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	CF SB 156

By: Delegates Kerr, Crutchfield, Davis, Fair, Feldmark, Foley, Guzzone, Hill, S. Johnson, Lehman, J. Lewis, J. Long, Martinez, Roberts, Ruth, Shetty, Simpson, Smith, Terrasa, Watson, White Holland, Woods, Woorman, and <u>Ziegler Ziegler, Pena-Melnyk, Cullison, Bagnall, Bhandari, Kaiser, Lopez, Rosenberg, and Taveras</u> Introduced and read first time: January 13, 2025

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments House action: Adopted Read second time: February 25, 2025

CHAPTER _____

1 AN ACT concerning

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

4 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 $\mathbf{5}$ 6 newborns residing in the State: requiring community leads and the Department to 7 collect and report on certain data related to the program; requiring insurers, 8 nonprofit health service plans, and health maintenance organizations that provide 9 certain health benefits under certain insurance policies or contracts to provide certain coverage and reimbursement for universal newborn nurse home visiting 10 services; and generally relating to universal newborn nurse home visiting services 11 12establishing the Workgroup on Newborn Home Visiting Services; and generally relating to the Workgroup on Newborn Home Visiting Services. 13

14 BY adding to

- 15 Article Health General
- 16 Section 13-5501 and 13-5502 to be under the new subtitle "Subtitle 55. Universal
 17 Newborn Nurse Home Visiting Program"
- 18 Annotated Code of Maryland
- 19 (2023 Replacement Volume and 2024 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



$egin{array}{c} 1 \\ 2 \\ 3 \\ 4 \\ 5 \end{array}$	Sectio Anno	l e – In on 15– tated (Code of	: Maryland t Volume and 2024 Supplement)
$6 \\ 7$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows :			
8	<u>(a)</u>	There	e is a V	Vorkgroup on Newborn Home Visiting Services in the State.
9	<u>(b)</u>	<u>The V</u>	Norkgr	oup consists of the following members:
10 11	the Senate:	<u>(1)</u>	<u>one n</u>	nember of the Senate of Maryland, appointed by the President of
$\begin{array}{c} 12\\ 13 \end{array}$	<u>House;</u>	<u>(2)</u>	<u>one m</u>	nember of the House of Delegates, appointed by the Speaker of the
14		<u>(3)</u>	the Se	ecretary of Health, or the Secretary's designee; and
15		<u>(4)</u>	<u>the fo</u>	llowing members, appointed by the Governor:
16			<u>(i)</u>	one representative of the Maryland Hospital Association;
$17 \\ 18 \\ 19$	<u>implementin</u> newborns;	ng an	<u>(ii)</u> eviden	one representative from each certified site in the State ce–based universal nurse home visiting model for families with
$20 \\ 21 \\ 22$	<u>implementimentimentimenti</u>	ng at le	<u>(iii)</u> east tw	one representative from an organization in the State o approved Maternal, Infant, and Early Childhood Home Visiting
23			<u>(iv)</u>	one representative of a private insurance carrier;
24			<u>(v)</u>	one representative of the Maryland Nurses Association;
25			<u>(vi)</u>	one representative of B'More for Healthy Babies Initiative;
26			<u>(vii)</u>	one representative from a local health department;
27			<u>(viii)</u>	one pediatrician licensed in the State;
28			<u>(ix)</u>	one nurse midwife licensed in the State:
29			<u>(x)</u>	one obstetrician licensed in the State; and

