SENATE BILL 156

J1, J5 5lr1587 **CF HB 334** (PRE-FILED) By: Senator Lewis Young Requested: October 31, 2024 Introduced and read first time: January 8, 2025 Assigned to: Finance Committee Report: Favorable with amendments Senate action: Adopted Read second time: February 2, 2025 CHAPTER 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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Article - Insurance

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



1 2 3	Section 15–861 Annotated Code of Maryland (2017 Replacement Volume and 2024 Supplement)				
4 5	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND That the Laws of Maryland read as follows:				
6	<u>(a)</u>	There	e is a V	Vorkg	roup on Universal Newborn Nurse Home Visiting Services.
7	<u>(b)</u>	The V	Workgr	oup c	onsists of the following members:
8 9	the Senate;	<u>(1)</u>	one n	<u>nembe</u>	er of the Senate of Maryland, appointed by the President of
10 11	<u>House;</u>	<u>(2)</u>	one n	<u>nembe</u>	er of the House of Delegates, appointed by the Speaker of the
12		<u>(3)</u>	the S	<u>ecreta</u>	ary of Health, or the Secretary's designee; and
13		<u>(4)</u>	the fo	ollowii	ng members, appointed by the Governor:
14			<u>(i)</u>	one i	representative of the Maryland Hospital Association;
15			<u>(ii)</u>	one i	representative each from:
16				<u>1.</u>	The Family Tree for Baltimore City;
17				<u>2.</u>	Family Connects Frederick; and
18				<u>3.</u>	Family Connects Prince George's; and
19			<u>(iii)</u>	two :	members representing private insurance carriers.
20 21	(c) Workgroup.	The r	<u>nembe</u>	rs of t	he Workgroup shall designate the chair and vice chair of the
22	<u>(d)</u>	The I	<u>Maryla</u>	nd De	epartment of Health shall provide staff for the Workgroup.
23	<u>(e)</u>	A me	mber o	of the	Workgroup:
24		<u>(1)</u>	may 1	not re	ceive compensation as a member of the Workgroup; but
25 26	Travel Regu	<u>(2)</u> lation			to reimbursement for expenses under the Standard State ed in the State budget.
27	<u>(f)</u>	The V	Workgr	oup s	<u>hall:</u>

1 2	(1) compile updated patient data and expenditures per patient from the Family Connect Programs currently operating in the State;
3 4	(2) compare other maternal and newborn health programs in the State and in other states to the Family Connect Programs; and
5 6	(3) identify service gaps between the Family Connect Programs and similar programs and potential funding sources to close the gaps.
7 8 9	(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.
0	Article - Health - General
1	SUBTITLE 55. UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM.
2	13-5501.
13 14 15	In this subtitle, "program" means the statewide program to provide universal newborn nurse home visiting services implemented under § 13–5502(A) of this subtitle.
6	13-5502.
17 18 19 20	(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.
21	(2) THE PURPOSES OF THE PROGRAM ARE TO:
22	(I) SUPPORT HEALTHY CHILD DEVELOPMENT AND
23	POSTPARTUM HEALTH; AND
24	(II) STRENGTHEN FAMILIES.
25	(3) THE DEPARTMENT SHALL DESIGN THE UNIVERSAL NEWBORN
26	NURSE HOME VISITING PROGRAM TO BE FLEXIBLE SO AS TO MEET THE NEEDS OF
27	THE COMMUNITIES IN WHICH THE PROGRAM OPERATES.
28 29	(B) IN DESIGNING THE PROGRAM, THE DEPARTMENT SHALL CONSULT, COORDINATE, AND COLLABORATE, AS NECESSARY, WITH:

INSURERS THAT OFFER HEALTH BENEFITS PLANS IN THE STATE;

