



**2025 SESSION  
POSITION PAPER**

**BILL:** **HB 334 - Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage**

**COMMITTEE:** **House - Health and Government Operations Committee**

**POSITION:** **Letter of Concern**

**BILL ANALYSIS:** **HB 334 would require the Maryland Department of Health (MDH) to establish a voluntary universal newborn nurse home visiting program for all newborns in the state and require insurers, non-profit health service plans, and health maintenance organizations that provide related benefits in certain plans to provide certain coverage and reimbursement for the universal newborn nurse home visiting services.**

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) submits a Letter of Concern for HB 334. MACHO's concerns are budgetary, duplication of existing programs, and diversion of scarce resources.

Local health departments (LHDs) are one entity eligible to be a community lead to provide the described nurse home visiting services. Currently, many LHDs receive funding via MDH's HRSA funded Maryland Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to implement evidence-based, voluntary family support programs to meet the needs of the most vulnerable women and families as identified through a comprehensive statewide needs assessment. Many of the components outlined in HB 334 can also be found in the MIECHV program: use of data/reporting platform, evaluation, training and technical support, program monitoring, nurse-led, target audience (pregnant and post-partum women, and infants), and focus areas. In addition, the MIECHV has a statewide home visiting plan and consortium to which reps from education, health care, research and evaluation, public health, and home visiting meet to share information and ensure coordination and collaboration in the implementation of home visiting programs across Maryland. Lastly, MIECHV also serves young children which expands the impact of the existing nurse home visiting program and is longer term. Examples of such LHD programs are Healthy Families, Babies Born Healthy, and Thrive By Three. These go beyond home visiting services to provide comprehensive care coordination for the entire family. *If additional funding was allocated, more LHDs could be funded, and more families could be supported without the administrative overhead of a new program.*

While HB 334 specifies that LHDs and other community leads develop and implement strategies with MDH to secure funding, this should be done at the state level, in coordination with any relevant entity to ensure resources and rates are adequate to cover the cost of providing the comprehensive services. *Given the current budget situation and for LHDs, reductions to Core Funding, without a dedicated funding source, LHDs would have a difficult time implementing an unfunded program.*

*The universal scope of the proposed program will divert resources from those who need them most. The proposed bill would result in an influx of newborns requiring home visits, overwhelm limited resources, and divert focus from those most at-risk of adverse birth and childhood outcomes. For these reasons, the Maryland Association of County Health Officers submits this Letter of Concern for HB 334. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. This communication reflects the position of MACHO.*

