions to the Comprehensive Newborn Screening Program to establish discharge standards and authorizes penalties for failure to comply with the standards or perform the necessary screens. It would also authorize the Department of Health to collect information from hospitals and birthing facilities to create a report card regarding compliance with newborn screening requirements, lactation support services, parent education, discharge standards, and clinical quality measures. It also creates a Perinatal

and Infant Health Advisory Committee that would advise on ways to reduce preterm birth and newborn screening activities.

Bill 23-0430, the “Access to Biosimilars Amendment Act of 2019”, authorizes licensed pharmacists to dispense interchangeable biological products, and requires notifications to physicians when such interchangeable biological products are dispensed. An interchangeable biological product is a biological product licensed by the US Food and Drug Administration to meet the standards of interchangeability under federal law and determined to be therapeutically equivalent by the USFDA.

The Committee invites the public to testify at the roundtable. Those who wish to testify should contact Malcolm Cameron, Committee Legislative Analyst at (202) 654-6179 or mcameron@dccouncil.us, and provide your name, organizational affiliation (if any), and title with the organization, preferably by 5:00 p.m. on Monday, November 11, 2019. Witnesses should bring 15 copies of their written testimony to the roundtable.

The Committee allows individuals 3 minutes to provide oral testimony in order to permit each witness an opportunity to be heard. Additional written statements are encouraged and will be made part of the official record. Written statements may be submitted by e-mail to mcameron@dccouncil.us or mailed to: Council of the District of Columbia, 1350 Pennsylvania Ave., N.W., Suite 113, Washington D.C. 20004.

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
NOTICE OF PUBLIC HEARING**

1350 PENNSYLVANIA AVE., N.W., WASHINGTON, D.C. 20004

Abbreviated/Revised

**COUNCILMEMBER VINCENT C. GRAY, CHAIRPERSON
THE COMMITTEE ON HEALTH**

ANNOUNCES A PUBLIC HEARING ON

BILL 23-0326, THE “POSTPARTUM COVERAGE ACT OF 2019”

**BILL 23-0360, THE “CONTINUING NUTRITION EDUCATION AMENDMENT ACT OF
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Bill 23-0326, the “Postpartum Coverage Act of 2019”, extends postpartum inpatient and outpatient benefits to at least a year after childbirth.

Bill 23-0360, the “Continuing Nutrition Education Amendment Act of 2019”, requires continuing education for certain health occupations on the subject of nutrition.

Bill 23-0430, the “Access to Biosimilars Amendment Act of 2019”, authorizes licensed pharmacists to dispense interchangeable biological products, and requires notifications to physicians when such interchangeable biological products are dispensed. An interchangeable biological product is a biological product licensed by the US Food and Drug Administration to meet the standards of interchangeability under federal law and determined to be therapeutically equivalent by the USFDA.

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mcameron@dccouncil.us, and provide your name, organizational affiliation (if any), and title with the organization, preferably by 5:00 p.m. on Monday, November 11, 2019. Witnesses should bring 15 copies of their written testimony to the hearing.

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**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
NOTICE OF PUBLIC HEARING
1350 PENNSYLVANIA AVE., N.W., WASHINGTON, D.C. 20004**

**COUNCILMEMBER VINCENT C. GRAY, CHAIRPERSON
THE COMMITTEE ON HEALTH**

ANNOUNCES A PUBLIC HEARING ON

BILL 23-0326, THE “POSTPARTUM COVERAGE ACT OF 2019”

**BILL 23-0360, THE “CONTINUING NUTRITION EDUCATION AMENDMENT ACT
OF 2019”**

BILL 23-0430, THE “ACCESS TO BIOSIMILARS AMENDMENT ACT OF 2019”

**WEDNESDAY, NOVEMBER 13, 2019
12:00 P.M., ROOM 412, JOHN A. WILSON BUILDING
1350 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004**

WITNESS LIST

BILL 23-0326, THE “POSTPARTUM COVERAGE ACT OF 2019”

Public Witnesses

- | | |
|------------------------------------|--|
| 1. Mary Revenis, MD | DC American Academy of Pediatrics |
| 2. Chidiogo Anyigbo, MD, MPH, FAAP | Fellow, General Academic Pediatrics, Children's National Hospital |

Executive Witness

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|-------------|---|
| Melisa Byrd | Senior Deputy Director/Medicaid Director, Department of Health Care Finance |
|-------------|---|

**BILL 23-0360, THE “CONTINUING NUTRITION EDUCATION AMENDMENT ACT
OF 2019”**

Public Witnesses

- | | |
|--------------------------------------|--|
| 1. Nichole Jannah | Research Associate, Milken Institute School of Public Health, The George Washington University |
| 2. Taylor Dodson | Student, Harvard Law School |
| 3. Meedie Bardonille RN, MSN, PCCN-K | Chair, DC Board of Nursing |
| 4. Andrea A. Anderson, MD, FAAFP | Chair, DC Board of Medicine |
| 5. Neal Barnard, MD, FACC | President, Physicians Committee for Responsible Medicine |

Executive Witness

| | |
|-------------------------------|--------------------------------------|
| Dr. Jacqueline Watson, DO MBA | Chief of Staff, Department of Health |
|-------------------------------|--------------------------------------|

BILL 23-0430, THE “ACCESS TO BIOSIMILARS AMENDMENT ACT OF 2019”

Public Witnesses

- | | |
|----------------------------|--|
| 1. Monet Stanford, PharmD. | Pharmacy Government Relations and Regulatory Affairs, Kaiser Permanente Mid-Atlantic |
|----------------------------|--|

Executive Witness

| | |
|-----------------------------------|--|
| Dr. Shauna White, PharmD, RPH, MS | Executive Director of the DC Board of Pharmacy |
|-----------------------------------|--|

ATTACHMENT D

Council of the District of Columbia, Committee on Health

Bill 23-326 "The Postpartum coverage Act of 2019"

Wednesday November 13, 2019 Noon
John A. Wilson Building, Room 500
1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004

Testimony of Mary Revenis, MD FAAP
Chair, Fetus and Newborn Committee, D.C. American Academy of Pediatrics

I am a neonatologist at Children's National Hospital in Washington, DC, and the Chair of the DC American Academy of Pediatrics (AAP) Committee of the Fetus and Newborn. I am speaking today on behalf of the DC Chapter of the AAP. We welcome efforts to improve access to health care for postpartum women in DC.

