J1, J5 5lr0950 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 Ziegler

Introduced and read first time: January 13, 2025 Assigned to: Health and Government Operations

## A BILL ENTITLED

1	ATT	$\Lambda \Omega \Pi$	•
l	AN	AUT	concerning

## Universal 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 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 10 certain coverage and reimbursement for universal newborn nurse home visiting 11 services; and generally relating to universal newborn nurse home visiting services.
- 12 BY adding to
- 13 Article Health General
- Section 13–5501 and 13–5502 to be under the new subtitle "Subtitle 55. Universal
- 15 Newborn Nurse Home Visiting Program"
- 16 Annotated Code of Maryland
- 17 (2023 Replacement Volume and 2024 Supplement)
- 18 BY adding to
- 19 Article Insurance
- 20 Section 15–861
- 21 Annotated Code of Maryland
- 22 (2017 Replacement Volume and 2024 Supplement)
- 23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND.
- 24 That the Laws of Maryland read as follows:



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**(5)** 

**VISITING PROGRAMS**;

## 1 Article - Health - General SUBTITLE 55, UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM. 2 13-5501. 3 IN THIS SUBTITLE, "PROGRAM" MEANS THE STATEWIDE PROGRAM TO 4 PROVIDE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES IMPLEMENTED 5 UNDER § 13–5502(A) OF THIS SUBTITLE. 13-5502. 7 8 (A) **(1)** THE DEPARTMENT SHALL DESIGN, IMPLEMENT, AND MAINTAIN A VOLUNTARY STATEWIDE PROGRAM TO PROVIDE UNIVERSAL NEWBORN NURSE 9 HOME VISITING SERVICES TO ALL FAMILIES WITH NEWBORNS RESIDING IN THE 10 STATE. 11 **(2)** 12 THE PURPOSES OF THE PROGRAM ARE TO: 13 **(I)** SUPPORT HEALTHY CHILD **DEVELOPMENT AND** 14 POSTPARTUM HEALTH; AND 15 (II)STRENGTHEN FAMILIES. 16 **(3)** THE DEPARTMENT SHALL DESIGN THE UNIVERSAL NEWBORN 17 NURSE HOME VISITING PROGRAM TO BE FLEXIBLE SO AS TO MEET THE NEEDS OF 18 THE COMMUNITIES IN WHICH THE PROGRAM OPERATES. 19 IN DESIGNING THE PROGRAM, THE DEPARTMENT SHALL CONSULT, (B) COORDINATE, AND COLLABORATE, AS NECESSARY, WITH: 20 21**(1)** INSURERS THAT OFFER HEALTH BENEFITS PLANS IN THE STATE; **(2)** HOSPITALS; 2223 **(3)** LOCAL PUBLIC HEALTH AUTHORITIES; THE DIVISION OF EARLY CHILDHOOD IN THE DEPARTMENT OF 24**(4)** EDUCATION; 25

EXISTING EARLY CHILDHOOD AND UNIVERSAL NEWBORN HOME

1	(6) COMMUNITY-BASED ORGANIZATIONS;
2 3	(7) A NATIONAL TRAINING INSTITUTE FOR UNIVERSAL NEWBORN HOME VISITING;
4	(8) SOCIAL SERVICES PROVIDERS; AND
5 6	(9) ANY OTHER EXPERTS, GROUPS, OR ORGANIZATIONS AS THE SECRETARY DETERMINES APPROPRIATE.
7 8	(C) THE PROGRAM SHALL PROVIDE NURSE HOME VISITING SERVICES THAT ARE:
9 10 11	(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;
12 13	(2) SUPPORTED BY A NATIONAL CENTER THAT PROVIDES TRAINING, MONITORING, AND TECHNICAL SUPPORT;
14 15	(3) PROVIDED BY A COMMUNITY LEAD AGENCY DESIGNATED TO SERVE A DEFINED COMMUNITY;
16	(4) PROVIDED BY REGISTERED NURSES LICENSED IN THE STATE;
17	(5) OFFERED TO:
18 19	(I) FAMILIES CARING FOR NEWBORNS UP TO THE AGE OF 12 WEEKS, INCLUDING FOSTER AND ADOPTIVE NEWBORNS; AND
20 21	(II) BIRTHING INDIVIDUALS WITHIN 12 WEEKS AFTER DELIVERY OF A LIVE BIRTH OR STILLBIRTH;
22	(6) PROVIDED:
23	(I) IN THE FAMILY'S HOME; OR
24	(II) VIRTUALLY; AND
25 26	(7) AIMED AT IMPROVING OUTCOMES IN ONE OR MORE OF THE FOLLOWING DOMAINS;
27	(I) INFANT AND CHILD HEALTH;