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1	(2)	Hospitals;
2	(3)	LOCAL PUBLIC HEALTH AUTHORITIES;
3 4	(4) Education;	THE DIVISION OF EARLY CHILDHOOD IN THE DEPARTMENT OF
5 6	(5) VISITING PROGI	Existing early childhood and universal newborn home rams;
7	(6)	COMMUNITY-BASED ORGANIZATIONS;
8	(7) HOME VISITING	A NATIONAL TRAINING INSTITUTE FOR UNIVERSAL NEWBORN
10	(8)	SOCIAL SERVICES PROVIDERS; AND
11 12	(9) Secretary de	ANY OTHER EXPERTS, GROUPS, OR ORGANIZATIONS AS THE FERMINES APPROPRIATE.
13 14	(C) THI	E PROGRAM SHALL PROVIDE NURSE HOME VISITING SERVICES THAT
15 16 17		IDENTIFIED AS AN EVIDENCE-BASED EARLY CHILDHOOD HOME CE DELIVERY MODEL UNDER THE CRITERIA ESTABLISHED BY THE ENT OF HEALTH AND HUMAN SERVICES;
18 19	(2) MONITORING, A	Supported by a national center that provides training, nd technical support;
20 21	(3) SERVE A DEFINI	PROVIDED BY A COMMUNITY LEAD AGENCY DESIGNATED TO ED COMMUNITY;
22	(4)	Provided by registered nurses licensed in the State;
23	(5)	OFFERED TO:
24 25	WEEKS, INCLUD	(I) FAMILIES CARING FOR NEWBORNS UP TO THE AGE OF 12 ING FOSTER AND ADOPTIVE NEWBORNS; AND
26 27	DELIVERY OF A	(H) BIRTHING INDIVIDUALS WITHIN 12 WEEKS AFTER LIVE BIRTH OR STILLBIRTH;
28	(G)	Province.

1		(I)	IN THE FAMILY'S HOME; OR
2		(II)	Virtually; and
3 4	(7) FOLLOWING DON		ED AT IMPROVING OUTCOMES IN ONE OR MORE OF THE
5		(I)	INFANT AND CHILD HEALTH;
6		(II)	CHILD DEVELOPMENT AND SCHOOL READINESS;
7		(III)	MATERNAL AND POSTPARTUM HEALTH;
8		(IV)	FAMILY ECONOMIC SELF-SUFFICIENCY;
9		(V)	Positive parenting;
10		(VI)	REDUCING CHILD MALTREATMENT; AND
11		(VII)	REDUCING FAMILY VIOLENCE.
12	(D) THE	SERVI	CES PROVIDED UNDER THE PROGRAM SHALL:
13 14	(1) FAMILY THAT DE		OLUNTARY AND CARRY NO NEGATIVE CONSEQUENCES FOR A S TO PARTICIPATE;
15	(2)	BE 0	FFERED IN EVERY COMMUNITY IN THE STATE;
16 17	(3)		UDE AN EVIDENCE-BASED ASSESSMENT OF THE PHYSICAL, AL FACTORS AFFECTING THE FAMILY;
1 /	DOCIAL, MIND EN	O I ION .	TETACTORS ARTECTING THE PARILET,
18	(4)	BE 0	FFERED TO ALL FAMILIES WITH NEWBORNS RESIDING IN THE
19	COMMUNITY WHI	ERE TI	IE PROGRAM OPERATES;
20	(5)	Incl	UDE AT LEAST ONE VISIT DURING A NEWBORN'S FIRST 12
21	WEEKS OF LIFE V	VITH T	HE OPPORTUNITY FOR THE FAMILY TO RECEIVE UP TO THREE
22	ADDITIONAL VIS	ITS DU	RING A NEWBORN'S FIRST 12 WEEKS OF LIFE;
23	(6)	Inci	UDE A FOLLOW UP CALL OR SURVEY NOT LATER THAN 3
24	MONTHS AFTER	_	
25	(7)	Pro	VIDE INFORMATION AND REFERRALS TO ADDRESS EACH
26	` '		AND SPECIFIC NEEDS.