The DC AAP chapter has over 400 members, including pediatricians, residents, and medical students, and represents all of the District's hospitals, community clinics, private practices, and school based health centers.

As pediatricians, we know that the health of a new mother is critical to maximizing the health and the development of a newborn and child, especially during the critical early months and years when brain development is very active. Unfortunately, new mothers in DC have considerable health and mental health problems. Simultaneously there are challenges with access to care due to both availability and accessibility to services, but also due to insurance coverage issues. Even if a mother has good health, the incidence of perinatal mood and anxiety disorders (PMADs), including postpartum depression, is very high, and impacts a mother's ability to take care of her baby.

Many pediatricians screen mothers for depression/anxiety during routine infant visits (**14% positive in our clinic**). There are two other examples that illustrate the magnitude of postpartum mental health problems in DC. In the ER at Children's Hospital infants were being brought for an emergency visit not because of a problem with the baby, but because mother seemed anxious or depressed. This ER utilization was so pronounced that the mothers for all ER visits for infants one year or less are now screened for perinatal mood and anxiety disorders. **27% of the mothers screened positive, 8% were suicidal, and this group also had higher pediatric ER utilization.** In the neonatal intensive care unit where I work, the incidence of positive screens is even higher, with **45% of NICU mothers** who are screened near the time of baby discharge having a positive screen. At the very least, mothers need insurance coverage to access the mental health services they need during the first year after delivery.

In Summary: We support Bill 23-326. Thank you for your efforts to address this important public health issue for our newest DC citizens and their mothers.

Reference:

Perinatal Mood and Anxiety Disorder Screening: Integrating Care Across Settings. L. Jarvis, et al. Pediatrics August 2019, 133 (2 Meeting Abstract) 60. DOI: https://doi.org/10.1542/peds.144.2_MeetingAbstract.60



To: The Honorable Vincent Gray, Chair, DC Council Committee on Health
Members of the Committee on Health
From: Patricia Quinn, Director of Policy and External Affairs, DC Primary Care Association
Re: **823-0326 Postpartum Coverage Act of 2019**
Date: November 13, 2019

The DC Primary Care Association (DCPCA) works to build a healthier DC by strengthening safety net primary care, improving care coordination across sites of care, and improving access to health information for better health outcomes. Our partners in this work include community health centers serving 1 in 4 District residents in every ward of the city. DCPCA supports the Postpartum Coverage bill before the Committee on Health, and offers further information gathered by our Maternal Health Equity Action Lab (the Lab,) which itself evolved as a result of our report, *Human-Centered Solutions to Improve Reproductive and Maternal Health Outcomes in Washington, D.C.* released in 2018.

A key finding from our 2018 report is that postpartum care is lacking, and ripe with opportunity for improvement. All of the women and most providers interviewed for the report expressed a lack of postpartum care, and follow up from the Mayor's Maternal Health Summit also identified postpartum care as a potential missed opportunity to improve the wellbeing of women and their families.

In June of 2019, DCPCA launched the Maternal Health Equity Action Lab in order to co-design potential solutions to maternal health challenges with women who have direct experience of the District's system of care and their providers. The Lab members include six context experts, prenatal, labor, and delivery providers, government and MCO partners, and other experts. They have formed design teams which meet weekly to take action in the following three areas:

- Awareness and Access Team
- Respectful Care Team
- Postpartum Supports Team

Participants on the Postpartum Design Team include four women with recent experience in the District's maternal health system, representatives from the March of Dimes, the Developing Families Center, DC Health, Medstar, Mary's Center, and AmeriHealth. In August of 2019, the Team initiated their work with a targeted survey to better understand the needs of women during the postpartum period, particularly for black women in Ward 7 and 8. Although the

sample size is relatively small (~80 women,) we offer the findings to help guide further work to support women during the postpartum period.

Included with our testimony is a slide deck with more detailed information on the survey. Some key takeaways include:

- 27.5% (more than 1 in 4 women) rated their postpartum health care as poor or fair, and 23% rated their postpartum mental health as poor.
- Based on the short answers re: the biggest challenge in postpartum and what would have helped, some clear themes emerge.
 - Women need help with breastfeeding, mental health, physical health, and sleep.
 - The solutions coming through appear to be at-home support, group support, and the need for more mental health services.

Based on these findings, Lab participants are developing a virtual, peer-led postpartum support group ("Virtual Mommy Meet-Up") we intend to launch and test in January 2020.

As the Lab designs and tests interventions that we hope will improve outcomes for women and families, we also advocate for policy changes such as expansion of postpartum care for one year. System-wide, our research clearly indicates that women need our support and care beyond what we currently offer. We welcome the opportunity to work with policymakers to ensure that women and families in the District feel the full measure of our love and care throughout their journey.