 $\mathbf{2}$

1	(xi) <u>one representative of a federally qualified health center.</u>
$\frac{2}{3}$	(c) <u>The members of the Workgroup shall designate the chair and vice chair of the</u> <u>Workgroup.</u>
4 5	(d) <u>The Maryland Family Network, in collaboration with the Maryland</u> Department of Health, may provide staff for the Workgroup.
6	(e) <u>A member of the Workgroup:</u>
7	(1) may not receive compensation as a member of the Workgroup; but
8 9	(2) <u>is entitled to reimbursement for expenses under the Standard State</u> <u>Travel Regulations, as provided in the State budget.</u>
10	(f) <u>The Workgroup shall:</u>
11 12 13	(1) compile updated participant data and expenditures per participant from the home visiting for families with newborns programs currently operating in the State:
14 15 16	(2) <u>compare the data for home visiting for families with newborns</u> programs in the State to the data for evidence–based models for universal nurse home visiting for families with newborns;
17 18 19	(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;
$20 \\ 21 \\ 22$	(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
$\frac{23}{24}$	(iii) identify potential funding sources to close the identified service gaps; and
$25 \\ 26 \\ 27$	(4) <u>identify workforce needs</u> , <u>including issues related to cultural</u> <u>competency</u> , for the evidence–based models for universal newborn nurse home visiting for <u>families with newborns and recommendations to address the workforce needs</u> .
28 29 30	(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.
31	Article – Health – General
32	SUBTITLE 55. UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM.

4

1 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.

5 13-5502.

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

10

(2) THE PURPOSES OF THE PROGRAM ARE TO:

 11
 (I)
 Support
 Healthy
 Child
 Development
 And

 12
 POSTPARTUM HEALTH; AND

13 (II) STRENGTHEN FAMILIES.

 14
 (3)
 The Department shall design the Universal Newborn

 15
 NURSE HOME VISITING PROGRAM TO BE FLEXIBLE SO AS TO MEET THE NEEDS OF

 16
 THE COMMUNITIES IN WHICH THE PROGRAM OPERATES.

17 **(B)** IN DESIGNING THE PROGRAM, THE DEPARTMENT SHALL CONSULT, 18 COORDINATE, AND COLLABORATE, AS NECESSARY, WITH:

- 19 (1) INSURERS THAT OFFER HEALTH BENEFITS PLANS IN THE STATE;
- 20 (2) HOSPITALS;
- 21 (3) LOCAL PUBLIC HEALTH AUTHORITIES;

22 (4) THE DIVISION OF EARLY CHILDHOOD IN THE DEPARTMENT OF 23 EDUCATION;

- 24 (5) EXISTING EARLY CHILDHOOD AND UNIVERSAL NEWBORN HOME 25 VISITING PROGRAMS;
- 26 (6) COMMUNITY BASED ORGANIZATIONS;

27 (7) A NATIONAL TRAINING INSTITUTE FOR UNIVERSAL NEWBORN 28 HOME VISITING;

1	(8)	Social services providers; and
2	(9)	ANY OTHER EXPERTS, GROUPS, OR ORGANIZATIONS AS THE
3	SECRETARY DET	ERMINES APPROPRIATE.
4		PROGRAM SHALL PROVIDE NURSE HOME VISITING SERVICES THAT
5	ARE:	
6	(1)	Identified as an evidence-based early childhood home
7		E DELIVERY MODEL UNDER THE CRITERIA ESTABLISHED BY THE
8	U.S. DEPARTME	nt of Health and Human Services;
9 10	(2) Monitoring, An	SUPPORTED BY A NATIONAL CENTER THAT PROVIDES TRAINING, D TECHNICAL SUPPORT;
11	(3)	PROVIDED BY A COMMUNITY LEAD AGENCY DESIGNATED TO
12	SERVE A DEFINE	D COMMUNITY:
		,
13	(4)	Provided by registered nurses licensed in the State;
14	(5)	OFFERED TO:
15		(I) FAMILIES CARING FOR NEWBORNS UP TO THE AGE OF 12
16	WEEKS INCLUDI	
10	WEERS, INCLUDI	NG FOSTER AND ADOPTIVE NEWBORNS; AND
17		(II) BIRTHING INDIVIDUALS WITHIN 12 WEEKS AFTER
18	DELIVERY OF A I	IVE BIRTH OR STILLBIRTH;
19	(6)	PROVIDED:
20		(I) IN THE FAMILY'S HOME; OR
21		(II) VIRTUALLY; AND
~~		· ·
22	(7)	AIMED AT IMPROVING OUTCOMES IN ONE OR MORE OF THE
23	FOLLOWING DOM	IAINS;
24		(I) INFANT AND CHILD HEALTH;
25		(II) CHILD DEVELOPMENT AND SCHOOL READINESS;
26		(III) MATERNAL AND POSTPARTUM HEALTH;
27		(IV) FAMILY ECONOMIC SELF-SUFFICIENCY;