1	(E) (1)	THE	DEPARTMENT SHALL ESTABLISH BY REGULATION:
2		(I)	THE DEFINITION OF A "COMMUNITY" FOR PURPOSES OF
3	THIS SUBTITLE;	` '	
4		(II)	IN ACCORDANCE WITH PARAGRAPH (3) OF THIS
5	SUBSECTION. TI	` /	ECTION PROCESS FOR A COMMUNITY LEAD TO MEET THE
6	•		ATED GEOGRAPHIC AREA.
7	(2)	ENT	TIES ELIGIBLE TO BE SELECTED TO SERVE AS A COMMUNITY
8	LEAD INCLUDE:		
9		(I)	Local public health agencies;
		\ /	,
10		(II)	Local governments;
11		(III)	BIRTHING FACILITIES;
12		(IV)	NONPROFIT ORGANIZATIONS SPECIALIZING IN EARLY
13	CHILDHOOD DEX	` /	WENT OR MATERNAL AND POSTPARTUM HEALTH; OR
		,	
14		(V)	OTHER ORGANIZATIONS AS DETERMINED BY THE
15	DEPARTMENT.		
16	(3)	A co	MMUNITY LEAD SHALL:
17		(I)	IMPLEMENT A UNIVERSALLY OFFERED NEWBORN NURSE
18	HOME VISITING	SERVI	CES MODEL THAT HAS BEEN REVIEWED BY THE FEDERAL
19	ADMINISTRATIO	N FOR	CHILDREN AND FAMILIES TO MEET THE U.S. DEPARTMENT
20	OF HEALTH AN	D HUN	IAN SERVICES CRITERIA FOR AN EVIDENCE-BASED EARLY
21	CHILDHOOD HO	ME VIS	ITING SERVICE DELIVERY MODEL;
22		(II)	COORDINATE WITH ALL CERTIFIED PROVIDERS IN ITS
23	HOENTIFIED COM	IMUNI	TY SO THAT ALL FAMILIES WITH NEWBORNS ARE CONTACTED
24	NOT LATER THA	N 2 W	EEKS AFTER THE BIRTH OF THE NEWBORN AND OFFERED
25	SERVICES;		
26		(III)	DEVELOP AND IMPLEMENT STRATEGIES IN
27	COLLABORATION	N WITH	THE DEPARTMENT TO OBTAIN FUNDING TO FACILITATE THE
28	PROVISION OF N	EWB0 1	RN NURSE HOME VISITING SERVICES;
29		(IV)	COLLABORATE WITH OTHER HOME VISITING PROVIDERS TO
30	INTEGRATE NEV	` '	NURSE HOME VISITING SERVICES INTO THE EXISTING

1 2		INATED
3 4 5	COMMUNITY LEAD WILL COMPLY WITH ITEMS (I) THROUGH (IV) O	
6 7		LISHED
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10	A. PARENTS;	
11	B. MEDICAL PROVIDERS;	
12	C. Hospitals;	
13	D. SOCIAL SERVICE PROVIDERS SERVICING FAM	ILIES;
14 15		-Food
16	F. CHILD PROTECTIVE SERVICES;	
17	G. EARLY LEARNING HUBS;	
18	H. TRIBAL LEADERSHIP;	
19	I. LOCAL HEALTH DEPARTMENTS;	
20	J. MANAGED CARE ORGANIZATIONS;	
21	K. Insurers; and	
22 23		ERVICE
24 25 26	MEETING MINUTES TO BOARD MEMBERS AND CERTIFIED PROVIDERS	

(VII) ENSURE LOCAL COMMUNITY RESOURCES ARE:

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1	1. Compiled in a web-based format or printed
$\stackrel{-}{2}$	DIRECTORY; AND
3	2. UPDATED AT LEAST QUARTERLY FOR USE BY SERVICE
4	PROVIDERS;
5	(VIII) ENGAGE IN QUALITY ASSURANCE ACTIVITIES THAT
6	INCLUDE:
_	1
7	1. A MONTHLY REVIEW OF DATA INCLUDING KEY
$\frac{8}{9}$	PERFORMANCE INDICATORS SUCH AS SCHEDULING RATE, COMPREHENSIVE
10	NEWBORN NURSE HOME VISIT COMPLETION RATE, FOLLOW-UP RATE,
10	DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING SERVICES, AND COMMUNITY CONNECTIONS AND REFERRALS IN THE IDENTIFIED COMMUNITY;
11	CONNECTIONS AND REPERIMENTAL THE IDENTIFIED COMMUNITY
12	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
15	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	${\color{red}\textbf{IDENTIFIED COMMUNITY, TAKING INTO CONSIDERATION THE NUMBER OF BIRTHS}}$
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
$\frac{23}{24}$	QUALITY IMPROVEMENT NEEDS:
4 T	QUILLI I INI NO VEMENT 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	$\underline{\textbf{HMMEDIATELY PRECEDING QUARTER WHO RESIDE IN THE IDENTIFIED COMMUNITY;}}$
30	AND
	2 T
31	2. FOR EACH CERTIFIED PROVIDER IN THE IDENTIFIED
32	COMMUNITY:

