

## Chapter 720

## (Senate Bill 156)

AN ACT concerning

**Workgroup on Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage**

FOR the purpose of ~~requiring the Maryland Department of Health to establish a program to provide universal newborn nurse home visiting services to all families with newborns residing in the State; requiring community leads and the Department to collect and report on certain data related to the program; requiring insurers, nonprofit health service plans, and health maintenance organizations that provide certain health benefits under certain insurance policies or contracts to provide certain coverage and reimbursement for universal newborn nurse home visiting services; and generally relating to universal newborn nurse home visiting services~~ establishing the Workgroup on Universal Newborn Nurse Home Visiting Services; and generally relating to the Workgroup on Universal Newborn Nurse Home Visiting Services.

~~BY adding to~~~~Article – Health – General~~~~Section 13–5501 and 13–5502 to be under the new subtitle “Subtitle 55. Universal Newborn Nurse Home Visiting Program”~~~~Annotated Code of Maryland~~~~(2023 Replacement Volume and 2024 Supplement)~~~~BY adding to~~~~Article – Insurance~~~~Section 15–861~~~~Annotated Code of Maryland~~~~(2017 Replacement Volume and 2024 Supplement)~~

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
That ~~the Laws of Maryland read as follows:~~

(a) There is a Workgroup on Universal Newborn Nurse Home Visiting Services in the State.

(b) The Workgroup consists of the following members:

(1) one member of the Senate of Maryland, appointed by the President of the Senate;

(2) one member of the House of Delegates, appointed by the Speaker of the House;

(3) the Secretary of Health, or the Secretary's designee; and

(4) the following members, appointed by the Governor:

(i) one representative of the Maryland Hospital Association;

~~(ii) one representative each from:~~

~~1. The Family Tree for Baltimore City;~~

~~2. Family Connects Frederick; and~~

~~3. Family Connects Prince George's; and~~

~~(iii) two members representing private insurance carriers.~~

(ii) one representative from each certified site in the State implementing an evidence-based universal nurse home visiting model for families with newborns;

(iii) one representative from an organization in the State implementing at least two approved Maternal, Infant, and Early Childhood Home Visiting models;

(iv) one representative of a private insurance carrier;

(v) one representative of the Maryland Nurses Association;

(vi) one representative of B'More for Health Babies Initiative;

(vii) one representative from a local health department;

(viii) one pediatrician licensed in the State;

(ix) one nurse midwife licensed in the State;

(x) one obstetrician licensed in the State; and

(xi) one representative of a federally qualified health center.

(c) The members of the Workgroup shall designate the chair and vice chair of the Workgroup.

(d) The Maryland Family Network, in collaboration with the Maryland Department of Health shall, may provide staff for the Workgroup.

(e) A member of the Workgroup:

(1) may not receive compensation as a member of the Workgroup; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The Workgroup shall:

~~(1) compile updated patient data and expenditures per patient from the Family Connect Programs currently operating in the State;~~

~~(2) compare other maternal and newborn health programs in the State and in other states to the Family Connect Programs; and~~

~~(3) identify service gaps between the Family Connect Programs and similar programs and potential funding sources to close the gaps.~~

(1) compile updated participant data and expenditures per participant from the home visiting for families with newborns programs currently operating in the State;

(2) compare the data for home visiting for families with newborns programs in the State to the data for evidence-based models for universal nurse home visiting for families with newborns;

(3) (i) identify service gaps between the evidence-based models for universal nurse home visiting for families with newborns and operational home visiting for families with newborns programs;

(ii) identify opportunities to align the evidence-based models for universal nurse home visiting for families with newborns with operational home visiting for families with newborns programs operating in the State; and

(iii) identify potential funding sources to close the identified service gaps; and

(4) identify workforce needs, including issues related to cultural competency, for the evidence-based models for universal newborn nurse home visiting for families with newborns and recommendations to address the workforce needs.

(g) On or before December 31, 2025, the Workgroup shall report its findings and recommendations to the Governor and, in accordance with § 2-1257 of the State Government Article, the General Assembly.

