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Title 26.
Chapter 2H.
Part X.(New)
Newborn Care
§§1-4,15 - C.26:2H-158 to
26:2H-162
§5 - C.17:48-6ww
§6 - C.17:48A-7tt
§7 - C.17:48E-35.47
§8 - C.17B:26-2.1pp
§9 - C.17B:27-46.10
§10 - C.17B:27A-7.30
§11 - C.17B:27A-19.34
§12 - C.26:2J-4.48
§13 - C.30:4D-6r
§14 - C.52:14-17.29gg
§16 - T&E
§17 - Approp.

P.L. 2021, CHAPTER 187, *approved July 29, 2021*
Senate Committee Substitute (*First Reprint*) for Senate, No. 690

- 1 AN ACT establishing a newborn home nurse visitation program
2 ¹**[and]** ¹ supplementing various parts of statutory law ¹, and
3 making an appropriation¹ .
4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7
8 1. The Legislature finds and declares that:
9 a. The weeks following birth are a critical period for the person
10 who has given birth and the infant, setting the stage for long-term
11 health and well-being;
12 b. During this period, the person who has given birth is adapting
13 to multiple physical, social, and psychological changes, while
14 simultaneously recovering from childbirth, adjusting to changing
15 hormones, and learning to feed and care for a newborn;
16 c. Like prenatal care, the postpartum health care visit that
17 typically occurs six weeks after childbirth is considered important
18 to a new parent's health; however, for people who have given birth,
19 the six-week postpartum visit punctuates a period devoid of formal
20 or informal support for a parent who has recently given birth;
21 d. Additionally, according to the American College of
22 Obstetricians and Gynecologists, as many as 40 percent of people

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SBA committee amendments adopted June 21, 2021.

1 who have given birth do not attend a postpartum visit in the United
2 States;

3 e. During the time immediately following delivery, health care
4 providers are uniquely qualified to enable a person who has given
5 birth to access the clinical and social resources the person needs to
6 successfully navigate the transition from pregnancy to parenthood;

7 f. Research also indicates that postpartum education and care
8 lead to lower rates of morbidity and mortality in persons who have
9 given birth, as many of the risk factors for post-delivery
10 complications, such as hemorrhaging or a pulmonary embolism,
11 may not be identifiable before a person who has given birth is
12 discharged following the birth;

13 g. Such data demonstrate the wide ranging benefits to persons
14 who have given birth, children, and families when a person who has
15 given birth and the infant receive support from the medical
16 community within days after delivering a child; and

17 h. It is, therefore, in the public interest for the Legislature to
18 remove barriers regarding access to postpartum care and to establish
19 the infrastructure for people who have given birth in New Jersey to
20 receive one cost-free home nurse visit in which a registered nurse
21 provides the necessary physical, social, and emotional support
22 critical to recovery following childbirth.

23

24 2. a. The Department of Children and Families shall establish a
25 Statewide voluntary universal newborn home nurse visitation
26 program to provide home visitation services **to** for a newborn
27 infant and the parent or parents of **a** the newborn infant. The
28 purpose of the program shall be to support healthy child
29 development and strengthen families.

30 b. **(1)** In establishing the newborn home nurse visitation
31 program, the **department** Department of Children and Families
32 shall:

33 **(a)** (1) appoint an advisory group of stakeholders, which
34 shall organize no later than 30 days after the date of enactment of
35 P.L. , c. (C.) (pending before the Legislature as this
36 bill) and which shall include at least one representative of each of
37 the following entities: an insurance carrier that offers health benefit
38 plans in the State; a hospital; a birthing facility; **:** a local public
39 health authority; a maternal child health consortium; an early
40 childhood home visitation program; a home health agency; a
41 federally qualified health center; a community-based organization;
42 and a social service agency; **and**

43 **(b)** (2) consult, coordinate, and collaborate with the advisory
44 group established pursuant to **(a)** of this **(1)** of this
45 subsection in the development of the program;

46 **(2)** (3) have **eight months** after the date of enactment of
47 P.L. , c. (C.) (pending before the Legislature as this bill) to

1 establish the authority to develop a plan for the managed rollout of
2 the¹ program throughout the State;

3 ¹~~[(3)]~~ (4)¹ in consultation with the Departments of Banking and
4 Insurance and Human Services, establish criteria for the coverage of
5 services provided under the newborn home nurse visitation program
6 by insurance carriers offering a health benefits plan in the State; and

7 ¹~~[(4)]~~ (5)¹ ensure that the program meets the needs of the
8 residents in the communities in which the program operates.

9 c. The newborn home nurse visitation program shall ¹be
10 implemented in a culturally-competent manner and shall¹ :

11 (1) be voluntary and carry no negative consequences for parents
12 with a newborn infant who decline to participate in the program
13 when applying for other services available to pregnant persons and
14 when applying for other services available to all parents of newborn
15 infants;

16 (2) offer home nurse visitation services in every community in
17 the State ¹~~[,]~~¹ and ¹~~[to]~~ for all newborn infants and¹ all parents of
18 a newborn infant residing in the community in which the program
19 operates, including resource family parents, adoptive parents, and
20 parents experiencing a stillbirth;

21 (3) include ¹at least¹ one home nurse visit in ¹~~[a parent's]~~ the
22 participating newborn infant's¹ home within two weeks after the
23 birth of an infant;

24 (4) ¹provide the opportunity for no more than two additional
25 visits during the newborn infant's first three months of life, with
26 such additional visits occurring based on the family's choice, as
27 well as need and availability as determined by the program;

28 (5)¹ require that ¹~~[a]~~ the¹ home nurse visit be conducted by a
29 ¹~~[licensed]~~¹ registered nurse or an advanced practice nurse
30 ¹licensed in this State pursuant to Title 45 of the Revised Statutes¹ ;

31 ¹~~[(5)]~~ (6)¹ improve State outcomes in ¹~~[the]~~¹ areas ¹~~[of]~~
32 including¹ maternal health, infant health and development, and
33 parenting skills;

34 ¹~~[(6)]~~ (7) be based on criteria established by the United States
35 Department of Health and Human Services for an evidence-based
36 early childhood home visiting service delivery model;

37 (8)¹ include an evidence-based evaluation of the physical,
38 emotional, and social factors affecting a parent ¹or parents¹ and the
39 parent's ¹or parents'¹ newborn infant, including, but not limited to,
40 a health and wellness check of the newborn and an assessment of
41 the physical and mental health of a person who has given birth;

42 ¹~~[(7)]~~ (9)¹ provide support services to ¹the parent or¹ parents of
43 a newborn infant, including, but not limited to, breastfeeding
44 education and assistance to a person who has recently given birth in
45 recognizing the symptoms of, and coping with, perinatal mood
46 disorder;

1 ~~[(8)]~~ (10)¹ coordinate with each hospital and birthing facility
2 in the State to ensure that a person who has given birth is advised of
3 the benefits of receiving a home nurse visit within two weeks after
4 the birth an infant, and to ensure that the ~~[(hospital or birthing~~
5 ~~facility)]~~ program¹ attempts to schedule a home nurse visit prior to
6 the person's discharge from the hospital or facility;

7 (11) develop a method for providing parents, who elect to have
8 a home birth, information about the program;¹ and

9 ~~[(9)]~~ (12)¹ provide information on, and referrals to, services
10 that address the specific needs of newborn infants and¹ parents of a
11 newborn infant, including linking a person who has given birth and
12 the person's infant to a central intake agency for referrals to
13 community resources, support services, community-based
14 organizations or social service agency programs available to
15 persons who have given birth and their infants, and medically
16 necessary follow-up healthcare.

17 d. Nothing in this section shall be construed to require parents of
18 a newborn infant to participate in the newborn home nurse
19 visitation program.

20 e. The Department of Children and Families may contract with
21 one or more third-party vendors or service providers to assist the
22 department in administering the program established pursuant to
23 this section, including hiring and staffing nurses and providing
24 training on the home visiting model utilized by the program.¹

25
26 3. The Department of Children and Families, in consultation
27 with the Department of Health, shall prepare a resource guide that
28 provides information on the newborn home nurse visitation program
29 established pursuant to section 2 of P.L. , c. (C.) (pending
30 before the Legislature as this bill) and the services available to
31 pregnant persons, persons who have recently given birth, and the
32 parent or¹ parents of a newborn infant born in this State. The
33 resource guide shall be distributed at the time parents of a newborn
34 infant are informed of the newborn home nurse visitation program
35 and of their right to schedule a home nurse visit.

36
37 4. a. The Department of Children and Families shall collect
38 and analyze data about the newborn home nurse visitation program
39 established pursuant to P.L. , c. (C.) (pending before the
40 Legislature as this act). The data shall be used to evaluate ~~[(and)]~~ ,¹
41 measure ¹, and improve¹ the effectiveness of the program in
42 achieving its purpose of supporting healthy child development and
43 strengthening families.

44 b. The ~~[(department)]~~ Department of Children and Families¹
45 shall work with other State departments and agencies, health
46 insurance carriers that offer health benefit plans in the State,
47 hospitals and birthing facilities, local public health authorities,

1 maternal child health consortia, early childhood home visitation
2 programs, community-based organizations, and social service
3 providers, to develop protocols concerning the timely sharing of
4 data collected pursuant to subsection a. of this section, including the
5 sharing of data with the primary care providers of parents
6 participating in the newborn home nurse visitation program.

7 ¹c. The Department of Children and Families may contract with
8 a third-party vendor with expertise in the model utilized by the
9 program to assist with the analysis and evaluation of data collected
10 pursuant to this section. In the event of such a contract, the
11 department shall facilitate the sharing of data with the third party, in
12 accordance with State and federal law.¹

13

14 5. a. No group or individual hospital service corporation
15 contract providing hospital or medical expense benefits shall be
16 delivered, issued, executed, or renewed in this State or approved for
17 issuance or renewal in this State by the Commissioner of Banking
18 and Insurance, on or after the effective date of this act, unless the
19 contract provides benefits to any subscriber or other person covered
20 thereunder for expenses incurred for services provided under the
21 newborn home nurse visitation program established pursuant to
22 section 2 of P.L. , c. (C.) (pending before the Legislature
23 as this bill). The contract shall:

24 (1) provide coverage for the services provided by the newborn
25 home nurse visitation program established pursuant to section 2 of
26 P.L. , c. (C.) (pending before the Legislature as this bill);

27 (2) notify a covered person of the services provided by the
28 newborn home nurse visitation program, upon application by the
29 covered person for coverage of a newborn infant;

30 (3) ensure that the contract does not contain any provision that
31 requires a covered person to receive the services provided by the
32 newborn home nurse visitation program as a condition of coverage,
33 or that denies or limits benefits to the covered person if that person
34 declines the services provided under the program; and

35 (4) have the discretion to determine how best to reimburse for
36 the expenses incurred for services provided under the newborn
37 home nurse visitation program, including, but not limited to,
38 utilizing:

39 ¹[(i)] (a)¹ a value-based payment methodology;

40 ¹[(ii)] (b)¹ an invoice claim process;

41 ¹[(iii)] (c)¹ a capitated payment arrangement;

42 ¹[(iv)] (d)¹ a payment methodology that takes into account the
43 need for an agency or organization providing services under the
44 program to expand its capacity to provide services and address
45 health disparities; or

46 ¹[(v)] (e)¹ any other payment arrangement agreed to by the
47 hospital service corporation and an agency or organization
48 providing services under the program.

1 b. Any copayment, coinsurance, or deductible that may be
2 required pursuant to the contract for such services shall be waived.

3 c. Every hospital service corporation that is subject to the
4 provisions of this section shall submit to the Department of
5 ~~['Children and Families']~~ Banking and Insurance¹, in a form and
6 manner prescribed by the department, a report on the claims
7 submitted for services provided under the newborn home nurse
8 visitation program.

9 The information contained in the report shall be shared with the
10 Department of Children and Families and¹ used by ~~['the']~~ that¹
11 department to assess the newborn home nurse visitation program
12 pursuant to subsection a. of section 4 of P.L. , c. (C.)
13 (pending before the Legislature as this bill).

14 d. (1) Except as provided in ~~['paragraph']~~ paragraphs¹ (2)
15 and (3)¹ of this subsection, the contract shall specify that no
16 deductible, coinsurance, copayment, or any other cost-sharing
17 requirement may be imposed on the coverage required pursuant to
18 this section.

19 (2) A contract offered by a group or individual hospital service
20 corporation that qualifies as a high deductible health plan shall
21 provide benefits for expenses incurred for services provided under
22 the newborn home nurse visitation program established pursuant to
23 section 2 of P.L. , c. (C.) (pending before the Legislature
24 as this bill) at the lowest deductible and other cost-sharing
25 requirement permitted for a high deductible health plan under
26 section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C.
27 s.223).

28 ¹(3) A contract offered by a group or individual hospital service
29 corporation that meets the requirements of a catastrophic plan, as
30 defined in 45 C.F.R. s.156.155, shall provide benefits for expenses
31 incurred for services provided under the newborn home nurse
32 visitation program established pursuant to section 2 of P.L. ,
33 c. (C.) (pending before the Legislature as this bill) at the
34 lowest deductible and other cost-sharing requirement to the extent
35 permitted for a catastrophic plan under federal law.¹

36 e. The provisions of this section shall apply to all contracts in
37 which the hospital service corporation has reserved the right to
38 change the premium.

39
40 6. a. No group or individual medical service corporation
41 contract providing hospital or medical expense benefits shall be
42 delivered, issued, executed, or renewed in this State or approved for
43 issuance or renewal in this State by the Commissioner of Banking
44 and Insurance, on or after the effective date of this act, unless the
45 contract provides benefits to any subscriber or other person covered
46 thereunder for expenses incurred for services provided under the al
47 newborn home nurse visitation program established pursuant to

1 section 2 of P.L. , c. (C.) (pending before the Legislature
2 as this bill). The contract shall:

3 (1) provide coverage for the services provided by the newborn
4 home nurse visitation program established pursuant to section 2 of
5 P.L. , c. (C.) (pending before the Legislature as this bill);

6 (2) notify a covered person of the services provided by the
7 newborn home nurse visitation program, upon application by the
8 covered person for coverage of a newborn infant;

9 (3) ensure that the contract does not contain any provision that
10 requires a covered person to receive the services provided by the
11 newborn home nurse visitation program as a condition of coverage,
12 or that denies or limits benefits to the covered person if that person
13 declines the services provided under the program; and

14 (4) have the discretion to determine how best to reimburse for
15 the expenses incurred for services provided under the newborn
16 home nurse visitation program, including, but not limited to,
17 utilizing:

18 ¹[(i)] (a)¹ a value-based payment methodology;

19 ¹[(ii)] (b)¹ an invoice claim process;

20 ¹[(iii)] (c)¹ a capitated payment arrangement;

21 ¹[(iv)] (d)¹ a payment methodology that takes into account the
22 need for an agency or organization providing services under the
23 program to expand its capacity to provide services and address
24 health disparities; or

25 ¹[(v)] (e)¹ any other payment arrangement agreed to by the
26 medical service corporation and an agency or organization
27 providing services under the program.