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1		(V) POSITIVE PARENTING;
2		(VI) REDUCING CHILD MALTREATMENT; AND
3		(VII) REDUCING FAMILY VIOLENCE.
4	(D) Тн	E SERVICES PROVIDED UNDER THE PROGRAM SHALL:
5 6	(1) FAMILY THAT I	BE VOLUNTARY AND CARRY NO NEGATIVE CONSEQUENCES FOR A DECLINES TO PARTICIPATE;
7	(2)	BE OFFERED IN EVERY COMMUNITY IN THE STATE;
8 9	(3) Social, and ei	- Include an evidence-based assessment of the physical, Motional factors affecting the family;
10 11	(4) COMMUNITY W	BE OFFERED TO ALL FAMILIES WITH NEWBORNS RESIDING IN THE HERE THE PROGRAM OPERATES;
12 13 14	(5) WEEKS OF LIFE ADDITIONAL VI	
$\begin{array}{c} 15\\ 16\end{array}$	(6) Months Aftei	= Include a follow-up call or survey not later than 3 R the last visit; and
17 18	(7) FAMILY'S IDEN	PROVIDE INFORMATION AND REFERRALS TO ADDRESS EACH TIFIED AND SPECIFIC NEEDS.
19	(E) (1)	THE DEPARTMENT SHALL ESTABLISH BY REGULATION:
$\begin{array}{c} 20\\ 21 \end{array}$	THIS SUBTITLE	(I) THE DEFINITION OF A "COMMUNITY" FOR PURPOSES OF ; AND
$22 \\ 23 \\ 24$,	(II) IN ACCORDANCE WITH PARAGRAPH (3) OF THIS THE SELECTION PROCESS FOR A COMMUNITY LEAD TO MEET THE DESIGNATED GEOGRAPHIC AREA.
$\frac{25}{26}$	(2) lead include	
27		(I) LOCAL PUBLIC HEALTH AGENCIES;
28		(II) LOCAL GOVERNMENTS;

1	(III) BIRTHING FACILITIES;
$\frac{2}{3}$	(iv) Nonprofit organizations specializing in early childhood development or maternal and postpartum health; or
4 5	(v) Other organizations as determined by the Department.
6	(3) A COMMUNITY LEAD SHALL:
7 8 9 10 11	(1) 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;
$12 \\ 13 \\ 14 \\ 15$	(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;
16 17 18	(III) Develop and implement strategies in collaboration with the Department to obtain funding to facilitate the provision of newborn nurse home visiting services;
19 20 21 22	(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;
$\begin{array}{c} 23\\ 24\\ 25 \end{array}$	(v) Maintain a written plan describing how the community lead will comply with items (i) through (iv) of this paragraph;
$\frac{26}{27}$	(VI) Consider input from an advisory board established by the community lead that:
28 29	1. Includes stakeholders from the identified community with representation from the following where applicable:
$\frac{30}{31}$	A. Parents; B. <u>Medical providers;</u>