~~**Article — Health — General**~~

~~SUBTITLE 55. UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM.~~~~13-5501.~~

~~IN THIS SUBTITLE, "PROGRAM" MEANS THE STATEWIDE PROGRAM TO PROVIDE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES IMPLEMENTED UNDER § 13-5502(A) OF THIS SUBTITLE.~~

~~13-5502.~~

~~(A) (1) THE DEPARTMENT SHALL DESIGN, IMPLEMENT, AND MAINTAIN A VOLUNTARY STATEWIDE PROGRAM TO PROVIDE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES TO ALL FAMILIES WITH NEWBORNS RESIDING IN THE STATE.~~

~~(2) THE PURPOSES OF THE PROGRAM ARE TO:~~

~~(I) SUPPORT HEALTHY CHILD DEVELOPMENT AND POSTPARTUM HEALTH; AND~~

~~(II) STRENGTHEN FAMILIES.~~

~~(3) THE DEPARTMENT SHALL DESIGN THE UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM TO BE FLEXIBLE SO AS TO MEET THE NEEDS OF THE COMMUNITIES IN WHICH THE PROGRAM OPERATES.~~

~~(B) IN DESIGNING THE PROGRAM, THE DEPARTMENT SHALL CONSULT, COORDINATE, AND COLLABORATE, AS NECESSARY, WITH:~~

~~(1) INSURERS THAT OFFER HEALTH BENEFITS PLANS IN THE STATE;~~

~~(2) HOSPITALS;~~

~~(3) LOCAL PUBLIC HEALTH AUTHORITIES;~~

~~(4) THE DIVISION OF EARLY CHILDHOOD IN THE DEPARTMENT OF EDUCATION;~~

~~(5) EXISTING EARLY CHILDHOOD AND UNIVERSAL NEWBORN HOME VISITING PROGRAMS;~~

~~(6) COMMUNITY-BASED ORGANIZATIONS;~~

~~(7) A NATIONAL TRAINING INSTITUTE FOR UNIVERSAL NEWBORN HOME VISITING;~~

~~(8) SOCIAL SERVICES PROVIDERS; AND~~

~~(9) ANY OTHER EXPERTS, GROUPS, OR ORGANIZATIONS AS THE SECRETARY DETERMINES APPROPRIATE.~~

~~(C) THE PROGRAM SHALL PROVIDE NURSE HOME VISITING SERVICES THAT ARE:~~

~~(1) IDENTIFIED AS AN EVIDENCE-BASED EARLY CHILDHOOD HOME VISITING SERVICE DELIVERY MODEL UNDER THE CRITERIA ESTABLISHED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES;~~

~~(2) SUPPORTED BY A NATIONAL CENTER THAT PROVIDES TRAINING, MONITORING, AND TECHNICAL SUPPORT;~~

~~(3) PROVIDED BY A COMMUNITY LEAD AGENCY DESIGNATED TO SERVE A DEFINED COMMUNITY;~~

~~(4) PROVIDED BY REGISTERED NURSES LICENSED IN THE STATE;~~

~~(5) OFFERED TO:~~

~~(I) FAMILIES CARING FOR NEWBORNS UP TO THE AGE OF 12 WEEKS, INCLUDING FOSTER AND ADOPTIVE NEWBORNS; AND~~

~~(II) BIRTHING INDIVIDUALS WITHIN 12 WEEKS AFTER DELIVERY OF A LIVE BIRTH OR STILLBIRTH;~~

~~(6) PROVIDED:~~

~~(I) IN THE FAMILY'S HOME; OR~~

~~(II) VIRTUALLY; AND~~

~~(7) AIMED AT IMPROVING OUTCOMES IN ONE OR MORE OF THE FOLLOWING DOMAINS;~~

~~(I) INFANT AND CHILD HEALTH;~~

~~(II) CHILD DEVELOPMENT AND SCHOOL READINESS;~~

~~(III) MATERNAL AND POSTPARTUM HEALTH;~~

~~(IV) FAMILY ECONOMIC SELF-SUFFICIENCY;~~

~~(V) POSITIVE PARENTING;~~

~~(VI) REDUCING CHILD MALTREATMENT; AND~~

~~(VII) REDUCING FAMILY VIOLENCE.~~

~~(D) THE SERVICES PROVIDED UNDER THE PROGRAM SHALL:~~

~~(1) BE VOLUNTARY AND CARRY NO NEGATIVE CONSEQUENCES FOR A FAMILY THAT DECLINES TO PARTICIPATE;~~

~~(2) BE OFFERED IN EVERY COMMUNITY IN THE STATE;~~

~~(3) INCLUDE AN EVIDENCE-BASED ASSESSMENT OF THE PHYSICAL, SOCIAL, AND EMOTIONAL FACTORS AFFECTING THE FAMILY;~~

~~(4) BE OFFERED TO ALL FAMILIES WITH NEWBORNS RESIDING IN THE COMMUNITY WHERE THE PROGRAM OPERATES;~~

~~(5) INCLUDE AT LEAST ONE VISIT DURING A NEWBORN'S FIRST 12 WEEKS OF LIFE WITH THE OPPORTUNITY FOR THE FAMILY TO RECEIVE UP TO THREE ADDITIONAL VISITS DURING A NEWBORN'S FIRST 12 WEEKS OF LIFE;~~