28 b. Any copayment, coinsurance, or deductible that may be
29 required pursuant to the contract for services covered pursuant to
30 subsection a. of this section shall be waived.

31 c. Every group or individual medical service corporation that is
32 subject to the provisions of this section shall submit to the
33 Department of ¹[(Children and Families)] Banking and Insurance¹ ,
34 in a form and manner prescribed by the department, a report on the
35 claims submitted for services provided under the newborn home
36 nurse visitation program.

37 The information contained in the report shall be ¹shared with the
38 Department of Children and Families and¹ used by ¹[(the)] that¹
39 department to assess the newborn home nurse visitation program
40 pursuant to subsection a. of section 4 of P.L. , c. (C.)
41 (pending before the Legislature as this bill).

42 d. (1) Except as provided in ¹[(paragraph)] paragraphs¹ (2) ¹and
43 (3)¹ of this subsection, the contract shall specify that no deductible,
44 coinsurance, copayment, or any other cost-sharing requirement may
45 be imposed on the coverage required pursuant to this section.

46 (2) A contract offered by a group or individual medical service
47 corporation that qualifies as a high deductible health plan shall

1 provide benefits for expenses incurred for services provided under
2 the newborn home nurse visitation program established pursuant to
3 section 2 of P.L. , c. (C.) (pending before the Legislature
4 as this bill) at the lowest deductible and other cost-sharing
5 requirement permitted for a high deductible health plan under
6 section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C.
7 s.223).

8 ¹(3) A contract offered by a group or individual medical service
9 corporation that meets the requirements of a catastrophic plan, as
10 defined in 45 C.F.R. s.156.155, shall provide benefits for expenses
11 incurred for services provided under the newborn home nurse
12 visitation program established pursuant to section 2 of P.L. ,
13 c. (C.) (pending before the Legislature as this bill) at the
14 lowest deductible and other cost-sharing requirement to the extent
15 permitted for a catastrophic plan under federal law.¹

16 e. The provisions of this section shall apply to all contracts in
17 which the group or individual medical service corporation has
18 reserved the right to change the premium.

19

20 7. a. No group or individual health service corporation contract
21 providing hospital or medical expense benefits shall be delivered,
22 issued, executed, or renewed in this State or approved for issuance
23 or renewal in this State by the Commissioner of Banking and
24 Insurance, on or after the effective date of this act, unless the
25 contract provides benefits to any subscriber or other person covered
26 thereunder for expenses incurred for services provided under the
27 newborn home nurse visitation program established pursuant to
28 section 2 of P.L. , c. (C.) (pending before the Legislature
29 as this bill). The contract shall:

30 (1) provide coverage for the services provided by the newborn
31 home nurse visitation program established pursuant to section 2 of
32 P.L. , c. (C.) (pending before the Legislature as this bill);

33 (2) notify a covered person of the services provided by the
34 newborn home nurse visitation program, upon application by the
35 covered person for coverage of a newborn infant;

36 (3) ensure that the contract does not contain any provision that
37 requires a covered person to receive the services provided by the
38 newborn home nurse visitation program as a condition of coverage,
39 or that denies or limits benefits to the covered person if that person
40 declines the services provided under the program; and

41 (4) have the discretion to determine how best to reimburse for
42 the expenses incurred for services provided under the newborn
43 home nurse visitation program, including, but not limited to,
44 utilizing:

45 ¹[(i)] (a)¹ a value-based payment methodology;

46 ¹[(ii)] (b)¹ an invoice claim process;

47 ¹[(iii)] (c)¹ a capitated payment arrangement;

1 ¹~~[(iv)] (d)~~¹ a payment methodology that takes into account the
2 need for an agency or organization providing services under the
3 program to expand its capacity to provide services and address
4 health disparities; or

5 ¹~~[(v)] (e)~~¹ any other payment arrangement agreed to by the
6 health service corporation and an agency or organization providing
7 services under the program.

8 b. Any copayment, coinsurance, or deductible that may be
9 required pursuant to the contract for such services shall be waived.

10 c. Every group or individual health service corporation that is
11 subject to the provisions of this section shall submit to the
12 Department of ¹~~Children and Families~~ Banking and Insurance¹ ,
13 in a form and manner prescribed by the department, a report on the
14 claims submitted for services provided under the newborn home
15 nurse visitation program.

16 The information contained in the report shall be ¹shared with the
17 Department of Children and Families and¹ used by ¹~~the~~ that¹
18 department to assess the newborn home nurse visitation program
19 pursuant to subsection a. of section 4 of P.L. , c. (C.)
20 (pending before the Legislature as this bill).

21 d. (1) Except as provided in ¹~~paragraph~~ paragraphs¹ (2) ¹and
22 (3)¹ of this subsection, the contract shall specify that no deductible,
23 coinsurance, copayment, or any other cost-sharing requirement may
24 be imposed on the coverage required pursuant to this section.

25 (2) A contract offered by a group or individual health service
26 corporation that qualifies as a high deductible health plan shall
27 provide benefits for expenses incurred for services provided under
28 the newborn home nurse visitation program established pursuant to
29 section 2 of P.L. , c. (C.) (pending before the Legislature
30 as this bill) at the lowest deductible and other cost-sharing
31 requirement permitted for a high deductible health plan under
32 section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C.
33 s.223).

34 ¹(3) A contract offered by a group or individual health service
35 corporation that meets the requirements of a catastrophic plan, as
36 defined in 45 C.F.R. s.156.155, shall provide benefits for expenses
37 incurred for services provided under the newborn home nurse
38 visitation program established pursuant to section 2 of P.L. ,
39 c. (C.) (pending before the Legislature as this bill) at the
40 lowest deductible and other cost-sharing requirement to the extent
41 permitted for a catastrophic plan under federal law.¹

42 e. The provisions of this section shall apply to all contracts in
43 which the health service corporation has reserved the right to
44 change the premium.

45
46 8. a. No individual health insurance policy providing hospital
47 or medical expense benefits shall be delivered, issued, executed, or

1 renewed in this State or approved for issuance or renewal in this
2 State by the Commissioner of Banking and Insurance, on or after
3 the effective date of this act, unless the policy provides benefits to
4 any named insured or other person covered thereunder for expenses
5 incurred for services provided under the newborn home nurse
6 visitation program established pursuant to section 2 of P.L. ,
7 c. (C.) (pending before the Legislature as this bill). The
8 policy shall:

9 (1) provide coverage for the services provided by the newborn
10 home nurse visitation program established pursuant to section 2 of
11 P.L. , c. (C.) (pending before the Legislature as this bill);

12 (2) notify a covered person of the services provided by the
13 newborn home nurse visitation program, upon application by the
14 covered person for coverage of a newborn infant;

15 (3) ensure that the policy does not contain any provision that
16 requires a covered person to receive the services provided by the
17 newborn home nurse visitation program as a condition of coverage,
18 or that denies or limits benefits to the covered person if that person
19 declines the services provided under the program; and

20 (4) have the discretion to determine how best to reimburse for
21 the expenses incurred for services provided under the newborn
22 home nurse visitation program, including, but not limited to,
23 utilizing:

24 ¹**[(i)] (a)**¹ a value-based payment methodology;

25 ¹**[(ii)] (b)**¹ an invoice claim process;

26 ¹**[(iii)] (c)**¹ a capitated payment arrangement;

27 ¹**[(iv)] (d)**¹ a payment methodology that takes into account the
28 need for an agency or organization providing services under the
29 program to expand its capacity to provide services and address
30 health disparities; or

31 ¹**[(v)] (e)**¹ any other payment arrangement agreed to by the
32 insurer and an agency or organization providing services under the
33 program.

34 b. Any copayment, coinsurance, or deductible that may be
35 required pursuant to the policy for such services shall be waived.

36 c. An individual health insurance policy that is subject to the
37 provisions of this section shall submit to the Department of
38 ¹**[(Children and Families)] Banking and Insurance**¹, in a form and
39 manner prescribed by the department, a report on the claims
40 submitted for services provided under the newborn home nurse
41 visitation program.

42 The information contained in the report shall be ¹shared with the
43 Department of Children and Families and¹ used by ¹**[(the)] that**¹
44 department to assess the newborn home nurse visitation program
45 pursuant to subsection a. of section 4 of P.L. , c. (C.)
46 (pending before the Legislature as this bill).

1 d. (1) Except as provided in ¹~~paragraph~~ paragraphs¹ (2) ¹~~and~~
2 (3)¹ of this subsection, the contract shall specify that no deductible,
3 coinsurance, copayment, or any other cost-sharing requirement may
4 be imposed on the coverage required pursuant to this section.

5 (2) An individual health insurance policy that qualifies as a high
6 deductible health plan shall provide benefits for expenses incurred
7 for services provided under the newborn home nurse visitation
8 program established pursuant to section 2 of P.L. , c. (C.)
9 (pending before the Legislature as this bill) at the lowest deductible
10 and other cost-sharing requirement permitted for a high deductible
11 health plan under section 223(c)(2)(A) of the Internal Revenue
12 Code (26 U.S.C. s.223).

13 ¹(3) An individual health insurance policy that meets the
14 requirements of a catastrophic plan, as defined in 45 C.F.R.
15 s.156.155, shall provide benefits for expenses incurred for services
16 provided under the newborn home nurse visitation program
17 established pursuant to section 2 of P.L. , c. (C.) (pending
18 before the Legislature as this bill) at the lowest deductible and other
19 cost-sharing requirement to the extent permitted for a catastrophic
20 plan under federal law.¹

21 e. The provisions of this section shall apply to all policies in
22 which the insurer has reserved the right to change the premium.
23

24 9. a. No group health insurance policy providing hospital or
25 medical expense benefits shall be delivered, issued, executed, or
26 renewed in this State or approved for issuance or renewal in this
27 State by the Commissioner of Banking and Insurance, on or after
28 the effective date of this act, unless the policy provides benefits to
29 any named insured or other person covered thereunder for expenses
30 incurred for services provided under the newborn home nurse
31 visitation program established pursuant to section 2 of
32 P.L., c. (C.) (pending before the Legislature as this bill).
33 The policy shall:

34 (1) provide coverage for the services provided by the newborn
35 home nurse visitation program established pursuant to section 2 of
36 P.L. , c. (C.) (pending before the Legislature as this bill);

37 (2) notify a covered person of the services provided by the
38 newborn home nurse visitation program, upon application by the
39 covered person for coverage of a newborn infant;

40 (3) ensure that the policy does not contain any provision that
41 requires a covered person to receive the services provided by the
42 newborn home nurse visitation program as a condition of coverage,
43 or that denies or limits benefits to the covered person if that person
44 declines the services provided under the program; and

45 (4) have the discretion to determine how best to reimburse for
46 the expenses incurred for services provided under the newborn
47 home nurse visitation program, including, but not limited to,
48 utilizing:

- 1 ¹**[(i)] (a)**¹ a value-based payment methodology;
- 2 ¹**[(ii)] (b)**¹ an invoice claim process;
- 3 ¹**[(iii)] (c)**¹ a capitated payment arrangement;
- 4 ¹**[(iv)] (d)**¹ a payment methodology that takes into account the
5 need for an agency or organization providing services under the
6 program to expand its capacity to provide services and address
7 health disparities; or
- 8 ¹**[(v)] (e)**¹ any other payment arrangement agreed to by the
9 insurer and an agency or organization providing services under the
10 program.
- 11 b. Any copayment, coinsurance, or deductible that may be
12 required pursuant to the policy for such services shall be waived.
- 13 c. Every insurer that is subject to the provisions of this section
14 shall submit to the Department of ¹**[(Children and Families]**
15 Banking and Insurance¹, in a form and manner prescribed by the
16 department, a report on the claims submitted for services provided
17 under the newborn home nurse visitation program.
- 18 The information contained in the report shall be ¹shared with the
19 Department of Children and Families and¹ used by ¹**[(the)] that**¹
20 department to assess the newborn home nurse visitation program
21 pursuant to subsection a. of section 4 of P.L. , c. (C.)
22 (pending before the Legislature as this bill).
- 23 d. (1) Except as provided in ¹**[(paragraph)] paragraphs**¹ (2) ¹and
24 (3)¹ of this subsection, the contract shall specify that no deductible,
25 coinsurance, copayment, or any other cost-sharing requirement may
26 be imposed on the coverage required pursuant to this section.
- 27 (2) A group health insurance policy that qualifies as a high
28 deductible health plan shall provide benefits for expenses incurred
29 for services provided under the newborn home nurse visitation
30 program established pursuant to section 2 of P.L. , c. (C.)
31 (pending before the Legislature as this bill) at the lowest deductible
32 and other cost-sharing requirement permitted for a high deductible
33 health plan under section 223(c)(2)(A) of the Internal Revenue
34 Code (26 U.S.C. s.223).
- 35 ¹(3) A group health insurance policy that meets the requirements
36 of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall
37 provide benefits for expenses incurred for services provided under
38 the newborn home nurse visitation program established pursuant to
39 section 2 of P.L. , c. (C.) (pending before the Legislature
40 as this bill) at the lowest deductible and other cost-sharing
41 requirement to the extent permitted for a catastrophic plan under
42 federal law.¹
- 43 e. The provisions of this section shall apply to all policies in
44 which the insurer has reserved the right to change the premium.
- 45
- 46 10. a. Every individual health benefits plan that is delivered,
47 issued, executed, or renewed in this State pursuant to P.L.1992,

1 c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in
2 this State, on or after the effective date of this act, shall provide
3 benefits to any person covered thereunder for expenses incurred for
4 services provided under the newborn home nurse visitation program
5 established pursuant to section 2 of P.L. , c. (C.) (pending
6 before the Legislature as this bill). The plan shall:

7 (1) provide coverage for the services provided by the newborn
8 home nurse visitation program established pursuant to section 2 of
9 P.L. , c. (C.) (pending before the Legislature as this bill);

10 (2) notify a covered person of the services provided by the
11 newborn home nurse visitation program, upon application by the
12 covered person for coverage of a newborn infant;

13 (3) ensure that the plan does not contain any provision that
14 requires a covered person to receive the services provided by the
15 newborn home nurse visitation program as a condition of coverage,
16 or that denies or limits benefits to the covered person if that person
17 declines the services provided under the program; and

18 (4) have the discretion to determine how best to reimburse for
19 the expenses incurred for services provided under the newborn
20 home nurse visitation program, including, but not limited to,
21 utilizing:

22 ¹[(i)] (a)¹ a value-based payment methodology;

23 ¹[(ii)] (b)¹ an invoice claim process;

24 ¹[(iii)] (c)¹ a capitated payment arrangement;

25 ¹[(iv)] (d)¹ a payment methodology that takes into account the
26 need for an agency or organization providing services under the
27 program to expand its capacity to provide services and address
28 health disparities; or

29 ¹[(v)] (e)¹ any other payment arrangement agreed to by the
30 carrier and an agency or organization providing services under the
31 program.