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1	C. Hospitals;
2	D. Social service providers servicing families;
$\frac{3}{4}$	E. THE FEDERAL SPECIAL SUPPLEMENTAL FOOD Program for Women, Infants, and Children;
5	F. CHILD PROTECTIVE SERVICES;
6	G. EARLY LEARNING HUBS;
7	H. TRIBAL LEADERSHIP;
8	I. LOCAL HEALTH DEPARTMENTS;
9	J. MANAGED CARE ORGANIZATIONS;
10	K. Insurers; and
11 12	L. Newborn nurse home visiting service providers and other home visiting providers; and
$\begin{array}{c} 13\\14\\15\end{array}$	2. <u>Meets at least quarterly and distributes</u> Meeting minutes to board members and certified providers in the identified community;
16	(VII) Ensure local community resources are:
17 18	1. Compiled in a web-based format or printed directory; and
19 20	2. Updated at least quarterly for use by service providers;
$\begin{array}{c} 21 \\ 22 \end{array}$	(viii) Engage in quality assurance activities that include:
23 24 25 26 27	1. <u>A MONTHLY REVIEW OF DATA INCLUDING KEY</u> <u>PERFORMANCE INDICATORS SUCH AS SCHEDULING RATE, COMPREHENSIVE</u> <u>NEWBORN NURSE HOME VISIT COMPLETION RATE, FOLLOW-UP RATE,</u> <u>DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING SERVICES, AND COMMUNITY</u> <u>CONNECTIONS AND REFERRALS IN THE IDENTIFIED COMMUNITY</u> ;

1	2. A monthly review of feedback from the
2	FAMILIES SERVED BY THE UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM
3	IN THE IDENTIFIED COMMUNITY USING STANDARDIZED METHODOLOGY; AND
4	3. MONITORING PROGRAM REACH IN THE IDENTIFIED
5	COMMUNITY MEASURED BY THE RATIO OF THE NUMBER OF COMPLETED
6	COMPREHENSIVE NEWBORN NURSE HOME VISITS TO TOTAL BIRTHS IN THE
7	IDENTIFIED COMMUNITY, TAKING INTO CONSIDERATION THE NUMBER OF BIRTHS
8	SERVED BY OTHER HOME VISITING PROVIDERS;
9	(IX) PROVIDE THE DEPARTMENT ACCESS TO DATA FOR
10	PROGRAM MONITORING AND EVALUATION IN A MANNER AND FORMAT DETERMINED
11	BY THE DEPARTMENT;
12	(x) Coordinate with the Department to address
12	QUALITY IMPROVEMENT NEEDS;
10	QUALITTIMI ROVEMENT NEEDS,
14	(XI) ON A QUARTERLY BASIS, SUBMIT THE FOLLOWING
15	DE-IDENTIFIED DATA ELECTRONICALLY TO THE DEPARTMENT IN A MANNER AND
16	FORMAT DETERMINED BY THE DEPARTMENT:
17	1. THE NUMBER OF INFANTS BORN DURING THE
18	IMMEDIATELY PRECEDING QUARTER WHO RESIDE IN THE IDENTIFIED COMMUNITY;
19	AND
90	2. For each certified provider in the identified
20	
21	COMMUNITY:
22	A. Scheduling rate;
23	B. COMPREHENSIVE NEWBORN NURSE HOME VISIT
24	COMPLETION RATE;
25	C. Follow-up rate;
26	D. DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING
$\frac{20}{27}$	
41	NEWBORN NURSE HOME VISITING;
28	E. COMMUNITY CONNECTIONS AND REFERRALS;
29	F. FEEDBACK FROM FAMILIES AND REFERRAL PARTNER
30	FEEDBACK; AND

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$\frac{1}{2}$	G. ANY OTHER DATA IDENTIFIED BY THE DEPARTMENT;
$\frac{3}{4}$	(XII) Collaborate and coordinate with tribes designated as community leads operating in the same geographic area.
5 6 7	(F) IN COLLABORATION WITH THE MARYLAND INSURANCE Administration, the Department shall adopt regulations consistent WITH THE PROVISIONS OF THIS SUBTITLE ESTABLISHING:
8 9 10	(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
11 12 13 14	(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.
15 16	(G) THE DEPARTMENT MAY ADOPT BY REGULATION ANY REASONABLE REIMBURSEMENT METHODOLOGY, INCLUDING:
17	(1) VALUE-BASED PAYMENTS;
18	(2) A CLAIM INVOICING PROCESS;
19	(3) CAPITATED PAYMENT;
20 21 22 23	(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
24 25	(5) Any other methodology agreed to by a carrier and the provider of the universal nurse home visiting services.
26	(H) THE DEPARTMENT SHALL:
27 28 29	(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
30 31	(2) Coordinate with other State agencies to develop protocols for sharing data, including the timely sharing of data with