~~(6) INCLUDE A FOLLOW-UP CALL OR SURVEY NOT LATER THAN 3 MONTHS AFTER THE LAST VISIT; AND~~

~~(7) PROVIDE INFORMATION AND REFERRALS TO ADDRESS EACH FAMILY'S IDENTIFIED AND SPECIFIC NEEDS.~~

~~(E) (1) THE DEPARTMENT SHALL ESTABLISH BY REGULATION:~~

~~(I) THE DEFINITION OF A "COMMUNITY" FOR PURPOSES OF THIS SUBTITLE; AND~~

~~(II) IN ACCORDANCE WITH PARAGRAPH (3) OF THIS SUBSECTION, THE SELECTION PROCESS FOR A COMMUNITY LEAD TO MEET THE NEEDS OF THE DESIGNATED GEOGRAPHIC AREA.~~

~~(2) ENTITIES ELIGIBLE TO BE SELECTED TO SERVE AS A COMMUNITY LEAD INCLUDE:~~

- ~~(I) LOCAL PUBLIC HEALTH AGENCIES;~~
- ~~(II) LOCAL GOVERNMENTS;~~
- ~~(III) BIRTHING FACILITIES;~~
- ~~(IV) NONPROFIT ORGANIZATIONS SPECIALIZING IN EARLY CHILDHOOD DEVELOPMENT OR MATERNAL AND POSTPARTUM HEALTH; OR~~
- ~~(V) OTHER ORGANIZATIONS AS DETERMINED BY THE DEPARTMENT.~~

~~(3) A COMMUNITY LEAD SHALL:~~

~~(I) IMPLEMENT A UNIVERSALLY OFFERED NEWBORN NURSE HOME VISITING SERVICES MODEL THAT HAS BEEN REVIEWED BY THE FEDERAL ADMINISTRATION FOR CHILDREN AND FAMILIES TO MEET THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CRITERIA FOR AN EVIDENCE BASED EARLY CHILDHOOD HOME VISITING SERVICE DELIVERY MODEL;~~

~~(II) COORDINATE WITH ALL CERTIFIED PROVIDERS IN ITS IDENTIFIED COMMUNITY SO THAT ALL FAMILIES WITH NEWBORNS ARE CONTACTED NOT LATER THAN 2 WEEKS AFTER THE BIRTH OF THE NEWBORN AND OFFERED SERVICES;~~

~~(III) DEVELOP AND IMPLEMENT STRATEGIES IN COLLABORATION WITH THE DEPARTMENT TO OBTAIN FUNDING TO FACILITATE THE PROVISION OF NEWBORN NURSE HOME VISITING SERVICES;~~

~~(IV) COLLABORATE WITH OTHER HOME VISITING PROVIDERS TO INTEGRATE NEWBORN NURSE HOME VISITING SERVICES INTO THE EXISTING SERVICES FOR FAMILIES IN THE IDENTIFIED COMMUNITY SO THAT A COORDINATED SYSTEM OF SUPPORT IS IN PLACE;~~

~~(V) MAINTAIN A WRITTEN PLAN DESCRIBING HOW THE COMMUNITY LEAD WILL COMPLY WITH ITEMS (I) THROUGH (IV) OF THIS PARAGRAPH;~~

~~(VI) CONSIDER INPUT FROM AN ADVISORY BOARD ESTABLISHED BY THE COMMUNITY LEAD THAT:~~

~~1. INCLUDES STAKEHOLDERS FROM THE IDENTIFIED COMMUNITY WITH REPRESENTATION FROM THE FOLLOWING WHERE APPLICABLE:~~

- ~~A. PARENTS;~~
- ~~B. MEDICAL PROVIDERS;~~
- ~~C. HOSPITALS;~~
- ~~D. SOCIAL SERVICE PROVIDERS SERVICING FAMILIES;~~
- ~~E. THE FEDERAL SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN;~~
- ~~F. CHILD PROTECTIVE SERVICES;~~
- ~~G. EARLY LEARNING HUBS;~~
- ~~H. TRIBAL LEADERSHIP;~~
- ~~I. LOCAL HEALTH DEPARTMENTS;~~
- ~~J. MANAGED CARE ORGANIZATIONS;~~
- ~~K. INSURERS; AND~~
- ~~L. NEWBORN NURSE HOME VISITING SERVICE PROVIDERS AND OTHER HOME VISITING PROVIDERS; AND~~
- ~~2. MEETS AT LEAST QUARTERLY AND DISTRIBUTES MEETING MINUTES TO BOARD MEMBERS AND CERTIFIED PROVIDERS IN THE IDENTIFIED COMMUNITY;~~
- ~~(VII) ENSURE LOCAL COMMUNITY RESOURCES ARE:~~
  - ~~1. COMPILED IN A WEB-BASED FORMAT OR PRINTED DIRECTORY; AND~~
  - ~~2. UPDATED AT LEAST QUARTERLY FOR USE BY SERVICE PROVIDERS;~~
- ~~(VIII) ENGAGE IN QUALITY ASSURANCE ACTIVITIES THAT INCLUDE:~~
  - ~~1. A MONTHLY REVIEW OF DATA INCLUDING KEY PERFORMANCE INDICATORS SUCH AS SCHEDULING RATE, COMPREHENSIVE~~