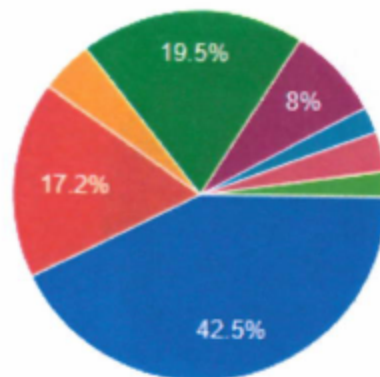
DCPCA Equity Action Lab: Postpartum Survey Overview: Demographics

- 84 respondents
- August 2 – August 31
- Locations:
 - 42.4% from Ward 8
 - 17.2% from Ward 7
 - 19.5% from Ward 5
 - 8% from Ward 4
 - Remainder Wards 1,2,3, and 6
- Insurance:
 - 62.1% Medicaid
 - 35.6% private insurance
 - Remainder no insurance or other



Your Ward:

87 responses

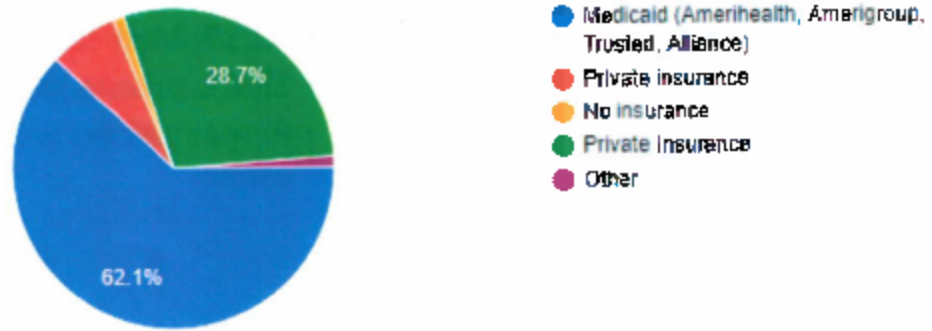


- Ward 8
- Ward 7
- Ward 6
- Ward 5
- Ward 4
- Ward 3
- Ward 2
- Ward 1



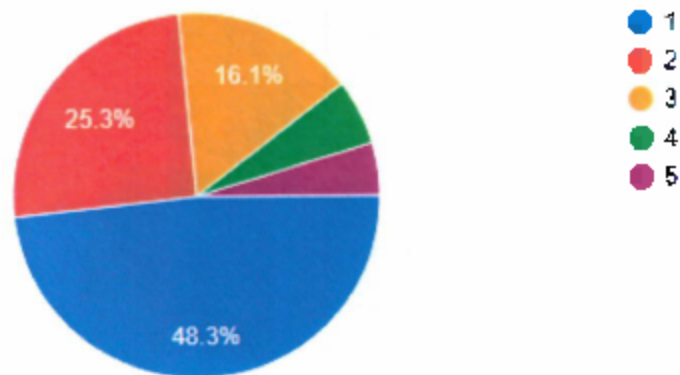
What insurance do you have?

87 responses



Number of Children

87 responses



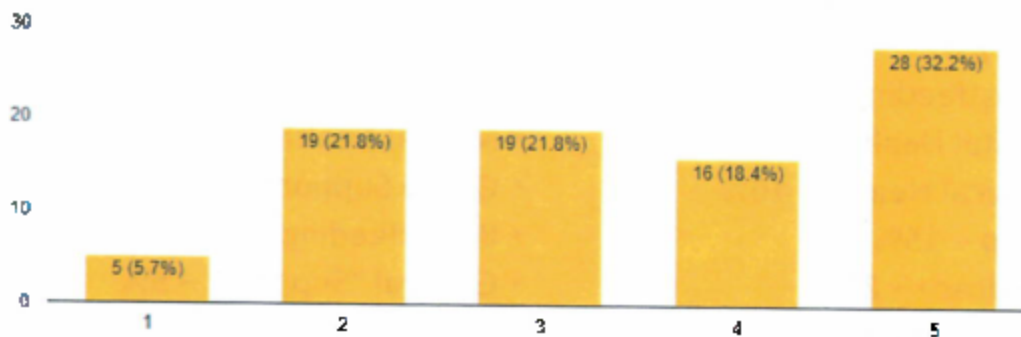
DCPCA Equity Action Lab: Postpartum Survey Overview: Score Quality of Care

- Quality of postpartum care from health care provider:
 - 27.5% rated care as poor or fair
 - 21.8% rated care as okay
 - 50.6% rated care as good or excellent
- Quality of postpartum mental health care:
 - 23% rated care as **POOR**
 - 17.2% rated care as fair
 - 20.7% rated care as okay
 - 37.9% rated as good or excellent



How would you rate the support you received by your health care provider after giving birth (delivery to one year after)?

87 responses

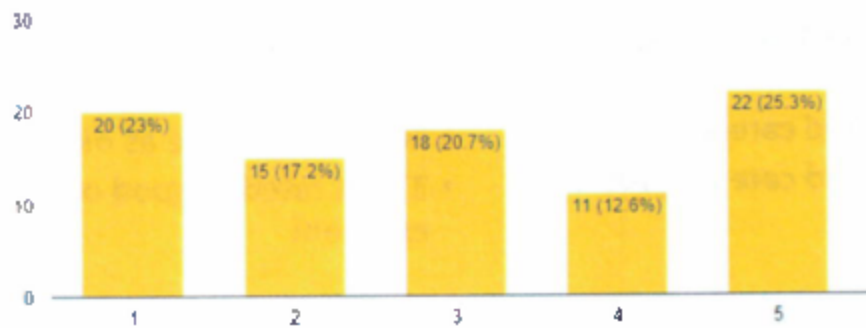


Key
Excellent: 5
Good: 4
Okay: 3
Fair: 2
Poor: 1



How would you rate the support you received for your mental health care after giving birth (delivery to one year after)?