SCHEDULING RATE;

1 2	B. Comprehensive newborn nurse home visit completion rate;
3	C. FOLLOW-UP RATE;
4 5	D. DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING NEWBORN NURSE HOME VISITING;
6	E. Community connections and referrals;
7 8	F. FEEDBACK FROM FAMILIES AND REFERRAL PARTNER FEEDBACK; AND
9 10	G. Any other data identified by the Department;
11 12	(XII) COLLABORATE AND COORDINATE WITH TRIBES DESIGNATED AS COMMUNITY LEADS OPERATING IN THE SAME GEOGRAPHIC AREA.
13 14 15	(F) IN COLLABORATION WITH THE MARYLAND INSURANCE ADMINISTRATION, THE DEPARTMENT SHALL ADOPT REGULATIONS CONSISTENT WITH THE PROVISIONS OF THIS SUBTITLE ESTABLISHING:
16 17 18	(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
19 20 21 22	(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.
23 24	(G) THE DEPARTMENT MAY ADOPT BY REGULATION ANY REASONABLE REIMBURSEMENT METHODOLOGY, INCLUDING:
25	(1) VALUE-BASED PAYMENTS;
26	(2) A CLAIM INVOICING PROCESS;
27	(3) CAPITATED PAYMENT;
28	(4) A REIMBURSEMENT METHODOLOGY THAT TAKES INTO ACCOUNT

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- NURSE HOME VISITING SERVICES TO EXPAND THE ENTITY'S CAPACITY TO PROVIDE 1 THE SERVICES AND ADDRESS HEALTH DISPARITIES; OR 3 ANY OTHER METHODOLOGY AGREED TO BY A CARRIER AND THE 4 PROVIDER OF THE UNIVERSAL NURSE HOME VISITING SERVICES. 5 (H) THE DEPARTMENT SHALL: 6 (1) COLLECT AND ANALYZE DATA GENERATED BY THE PROGRAM TO 7 ASSESS THE EFFECTIVENESS OF THE PROGRAM IN MEETING THE AIMS DESCRIBED IN SUBSECTION (C)(7) OF THIS SECTION; AND 8 9 (2) COORDINATE WITH OTHER STATE AGENCIES TO DEVELOP 10 PROTOCOLS FOR SHARING DATA, INCLUDING THE TIMELY SHARING OF DATA WITH PRIMARY CARE PROVIDERS OF THE FAMILIES WITH NEWBORNS RECEIVING THE 11 12 SERVICES. (1) THE DEPARTMENT SHALL ESTABLISH THE FORM AND MANNER IN 13 14 WHICH DATA REQUIRED UNDER § 15-861 OF THE INSURANCE ARTICLE SHALL BE 15 SUBMITTED. THE DEPARTMENT SHALL USE THE DATA REQUIRED UNDER § 16 15-861 OF THE INSURANCE ARTICLE TO MONITOR THE PROVISION OF UNIVERSAL 17 18 NEWBORN NURSE HOME VISITING SERVICES. 19 THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THIS (IJ) 20 SECTION. 21 (K) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2026, THE 22DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE. IN ACCORDANCE 23 WITH \$ 2-1257 OF THE STATE GOVERNMENT ARTICLE. ON THE STATUS OF THE 24PROVISION OF UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES IN THE 25 26 STATE. 27 Article - Insurance 28 **15-861.**
- 30 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
 31 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS

(A) THIS SECTION APPLIES TO:

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

1	SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department o
2	Health may apply for a waiver under 42 U.S.C. 18052 to obtain federal financia
3	participation in the cost of services provided under Section 1 of this Act.
4	SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall apply to al
5	policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
6	after January 1, 2026.
7	SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
8	January 1, 2026.
9	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
10	1, 2025. It shall remain effective for a period of 1 year and, at the end of June 30, 2026, this
11	Act, with no further action required by the General Assembly, shall be abrogated and of no
12	<u>further force and effect.</u>
	Approved:
	11pp1010u.
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.