~~NEWBORN NURSE HOME VISIT COMPLETION RATE, FOLLOW UP RATE, DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING SERVICES, AND COMMUNITY CONNECTIONS AND REFERRALS IN THE IDENTIFIED COMMUNITY;~~

~~2. A MONTHLY REVIEW OF FEEDBACK FROM THE FAMILIES SERVED BY THE UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM IN THE IDENTIFIED COMMUNITY USING STANDARDIZED METHODOLOGY; AND~~

~~3. MONITORING PROGRAM REACH IN THE IDENTIFIED COMMUNITY MEASURED BY THE RATIO OF THE NUMBER OF COMPLETED COMPREHENSIVE NEWBORN NURSE HOME VISITS TO TOTAL BIRTHS IN THE IDENTIFIED COMMUNITY, TAKING INTO CONSIDERATION THE NUMBER OF BIRTHS SERVED BY OTHER HOME VISITING PROVIDERS;~~

~~(IX) PROVIDE THE DEPARTMENT ACCESS TO DATA FOR PROGRAM MONITORING AND EVALUATION IN A MANNER AND FORMAT DETERMINED BY THE DEPARTMENT;~~

~~(X) COORDINATE WITH THE DEPARTMENT TO ADDRESS QUALITY IMPROVEMENT NEEDS;~~

~~(XI) ON A QUARTERLY BASIS, SUBMIT THE FOLLOWING DE IDENTIFIED DATA ELECTRONICALLY TO THE DEPARTMENT IN A MANNER AND FORMAT DETERMINED BY THE DEPARTMENT;~~

~~1. THE NUMBER OF INFANTS BORN DURING THE IMMEDIATELY PRECEDING QUARTER WHO RESIDE IN THE IDENTIFIED COMMUNITY; AND~~

~~2. FOR EACH CERTIFIED PROVIDER IN THE IDENTIFIED COMMUNITY;~~

~~A. SCHEDULING RATE;~~

~~B. COMPREHENSIVE NEWBORN NURSE HOME VISIT COMPLETION RATE;~~

~~C. FOLLOW UP RATE;~~

~~D. DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING NEWBORN NURSE HOME VISITING;~~

~~E. COMMUNITY CONNECTIONS AND REFERRALS;~~

~~F. FEEDBACK FROM FAMILIES AND REFERRAL PARTNER  
FEEDBACK; AND~~

~~G. ANY OTHER DATA IDENTIFIED BY THE DEPARTMENT;  
AND~~

~~(XII) COLLABORATE AND COORDINATE WITH TRIBES  
DESIGNATED AS COMMUNITY LEADS OPERATING IN THE SAME GEOGRAPHIC AREA.~~

~~(F) IN COLLABORATION WITH THE MARYLAND INSURANCE  
ADMINISTRATION, THE DEPARTMENT SHALL ADOPT REGULATIONS CONSISTENT  
WITH THE PROVISIONS OF THIS SUBTITLE ESTABLISHING:~~

~~(1) CRITERIA FOR UNIVERSAL NEWBORN NURSE HOME VISITING  
SERVICES THAT ARE REQUIRED TO BE COVERED BY ENTITIES IN ACCORDANCE WITH  
§ 15-861 OF THE INSURANCE ARTICLE; AND~~

~~(2) THE AMOUNT OF REIMBURSEMENT TO BE PAID TO A PROVIDER OF  
UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES OR A METHODOLOGY TO  
REIMBURSE THE COST OF PROVIDING UNIVERSAL NEWBORN NURSE HOME VISITING  
SERVICES IN ACCORDANCE WITH § 15-861 OF THE INSURANCE ARTICLE.~~