87 responses



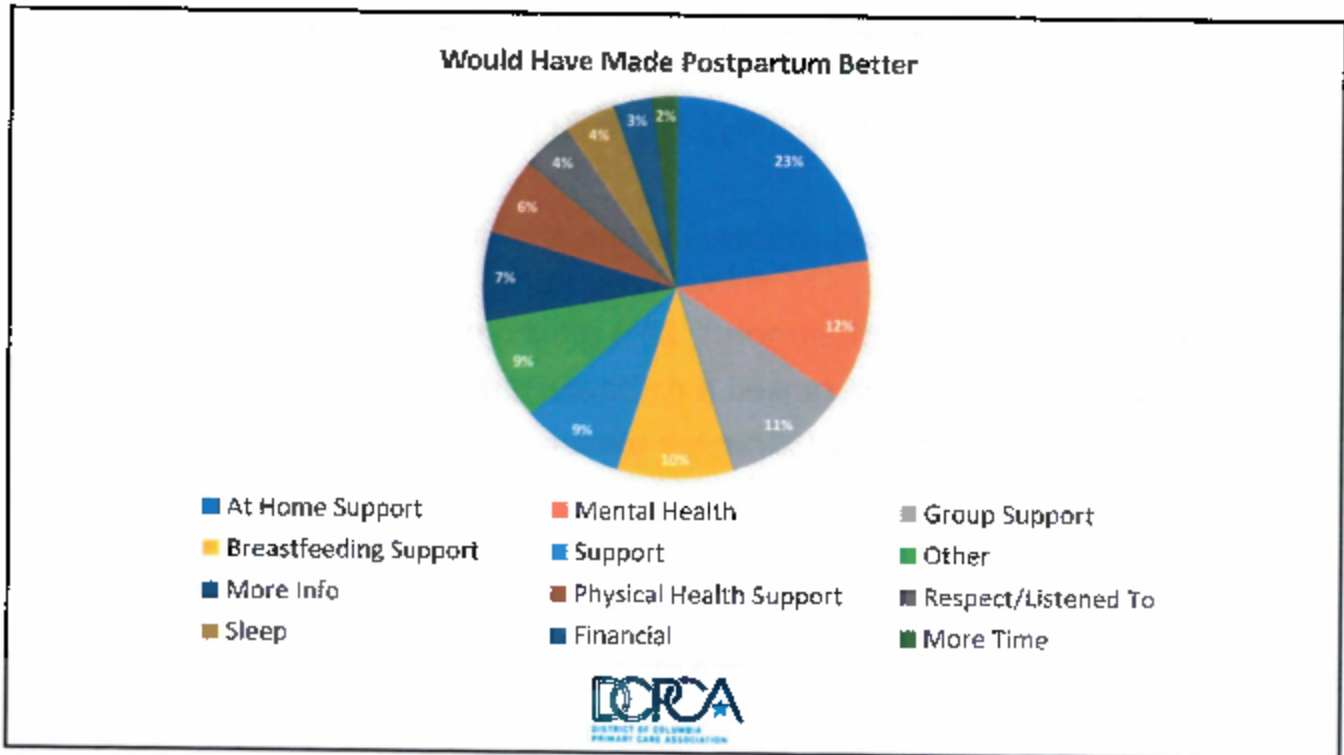
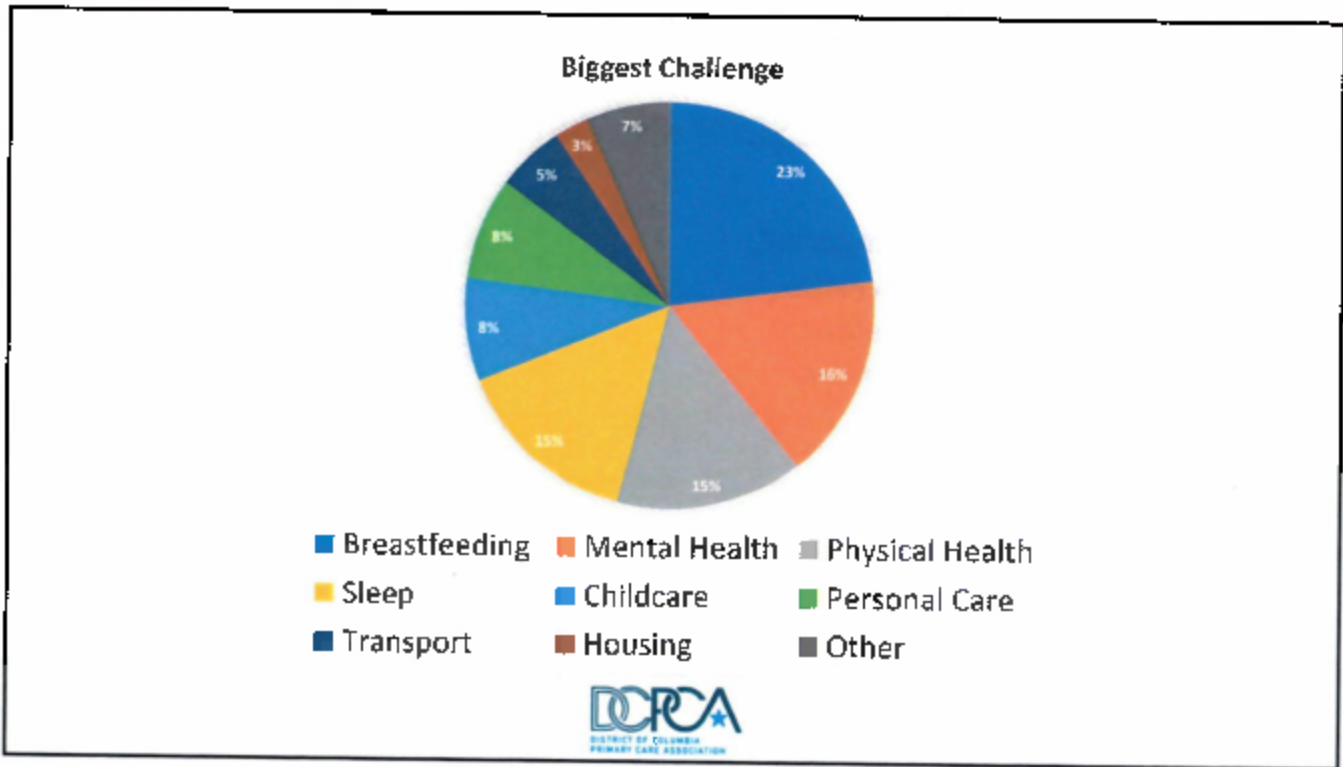
Key
Excellent: 5
Good: 4
Okay: 3
Fair: 2
Poor: 1