32 b. Any copayment, coinsurance, or deductible that may be
33 required pursuant to the health benefits plan for such services shall
34 be waived.

35 c. Every carrier that is subject to the provisions of this section
36 shall submit to the Department of ¹【Children and Families】
37 Banking and Insurance¹ , in a form and manner prescribed by the
38 department, a report on the claims submitted for services provided
39 under the newborn home nurse visitation program.

40 The information contained in the report shall be ¹shared with the
41 Department of Children and Families and¹ used by ¹【the】 that¹
42 department to assess the newborn home nurse visitation program
43 pursuant to subsection a. of section 4 of P.L. , c. (C.)
44 (pending before the Legislature as this bill).

45 d. (1) Except as provided in ¹【paragraph】 paragraphs¹ (2) ¹and
46 (3)¹ of this subsection, the contract shall specify that no deductible,

1 coinsurance, copayment, or any other cost-sharing requirement may
2 be imposed on the coverage required pursuant to this section.

3 (2) An individual health benefits plan that qualifies as a high
4 deductible health plan shall provide benefits for expenses incurred
5 for services provided under the newborn home nurse visitation
6 program established pursuant to section 2 of P.L. , c. (C.)
7 (pending before the Legislature as this bill) at the lowest deductible
8 and other cost-sharing requirement permitted for a high deductible
9 health plan under section 223(c)(2)(A) of the Internal Revenue
10 Code (26 U.S.C. s.223).

11 ¹(3) An individual health benefits plan that meets the
12 requirements of a catastrophic plan, as defined in 45 C.F.R.
13 s.156.155, shall provide benefits for expenses incurred for services
14 provided under the newborn home nurse visitation program
15 established pursuant to section 2 of P.L. , c. (C.) (pending
16 before the Legislature as this bill) at the lowest deductible and other
17 cost-sharing requirement to the extent permitted for a catastrophic
18 plan under federal law.¹

19 e. The provisions of this section shall apply to all health benefit
20 plans in which the carrier has reserved the right to change the
21 premium.
22

23 11. a. Every small employer health benefits plan that is
24 delivered, issued, executed, or renewed in this State pursuant to
25 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or
26 renewal in this State, on or after the effective date of this act, shall
27 provide benefits to any person covered thereunder for expenses for
28 services provided under the newborn home nurse visitation program
29 established pursuant to section 2 of P.L. , c. (C.) (pending
30 before the Legislature as this bill). The plan shall:

31 (1) provide coverage for the services provided by the newborn
32 home nurse visitation program established pursuant to section 2 of
33 P.L. , c. (C.) (pending before the Legislature as this bill);

34 (2) notify a covered person of the services provided by the
35 newborn home nurse visitation program, upon application by the
36 covered person for coverage of a newborn infant;

37 (3) ensure that the plan does not contain any provision that
38 requires a covered person to receive the services provided by the
39 newborn home nurse visitation program as a condition of coverage,
40 or that denies or limits benefits to the covered person if that person
41 declines the services provided under the program; and

42 (4) have the discretion to determine how best to reimburse for
43 the expenses incurred for services provided under the newborn
44 home nurse visitation program, including, but not limited to,
45 utilizing:

46 ¹**[(i)] (a)**¹ a value-based payment methodology;

47 ¹**[(ii)] (b)**¹ an invoice claim process;

48 ¹**[(iii)] (c)**¹ a capitated payment arrangement;

1 ¹~~[(iv)] (d)~~¹ a payment methodology that takes into account the
2 need for an agency or organization providing services under the
3 program to expand its capacity to provide services and address
4 health disparities; or

5 ¹~~[(v)] (e)~~¹ any other payment arrangement agreed to by the
6 carrier and an agency or organization providing services under the
7 program.

8 b. Any copayment, coinsurance, or deductible that may be
9 required under the health benefits plan for such services shall be
10 waived.

11 c. Every carrier that is subject to the provisions of this section
12 shall submit to the Department of ¹~~Children and Families~~
13 Banking and Insurance¹, in a form and manner prescribed by the
14 department, a report on the claims submitted for services provided
15 under the newborn home nurse visitation program.

16 The information contained in the report shall be ¹shared with the
17 Department of Children and Families and¹ used by ¹~~the~~ that¹
18 department to assess the newborn home nurse visitation program
19 pursuant to subsection a. of section 4 of P.L. , c. (C.)
20 (pending before the Legislature as this bill).

21 d. (1) Except as provided in ¹~~paragraph~~ paragraphs¹ (2) ¹and
22 (3)¹ of this subsection, the contract shall specify that no deductible,
23 coinsurance, copayment, or any other cost-sharing requirement may
24 be imposed on the coverage required pursuant to this section.

25 (2) A small employer health benefits plan that qualifies as a high
26 deductible health plan shall provide benefits for expenses incurred
27 for services provided under the newborn home nurse visitation
28 program established pursuant to section 2 of P.L. , c. (C.)
29 (pending before the Legislature as this bill) at the lowest deductible
30 and other cost-sharing requirement permitted for a high deductible
31 health plan under section 223(c)(2)(A) of the Internal Revenue
32 Code (26 U.S.C. s.223).

33 ¹(3) A small employer health benefits plan that meets the
34 requirements of a catastrophic plan, as defined in 45 C.F.R.
35 s.156.155, shall provide benefits for expenses incurred for services
36 provided under the newborn home nurse visitation program
37 established pursuant to section 2 of P.L. , c. (C.) (pending
38 before the Legislature as this bill) at the lowest deductible and other
39 cost-sharing requirement to the extent permitted for a catastrophic
40 plan under federal law.¹

41 e. The provisions of this section shall apply to all health
42 benefit plans in which the carrier has reserved the right to change
43 the premium.

44
45 12. a. Notwithstanding any provision of law to the contrary, a
46 certificate of authority to establish and operate a health maintenance
47 organization in this State shall not be issued or continued by the

1 Commissioner of Banking and Insurance on or after the effective
2 date of this act unless the health maintenance organization provides
3 health care services to any enrollee for expenses incurred for
4 services provided under the newborn home nurse visitation program
5 established pursuant to section 2 of P.L. , c. (C.) (pending
6 before the Legislature as this bill). The benefits shall:

7 (1) provide coverage for the services provided by the newborn
8 home nurse visitation program established pursuant to section 2 of
9 P.L. , c. (C.) (pending before the Legislature as this bill);

10 (2) notify a covered person of the services provided by the
11 newborn home nurse visitation program, upon application by the
12 covered person for coverage of a newborn infant;

13 (3) ensure that the plan does not contain any provision that
14 requires a covered person to receive the services provided by the
15 newborn home nurse visitation program as a condition of coverage,
16 or that denies or limits benefits to the covered person if that person
17 declines the services provided under the program; and

18 (4) have the discretion to determine how best to reimburse for
19 the expenses incurred for services provided under the newborn
20 home nurse visitation program, including, but not limited to,
21 utilizing:

22 ¹[(i)] (a)¹ a value-based payment methodology;

23 ¹[(ii)] (b)¹ an invoice claim process;

24 ¹[(iii)] (c)¹ a capitated payment arrangement;

25 ¹[(iv)] (d)¹ a payment methodology that takes into account the
26 need for an agency or organization providing services under the
27 program to expand its capacity to provide services and address
28 health disparities; or

29 ¹[(v)] (e)¹ any other payment arrangement agreed to by the
30 carrier and an agency or organization providing services under the
31 program.

32 b. Any copayment, coinsurance, or deductible that may be
33 required pursuant to the health benefits plan for such services shall
34 be waived.

35 c. Every health maintenance organization that is subject to the
36 provisions of this ¹sections hall] section shall¹ submit to the
37 Department of ¹Children and Families] Banking and Insurance¹ ,
38 in a form and manner prescribed by the department, a report on the
39 claims submitted for services provided under the newborn home
40 nurse visitation program.

41 The information contained in the report shall be ¹shared with the
42 Department of Children and Families and¹ used by ¹the] that¹
43 department to assess the newborn home nurse visitation program
44 pursuant to subsection a. of section 4 of P.L. , c. (C.)
45 (pending before the Legislature as this bill).

46 d. (1) Except as provided in ¹paragraph] paragraphs¹ (2) ¹and
47 (3)¹ of this subsection, the contract shall specify that no deductible,

1 coinsurance, copayment, or any other cost-sharing requirement may
2 be imposed on the coverage required pursuant to this section.

3 (2) A contract offered by a health maintenance organization that
4 qualifies as a high deductible health plan shall provide benefits for
5 expenses incurred for services provided under the newborn home
6 nurse visitation program established pursuant to section 2 of P.L. ,
7 c. (C.) (pending before the Legislature as this bill) at the
8 lowest deductible and other cost-sharing requirement permitted for
9 a high deductible health plan under section 223(c)(2)(A) of the
10 Internal Revenue Code (26 U.S.C. s.223).

11 ¹(3) A contract offered by a health maintenance organization
12 that meets the requirements of a catastrophic plan, as defined in 45
13 C.F.R. s.156.155, shall provide benefits for expenses incurred for
14 services provided under the newborn home nurse visitation program
15 established pursuant to section 2 of P.L. , c. (C.) (pending
16 before the Legislature as this bill) at the lowest deductible and other
17 cost-sharing requirement to the extent permitted for a catastrophic
18 plan under federal law.¹

19 e. The benefits shall be provided to the same extent as for any
20 other medical condition under the contract.

21

22 13. a. Notwithstanding any State law or regulation to the
23 contrary, the Department of Human Services shall, contingent on
24 maintaining or receiving necessary federal approvals, ensure that
25 expenses incurred for services provided under the newborn home
26 nurse visitation program established pursuant to section 2 of P.L. ,
27 c. (C.) (pending before the Legislature as this bill) shall be
28 provided with no cost-sharing to eligible persons under the
29 Medicaid program, established pursuant to P.L.1968, c.413
30 (C.30:4D-1 et seq.). The coverage provided under this section
31 shall:

32 (1) provide coverage for the services provided by the newborn
33 home nurse visitation program established pursuant to section 2 of
34 P.L. , c. (C.) (pending before the Legislature as this bill);

35 (2) notify a covered person of the services provided by the
36 newborn home nurse visitation program, upon application by the
37 covered person for coverage of a newborn infant;

38 (3) ensure that the plan does not contain any provision that
39 requires a covered person to receive the services provided by the
40 newborn home nurse visitation program as a condition of coverage,
41 or that denies or limits benefits to the covered person if that person
42 declines the services provided under the program; and

43 (4) have the discretion to determine how best to reimburse for
44 the expenses incurred for services provided under the newborn
45 home nurse visitation program, including, but not limited to,
46 utilizing:

47 ¹**[(i)] (a)**¹ a value-based payment methodology;

48 ¹**[(ii)] (b)**¹ an invoice claim process;

1 ¹[(iii)] (c)¹ a capitated payment arrangement;

2 ¹[(iv)] (d)¹ a payment methodology that takes into account the
3 need for an agency or organization providing services under the
4 program to expand its capacity to provide services and address
5 health disparities; or

6 ¹[(v)] (e)¹ any other payment arrangement agreed to by the
7 carrier and an agency or organization providing services under the
8 program.

9 b. Any copayment, coinsurance, or deductible that may be
10 required pursuant to the contract for services covered pursuant to
11 subsection a. of this section shall be waived.

12 c. The Assistant Commissioner of Human Services shall submit
13 to the Department of Children and Families, in a form and manner
14 prescribed by the department, a report on the claims submitted for
15 services provided under the newborn home nurse visitation
16 program.

17 The information contained in the report shall be used by the
18 department to assess the newborn home nurse visitation program
19 pursuant to subsection a. of section 4 of P.L. , c. (C.)
20 (pending before the Legislature as this bill).

21 d. ¹[Except as provided in paragraph (2) of this subsection,
22 coinsurance, copayment, or any other cost-sharing requirement may
23 be imposed on the coverage required pursuant to this section.

24 e.]¹ The benefits shall be provided to the same extent as for any
25 other medical condition under the contract.

26
27 14. a. The State Health Benefits Commission shall provide
28 benefits to each person covered under the State Health Benefits
29 Program for expenses incurred for services provided under the
30 newborn home nurse visitation program established pursuant to
31 section 2 of P.L. , c. (C.) (pending before the Legislature
32 as this bill). The benefits shall:

33 (1) provide coverage for the services provided by the newborn
34 home nurse visitation program established pursuant to section 2 of
35 P.L. , c. (C.) (pending before the Legislature as this bill);

36 (2) notify a covered person of the services provided by the
37 newborn home nurse visitation program, upon application by the
38 covered person for coverage of a newborn infant;

39 (3) ensure that the plan does not contain any provision that
40 requires a covered person to receive the services provided by the
41 newborn home nurse visitation program as a condition of coverage,
42 or that denies or limits benefits to the covered person if that person
43 declines the services provided under the program; and

44 (4) have the discretion to determine how best to reimburse for
45 the expenses incurred for services provided under the newborn
46 home nurse visitation program, including, but not limited to,
47 utilizing:

48 ¹[(i)] (a)¹ a value-based payment methodology;

- 1 ¹[(ii)] (b)¹ an invoice claim process;
- 2 ¹[(iii)] (c)¹ a capitated payment arrangement;
- 3 ¹[(iv)] (d)¹ a payment methodology that takes into account the
- 4 need for an agency or organization providing services under the
- 5 program to expand its capacity to provide services and address
- 6 health disparities; or
- 7 ¹[(v)] (e)¹ any other payment arrangement agreed to by the
- 8 carrier and an agency or organization providing services under the
- 9 program.