1	PRIMARY CARE PROVIDERS OF THE FAMILIES WITH NEWBORNS RECEIVING THE
2	SERVICES.
3	(1) (1) THE DEPARTMENT SHALL ESTABLISH THE FORM AND MANNER IN
4	WHICH DATA REQUIRED UNDER § 15-861 OF THE INSURANCE ARTICLE SHALL BE
5	SUBMITTED.
6	(2) THE DEPARTMENT SHALL USE THE DATA REQUIRED UNDER §
7	15–861 OF THE INSURANCE ARTICLE TO MONITOR THE PROVISION OF UNIVERSAL
8	NEWBORN NURSE HOME VISITING SERVICES.
9	(J) THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THIS
10	SECTION.
11	(K) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2026, THE
12	Department shall report to the Senate Finance Committee and the
13	HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE
14	WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON THE STATUS OF THE
15	PROVISION OF UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES IN THE
16	STATE.
17	Article – Insurance
18	15-861.
10	
19	(A) THIS SECTION APPLIES TO:
20	(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
-	
$\frac{21}{22}$	PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
$\frac{22}{23}$	
23	CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND
24	(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
$\frac{24}{25}$	HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
$\frac{25}{26}$	CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.
20	UNIRACIO INALARE IODULU UR ULLIVERED IN INE DIAIL.
27	(B) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE AND
28	REIMBURSEMENT IN FULL FOR THE COST TO A PROVIDER FOR DELIVERING
$\frac{20}{29}$	UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES AS REQUIRED BY THE
$\frac{25}{30}$	MARYLAND DEPARTMENT OF HEALTH UNDER § 13-5502(F) OF THE
$\frac{30}{31}$	HEALTH - GENERAL ARTICLE.
υı	TEADIN - GENERAL ANTIGER
32	(C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,
33	AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT,
00	and an and a second to the second har not the one in continuing

1COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR UNIVERSAL2NEWBORN NURSE HOME VISITING SERVICES.

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

8 (D) AN INSURED OR ENROLLEE MAY NOT BE REQUIRED TO RECEIVE 9 UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES AS A CONDITION OF 10 COVERAGE AND MAY NOT BE PENALIZED OR IN ANY WAY DISCOURAGED FROM 11 DECLINING THE SERVICES.

12(E)An entity subject to this section shall notify an insured or13Enrollee about the universal newborn nurse home visiting services14Whenever an insured or enrollee adds a newborn to coverage.

15(F)AnENTITYSUBJECTTOTHISSECTIONMAYUSEIN-NETWORK16PROVIDERS OR CONTRACT WITH LOCAL PUBLIC HEALTH AUTHORITIES TO PROVIDE17UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES.

18 (G) ENTITIES SUBJECT TO THIS SECTION SHALL REPORT TO THE 19 MARYLAND DEPARTMENT OF HEALTH, IN THE FORM AND MANNER REQUIRED BY 20 THE MARYLAND DEPARTMENT OF HEALTH UNDER § 13-5502 OF THE 21 HEALTH – GENERAL ARTICLE, DATA REGARDING CLAIMS SUBMITTED FOR 22 SERVICES COVERED UNDER THIS SECTION TO MONITOR THE PROVISION OF THE 23 SERVICES.

24 <u>SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of</u> 25 <u>Health may apply for a waiver under 42 U.S.C. 18052 to obtain federal financial</u> 26 <u>participation in the cost of services provided under Section 1 of this Act.</u>

- 27 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall apply to all
 28 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
 29 after January 1, 2026.
- 30 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect 31 January 1, 2026.
- 32 <u>SECTION 2. AND BE IT FURTHER ENACTED</u>, That this Act shall take effect July 33 <u>1, 2025</u>. It shall remain effective for a period of 1 year and, at the end of June 30, 2026, this 34 Act, with no further action required by the General Assembly, shall be abrogated and of no 35 <u>further force and effect</u>.