DCPCA Equity Action Lab: Postpartum Survey Overview: Challenges + Improvements

- What was your biggest challenge?
 - Breastfeeding – 23%
 - Mental Health – 16%
 - Physical Health – 16%
 - Sleep – 15%
 - Childcare – 8%
 - Personal Care – 8%
- What would have made postpartum better?
 - At Home Support – 23%
 - Mental Health Support – 12%
 - Group Support – 11%
 - Breastfeeding Support – 10%
 - General “Support” – 9%
 - More Information – 7%





Words Used to Describe Postpartum Care

- When placed into categories:
 - 40 responses were negative
 - 11 responses were neutral
 - 33 responses were positive

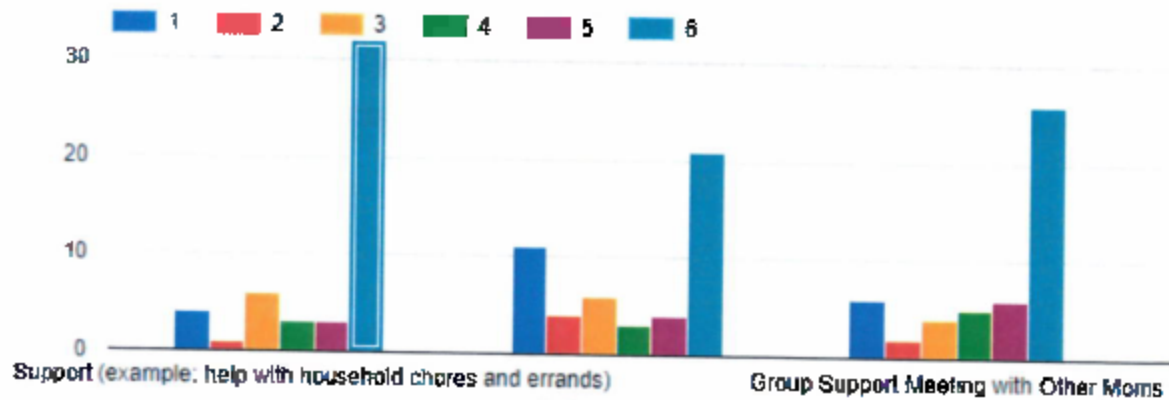


Most Important Services Ranked

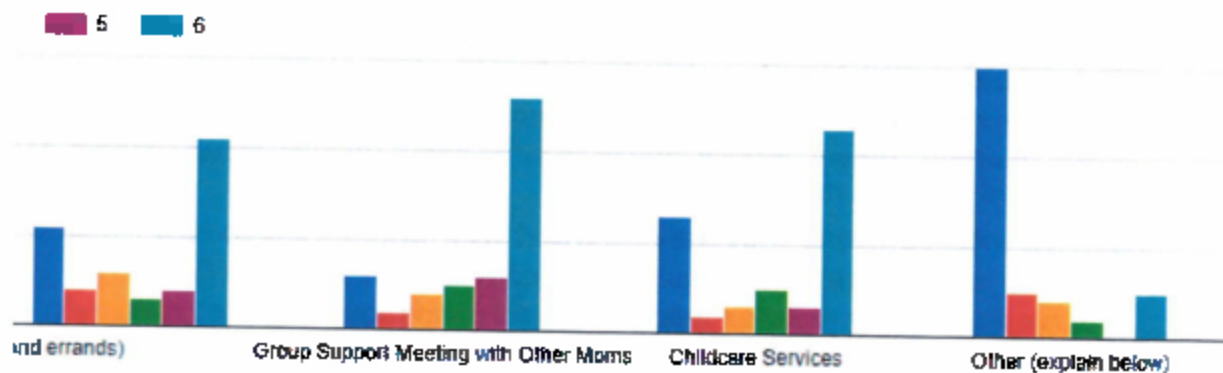
- Support with household chores & errands: 32% ranked most important
 - Group support with other moms: 26% ranked most important
 - Childcare services: 23% ranked most important
 - Breastfeeding support: 21% ranked most important
- Note: Respondents could select more than one item as "most important" hence the percentages not adding up to 100%
 - Note: Sample size for this question is 49 rather than 84.



After you gave birth, which of the services below would have made your postpartum period better? 6 = Most important. 1 = Least important.



After you gave birth, which of the services below would have made your postpartum period better? 6 = Most important. 1 = Least important.



“Other” Important Services Suggested

- Mental Health – 4 people suggested more mental health
- Housing – 4 people suggested housing support
- Job Training – 4 people suggested job training/back to work support
- Transportation – 3 people suggested transport help



Key Take-Aways



- With 27.5% or more than 1 in 4 women rating their postpartum health care as poor or fair, and 23% rating their postpartum mental health as poor, there is clearly room for improvement.
- Based on the short answers re: the biggest challenge in postpartum and what would have helped, some clear themes emerge.
 - Women need help with breastfeeding, mental health, physical health, and sleep.
 - The solutions coming through appear to be at-home support, group support, and the need for more mental health services.
- The two interventions that may be most well-positioned to test include:
 - Postpartum centering/group care (Community of Hope or Mary's Center?)
 - Home visiting with holistic support, not just health care (Mamatoto or Mary's Center)
- Idea: Could share postpartum centering and home visiting model we want to test at Respectful Care focus group, if we have time, to get feedback on how to tailor to meet women's needs

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Public Hearing on

B23-326, the "Postpartum Coverage Act of 2019"

Testimony of

Melisa Byrd

Senior Deputy Director / Medicaid Director

Before the

Committee on Health

Council of the District of Columbia

The Honorable Vincent C. Gray, Chairperson

November 13, 2019

12:00 p.m.