10 b. Any copayment, coinsurance, or deductible that may be

11 required under the contract for such services shall be waived.

12 c. The State Health Benefits Commission shall submit to the

13 Department of Children and Families, in a form and manner

14 prescribed by the department, a report on the claims submitted for

15 services provided under the newborn home nurse visitation

16 program.

17 The information contained in the report shall be used by the

18 department to assess the newborn home nurse visitation program

19 pursuant to subsection a. of section 4 of P.L. , c. (C.)

20 (pending before the Legislature as this bill).

21 d. (1) Except as provided in ¹[paragraph] paragraphs¹ (2) ¹and

22 (3)¹ of this subsection, the contract shall specify that no deductible,

23 coinsurance, copayment, or any other cost-sharing requirement may

24 be imposed on the coverage required pursuant to this section.

25 (2) A contract provided by the State Health Benefits

26 Commission that qualifies as a high deductible health plan shall

27 provide benefits for expenses incurred for services provided under

28 the newborn home nurse visitation program established pursuant to

29 section 2 of P.L. , c. (C.) (pending before the Legislature

30 as this bill) at the lowest deductible and other cost-sharing

31 requirement permitted for a high deductible health plan under

32 section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C.

33 s.223).

34 ¹(3) A contract provided by the State Health Benefits

35 Commission that meets the requirements of a catastrophic plan, as

36 defined in 45 C.F.R. s.156.155, shall provide benefits for expenses

37 incurred for services provided under the newborn home nurse

38 visitation program established pursuant to section 2 of P.L. ,

39 c. (C.) (pending before the Legislature as this bill) at the

40 lowest deductible and other cost-sharing requirement to the extent

41 permitted for a catastrophic plan under federal law.¹

42 e. The benefits shall be provided to the same extent as for any

43 other medical condition under the contract.

44

45 15. ¹a.¹ The Departments of Banking and Insurance, Children

46 and Families, and Human Services ¹[], pursuant to the

47 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et

1 seq.),¹ shall adopt rules and regulations as shall be necessary to
2 implement the provisions of this act ¹, which rules and regulations
3 shall be effective immediately upon filing with the Office of
4 Administrative Law for a period not to exceed 18 months and shall
5 thereafter be adopted in accordance with the “Administrative
6 Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.).

7 b. The Commissioner of Banking and Insurance, in consultation
8 with the Commissioner of the Department of Children and Families,
9 shall have the authority to permit carriers to use an in-network
10 provider that meets the requirements of the program, or contract
11 with a vendor or provider selected by the program, to provide home
12 visitation¹ .

13

14 16. The ¹**【Commissioners of Banking and Insurance and】**
15 Commissioner of¹ Human Services shall apply for such State plan
16 amendments or waivers as may be necessary to implement the
17 provisions of section 13 of this act and to secure federal financial
18 participation for State Medicaid expenditures under the federal
19 Medicaid program.

20

21 ¹17. There is appropriated from the General Fund to the
22 Department of Children and Families the sum of \$2,750,000 for the
23 purposes of implementing the provisions of this act.¹

24

25 ¹**【17.】** 18.¹ This act shall take effect immediately.

26

27

28

29 Establishes Statewide universal newborn home nurse visitation
30 program in DCF; appropriates \$2.75 million.

CHAPTER 187

AN ACT establishing a newborn home nurse visitation program, supplementing various parts of statutory law, and making an appropriation.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.26:2H-158 Findings, declarations relative to a newborn home nurse visitation program.

1. The Legislature finds and declares that:
 - a. The weeks following birth are a critical period for the person who has given birth and the infant, setting the stage for long-term health and well-being;
 - b. During this period, the person who has given birth is adapting to multiple physical, social, and psychological changes, while simultaneously recovering from childbirth, adjusting to changing hormones, and learning to feed and care for a newborn;
 - c. Like prenatal care, the postpartum health care visit that typically occurs six weeks after childbirth is considered important to a new parent's health; however, for people who have given birth, the six-week postpartum visit punctuates a period devoid of formal or informal support for a parent who has recently given birth;
 - d. Additionally, according to the American College of Obstetricians and Gynecologists, as many as 40 percent of people who have given birth do not attend a postpartum visit in the United States;
 - e. During the time immediately following delivery, health care providers are uniquely qualified to enable a person who has given birth to access the clinical and social resources the person needs to successfully navigate the transition from pregnancy to parenthood;
 - f. Research also indicates that postpartum education and care lead to lower rates of morbidity and mortality in persons who have given birth, as many of the risk factors for post-delivery complications, such as hemorrhaging or a pulmonary embolism, may not be identifiable before a person who has given birth is discharged following the birth;
 - g. Such data demonstrate the wide ranging benefits to persons who have given birth, children, and families when a person who has given birth and the infant receive support from the medical community within days after delivering a child; and
 - h. It is, therefore, in the public interest for the Legislature to remove barriers regarding access to postpartum care and to establish the infrastructure for people who have given birth in New Jersey to receive one cost-free home nurse visit in which a registered nurse provides the necessary physical, social, and emotional support critical to recovery following childbirth.

C.26:2H-159 Statewide voluntary universal newborn home nurse visitation program.

2. a. The Department of Children and Families shall establish a Statewide voluntary universal newborn home nurse visitation program to provide home visitation services for a newborn infant and the parent or parents of the newborn infant. The purpose of the program shall be to support healthy child development and strengthen families.

b. In establishing the newborn home nurse visitation program, the Department of Children and Families shall:

(1) appoint an advisory group of stakeholders, which shall organize no later than 30 days after the date of enactment of P.L.2021, c.187 (C.26:2H-158 et al.) and which shall include at least one representative of each of the following entities: an insurance carrier that offers health benefit plans in the State; a hospital; a birthing facility; a local public health authority; a maternal child health consortium; an early childhood home visitation program; a home health agency; a federally qualified health center; a community-based organization; and a social service agency;

(2) consult, coordinate, and collaborate with the advisory group established pursuant to paragraph (1) of this subsection in the development of the program;

(3) have the authority to develop a plan for the managed rollout of the program throughout the State;

(4) in consultation with the Departments of Banking and Insurance and Human Services, establish criteria for the coverage of services provided under the newborn home nurse visitation program by insurance carriers offering a health benefits plan in the State; and

(5) ensure that the program meets the needs of the residents in the communities in which the program operates.

c. The newborn home nurse visitation program shall be implemented in a culturally-competent manner and shall:

(1) be voluntary and carry no negative consequences for parents with a newborn infant who decline to participate in the program when applying for other services available to pregnant persons and when applying for other services available to all parents of newborn infants;

(2) offer home nurse visitation services in every community in the State and for all newborn infants and all parents of a newborn infant residing in the community in which the program operates, including resource family parents, adoptive parents, and parents experiencing a stillbirth;

(3) include at least one home nurse visit in the participating newborn infant's home within two weeks after the birth of an infant;

(4) provide the opportunity for no more than two additional visits during the newborn infant's first three months of life, with such additional visits occurring based on the family's choice, as well as need and availability as determined by the program;

(5) require that the home nurse visit be conducted by a registered nurse or an advanced practice nurse licensed in this State pursuant to Title 45 of the Revised Statutes;

(6) improve State outcomes in areas including maternal health, infant health and development, and parenting skills;

(7) be based on criteria established by the United States Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model;

(8) include an evidence-based evaluation of the physical, emotional, and social factors affecting a parent or parents and the parent's or parents' newborn infant, including, but not limited to, a health and wellness check of the newborn and an assessment of the physical and mental health of a person who has given birth;

(9) provide support services to the parent or parents of a newborn infant, including, but not limited to, breastfeeding education and assistance to a person who has recently given birth in recognizing the symptoms of, and coping with, perinatal mood disorder;

(10) coordinate with each hospital and birthing facility in the State to ensure that a person who has given birth is advised of the benefits of receiving a home nurse visit within two weeks after the birth of an infant, and to ensure that the program attempts to schedule a home nurse visit prior to the person's discharge from the hospital or facility;

(11) develop a method for providing parents, who elect to have a home birth, information about the program; and

(12) provide information on, and referrals to, services that address the specific needs of newborn infants and parents of a newborn infant, including linking a person who has given birth and the person's infant to a central intake agency for referrals to community resources, support services, community-based organizations or social service agency programs available to persons who have given birth and their infants, and medically necessary follow-up healthcare.

d. Nothing in this section shall be construed to require parents of a newborn infant to participate in the newborn home nurse visitation program.

e. The Department of Children and Families may contract with one or more third-party vendors or service providers to assist the department in administering the program established pursuant to this section, including hiring and staffing nurses and providing training on the home visiting model utilized by the program.

C.26:2H-160 Resource guide.

3. The Department of Children and Families, in consultation with the Department of Health, shall prepare a resource guide that provides information on the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) and the services available to pregnant persons, persons who have recently given birth, and the parent or parents of a newborn infant born in this State. The resource guide shall be distributed at the time parents of a newborn infant are informed of the newborn home nurse visitation program and of their right to schedule a home nurse visit.

C.26:2H-161 Collection, analysis of data.

4. a. The Department of Children and Families shall collect and analyze data about the newborn home nurse visitation program established pursuant to P.L.2021, c.187 (C.26:2H-158 et al.). The data shall be used to evaluate, measure, and improve the effectiveness of the program in achieving its purpose of supporting healthy child development and strengthening families.

b. The Department of Children and Families shall work with other State departments and agencies, health insurance carriers that offer health benefit plans in the State, hospitals and birthing facilities, local public health authorities, maternal child health consortia, early childhood home visitation programs, community-based organizations, and social service providers, to develop protocols concerning the timely sharing of data collected pursuant to subsection a. of this section, including the sharing of data with the primary care providers of parents participating in the newborn home nurse visitation program.

c. The Department of Children and Families may contract with a third-party vendor with expertise in the model utilized by the program to assist with the analysis and evaluation of data collected pursuant to this section. In the event of such a contract, the department shall facilitate the sharing of data with the third party, in accordance with State and federal law.

C.17:48-6ww Hospital service corporation contract to cover newborn home nurse visitation program.

5. a. No group or individual hospital service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed, or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, unless the contract provides benefits to any subscriber or other person covered thereunder for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The contract shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the contract does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition

of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

- (a) a value-based payment methodology;
- (b) an invoice claim process;
- (c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the hospital service corporation and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required pursuant to the contract for such services shall be waived.

c. Every hospital service corporation that is subject to the provisions of this section shall submit to the Department of Banking and Insurance, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be shared with the Department of Children and Families and used by that department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) A contract offered by a group or individual hospital service corporation that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) A contract offered by a group or individual hospital service corporation that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The provisions of this section shall apply to all contracts in which the hospital service corporation has reserved the right to change the premium.

C.17:48A-7tt Medical service corporation to cover newborn home nurse visitation.

6. a. No group or individual medical service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed, or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, unless the contract provides benefits to any subscriber or other person covered thereunder for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The contract shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the contract does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the medical service corporation and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required pursuant to the contract for services covered pursuant to subsection a. of this section shall be waived.

c. Every group or individual medical service corporation that is subject to the provisions of this section shall submit to the Department of Banking and Insurance, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be shared with the Department of Children and Families and used by that department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) A contract offered by a group or individual medical service corporation that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) A contract offered by a group or individual medical service corporation that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The provisions of this section shall apply to all contracts in which the group or individual medical service corporation has reserved the right to change the premium.

C.17:48E-35.47 Health service corporation to cover newborn home nurse visitations.

7. a. No group or individual health service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed, or renewed in this State or

approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, unless the contract provides benefits to any subscriber or other person covered thereunder for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The contract shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the contract does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the health service corporation and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required pursuant to the contract for such services shall be waived.

c. Every group or individual health service corporation that is subject to the provisions of this section shall submit to the Department of Banking and Insurance, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be shared with the Department of Children and Families and used by that department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) A contract offered by a group or individual health service corporation that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) A contract offered by a group or individual health service corporation that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The provisions of this section shall apply to all contracts in which the health service corporation has reserved the right to change the premium.

C.17B:26-2.1pp Individual policy to cover newborn home nurse visitation.

8. a. No individual health insurance policy providing hospital or medical expense benefits shall be delivered, issued, executed, or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, unless the policy provides benefits to any named insured or other person covered thereunder for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The policy shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the policy does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the insurer and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required pursuant to the policy for such services shall be waived.

c. An individual health insurance policy that is subject to the provisions of this section shall submit to the Department of Banking and Insurance, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be shared with the Department of Children and Families and used by that department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) An individual health insurance policy that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) An individual health insurance policy that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for

services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

C.17B:27-46.10 Group health insurance policy to cover newborn home care visitation.

9. a. No group health insurance policy providing hospital or medical expense benefits shall be delivered, issued, executed, or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, unless the policy provides benefits to any named insured or other person covered thereunder for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The policy shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the policy does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the insurer and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required pursuant to the policy for such services shall be waived.

c. Every insurer that is subject to the provisions of this section shall submit to the Department of Banking and Insurance, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be shared with the Department of Children and Families and used by that department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) A group health insurance policy that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the

lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) A group health insurance policy that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

C.17B:27A-7.30 Individual health benefits plan to cover newborn home nurse visitation.

10. a. Every individual health benefits plan that is delivered, issued, executed, or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this State, on or after the effective date of this act, shall provide benefits to any person covered thereunder for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The plan shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the plan does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the carrier and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required pursuant to the health benefits plan for such services shall be waived.

c. Every carrier that is subject to the provisions of this section shall submit to the Department of Banking and Insurance, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be shared with the Department of Children and Families and used by that department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) An individual health benefits plan that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) An individual health benefits plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The provisions of this section shall apply to all health benefit plans in which the carrier has reserved the right to change the premium.

C.17B:27A-19.34 Small employer health benefits plan to cover newborn home nurse visitation.

11. a. Every small employer health benefits plan that is delivered, issued, executed, or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal in this State, on or after the effective date of this act, shall provide benefits to any person covered thereunder for expenses for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The plan shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the plan does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the carrier and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required under the health benefits plan for such services shall be waived.

c. Every carrier that is subject to the provisions of this section shall submit to the Department of Banking and Insurance, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be shared with the Department of Children and Families and used by that department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) A small employer health benefits plan that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) A small employer health benefits plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The provisions of this section shall apply to all health benefit plans in which the carrier has reserved the right to change the premium.