1		(II)	CHILD DEVELOPMENT AND SCHOOL READINESS;
2		(III)	MATERNAL AND POSTPARTUM HEALTH;
3		(IV)	FAMILY ECONOMIC SELF-SUFFICIENCY;
4		<b>(</b> V <b>)</b>	POSITIVE PARENTING;
5		(VI)	REDUCING CHILD MALTREATMENT; AND
6		(VII)	REDUCING FAMILY VIOLENCE.
7	(D) T	THE SERVI	CES PROVIDED UNDER THE PROGRAM SHALL:
8	,	•	OLUNTARY AND CARRY NO NEGATIVE CONSEQUENCES FOR A S TO PARTICIPATE;
0	(	2) BE O	FFERED IN EVERY COMMUNITY IN THE STATE;
$\frac{1}{2}$	`	•	UDE AN EVIDENCE-BASED ASSESSMENT OF THE PHYSICAL, AL FACTORS AFFECTING THE FAMILY;
13 14	`	,	FFERED TO ALL FAMILIES WITH NEWBORNS RESIDING IN THE IE PROGRAM OPERATES;
15 16 17	WEEKS OF LI	FE WITH T	UDE AT LEAST ONE VISIT DURING A NEWBORN'S FIRST 12 HE OPPORTUNITY FOR THE FAMILY TO RECEIVE UP TO THREE RING A NEWBORN'S FIRST 12 WEEKS OF LIFE;
18	`	,	UDE A FOLLOW-UP CALL OR SURVEY NOT LATER THAN 3 AST VISIT; AND
20 21	`	,	VIDE INFORMATION AND REFERRALS TO ADDRESS EACH AND SPECIFIC NEEDS.
22	(E) (	1) THE	DEPARTMENT SHALL ESTABLISH BY REGULATION:
23 24	THIS SUBTIT	(I) LE; AND	THE DEFINITION OF A "COMMUNITY" FOR PURPOSES OF

1	(II) IN ACCORDANCE WITH PARAGRAPH (3) OF THIS
2	SUBSECTION, THE SELECTION PROCESS FOR A COMMUNITY LEAD TO MEET THI
3	NEEDS OF THE DESIGNATED GEOGRAPHIC AREA.
0	
4	(2) ENTITIES ELIGIBLE TO BE SELECTED TO SERVE AS A COMMUNITY
5	LEAD INCLUDE:
6	(I) LOCAL PUBLIC HEALTH AGENCIES;
7	(II) LOCAL GOVERNMENTS;
8	(III) BIRTHING FACILITIES;
9	(IV) NONPROFIT ORGANIZATIONS SPECIALIZING IN EARLY
10	CHILDHOOD DEVELOPMENT OR MATERNAL AND POSTPARTUM HEALTH; OR
11	(V) OTHER ORGANIZATIONS AS DETERMINED BY THE
12	DEPARTMENT.
10	(9)
13	(3) A COMMUNITY LEAD SHALL:
1 /	(I) IMDI EMENIO A UNINJEDCALLY OFFEDED NEWDODN NUDCI
14 15	(I) IMPLEMENT A UNIVERSALLY OFFERED NEWBORN NURSI HOME VISITING SERVICES MODEL THAT HAS BEEN REVIEWED BY THE FEDERAL
16	ADMINISTRATION FOR CHILDREN AND FAMILIES TO MEET THE U.S. DEPARTMENT
17	OF HEALTH AND HUMAN SERVICES CRITERIA FOR AN EVIDENCE-BASED EARLY
18	
10	CHIEDHOOD HOME VISITING SERVICE DELIVERT MODEL,
19	(II) COORDINATE WITH ALL CERTIFIED PROVIDERS IN ITS
20	
$\frac{1}{21}$	
$\frac{-}{22}$	
	··
23	(III) DEVELOP AND IMPLEMENT STRATEGIES IN
24	` '
25	PROVISION OF NEWBORN NURSE HOME VISITING SERVICES;
26	(IV) COLLABORATE WITH OTHER HOME VISITING PROVIDERS TO
27	INTEGRATE NEWBORN NURSE HOME VISITING SERVICES INTO THE EXISTING
28	SERVICES FOR FAMILIES IN THE IDENTIFIED COMMUNITY SO THAT A COORDINATEI

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SYSTEM OF SUPPORT IS IN PLACE;