Room 412

John A. Wilson Building

1350 Pennsylvania Avenue, NW

Washington, DC 20004

Good afternoon, Chairperson Gray, and members of the Committee on Health. I am Melisa Byrd, Senior Deputy Director/Medicaid Director of the Department of Health Care Finance (DHCF). I am here today to provide testimony on behalf of DHCF on Bill 23-326, the "Postpartum Coverage Act of 2019." The stated purpose of this bill is to extend Medicaid postpartum inpatient and outpatient benefits to at least a year after childbirth. To accomplish this goal, the bill requires the Mayor to seek approval from the Centers for Medicare and Medicaid Services (CMS) to allow the District Medicaid program to cover inpatient and outpatient maternity and newborn care for at least one year after childbirth.

Medicaid Benefits and Eligibility for Pregnant Women and Newborns

Currently, the District provides comprehensive health benefits to pregnant women and newborns enrolled in the Medicaid program. The benefits provided to pregnant women align with the traditional Medicaid benefit package and include, but are not limited to: inpatient and outpatient hospital services; primary, peri- and post-natal, and maternity care services; behavioral health services; transportation to and from medical appointments; and pharmacy benefits. Once enrolled into the Medicaid program, most women join one of the District's three contracted Medicaid managed care plans. The remaining women receive services through fee-for-service (FFS) Medicaid or through our Children and Adolescents for Supplemental Security Income Program (CASSIP) plan.

Few women are eligible to be enrolled in the Medicaid program solely on the basis of pregnancy because most are already eligible under another category, such as childless adult, parent/caretaker relative, or child. Women who are eligible on the basis of pregnancy alone must have income at or below 324 percent of the federal poverty level (FPL), approximately \$54,788.

for a pregnant woman applying on her own, who is considered at minimum a household of two. This is one of the highest rates of eligibility in the country, second only to Iowa.

For women who are eligible for Medicaid solely because of their pregnancy, eligibility is limited to the duration of the pregnancy plus 60 days postpartum. For example, if a woman enrolls into Medicaid at 20 weeks pregnant, approximately five months, she could remain eligible for the program for up to another 28 weeks depending on the date of the birth of her child. However, very few women in the District's Medicaid program are eligible only based on pregnancy and therefore at risk for losing coverage. Approximately 95 percent of women who give birth while enrolled in Medicaid maintain their Medicaid coverage for a full year following the birth of their child. Once the woman delivers her baby, he or she is automatically enrolled into the Medicaid program for one year—irrespective of any changes in household income. After the first year, the child's eligibility is recertified annually thereafter. In DC, children ages zero to 18 years old are eligible for the Medicaid program if the household income is up to 324 percent of FPL; and children ages 19 and 20 years old are eligible if the household income is up to 221 percent of FPL.

Improving Outcomes in the Medicaid Program

The District is a leader in health insurance coverage—ranking second in the nation in the percentage of residents that have health insurance coverage. The District was an early adopter of Medicaid coverage expansion under the Affordable Care Act in 2010 and has since expanded coverage further to include all low-income adults. Despite the significant gains in health insurance coverage, health outcomes are not optimal. DHCF's focus has pivoted from coverage expansion to improving health outcomes for the District residents that are served through the Medicaid program. Our vision is for all District residents to have the supports and services they

need to be actively engaged in their health and to thrive. We have prioritized building a health system that provides whole person care, ensures value and accountability, and strengthens internal operational infrastructure. For example, in 2017 DHCF added maternal depression screening as part of the periodicity schedule for well-child visits in an effort to improve maternal and child behavioral health. Maternal depression screening is now a required component for the one month, two month, four month, and six month well-child visits. This change eliminates the need for a separate appointment for the mom and can result in more timely identification and referral to needed services.

All pregnant and postpartum women, women who are nursing, and women who may become pregnant also have access to additional, "value-added" benefits through the managed care program. Some of these benefits include incentive programs for completing prenatal visits during the first trimester and/or postpartum appointments 21-56 days after delivery, free Weight Watchers memberships, and free home meal deliveries. Care coordination and case management are also provided through the postpartum period. Upon completion of the maternal and infant stages, families may be connected to additional case management supports for other, preexisting conditions and for early intervention through the Managed Care Organizations' (MCOs') early intervention family programs. As we transition to a full managed care program over the next five years, access to value-added services will be available program-wide.

DHCF also tracks the MCOs' performance to ensure women receive family planning, prenatal, and postpartum care in a timely manner. We are strengthening our oversight and MCO accountability through the new Maternal Health Performance Improvement Plan (PIP). The PIP focuses on timeliness of prenatal care and postpartum care, as well as women's access to contraceptive care.

Further, DHCF is actively collaborating with DC Health on efforts to improve maternal and infant health outcomes. In October 2019, DHCF and DC Health jointly hosted the Symposium on Quality Improvement in Maternal Care to advance efforts to create a District-wide Perinatal Quality Collaborative designed to address and improve maternal morbidity and mortality challenges in the District.

Extending Medicaid Post-Partum Coverage

Federal law defines pregnant women as women during pregnancy and the postpartum period. The postpartum period begins on the date the child is born and extends 60 days, with coverage ending on the last day of the month in which the 60-day period ends. State Medicaid programs are required by federal law to extend Medicaid coverage to pregnant women through the postpartum period. To date, no Medicaid program has extended postpartum benefits beyond the required 60-day period. Currently, there are four states considering extending postpartum coverage through legislative efforts, and at least two of those states are proposing postpartum coverage expansions for women that are otherwise ineligible for Medicaid.