C.26:2J-4.48 HMO to cover newborn home nurse visitation.

12. a. Notwithstanding any provision of law to the contrary, a certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Banking and Insurance on or after the effective date of this act unless the health maintenance organization provides health care services to any enrollee for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The benefits shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the plan does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the carrier and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required pursuant to the health benefits plan for such services shall be waived.

c. Every health maintenance organization that is subject to the provisions of this section shall submit to the Department of Banking and Insurance, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be shared with the Department of Children and Families and used by that department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) A contract offered by a health maintenance organization that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) A contract offered by a health maintenance organization that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The benefits shall be provided to the same extent as for any other medical condition under the contract.

C.30:4D-6r Medicaid to cover newborn home nurse visitation.

13. a. Notwithstanding any State law or regulation to the contrary, the Department of Human Services shall, contingent on maintaining or receiving necessary federal approvals, ensure that expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) shall be provided with no cost-sharing to eligible persons under the Medicaid program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.). The coverage provided under this section shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the plan does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the carrier and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required pursuant to the contract for services covered pursuant to subsection a. of this section shall be waived.

c. The Assistant Commissioner of Human Services shall submit to the Department of Children and Families, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be used by the department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. The benefits shall be provided to the same extent as for any other medical condition under the contract.

C.52:14-17.29gg SHBC to cover newborn home nurse visitation.

14. a. The State Health Benefits Commission shall provide benefits to each person covered under the State Health Benefits Program for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159). The benefits shall:

(1) provide coverage for the services provided by the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159);

(2) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant;

(3) ensure that the plan does not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(4) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program, including, but not limited to, utilizing:

(a) a value-based payment methodology;

(b) an invoice claim process;

(c) a capitated payment arrangement;

(d) a payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(e) any other payment arrangement agreed to by the carrier and an agency or organization providing services under the program.

b. Any copayment, coinsurance, or deductible that may be required under the contract for such services shall be waived.

c. The State Health Benefits Commission shall submit to the Department of Children and Families, in a form and manner prescribed by the department, a report on the claims submitted for services provided under the newborn home nurse visitation program.

The information contained in the report shall be used by the department to assess the newborn home nurse visitation program pursuant to subsection a. of section 4 of P.L.2021, c.187 (C.26:2H-161).

d. (1) Except as provided in paragraphs (2) and (3) of this subsection, the contract shall specify that no deductible, coinsurance, copayment, or any other cost-sharing requirement may be imposed on the coverage required pursuant to this section.

(2) A contract provided by the State Health Benefits Commission that qualifies as a high deductible health plan shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement

permitted for a high deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

(3) A contract provided by the State Health Benefits Commission that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall provide benefits for expenses incurred for services provided under the newborn home nurse visitation program established pursuant to section 2 of P.L.2021, c.187 (C.26:2H-159) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

e. The benefits shall be provided to the same extent as for any other medical condition under the contract.

C.26:2H-162 Rules, regulations.

15. a. The Departments of Banking and Insurance, Children and Families, and Human Services shall adopt rules and regulations as shall be necessary to implement the provisions of this act, which rules and regulations shall be effective immediately upon filing with the Office of Administrative Law for a period not to exceed 18 months and shall thereafter be adopted in accordance with the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.).

b. The Commissioner of Banking and Insurance, in consultation with the Commissioner of the Department of Children and Families, shall have the authority to permit carriers to use an in-network provider that meets the requirements of the program, or contract with a vendor or provider selected by the program, to provide home visitation.

16. The Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of section 13 of this act and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

17. There is appropriated from the General Fund to the Department of Children and Families the sum of \$2,750,000 for the purposes of implementing the provisions of this act.

18. This act shall take effect immediately.

Approved July 29, 2021.

SENATE, No. 690

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Senator M. TERESA RUIZ

District 29 (Essex)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Co-Sponsored by:

Senators Madden, Codey and Singer

SYNOPSIS

Provides that New Jersey residents have access to one cost-free postpartum home visit.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 3/9/2021)

1 AN ACT concerning postpartum home visits and supplementing
2 Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares:

8 a. The weeks following birth are a critical period for a woman
9 and her infant, setting the stage for long-term health and well-being;

10 b. During this period, a woman is adapting to multiple
11 physical, social, and psychological changes, while simultaneously
12 recovering from childbirth, adjusting to changing hormones, and
13 learning to feed and care for her newborn;

14 c. Like prenatal care, the postpartum health care visit that
15 typically occurs six weeks after childbirth is considered important
16 to a new mother's health; however, for many women, the six-week
17 postpartum visit punctuates a period devoid of formal or informal
18 maternal support;

19 d. Additionally, according to the American College of
20 Obstetricians and Gynecologists, as many as 40 percent of women
21 do not attend a postpartum visit in the United States;

22 e. During the time immediately following delivery, health care
23 providers are uniquely qualified to enable a woman to access the
24 clinical and social resources she needs to successfully navigate the
25 transition from pregnancy to parenthood;

26 f. Studies regarding the Durham Connects program, which
27 provides postpartum home visits by trained registered nurses to all
28 families in Durham County, North Carolina that have newborns
29 between the ages of two to 12 weeks old, have found that
30 participating families: experience reduced rates of clinical maternal
31 anxiety; have safer and more child-friendly home environments;
32 utilize higher quality child care; have better community
33 connections; exhibit safer and more responsible parenting
34 behaviors; have higher levels of father involvement; and experience
35 a significantly reduced rate of infant emergency medical care;

36 g. Research also indicates that postpartum education and care
37 lead to lower rates of maternal morbidity and mortality, as many of
38 the risk factors for post-delivery complications, such as
39 hemorrhaging or a pulmonary embolism, may not be identifiable
40 before a woman's discharge after birth;

41 h. Such data demonstrate the wide ranging benefits to women,
42 children, and families when a mother and infant receive support
43 from the medical community within days after delivering a child;
44 and

45 i. It is, therefore, in the public interest for the Legislature to
46 remove barriers regarding access to postpartum care and to establish
47 the infrastructure for New Jersey mothers to receive one cost-free

1 postpartum home visit in which a member of the medical community
2 provides the necessary physical, social, and emotional support critical
3 to recovery following childbirth.
4

5 2. a. Each hospital and birthing facility shall:

6 (1) schedule a postpartum home visit for each pregnant patient
7 who gives birth at the hospital or facility, following the birth of the
8 patient's infant and prior to the patient's discharge from the hospital
9 or facility. The postpartum home visit shall be scheduled for a date
10 that is within seven days of the patient's discharge; and

11 (2) provide one postpartum home visit for each pregnant patient
12 discharged from the hospital or facility following the birth of the
13 patient's infant, as scheduled by the hospital or facility pursuant to
14 paragraph (1) of subsection a. of this section.

15 b. A hospital or birthing facility shall waive the receipt of any
16 copayment, coinsurance, or deductible that may be required from a
17 patient, pursuant to the patient's contract with a third party payer,
18 for services provided pursuant to subsection a. of this section.

19 c. Notwithstanding any other law to the contrary, a hospital or
20 birthing facility shall not seek payment from a patient for services
21 provided pursuant to subsection a. of this section, including any
22 remaining balances following payment by an applicable third party
23 payer.

24 d. The provisions of this section shall not apply if the patient
25 objects to receiving a postpartum home visit for any reason.

26 e. As used in this section:

27 "Birthing facility" means an inpatient or ambulatory health care
28 facility licensed by the Department of Health that provides birthing
29 and newborn care services.

30 "Hospital" means an acute care hospital licensed by the
31 Department of Health pursuant to P.L.1971, c.136 (C.26:2H-
32 1 et al.)

33 "Postpartum home visit" means a home visit to a woman and
34 infant, within the first seven days following delivery, by a licensed
35 healthcare provider to ensure proper recovery from childbirth and
36 includes, but is not limited to: a weight and health check of the
37 newborn; an assessment of the physical wellness of the woman;
38 breastfeeding support; assistance identifying and coping with
39 postpartum depression or other behavioral health concerns; and any
40 referrals for medically necessary follow-up healthcare.

41

42 3. The Department of Health, pursuant to the "Administrative
43 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt
44 rules and regulations necessary to implement the
45 provisions of this act.

1 complications, such as hemorrhaging or a pulmonary embolism,
2 may not be identifiable before a woman's discharge after birth.

3 Such data demonstrate the wide ranging benefits to women,
4 children, and families when a mother and infant receive support
5 from the medical community within days after delivering a child. It
6 is, therefore, the sponsor's belief that is in the public interest for the
7 Legislature to remove barriers regarding access to postpartum care and
8 to establish the infrastructure for New Jersey residents to receive one
9 cost-free postpartum home visit in which a member of the medical
10 community provides the necessary physical, social, and emotional
11 support critical to recovery following childbirth.

12 Specifically, this bill requires each hospital and birthing facility
13 in the State to schedule a postpartum home visit, to take place
14 within seven days of the patient's discharge, for each pregnant
15 patient who gives birth at the hospital or facility, following the birth
16 of the patient's infant and prior to the patient's discharge from the
17 hospital or facility. The hospital or birthing facility must also
18 provide the scheduled postpartum home visit. Under the bill, a
19 hospital or birthing facility will not be required to schedule and
20 conduct a postpartum home visit if the patient objects to receiving
21 the visit for any reason

22 The bill includes two provisions to ensure that the services
23 provided are cost-free to the patient. First, under the bill, a hospital
24 or birthing facility is directed to waive the receipt of any
25 copayment, coinsurance, or deductible that may be required from a
26 patient, pursuant to the patient's contract with a third party payer,
27 for services provided pursuant to the bill. Second, a hospital or
28 birth facility is prohibited from seeking payment from a patient for
29 services provided pursuant to the bill, including any remaining
30 balances following payment by an applicable third party payer.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR
SENATE, No. 690

STATE OF NEW JERSEY

DATED: MARCH 9, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably a Senate committee substitute for Senate Bill No. 690.

This committee substitute provides that New Jersey residents have access to one cost-free postpartum home nurse visit.

Postpartum home nurse visits provide a person who has given birth with physical, social, and emotional support, can detect complications from birth that are not always apparent in the hours and days immediately following birth, and are associated with improvements in maternal, infant, and child health, child development, parenting skills, school readiness, and economic self-sufficiency.

Specifically, the committee substitute requires the Department of Children and Families (DCF) to establish a Statewide voluntary universal newborn home nurse visitation program to provide home visitation services to parents of a newborn infant.

The purpose of the program is to support healthy child development and strengthen families.

Under the provisions of the substitute, the DCF must:

(1) appoint an advisory group of stakeholders, which will consult, coordinate, and collaborate with the DCF on the development of the program. The substitute requires the advisory group to organize no later than 30 days following the enactment of the substitute, and include at least one representative of each of the following entities: an insurance carrier that offers health benefit plans in the State; a hospital; a birthing facility; a local public health authority; a maternal child health consortium; an early childhood home visitation program; a home health agency; a federally qualified health center; a community-based organization; and a social service agency;

(2) establish the newborn home nurse visitation program throughout the State within eight months after the effective date of the substitute;

(3) in consultation with the Departments of Banking and Insurance and Human Services, establish criteria for the coverage of services provided under the newborn home nurse visitation program by insurance carriers offering health benefits plans in the State; and

(4) ensure that the program meets the needs of the residents in the communities in which the program operates.

The substitute requires that the newborn home nurse visitation program:

(1) is voluntary and carries no negative consequences for parents with a newborn infant who decline to participate in the program when applying for other services available to pregnant persons, and when applying for services available to all parents of newborn infants;

(2) offer home nurse visitation services in every community in the State, and to all parents of a newborn infant residing in the community in which the program operates, including resource family parents, adoptive parents, and parents experiencing a stillbirth;

(3) includes one home nurse visit in a parent's home within two weeks after the birth of an infant;

(4) ensure that a home nurse visit be conducted by a licensed registered nurse or an advanced practice nurse;

(5) improve State outcomes in the areas of maternal health, infant health and development, and parenting skills;

(6) include an evidence-based evaluation of the physical, emotional, and social factors affecting a parent and the parent's newborn infant, including, but not limited to, a health and wellness check of the newborn and an assessment of the physical and mental health of a person who has given birth;

(7) provide support services to parents of a newborn infant, including, but not limited to, breastfeeding education and assistance to a person who has recently given birth in recognizing the symptoms of, and coping with, perinatal mood disorder;

(8) coordinate with each hospital and birthing facility in the State to ensure that a person who has given birth is advised of the benefits of receiving a home nurse visit within two weeks after the birth an infant, and to ensure that the hospital or birthing facility attempts to schedule a home nurse visit prior to the person's discharge from the hospital or facility; and

(9) provide information on, and referrals to, services that address the specific needs of parents of a newborn infant.

Under the provisions of the substitute, the DCF, in consultation with the DOH, is required to prepare a resource guide providing information on the newborn home nurse visitation program and the services available to pregnant persons, persons who have recently given birth, and parents of a newborn infant born in this State. The resource guide is to be distributed at the time parents of a newborn infant are informed of the newborn home nurse visitation program and of their right to schedule a home nurse visit.

The committee substitute requires the DCF to collect and analyze data about the newborn home nurse visitation program which must be used to evaluate and measure the effectiveness of the program in

achieving its purpose of supporting healthy child development and strengthening families.

The DCF must also work with other State departments and agencies, health insurance carriers that offer health benefit plans in the State, hospitals and birthing facilities, local public health authorities, maternal child health consortia, early childhood home visitation programs, community-based organizations, and social service providers, to develop protocols concerning the timely sharing of the data collected pursuant to the substitute, including the sharing of data with the primary care providers of parents participating in the newborn home nurse visitation program.

The substitute requires health insurers to cover the newborn home nurse visit and provides that the health benefits coverage requirements apply to: health, hospital, and medical service corporations; commercial, individual, and group health insurers; health maintenance organizations; and health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs. The substitute provides the requirements for coverage also apply to the State Health Benefits Program, which by law requires similar health benefits coverage under the School Employees' Health Benefits Program as well as the State Medicaid program.