1	(V) MAINTAIN A WRITTEN PLAN DESCRIBING HOW THE
2	COMMUNITY LEAD WILL COMPLY WITH ITEMS (I) THROUGH (IV) OF THIS
3	PARAGRAPH;
4	(VI) CONSIDER INPUT FROM AN ADVISORY BOARD ESTABLISHED
5	BY THE COMMUNITY LEAD THAT:
6	1. INCLUDES STAKEHOLDERS FROM THE IDENTIFIED
7	COMMUNITY WITH REPRESENTATION FROM THE FOLLOWING WHERE APPLICABLE:
0	A DADDAMG.
8	A. PARENTS;
9	B. MEDICAL PROVIDERS;
9	b. Wedical Froviders,
10	C. Hospitals;
10	C. HOSTITALS,
11	D. SOCIAL SERVICE PROVIDERS SERVICING FAMILIES;
	_
12	E. THE FEDERAL SPECIAL SUPPLEMENTAL FOOD
13	PROGRAM FOR WOMEN, INFANTS, AND CHILDREN;
14	F. CHILD PROTECTIVE SERVICES;
15	G. EARLY LEARNING HUBS;
16	H. Tribal leadership;
	T . T
17	I. LOCAL HEALTH DEPARTMENTS;
10	I MANAGED GADE ODGANIZATIONG.
18	J. MANAGED CARE ORGANIZATIONS;
19	K. INSURERS; AND
19	R. Insurers, And
20	L. Newborn nurse home visiting service
21	PROVIDERS AND OTHER HOME VISITING PROVIDERS; AND
	THE VIBER IN THE CHIEF VISITING TWO VIBERS, IN C.
22	2. Meets at least quarterly and distributes
23	MEETING MINUTES TO BOARD MEMBERS AND CERTIFIED PROVIDERS IN THE
24	IDENTIFIED COMMUNITY;
25	(VII) ENSURE LOCAL COMMUNITY RESOURCES ARE:

- 1. Compiled in a web-based format or printed
- 2 DIRECTORY; AND
- 3 UPDATED AT LEAST QUARTERLY FOR USE BY SERVICE
- 4 PROVIDERS;
- 5 (VIII) ENGAGE IN QUALITY ASSURANCE ACTIVITIES THAT
- 6 INCLUDE:
- 7 1. A MONTHLY REVIEW OF DATA INCLUDING KEY
- 8 PERFORMANCE INDICATORS SUCH AS SCHEDULING RATE, COMPREHENSIVE
- 9 NEWBORN NURSE HOME VISIT COMPLETION RATE, FOLLOW-UP RATE,
- 10 DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING SERVICES, AND COMMUNITY
- 11 CONNECTIONS AND REFERRALS IN THE IDENTIFIED COMMUNITY;
- 2. A MONTHLY REVIEW OF FEEDBACK FROM THE
- 13 FAMILIES SERVED BY THE UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM
- 14 IN THE IDENTIFIED COMMUNITY USING STANDARDIZED METHODOLOGY; AND
- 3. MONITORING PROGRAM REACH IN THE IDENTIFIED
- 16 COMMUNITY MEASURED BY THE RATIO OF THE NUMBER OF COMPLETED
- 17 COMPREHENSIVE NEWBORN NURSE HOME VISITS TO TOTAL BIRTHS IN THE
- 18 IDENTIFIED COMMUNITY, TAKING INTO CONSIDERATION THE NUMBER OF BIRTHS
- 19 SERVED BY OTHER HOME VISITING PROVIDERS;
- 20 (IX) PROVIDE THE DEPARTMENT ACCESS TO DATA FOR
- 21 PROGRAM MONITORING AND EVALUATION IN A MANNER AND FORMAT DETERMINED
- 22 BY THE DEPARTMENT;
- 23 (X) COORDINATE WITH THE DEPARTMENT TO ADDRESS
- 24 QUALITY IMPROVEMENT NEEDS;
- 25 (XI) ON A QUARTERLY BASIS, SUBMIT THE FOLLOWING
- 26 DE-IDENTIFIED DATA ELECTRONICALLY TO THE DEPARTMENT IN A MANNER AND
- 27 FORMAT DETERMINED BY THE DEPARTMENT:
- 28 1. The number of infants born during the
- 29 IMMEDIATELY PRECEDING QUARTER WHO RESIDE IN THE IDENTIFIED COMMUNITY;
- 30 **AND**
- 31 **2.** FOR EACH CERTIFIED PROVIDER IN THE IDENTIFIED
- 32 **COMMUNITY:**

1	A. SCHEDULING RATE;	
2 3		VISIT
4	C. FOLLOW-UP RATE;	
5 6		EIVING
7	E. COMMUNITY CONNECTIONS AND REFERRALS;	
8 9		RTNER
10 11	G. ANY OTHER DATA IDENTIFIED BY THE DEPARTAND	rment;
12 13		TRIBES AREA.
14 15 16	ADMINISTRATION, THE DEPARTMENT SHALL ADOPT REGULATIONS CONS	
17 18 19	· ·	
20 21 22 23	UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES OR A METHODOLO REIMBURSE THE COST OF PROVIDING UNIVERSAL NEWBORN NURSE HOME VI	OGY TO
24 25		NABLE
26	(1) VALUE-BASED PAYMENTS;	
27	(2) A CLAIM INVOICING PROCESS;	
28	(3) CAPITATED PAYMENT;	

- 1 (4) A REIMBURSEMENT METHODOLOGY THAT TAKES INTO ACCOUNT
  2 THE NEED FOR A COMMUNITY-BASED ENTITY PROVIDING UNIVERSAL NEWBORN
  3 NURSE HOME VISITING SERVICES TO EXPAND THE ENTITY'S CAPACITY TO PROVIDE
- 4 THE SERVICES AND ADDRESS HEALTH DISPARITIES; OR
- 5 (5) ANY OTHER METHODOLOGY AGREED TO BY A CARRIER AND THE 6 PROVIDER OF THE UNIVERSAL NURSE HOME VISITING SERVICES.