It is unclear how federal Medicaid funding would be accessed if states enact legislation extending postpartum benefits. Federal approval would be required through one of two vehicles: a State Plan Amendment or a demonstration waiver request. Since federal law is silent on states' ability to cover postpartum services beyond the 60-day postpartum period, it is likely the appropriate vehicle to obtain federal approval (and subsequent federal financial participation) would be a waiver request. Absent federal approval of and support for the extended coverage, funding for the services cannot be done federally.

Conclusion

Leveraging the District's expansive coverage, DHCF's efforts are expanding access to important physical and behavioral health services for women during pregnancy and postpartum. These efforts are also helping us achieve improved outcomes goals for the Medicaid program.

Mayor Bowser's leadership on this issue and her commitment to healthy women and babies is evidenced through the Medicaid program's focus on maternal and child wellness. Current Medicaid eligibility provides most women care beyond the standard 60-day postpartum period and newborns are deemed eligible for their first year of life. Our continued efforts to improve outcomes for pregnant and postpartum women will support them during their first year of motherhood and beyond.

Thank you for the opportunity to testify today. This concludes my testimony, and I am pleased to address your questions.

ATTACHMENT E


Government of the District of Columbia
Office of the Chief Financial Officer



Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeffrey S. DeWitt
Chief Financial Officer 

DATE: June 30, 2020

SUBJECT: Fiscal Impact Statement – Postpartum Coverage Expansion Act of 2020

REFERENCE: Bill 23-326, Committee Print as provided to the Office of Revenue Analysis on June 29, 2020.

Conclusion

Funds are not sufficient in the fiscal year 2020 budget and proposed fiscal year 2021 through fiscal year 2024 budget and financial plan to implement the bill. The bill will cost \$1.08 million in fiscal year 2021 and \$5.21 million over the proposed financial plan. The Local Funds portion of this cost is \$361,000 in fiscal year 2021 and \$1.69 million over the proposed financial plan.

Background

The bill requires the Department of Health Care Finance (DHCF) to submit a waiver request to the Centers for Medicare and Medicaid Services (CMS) to allow all health policies offered through the District's Medicaid program to cover inpatient and outpatient maternity and newborn care for at least one year after childbirth. Women who become Medicaid-eligible solely based on their pregnancy status are currently limited to coverage for the duration of their pregnancy plus 60 days postpartum. The bill would extend coverage for these women so that they are covered by Medicaid for a year following delivery.

The bill also requires Medicaid and the D.C. Healthcare Alliance (Alliance) to provide coverage for home visits via telehealth for pregnant women and to provide coverage for provider-delivered digital health interventions.¹

¹ Such as Baby Scripts. Visit <https://www.getbabyscripts.com/> for more information.

The Honorable Phil Mendelson

FIS: Bill 23-326, "Postpartum Coverage Expansion Act of 2020," Committee Print as provided to the Office of Revenue Analysis on June 29, 2020.

Financial Plan Impact

Funds are not sufficient in the fiscal year 2020 budget and proposed fiscal year 2021 through fiscal year 2024 budget and financial plan to implement the bill. The bill will cost \$1.08 million in fiscal year 2021 and \$5.21 million over the proposed financial plan. The Local Funds portion of this cost is \$361,000 in fiscal year 2021 and \$1.69 million over the proposed financial plan.

DHCF will need additional funds to implement a waiver that will extend Medicaid coverage to women who are solely eligible for Medicaid based on their pregnancy status. Extending postpartum benefits to these women will cost \$393,000 (\$96,000 local share and \$297,000 federal share) in fiscal year 2021 and \$2.18 million (\$530,000 local share and \$1.65 million federal share) over the financial plan.

DHCF will also need additional funds to cover the cost of providing coverage for digital health interventions used to monitor pregnancies. In total, DHCF will need \$691,000 (\$265,000 local share and \$426,000 federal share) in fiscal year 2021 and \$3.03 million (\$1.16 million local share and \$1.87 million federal share) to implement coverage of digital health interventions.

No additional resources are required to cover home visits via telehealth for pregnant women as these are currently covered by the District's Medicaid and Alliance programs.

| Bill 23-326 - Postpartum Coverage Expansion Act of 2020 | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| Total Cost | | | | | |
| Extending Postpartum Coverage | FY 2021 | FY 2022 | FY 2023 | FY 2024 | Total |
| Local Share | \$96,000 | \$136,000 | \$145,000 | \$153,000 | \$530,000 |
| Federal Share ^(a) | \$297,000 | \$424,000 | \$449,000 | \$476,000 | \$1,646,000 |
| Total Cost | \$393,000 | \$560,000 | \$594,000 | \$630,000 | \$2,176,000 |
| | | | | | |
| Digital Technology to Manage Pregnancy | FY 2021 | FY 2022 | FY 2023 | FY 2024 | Total |
| Local Share | \$265,000 | \$282,000 | \$299,000 | \$317,000 | \$1,163,000 |
| Federal Share ^{(b)(c)(d)} | \$426,000 | \$453,000 | \$480,000 | \$509,000 | \$1,868,000 |
| Total Cost | \$692,000 | \$734,000 | \$779,000 | \$826,000 | \$3,031,000 |
| | | | | | |
| Total Costs | FY 2021 | FY 2022 | FY 2023 | FY 2024 | Total |
| Total Local | \$361,000 | \$418,000 | \$444,000 | \$470,000 | \$1,693,000 |
| Total Federal | \$723,000 | \$876,000 | \$930,000 | \$985,000 | \$3,514,000 |
| Grand Total^(e) | \$1,084,000 | \$1,294,000 | \$1,373,000 | \$1,456,000 | \$5,207,000 |

Table Notes:

- (a) Assumes a 75.6 percent federal and 24.4 percent local cost sharing for Managed Care Organizations patients.
- (b) Assumes a 70 percent federal and 30 percent local cost sharing for Fee-For-Service patients
- (c) Assumes a blended 75.6 percent federal and 24.4 percent local cost sharing for Managed Care Organizations patients.
- (d) Assumes 100 percent local cost for the Alliance program.
- (e) A gradual ramp-up of the program in fiscal year 2021 causes prices to be lower than in fiscal year 2022. Beginning in fiscal year 2023, costs grow based on the growth projections produced by CMS.
See: <https://www.cms.gov/files/zip/nhe-projections-2019-2028-tables.zip-0>.