The substitute requires that health insurers are to: (1) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant; (2) ensure that contracts or policies do not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; (3) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program; (4) waive the receipt of any copayment, coinsurance, or deductible that may be required for the home nurse visits and specify that any copayment, coinsurance, or deductible may not be imposed on the coverage required under the substitute; (5) submit a report to the DCF on the claims submitted for services provided under the newborn home nurse visitation program that must be used by the DCF to assess the newborn home nurse visitation program; and (6) and require that, when applicable, contracts or policies qualifying as a high deductible health plans provide benefits for expenses incurred for services provided under the newborn home nurse visitation program at the lowest deductible and other cost-sharing requirement permitted for high deductible health plans under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 690**

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 22, 2021

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 690 (SCS).

As amended, the committee substitute provides that New Jersey residents have access to one cost-free postpartum home nurse visit.

The committee substitute requires the Department of Children and Families (DCF) to establish a Statewide voluntary universal newborn home nurse visitation program to provide home visitation services to newborn infants and parents of a newborn infant.

Under the provisions of the amended substitute, the DCF will:

(1) appoint an advisory group of stakeholders, which will consult, coordinate, and collaborate with the DCF on the development of the program. The substitute requires the advisory group to organize no later than 30 days following the enactment of the substitute, and include at least one representative of each of the following entities: an insurance carrier that offers health benefit plans in the State; a hospital; a birthing facility; a local public health authority; a maternal child health consortium; an early childhood home visitation program; a home health agency; a federally qualified health center; a community-based organization; and a social service agency;

(2) have the authority to develop a plan for the managed rollout of the newborn home nurse visitation program throughout the State;

(3) in consultation with the Departments of Banking and Insurance and Human Services, establish criteria for the coverage of services provided under the newborn home nurse visitation program by insurance carriers offering health benefits plans in the State; and

(4) ensure that the program meets the needs of the residents in the communities in which the program operates.

The substitute requires that the newborn home nurse visitation program be operated in a culturally-competent manner and that the program:

(1) is voluntary and carries no negative consequences for parents with a newborn infant who decline to participate in the program when applying for other services available to pregnant persons, and when applying for services available to all parents of newborn infants;

(2) offers home nurse visitation services in every community in the State and to all newborn infants and parents of a newborn infant residing in the community in which the program operates, including resource family parents, adoptive parents, and parents experiencing a stillbirth;

(3) includes at least one home nurse visit in the participating newborn infant's home within two weeks after the birth of an infant;

(4) provides the opportunity for no more than two additional visits during the newborn infant's first three months of life, with such additional visits occurring based on the family's choice, as well as need and availability as determined by the program;

(5) ensures that a home nurse visit be conducted by a registered nurse or an advanced practice nurse licensed in this State;

(6) improves State outcomes in areas including maternal health, infant health and development, and parenting skills;

(7) is based on criteria established by the United States Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model;

(8) includes an evidence-based evaluation of the physical, emotional, and social factors affecting a parent or parents and the parent's or parents' newborn infant, including, but not limited to, a health and wellness check of the newborn and an assessment of the physical and mental health of a person who has given birth;

(9) provides support services to the parent or parents of a newborn infant, including, but not limited to, breastfeeding education and assistance to a person who has recently given birth in recognizing the symptoms of, and coping with, perinatal mood disorder;

(10) coordinates with each hospital and birthing facility in the State to ensure that a person who has given birth is advised of the benefits of receiving a home nurse visit within two weeks after the birth an infant, and to ensure that the program attempts to schedule a home nurse visit prior to the person's discharge from the hospital or facility; and

(11) develops a method for providing parents, who elect to have a home birth, information about the program; and

(12) provides information on, and referrals to, services that address the specific needs of newborn infants and parents of a newborn infant.

The DCF may contract with one or more third-party vendors or service providers to assist the department in administering the program, including hiring and staffing nurses and providing training on the home visiting model utilized by the program.

Under the provisions of the substitute, the DCF, in consultation with the DOH, is required to prepare a resource guide providing information on the newborn home nurse visitation program and the services available to pregnant persons, persons who have recently given birth, and parents of a newborn infant born in this State. The

resource guide is to be distributed at the time the parent or parents of a newborn infant are informed of the newborn home nurse visitation program and of their right to schedule a home nurse visit.

The committee substitute requires the DCF to collect and analyze data about the newborn home nurse visitation program, which will be used to evaluate, measure, and improve the effectiveness of the program in achieving its purpose of supporting healthy child development and strengthening families.

The DCF is required to also work with other State departments and agencies, health insurance carriers that offer health benefit plans in the State, hospitals and birthing facilities, local public health authorities, maternal child health consortia, early childhood home visitation programs, community-based organizations, and social service providers, to develop protocols concerning the timely sharing of the data collected pursuant to the substitute, including the sharing of data with the primary care providers of parents participating in the newborn home nurse visitation program.

The Department of Children and Families may contract with a third-party vendor with expertise in the model utilized by the program to assist with the analysis and evaluation of data collected pursuant to this section. In the event of such a contract, the department will facilitate the sharing of data with the third party, in accordance with State and federal law.

The substitute requires health insurers to cover the newborn home nurse visit and provides that the health benefits coverage requirements apply to: health, hospital, and medical service corporations; commercial, individual, and group health insurers; health maintenance organizations; and health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs. The requirements for coverage will also apply to the State Health Benefits Program, which by law requires similar health benefits coverage under the School Employees' Health Benefits Program, as well as to the State Medicaid program.

The substitute requires that health insurers are to: (1) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant; (2) ensure that contracts or policies do not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; (3) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program; (4) waive the receipt of any copayment, coinsurance, or deductible that may be required for the home nurse visits and specify that any copayment, coinsurance, or deductible may not be imposed on the coverage required under the substitute; (5)

submit a report to either the DOBI, which will share information contained in the report to the DCF, or DCF on the claims submitted for services provided under the newborn home nurse visitation program that will be used by the DCF to assess the newborn home nurse visitation program; and (6) and require that, when applicable, contracts or policies qualifying as a high deductible health plan or that meet the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, provide benefits for expenses incurred for services provided under the newborn home nurse visitation program at the lowest deductible and other cost-sharing requirement permitted under federal law for high deductible health plans or for catastrophic plans, as applicable.

The Commissioner of Banking and Insurance, in consultation with the Commissioner of the Department of Children and Families, will have the authority to permit carriers to use an in-network provider that meets the requirement of the program, or contract with a vendor or provider selected by the program, to provide home visitation services.

As amended, the substitute requires the Commissioner of Human Services to apply for any State plan amendments or waivers necessary to implement the provisions of the substitute and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

The substitute appropriates the sum of \$2,750,000 from the General Fund to the Department of Children and Families to implement the provisions of the substitute.

COMMITTEE AMENDMENTS:

The committee amendments make various changes to the language throughout the substitute to clarify that the newborn home nurse visitation program and the program's benefits and services are available for newborn infants and the parent or parents of a newborn.

The committee amendments remove language requiring DCF to establish the newborn home nurse visitation program throughout the State within eight months after the substitute's date of enactment, and instead, provide that the DCF will have the authority to develop a plan for the managed rollout of the program throughout the State.

The committee amendments revise the requirements of the newborn home nurse visitation program and provide that the program includes at least one home nurse visit in the participating newborn's home within two weeks after the infant's birth with an opportunity for no more than two additional visits during the newborn infant's first three months of life, depending on the family's choice, as well as need and availability as determined by the program. The amendments clarify that the home nurse visit is to be conducted by a registered nurse or advanced practice nurse licensed in this State. The amendments broaden the focus of the program in improving State outcomes. The amendments require the program to be based on criteria established by the United States Department of Health and

Human Services for an evidence-based early childhood home visiting service delivery model. The amendments require the program to attempt to schedule a home nurse visit prior to the person's discharge from the hospital or facility, as opposed to the hospital or birthing facility scheduling the visit. Additionally, the amendments require the program to develop a method for providing parents, who elect to have home births, information about the program. The amendments require the program to be operated in a culturally-competent manner.

The committee amendments provide that DCF may contract with one or more third-party vendors or service providers to assist the department in administering the program, including hiring and staffing nurses and providing training on the home visiting model utilized by the program.

The committee amendments provide that the data collected by the DCF about the program will also be used to improve the effectiveness of the program. The amendments also provide that DCF may contract with a third-party vendor with expertise in the model utilized by the program to assist with the analysis and evaluation of data collected pursuant to this section, sharing data with the third party in accordance with State and federal law.

The committee amendments revise the requirements for the various health benefits plan carriers that are subject to the provisions of the bill to provide that each carrier or organization will submit a report to DOBI, instead of DCF. The amendments provide that the information contained in those reports will be shared with DCF to be used by DCF to assess the newborn home nurse visitation program. The amendments require that any plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, to provide benefits for expenses incurred for services provided under the newborn home nurse visitation program at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.

The amendments provide that the Commissioner of Banking and Insurance, in consultation with the Commissioner of the Department of Children and Families, will have the authority to permit carriers to use an in-network provider that meets the requirements of the program, or contract with a vendor or provider selected by the program, to provide home visitation services.

The committee amendments remove a requirement for the Commissioner of Banking and Insurance to apply for any State plan amendments or waivers necessary to implement the provisions of the substitute. The amendments leave in place a requirement for the Commissioner of Human Services to apply for any State plan waivers and amendments as are necessary.

The committee amendments provide for an appropriation of \$2,750,000 from the General Fund to the DCF to implement the provisions of the substitute.

The committee amendments make various technical changes involving the way certain sections of the bill are numbered.

The committee amendments revise the title and synopsis of the substitute to reflect these changes.

FISCAL IMPACT:

The Office of Legislative Services concludes that the Division of Medical Assistance and Health Services in the Department of Human Services would realize an indeterminate increase in annual expenditures in order to provide one postpartum home visit, at no cost to the patient, for each New Jersey FamilyCare beneficiary who gives birth at a New Jersey hospital or birthing facility. The State currently covers home visitation services for certain low-income, first-time mothers and children up to age two years, pursuant to a Medicaid Section 1115 demonstration waiver; the existing program is operated under the purview of the Department of Children and Families. State revenues would additionally increase pursuant to this bill, since State expenditures for postpartum home visits to eligible NJ FamilyCare enrollees would be eligible for federal matching funds for State Medicaid expenditures.

University Hospital, an independent nonprofit legal entity that is an instrumentality of the State, may realize lower revenues to comply with the requirements under this bill, to the extent that the hospital is required to waive copayments, coinsurance, and deductibles for the postpartum home visits and is prohibited from billing maternity patients for any remaining balance, following payment by any third-party payer, for the required postpartum home visit.

The Department of Children and Families, moreover, would incur indeterminate costs in order to expand, in collaboration with the Departments of Banking and Insurance and Human Services and the State Health Benefits Commission, the department's Nurse-Family Partnership program to all parents of a newborn infant in every community in the State, including resource family parents, adoptive parents, and parents experiencing a stillbirth.

The Department of Children and Families would also realize increased expenditures in order to establish criteria for the coverage of services provided through the newborn home nurse visitation program by insurance carriers offering health benefits plans in the State, coordinate with State hospitals and birthing facilities to ensure that individuals who have given birth are informed about this benefit, and to prepare a resource guide, in consultation with the Department of Health, that provides information concerning the newborn home nurse visitation program and other services available to pregnant individuals and individuals who have recently given birth. The department would additionally realize increased costs to develop protocols concerning reporting and collecting data concerning outcomes from the home visitation program, and to analyze these data.

The School Employees Health Benefits Program (SEHBP) and the State Health Benefits Program (SHBP) would incur indeterminate costs in order to establish the home visitation program required under the bill. Currently, the SEHBP and SHBP do not provide postpartum home nursing visits as prescribed by the bill. Costs to the SEHBP and SHBP would be driven by the number of participants who would sign up for a postpartum home nursing visit, the cost of a home nursing visit provided by a licensed registered nurse or advanced practice nurse, as well as the cost of any equipment or supplies required to provide necessary services.

LEGISLATIVE FISCAL ESTIMATE
 [First Reprint]
 SENATE COMMITTEE SUBSTITUTE FOR
SENATE, No. 690
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: JUNE 29, 2021

SUMMARY

- Synopsis:** Establishes Statewide universal newborn home nurse visitation program in DCF; appropriates \$2.75 million.
- Type of Impact:** Annual State expenditure and revenue increases.
- Agencies Affected:** Department of Banking and Insurance, Department of Children and Families, Department of Human Services, Department of the Treasury

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that the Department of Human Services would realize an indeterminate increase in annual expenditures in order to provide between one and three postpartum home visits by a licensed registered nurse or advanced practice nurse, at no cost to the patient, for each New Jersey FamilyCare beneficiary who gives birth at a New Jersey hospital or birthing facility. State revenues would additionally increase pursuant to this bill, since State expenditures for postpartum home visits to eligible NJ FamilyCare enrollees would be eligible for federal matching funds for State Medicaid expenditures.
- Pursuant to the bill, the Department of Children and Families (DCF) is appropriated \$2.75 million to meet the requirements, established under the bill, concerning the expansion of the DCF’s current home visitation program to all parents of a newborn infant in every community of the State, including resource family parents, adoptive parents, and parents experiencing a stillbirth. This appropriation would also cover costs incurred by the DCF to inform expectant and new parents about the program’s benefits, collect and analyze data reported through the program, and conduct an outcomes assessment to improve the efficacy of the program.

- The School Employees Health Benefits Program (SEHBP) and the State Health Benefits Program (SHBP) would incur indeterminate costs in order to establish the home visitation program required under the bill. Currently the SEHBP and SHBP do not provide postpartum home nursing visits as prescribed by the bill.

BILL DESCRIPTION

The bill requires the Department of Children and Families (DCF) to establish a Statewide voluntary, universal newborn home nurse visitation program that provides home visitation services to newborn infants and parents of a newborn infant.

Under the provisions of the bill, the DCF will:

(1) appoint an advisory group of stakeholders, which will consult, coordinate, and collaborate with the DCF on the development of the program.

(2) have the authority to develop a plan for the managed rollout of the newborn home nurse visitation program throughout the State;

(3) in consultation with the Departments of Banking and Insurance and Human Services, establish criteria for the coverage of services provided under the newborn home nurse visitation program by insurance carriers offering health benefits plans in the State; and

(4) ensure that the program meets the needs of the residents in the communities in which the program operates.