## 7 (H) THE DEPARTMENT SHALL:

- 8 (1) COLLECT AND ANALYZE DATA GENERATED BY THE PROGRAM TO
- 9 ASSESS THE EFFECTIVENESS OF THE PROGRAM IN MEETING THE AIMS DESCRIBED
- 10 IN SUBSECTION (C)(7) OF THIS SECTION; AND
- 11 (2) COORDINATE WITH OTHER STATE AGENCIES TO DEVELOP
- 12 PROTOCOLS FOR SHARING DATA, INCLUDING THE TIMELY SHARING OF DATA WITH
- 13 PRIMARY CARE PROVIDERS OF THE FAMILIES WITH NEWBORNS RECEIVING THE
- 14 SERVICES.
- 15 (I) (1) THE DEPARTMENT SHALL ESTABLISH THE FORM AND MANNER IN
- 16 WHICH DATA REQUIRED UNDER § 15–861 OF THE INSURANCE ARTICLE SHALL BE
- 17 SUBMITTED.
- 18 (2) THE DEPARTMENT SHALL USE THE DATA REQUIRED UNDER §
- 19 15–861 OF THE INSURANCE ARTICLE TO MONITOR THE PROVISION OF UNIVERSAL
- 20 NEWBORN NURSE HOME VISITING SERVICES.
- 21 (J) THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THIS
- 22 SECTION.
- 23 (K) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2026, THE
- 24 DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE
- 25 HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE
- 26 WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON THE STATUS OF THE
- 20 WITH § 2 120. OF THE STATE GOVERNMENT INCHES, ON THE STATES OF THE
- 27 PROVISION OF UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES IN THE
- 28 **STATE.**
- 29 Article Insurance
- 30 **15–861.**
- 31 (A) THIS SECTION APPLIES TO:

- 1 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
- 2 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
- 3 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
- 4 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND
- 5 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
- 6 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
- 7 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.
- 8 (B) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE AND
- 9 REIMBURSEMENT IN FULL FOR THE COST TO A PROVIDER FOR DELIVERING
- 10 UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES AS REQUIRED BY THE
- 11 MARYLAND DEPARTMENT OF HEALTH UNDER § 13-5502(F) OF THE
- 12 **HEALTH GENERAL ARTICLE.**
- 13 (C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,
- 14 AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT,
- 15 COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR UNIVERSAL
- 16 NEWBORN NURSE HOME VISITING SERVICES.
- 17 (2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A
- 18 HIGH-DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, AN ENTITY
- 19 SUBJECT TO THIS SECTION MAY SUBJECT COVERAGE FOR UNIVERSAL NEWBORN
- 20 NURSE HOME VISITING SERVICES TO THE DEDUCTIBLE REQUIREMENT OF THE
- 21 HIGH-DEDUCTIBLE PLAN.
- 22 (D) AN INSURED OR ENROLLEE MAY NOT BE REQUIRED TO RECEIVE
- 23 UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES AS A CONDITION OF
- 24 COVERAGE AND MAY NOT BE PENALIZED OR IN ANY WAY DISCOURAGED FROM
- 25 DECLINING THE SERVICES.
- 26 (E) AN ENTITY SUBJECT TO THIS SECTION SHALL NOTIFY AN INSURED OR
- 27 ENROLLEE ABOUT THE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES
- 28 WHENEVER AN INSURED OR ENROLLEE ADDS A NEWBORN TO COVERAGE.
- 29 (F) AN ENTITY SUBJECT TO THIS SECTION MAY USE IN-NETWORK
- 30 PROVIDERS OR CONTRACT WITH LOCAL PUBLIC HEALTH AUTHORITIES TO PROVIDE
- 31 UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES.
- 32 (G) ENTITIES SUBJECT TO THIS SECTION SHALL REPORT TO THE
- 33 MARYLAND DEPARTMENT OF HEALTH, IN THE FORM AND MANNER REQUIRED BY
- 34 THE MARYLAND DEPARTMENT OF HEALTH UNDER § 13-5502 OF THE
- 35 HEALTH GENERAL ARTICLE, DATA REGARDING CLAIMS SUBMITTED FOR

- 1 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.
- 9 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect 10 January 1, 2026.