~~(G) THE DEPARTMENT MAY ADOPT BY REGULATION ANY REASONABLE  
REIMBURSEMENT METHODOLOGY, INCLUDING:~~

~~(1) VALUE-BASED PAYMENTS;~~

~~(2) A CLAIM INVOICING PROCESS;~~

~~(3) CAPITATED PAYMENT;~~

~~(4) A REIMBURSEMENT METHODOLOGY THAT TAKES INTO ACCOUNT  
THE NEED FOR A COMMUNITY-BASED ENTITY PROVIDING UNIVERSAL NEWBORN  
NURSE HOME VISITING SERVICES TO EXPAND THE ENTITY'S CAPACITY TO PROVIDE  
THE SERVICES AND ADDRESS HEALTH DISPARITIES; OR~~

~~(5) ANY OTHER METHODOLOGY AGREED TO BY A CARRIER AND THE  
PROVIDER OF THE UNIVERSAL NURSE HOME VISITING SERVICES.~~

~~(H) THE DEPARTMENT SHALL:~~

~~(1) COLLECT AND ANALYZE DATA GENERATED BY THE PROGRAM TO ASSESS THE EFFECTIVENESS OF THE PROGRAM IN MEETING THE AIMS DESCRIBED IN SUBSECTION (C)(7) OF THIS SECTION; AND~~

~~(2) COORDINATE WITH OTHER STATE AGENCIES TO DEVELOP PROTOCOLS FOR SHARING DATA, INCLUDING THE TIMELY SHARING OF DATA WITH PRIMARY CARE PROVIDERS OF THE FAMILIES WITH NEWBORNS RECEIVING THE SERVICES.~~

~~(I) (1) THE DEPARTMENT SHALL ESTABLISH THE FORM AND MANNER IN WHICH DATA REQUIRED UNDER § 15-861 OF THE INSURANCE ARTICLE SHALL BE SUBMITTED.~~

~~(2) THE DEPARTMENT SHALL USE THE DATA REQUIRED UNDER § 15-861 OF THE INSURANCE ARTICLE TO MONITOR THE PROVISION OF UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES.~~

~~(J) THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THIS SECTION.~~

~~(K) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2026, THE DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON THE STATUS OF THE PROVISION OF UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES IN THE STATE.~~

#### ~~Article Insurance~~

~~15-861.~~

~~(A) THIS SECTION APPLIES TO:~~

~~(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND~~

~~(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.~~

~~(B) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE AND REIMBURSEMENT IN FULL FOR THE COST TO A PROVIDER FOR DELIVERING~~

~~UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES AS REQUIRED BY THE MARYLAND DEPARTMENT OF HEALTH UNDER § 13-5502(F) OF THE HEALTH GENERAL ARTICLE.~~

~~(C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT, COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES.~~

~~(2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A HIGH DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, AN ENTITY SUBJECT TO THIS SECTION MAY SUBJECT COVERAGE FOR UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES TO THE DEDUCTIBLE REQUIREMENT OF THE HIGH DEDUCTIBLE PLAN.~~

~~(D) AN INSURED OR ENROLLEE MAY NOT BE REQUIRED TO RECEIVE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES AS A CONDITION OF COVERAGE AND MAY NOT BE PENALIZED OR IN ANY WAY DISCOURAGED FROM DECLINING THE SERVICES.~~

~~(E) AN ENTITY SUBJECT TO THIS SECTION SHALL NOTIFY AN INSURED OR ENROLLEE ABOUT THE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES WHENEVER AN INSURED OR ENROLLEE ADDS A NEWBORN TO COVERAGE.~~

~~(F) AN ENTITY SUBJECT TO THIS SECTION MAY USE IN-NETWORK PROVIDERS OR CONTRACT WITH LOCAL PUBLIC HEALTH AUTHORITIES TO PROVIDE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES.~~

~~(G) ENTITIES SUBJECT TO THIS SECTION SHALL REPORT TO THE MARYLAND DEPARTMENT OF HEALTH, IN THE FORM AND MANNER REQUIRED BY THE MARYLAND DEPARTMENT OF HEALTH UNDER § 13-5502 OF THE HEALTH GENERAL ARTICLE, DATA REGARDING CLAIMS SUBMITTED FOR SERVICES COVERED UNDER THIS SECTION TO MONITOR THE PROVISION OF THE SERVICES.~~

~~SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of Health may apply for a waiver under 42 U.S.C. 18052 to obtain federal financial participation in the cost of services provided under Section 1 of this Act.~~

~~SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2026.~~

~~SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2026.~~

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2025. It shall remain effective for a period of 1 year and, at the end of June 30, 2026, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

**Approved by the Governor, May 20, 2025.**