The bill additionally requires that the newborn home nurse visitation program be operated in a culturally-competent manner and that the program:

(1) is voluntary and carries no negative consequences for parents with a newborn infant who decline to participate in the program when applying for other services available to pregnant persons, and when applying for services available to all parents of newborn infants;

(2) offers home nurse visitation services in every community in the State and to all newborn infants and parents of a newborn infant residing in the community in which the program operates, including resource family parents, adoptive parents, and parents experiencing a stillbirth;

(3) includes at least one home nurse visit in the participating newborn infant's home within two weeks after the birth of an infant;

(4) provides the opportunity for no more than two additional visits during the newborn infant's first three months of life, with such additional visits occurring based on the family's choice, as well as need and availability as determined by the program;

(5) ensures that a home nurse visit be conducted by a registered nurse or an advanced practice nurse licensed in this State;

(6) improves State outcomes in areas including maternal health, infant health and development, and parenting skills;

(7) is based on criteria established by the United States Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model;

(8) includes an evidence-based evaluation of the physical, emotional, and social factors affecting a parent or parents and the parent's or parents' newborn infant, including, but not limited to, a health and wellness check of the newborn and an assessment of the physical and mental health of a person who has given birth;

(9) provides support services to the parent or parents of a newborn infant, including, but not limited to, breastfeeding education and assistance to a person who has recently given birth in recognizing the symptoms of, and coping with, perinatal mood disorder;

(10) coordinates with each hospital and birthing facility in the State to ensure that a person who has given birth is advised of the benefits of receiving a home nurse visit within two weeks

after the birth an infant, and to ensure that the program attempts to schedule a home nurse visit prior to the person's discharge from the hospital or facility; and

(11) develops a method for providing parents, who elect to have a home birth, information about the program; and

(12) provides information on, and referrals to, services that address the specific needs of newborn infants and parents of a newborn infant.

The DCF may contract with one or more third-party vendors or service providers to assist the department in administering the program, including hiring and staffing nurses and providing training on the home visiting model utilized by the program.

Under the provisions of the bill, the DCF, in consultation with the Department of Health, is required to prepare a resource guide providing information on the newborn home nurse visitation program and the services available to pregnant persons, persons who have recently given birth, and parents of a newborn infant born in this State. The resource guide is to be distributed at the time the parent or parents of a newborn infant are informed of the newborn home nurse visitation program and of their right to schedule a home nurse visit.

The bill further requires the DCF to collect and analyze data about the newborn home nurse visitation program, which will be used to evaluate, measure, and improve the effectiveness of the program in achieving its purpose of supporting healthy child development and strengthening families.

Pursuant to the bill, the DCF may contract with a third-party vendor with expertise in the model utilized by the program to assist with the analysis and evaluation of data collected pursuant to this section. In the event of such a contract, the department will facilitate the sharing of data with the third party, in accordance with State and federal law.

The bill requires health insurers to cover the newborn home nurse visit and provides that the health benefits coverage requirements apply to: health, hospital, and medical service corporations; commercial, individual, and group health insurers; health maintenance organizations; and health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs. The requirements for coverage will also apply to the State Health Benefits Program, which by law requires similar health benefits coverage under the School Employees' Health Benefits Program, as well as to the State Medicaid program.

The bill requires that health insurers are to: (1) notify a covered person of the services provided by the newborn home nurse visitation program; (2) ensure that contracts or policies do not contain any provision that requires a covered person to receive the services provided by the program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; (3) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program; (4) waive the receipt of any copayment, coinsurance, or deductible that may be required for the home nurse visits and specify that any copayment, coinsurance, or deductible may not be imposed on the coverage required under the bill; (5) submit a report to either the DOBI, which will share information contained in the report to the DCF, or on the claims submitted for services provided under the program that will be used by the DCF to assess the newborn home nurse visitation program; and (6) and require that, when applicable, contracts or policies qualifying as a high deductible health plan or that meet the requirements of a catastrophic plan provide benefits for expenses incurred for services provided under the newborn home nurse visitation program at the lowest deductible and other cost-sharing requirement permitted under federal law for high deductible health plans or for catastrophic plans, as applicable.

The Commissioner of Banking and Insurance, in consultation with the Commissioner of the Department of Children and Families, will have the authority to permit carriers to use an in-

network provider that meets the requirement of the program, or contract with a vendor or provider selected by the program, to provide home visitation services.

The bill additionally requires the Commissioner of Human Services to apply for any State plan amendments or waivers necessary to implement the provisions of the bill and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

The bill appropriates \$2.75 million from the General Fund to the DCF to implement the provisions therein.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the Division of Medical Assistance and Health Services in the Department of Human Services would realize an indeterminate increase in annual expenditures in order to provide between one and three postpartum home visits, at no cost to the patient, for each New Jersey FamilyCare beneficiary who gives birth at a New Jersey hospital or birthing facility. The State currently covers home visitation services for certain low-income, first-time mothers and children up to age two years, pursuant to a Medicaid Section 1115 demonstration waiver; the existing initiative, called the Nurse-Family Partnership program, is operated under the purview of the DCF. State revenues would additionally increase pursuant to this bill, since State expenditures for postpartum home visits to eligible NJ FamilyCare enrollees would be eligible for federal matching funds for State Medicaid expenditures.

New Jersey's Home Visitation Program encompasses three separate programs: the Healthy Families, the Parents as Teachers, and the Nurse-Family Partnership programs. However, only the Nurse-Family Partnership program, which supports first time, low-income women and children up to age two years, offers postpartum health care services to new mothers and infants. In response to an FY 2022 OLS Discussion Point, the DCF reported that the State's three Home Visitation Programs served nearly 6,250 families in 2020, at a projected cost of \$16 million, or \$2,560 per family.

Incremental costs to the New Jersey FamilyCare program to provide between one and three postpartum home visits for eligible parents who currently do not receive this service through the Nurse-Family Partnership program will depend upon the number of additional parents who would qualify for this benefit under the bill. According to the United States National Center for Health Statistics, there were 99,549 births to New Jersey residents in 2019. Moreover, approximately 40 percent of all births in New Jersey are covered by the Medicaid program. Based on these data, the NJ FamilyCare program would be required to provide additional postpartum home visits to over 39,000 eligible families in FY 2022.

The bill appropriates \$2.75 million to the DCF to carry out the administrative, programmatic, communications, and analytical duties assigned to the department therein. The DCF is responsible, in collaboration with the Departments of Banking and Insurance and Human Services and the State Health Benefits Commission, for expanding the existing Nurse-Family Partnership program to all parents of a newborn infant in every community in the State, including resource family parents, adoptive parents, and parents experiencing a stillbirth.

Moreover, the DCF is tasked with: establishing criteria for the coverage of services provided through the newborn home nurse visitation program by insurance carriers offering health benefits plans in the State; coordinating with State hospitals and birthing facilities to ensure that individuals who have given birth are informed about this benefit; preparing a resource guide, in consultation with the Department of Health, that provides information concerning the newborn home nurse visitation program and other services available to pregnant individuals and individuals who have recently given birth; collecting and analyzing outcomes data reported through the program; and using these data to improve the efficacy of the program's services. Pursuant to the bill, the DCF is permitted to contract with third party vendors, as needed, to assist with hiring, staffing, and training the licensed registered nurses and advanced practice nurses who conduct the home visits under the program. The DCF is also authorized to contract with a third party vendor with expertise in the model used in the program to assist with the data analysis and evaluation, as required under the bill. Given the broad duties assigned to the DCF under the bill, it is not known if the \$2.75 million appropriation will be sufficient meet the department's expenses. Therefore, supplemental funding from the General Fund may be necessary in order for the DCF to meet the requirements established pursuant to the bill.

The SEHBP and the SHBP would incur indeterminate costs in order to establish the home visitation program required under the bill. Currently, the SEHBP and SHBP do not provide postpartum home nursing visits as prescribed by the bill. Costs to the SEHBP and SHBP would be driven by the number of participants who would sign up for postpartum home nursing visits, the cost of home nursing visits provided by a licensed registered nurse or advanced practice nurse, as well as the cost of any equipment or supplies required to provide necessary services.

Section: Human Services
Analyst: Anne Cappabianca
Associate Fiscal Analyst
Approved: Thomas Koenig
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

ASSEMBLY, No. 4530

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED AUGUST 13, 2020

Sponsored by:

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman JOHN ARMATO

District 2 (Atlantic)

Co-Sponsored by:

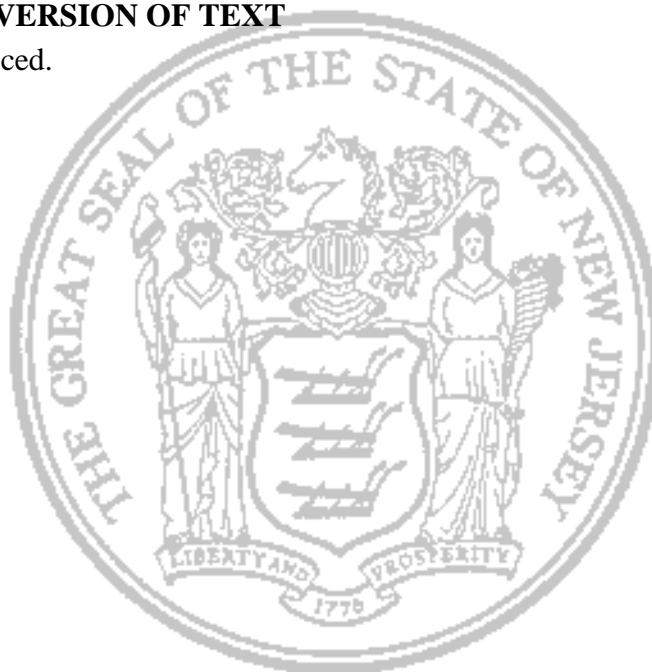
**Assemblywomen Jasey, Timberlake, Chaparro, Assemblyman Stanley,
Assemblywoman Swain and Assemblyman Tully**

SYNOPSIS

Provides that New Jersey residents have access to one cost-free postpartum home visit.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/21/2021)

1 AN ACT concerning postpartum home visits and supplementing Title
2 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares:

8 a. The weeks following birth are a critical period for a woman
9 and her infant, setting the stage for long-term health and well-being;

10 b. During this period, a woman is adapting to multiple
11 physical, social, and psychological changes, while simultaneously
12 recovering from childbirth, adjusting to changing hormones, and
13 learning to feed and care for her newborn;

14 c. Like prenatal care, the postpartum health care visit that
15 typically occurs six weeks after childbirth is considered important
16 to a new mother's health; however, for many women, the six-week
17 postpartum visit punctuates a period devoid of formal or informal
18 maternal support;

19 d. Additionally, according to the American College of
20 Obstetricians and Gynecologists, as many as 40 percent of women
21 do not attend a postpartum visit in the United States;

22 e. During the time immediately following delivery, health care
23 providers are uniquely qualified to enable a woman to access the
24 clinical and social resources she needs to successfully navigate the
25 transition from pregnancy to parenthood;

26 f. Studies regarding the Durham Connects program, which
27 provides postpartum home visits by trained registered nurses to all
28 families in Durham County, North Carolina that have newborns
29 between the ages of two to 12 weeks old, have found that
30 participating families: experience reduced rates of clinical maternal
31 anxiety; have safer and more child-friendly home environments;
32 utilize higher quality child care; have better community
33 connections; exhibit safer and more responsible parenting
34 behaviors; have higher levels of father involvement; and experience
35 a significantly reduced rate of infant emergency medical care;

36 g. Research also indicates that postpartum education and care
37 lead to lower rates of maternal morbidity and mortality, as many of
38 the risk factors for post-delivery complications, such as
39 hemorrhaging or a pulmonary embolism, may not be identifiable
40 before a woman's discharge after birth;

41 h. Such data demonstrate the wide ranging benefits to women,
42 children, and families when a mother and infant receive support
43 from the medical community within days after delivering a child;
44 and

45 i. It is, therefore, in the public interest for the Legislature to
46 remove barriers regarding access to postpartum care and to establish

1 the infrastructure for New Jersey mothers to receive one cost-free
2 postpartum home visit in which a member of the medical community
3 provides the necessary physical, social, and emotional support critical
4 to recovery following childbirth.

5

6 2. a. Each hospital and birthing facility shall:

7 (1) schedule a postpartum home visit for each pregnant patient
8 who gives birth at the hospital or facility, following the birth of the
9 patient's infant and prior to the patient's discharge from the hospital
10 or facility. The postpartum home visit shall be scheduled for a date
11 that is within seven days of the patient's discharge; and

12 (2) provide one postpartum home visit for each pregnant patient
13 discharged from the hospital or facility following the birth of the
14 patient's infant, as scheduled by the hospital or facility pursuant to
15 paragraph (1) of subsection a. of this section.

16 b. A hospital or birthing facility shall waive the receipt of any
17 copayment, coinsurance, or deductible that may be required from a
18 patient, pursuant to the patient's contract with a third party payer,
19 for services provided pursuant to subsection a. of this section.

20 c. Notwithstanding any other law to the contrary, a hospital or
21 birthing facility shall not seek payment from a patient for services
22 provided pursuant to subsection a. of this section, including any
23 remaining balances following payment by an applicable third party
24 payer.

25 d. The provisions of this section shall not apply if the patient
26 objects to receiving a postpartum home visit for any reason.

27 e. As used in this section:

28 "Birthing facility" means an inpatient or ambulatory health care
29 facility licensed by the Department of Health that provides birthing
30 and newborn care services.

31 "Hospital" means an acute care hospital licensed by the
32 Department of Health pursuant to P.L.1971, c.136 (C.26:2H-
33 1 et al.)

34 "Postpartum home visit" means a home visit to a woman and
35 infant, within the first seven days following delivery, by a licensed
36 healthcare provider to ensure proper recovery from childbirth and
37 includes, but is not limited to: a weight and health check of the
38 newborn; an assessment of the physical wellness of the woman;
39 breastfeeding support; assistance identifying and coping with
40 postpartum depression or other behavioral health concerns; and any
41 referrals for medically necessary follow-up healthcare.

42

43 3. The Department of Health, pursuant to the "Administrative
44 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt
45 rules and regulations necessary to implement the provisions of this
46 act.

1 4. This act shall take effect on the first day of the fourth month
2 next following the date of enactment, but the Commissioner of
3 Health may take such anticipatory administrative action in advance
4 thereof as may be necessary for the implementation of this act.

5

6

7

STATEMENT

8

9 This bill provides that New Jersey residents have access to one
10 cost-free postpartum home visit. As defined in the bill, a
11 “postpartum home visit” means a home visit to a woman and infant,
12 within the first seven days following delivery, by a licensed
13 healthcare provider to ensure proper recovery from childbirth and
14 includes, but is not limited to: a weight and health check of the
15 newborn; an assessment of the physical wellness of the woman;
16 breastfeeding support; assistance identifying and coping with
17 postpartum depression or other behavioral health concerns; and any
18 referrals for medically necessary follow-up healthcare.