ATTACHMENT F



OFFICE OF THE GENERAL COUNSEL

Council of the District of Columbia
1350 Pennsylvania Avenue NW, Suite 4
Washington, DC 20004
(202) 724-8026

MEMORANDUM

TO: Councilmember Vincent C. Gray

FROM: Nicole L. Streeter, General Counsel *NLS*

DATE: June 29, 2020

RE: Legal sufficiency determination for Bill 23-326, the
Postpartum Coverage Expansion Amendment Act of
2020

The measure is legally and technically sufficient for Council consideration.

The legislation amends the Telehealth Reimbursement Act of 2013¹ to extend postpartum inpatient and outpatient benefits to at least a year after childbirth, and it requires the Mayor to seek a federal waiver² to allow the District to require that all health policies offered through the District's Medicaid program cover inpatient and outpatient maternity and newborn care for at least one year after childbirth.

I am available if you have any questions.

¹ Effective October 17, 2012 (D.C. Law 20-26; D.C. Official Code § 31-3861 *et seq.*).

² From the Centers for Medicare and Medicaid Services, an agency with the United States Department of Health and Human Services.

ATTACHMENT G

Bill 23-0326
COMPARATIVE PRINT
COMMITTEE ON HEALTH

Title 31. Insurance and Securities.
Chapter 38C. Telehealth Reimbursement
§ 31-3861. Definitions.

Sec. 2. Definitions.

For the purposes of this act, the term

(2) "Health insurer" shall have the same meaning as provided in section 2 of the Prompt Pay Act of 2002, effective July 23, 2002 (D.C. Law 14-176; D.C. Official Code § 31-313

(2A) "Postpartum" means the time after delivery when maternal physiological changes related to pregnancy return to the nonpregnant state, which may last for as long as 12 months after delivery.

Sec. 3a. Postpartum maternal health services.

Health insurance coverage through Medicaid or the D.C. Healthcare Alliance program shall cover and reimburse health care services and expenses for:

(1) Home visits via telehealth, face-to-face interaction, or digital health for a pregnant woman; and

(2) Provider delivered, digital health interventions that are used to directly manage a patient's pregnancy.

Bill 23-0326
COMPARATIVE PRINT
COMMITTEE ON HEALTH

Title 31. Insurance and Securities.
Chapter 38C. Telehealth Reimbursement
§ 31-3861. Definitions.

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ATTACHMENT H

1 **Committee Print**
2 **Bill 23-0326, the “Postpartum Coverage Expansion Amendment Act of 2020”**
3 **Committee on Health**
4 **July 1, 2020**

5
6
7 A BILL
8
9
10 _____

11
12 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
13
14 _____
15
16
17

18 To amend the Telehealth Reimbursement Act of 2013 to extend postpartum inpatient and
19 outpatient benefits to at least a year after childbirth; and to require the Mayor to seek
20 approval from the Centers for Medicare and Medicaid Services that all health policies
21 offered through the District’s Medicaid program cover inpatient and outpatient maternity
22 and newborn care for at least one year after childbirth.
23

24 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
25 act may be cited as the “Postpartum Coverage Expansion Amendment Act of 2020”.

26 Sec. 2. The Telehealth Reimbursement Act of 2013, effective October 17, 2013 (D.C.
27 Law 20-26; D.C. Official Code § 31-3861 *et seq.*), is amended as follows:

28 (a) Section 2 is amended by adding a new paragraph (2A) to read as follows:

29 “(2A) “Postpartum” means the time after delivery when maternal physiological changes
30 related to pregnancy return to the nonpregnant state, which may last for as long as 12 months
31 after delivery.”.

32 (b) A new section 3a is added to read as follows:

33 “Sec. 3a. Postpartum maternal health services.

34 “Health insurance coverage through Medicaid or the D.C. Healthcare Alliance program
35 shall cover and reimburse health care services and expenses for:

36 “(1) Home visits via telehealth, face-to-face interaction, or digital health for a
37 pregnant woman; and

38 “(2) Provider delivered, digital health interventions that are used to directly
39 manage a patient’s pregnancy.”.

40 Sec. 3. Postpartum maternal health insurance coverage.

41 By October 1, 2020, the Mayor shall seek approval from the Centers for Medicare and
42 Medicaid Services, within United States Department of Health and Human Services, through a
43 waiver request, of the requirement that all health policies offered through the District's Medicaid
44 program cover inpatient and outpatient maternity and newborn care for at least one year after
45 childbirth.

46 Sec. 4. Applicability.

47 (a) This act shall apply upon the date of inclusion of its fiscal effect in an
48 approved budget and financial plan.

49 (b) The Chief Financial Officer shall certify the date of the inclusion of the fiscal
50 effect in an approved budget and financial plan, and provide notice to the Budget Director of the
51 Council of the certification.

52 (c)(1) The Budget Director shall cause the notice of the certification to be
53 published in the District of Columbia Register.

54 (2) The date of publication of the notice of the certification shall not affect
55 the applicability of this act.

56 Sec. 5. Fiscal impact statement.

57 The Council adopts the fiscal impact statement in the committee report as the fiscal
58 impact a statement required by section 4a of the General Legislative Procedures Act of 1975,

59 approved October 16,2006 (120 Stat. 2038; D.C. official Code Section 1-201.47.

60 Sec. 6. Effective date.

61 This act shall take effect following approval by the Mayor (or in the event of veto by the
62 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
63 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
64 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
65 Columbia Register.