19 The weeks following birth are a critical period for a woman and
20 her infant, setting the stage for long-term health and well-being.
21 During this period, a woman is adapting to multiple physical,
22 social, and psychological changes, while simultaneously recovering
23 from childbirth, adjusting to changing hormones, and learning to
24 feed and care for her newborn. Like prenatal care, the postpartum
25 health care visit that typically occurs six weeks after childbirth is
26 considered important to a new mother's health; however, for many
27 women, the six-week postpartum visit punctuates a period devoid of
28 formal or informal maternal support. Additionally, according to the
29 American College of Obstetricians and Gynecologists, as many as
30 40 percent of women do not attend a postpartum visit in the United
31 States.

32 During the time immediately following delivery, health care
33 providers are uniquely qualified to enable a woman to access the
34 clinical and social resources she needs to successfully navigate the
35 transition from pregnancy to parenthood. Studies regarding the
36 Durham Connects program, which provides postpartum home visits by
37 trained registered nurses to all families in Durham County, North
38 Carolina that have newborns between the ages of two to 12 weeks old,
39 have found that participating families: experience reduced rates
40 reduced rates of clinical maternal anxiety; have safer and more
41 child-friendly home environments; utilize higher quality child care;
42 have better community connections; exhibit safer and more
43 responsible parenting behaviors; have higher levels of father
44 involvement; and experience a significantly reduced rate of infant
45 emergency medical care. Research also indicates that postpartum
46 education and care lead to lower rates of maternal morbidity and

1 mortality, as many of the risk factors for post-delivery
2 complications, such as hemorrhaging or a pulmonary embolism,
3 may not be identifiable before a woman's discharge after birth.

4 Such data demonstrate the wide ranging benefits to women,
5 children, and families when a mother and infant receive support
6 from the medical community within days after delivering a child. It
7 is, therefore, the sponsor's belief that is in the public interest for the
8 Legislature to remove barriers regarding access to postpartum care and
9 to establish the infrastructure for New Jersey residents to receive one
10 cost-free postpartum home visit in which a member of the medical
11 community provides the necessary physical, social, and emotional
12 support critical to recovery following childbirth.

13 Specifically, this bill requires each hospital and birthing facility
14 in the State to schedule a postpartum home visit, to take place
15 within seven days of the patient's discharge, for each pregnant
16 patient who gives birth at the hospital or facility, following the birth
17 of the patient's infant and prior to the patient's discharge from the
18 hospital or facility. The hospital or birthing facility must also
19 provide the scheduled postpartum home visit. Under the bill, a
20 hospital or birthing facility will not be required to schedule and
21 conduct a postpartum home visit if the patient objects to receiving
22 the visit for any reason

23 The bill includes two provisions to ensure that the services
24 provided are cost-free to the patient. First, under the bill, a hospital
25 or birthing facility is directed to waive the receipt of any
26 copayment, coinsurance, or deductible that may be required from a
27 patient, pursuant to the patient's contract with a third party payer,
28 for services provided pursuant to the bill. Second, a hospital or
29 birth facility is prohibited from seeking payment from a patient for
30 services provided pursuant to the bill, including any remaining
31 balances following payment by an applicable third party payer.

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 4530

STATE OF NEW JERSEY

DATED: JUNE 22, 2021

The Assembly Budget Committee reports favorably an Assembly committee substitute for Assembly Bill No. 4530.

The committee substitute provides that New Jersey residents have access to one cost-free postpartum home nurse visit.

Postpartum home nurse visits provide a person who has given birth with physical, social, and emotional support, can detect complications from birth that are not always apparent in the hours and days immediately following birth, and are associated with improvements in maternal, infant, and child health, child development, parenting skills, school readiness, and economic self-sufficiency.

The committee substitute requires the Department of Children and Families (DCF) to establish a Statewide voluntary universal newborn home nurse visitation program to provide home visitation services to newborn infants and parents of a newborn infant.

The stated purpose of the program will be to support healthy child development and strengthen families.

Under the provisions of the substitute, the DCF will:

(1) appoint an advisory group of stakeholders, which will consult, coordinate, and collaborate with the DCF on the development of the program. The substitute requires the advisory group to organize no later than 30 days following the enactment of the substitute, and include at least one representative of each of the following entities: an insurance carrier that offers health benefit plans in the State; a hospital; a birthing facility; a local public health authority; a maternal child health consortium; an early childhood home visitation program; a home health agency; a federally qualified health center; a community-based organization; and a social service agency;

(2) have the authority to develop a plan for the managed rollout of the newborn home nurse visitation program throughout the State;

(3) in consultation with the Departments of Banking and Insurance and Human Services, establish criteria for the coverage of services provided under the newborn home nurse visitation program by insurance carriers offering health benefits plans in the State; and

(4) ensure that the program meets the needs of the residents in the communities in which the program operates.

The substitute requires that the newborn home nurse visitation program be operated in a culturally-competent manner and that the program:

(1) is voluntary and carries no negative consequences for parents with a newborn infant who decline to participate in the program when applying for other services available to pregnant persons, and when applying for services available to all parents of newborn infants;

(2) offers home nurse visitation services in every community in the State and to all newborn infants and parents of a newborn infant residing in the community in which the program operates, including resource family parents, adoptive parents, and parents experiencing a stillbirth;

(3) includes at least one home nurse visit in the participating newborn infant's home within two weeks after the birth of an infant;

(4) provides the opportunity for no more than two additional visits during the newborn infant's first three months of life, with such additional visits occurring based on the family's choice, as well as need and availability as determined by the program;

(5) ensures that a home nurse visit be conducted by a registered nurse or an advanced practice nurse licensed in this State;

(6) improves State outcomes in areas including maternal health, infant health and development, and parenting skills;

(7) is based on criteria established by the United States Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model;

(8) includes an evidence-based evaluation of the physical, emotional, and social factors affecting a parent or parents and the parent's or parents' newborn infant, including, but not limited to, a health and wellness check of the newborn and an assessment of the physical and mental health of a person who has given birth;

(9) provides support services to the parent or parents of a newborn infant, including, but not limited to, breastfeeding education and assistance to a person who has recently given birth in recognizing the symptoms of, and coping with, perinatal mood disorder;

(10) coordinates with each hospital and birthing facility in the State to ensure that a person who has given birth is advised of the benefits of receiving a home nurse visit within two weeks after the birth an infant, and to ensure that the program attempts to schedule a home nurse visit prior to the person's discharge from the hospital or facility; and

(11) develops a method for providing parents, who elect to have a home birth, information about the program; and

(12) provides information on, and referrals to, services that address the specific needs of newborn infants and parents of a newborn infant.

The DCF may contract with one or more third-party vendors or service providers to assist the department in administering the

program, including hiring and staffing nurses and providing training on the home visiting model utilized by the program.

Under the provisions of the substitute, the DCF, in consultation with the DOH, is required to prepare a resource guide providing information on the newborn home nurse visitation program and the services available to pregnant persons, persons who have recently given birth, and parents of a newborn infant born in this State. The resource guide is to be distributed at the time the parent or parents of a newborn infant are informed of the newborn home nurse visitation program and of their right to schedule a home nurse visit.

The committee substitute requires the DCF to collect and analyze data about the newborn home nurse visitation program, which will be used to evaluate, measure, and improve the effectiveness of the program in achieving its purpose of supporting healthy child development and strengthening families.

The DCF is required to also work with other State departments and agencies, health insurance carriers that offer health benefit plans in the State, hospitals and birthing facilities, local public health authorities, maternal child health consortia, early childhood home visitation programs, community-based organizations, and social service providers, to develop protocols concerning the timely sharing of the data collected pursuant to the substitute, including the sharing of data with the primary care providers of parents participating in the newborn home nurse visitation program.

The Department of Children and Families may contract with a third-party vendor with expertise in the model utilized by the program to assist with the analysis and evaluation of data collected pursuant to this section. In the event of such a contract, the department will facilitate the sharing of data with the third party, in accordance with State and federal law.

The substitute requires health insurers to cover the newborn home nurse visit and provides that the health benefits coverage requirements apply to: health, hospital, and medical service corporations; commercial, individual, and group health insurers; health maintenance organizations; and health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs. The requirements for coverage will also apply to the State Health Benefits Program, which by law requires similar health benefits coverage under the School Employees' Health Benefits Program, as well as to the State Medicaid program.

The substitute requires that health insurers are to: (1) notify a covered person of the services provided by the newborn home nurse visitation program, upon application by the covered person for coverage of a newborn infant; (2) ensure that contracts or policies do not contain any provision that requires a covered person to receive the services provided by the newborn home nurse visitation program as a condition of coverage, or that denies or limits benefits to the covered

person if that person declines the services provided under the program; (3) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program; (4) waive the receipt of any copayment, coinsurance, or deductible that may be required for the home nurse visits and specify that any copayment, coinsurance, or deductible may not be imposed on the coverage required under the substitute; (5) submit a report to either the DOBI, which will share information contained in the report to the DCF, or DCF on the claims submitted for services provided under the newborn home nurse visitation program that will be used by the DCF to assess the newborn home nurse visitation program; and (6) and require that, when applicable, contracts or policies qualifying as a high deductible health plan provide benefits for expenses incurred for services provided under the newborn home nurse visitation program at the lowest deductible and other cost-sharing requirement permitted for high deductible health plans under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223) and catastrophic plans, as defined in 45 C.F.R. s.156.155.

The Commissioner of Banking and Insurance, in consultation with the Commissioner of the Department of Children and Families, will have the authority to permit carriers to use an in-network provider that meets the requirement of the program, or contract with a vendor or provider selected by the program, to provide home visitation services.

The substitute requires the Commissioner of Human Services to apply for any State plan amendments or waivers necessary to implement the provisions of the substitute and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

The substitute appropriates the sum of \$2,750,000 from the General Fund to DCF to implement the provisions of the substitute.

FISCAL IMPACT:

Fiscal information for this bill is currently unavailable.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 4530
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: JUNE 24, 2021

SUMMARY

Synopsis: Provides that New Jersey residents have access to one cost-free postpartum home visit.

Type of Impact: Annual State expenditure and revenue increases; potential annual revenue loss to University Hospital

Agencies Affected: Division of Medical Assistance and Health Services, Department of Human Services; Department of Health; University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate
Potential University Hospital Revenue Loss	Indeterminate

- The Office of Legislative Services (OLS) concludes that the Division of Medical Assistance and Health Services (DMAHS) in the Department of Human Services would realize an indeterminate increase in annual expenditures in order to provide one postpartum home visit, at no cost to the patient, for each New Jersey FamilyCare beneficiary who gives birth at a New Jersey hospital or birthing facility. The State currently covers home visitation services for certain low-income, first-time mothers and children up to age two years, pursuant to a Medicaid Section 1115 demonstration waiver; this program is operated under the purview of the Department of Children and Families (DCF).
- State revenues would additionally increase pursuant to this bill, since State expenditures for postpartum home visits to eligible NJ FamilyCare enrollees will be eligible for federal matching funds for State Medicaid expenditures. Typically, the federal government provides 50 percent of the funding for State Medicaid expenditures; however, due to the coronavirus 2019 (COVID-19) pandemic, the federal government is providing a 6.2 percent enhanced Medicaid matching rate through the end of 2021.
- University Hospital, an independent nonprofit legal entity that is an instrumentality of the State, may realize lower revenues to comply with the requirements under this bill, to the extent

that the hospital is required to waive copayments, coinsurance, and deductibles for the postpartum home visits and is prohibited from billing maternity patients for any remaining balance, following payment by any third-party payer, for the required postpartum home visit.

BILL DESCRIPTION

This bill requires each hospital and birthing facility in the State to schedule a postpartum home visit, to take place within seven days of the patient's discharge, for each pregnant patient who gives birth at the hospital or facility, following the birth of the patient's infant and prior to the patient's discharge from the hospital or facility. The hospital or birthing facility must also provide the scheduled postpartum home visit. As defined in the bill, a "postpartum home visit" means a home visit to a woman and infant, within the first seven days following delivery, by a licensed healthcare provider to ensure proper recovery from childbirth and includes, but is not limited to: a weight and health check of the newborn; an assessment of the physical wellness of the woman; breastfeeding support; assistance identifying and coping with postpartum depression; and any referrals for medically necessary follow-up healthcare.

The bill includes two provisions to ensure that the services provided are cost-free to the patient. First, under the bill, a hospital or birthing facility is directed to waive the receipt of any copayment, coinsurance, or deductible that may be required from a patient, pursuant to the patient's contract with a third party payer, for services provided pursuant to the bill. Second, a hospital or birth facility is prohibited from seeking payment from a patient for services provided pursuant to the bill, including any remaining balances following payment by an applicable third party payer.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the Division of Medical Assistance and Health Services will incur additional costs to comply with the bill's requirement that hospitals and birthing centers in the State schedule and provide a postpartum home visit, to take place within seven days of the patient's discharge, for each pregnant patient who gives birth at the hospital or facility. Currently, under the State's Medicaid Section 1115 demonstration waiver, the Department of Children and Families provides postpartum home visits for low-income, at-risk women and young children through the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, which is administered by the Health Resources and Services Administration at the federal level. In 2019, the federal government approved the DCF's Home Visitation Program for federal financial participation for State Medicaid expenditures.

New Jersey's Home Visitation Program encompasses three separate programs: the Healthy Families, the Parents as Teachers, and the Nurse-Family Partnership programs. However, only the Nurse-Family Partnership program, which supports first time, low-income women and children up to age two years, offers postpartum health care services to new mothers and infants. In its response to an FY 2022 OLS Discussion Point, the Department of Children and Families reported

that the State's three Home Visitation Programs served nearly 6,250 families in 2020, at a projected cost of \$16 million, or \$2,560 per family. Because the OLS lacks information concerning the total number of prenatal and postpartum home visits provided to each mother and child under the Home Visitation Program, the cost per postpartum home visit cannot be estimated at this time.

Incremental costs to the New Jersey FamilyCare program to provide one postpartum home visit for eligible women who currently do not receive this service through the Nurse-Family Partnership program will depend upon the number of additional women who would qualify for this benefit under the bill. According to the United States National Center for Health Statistics, there were 99,549 births to New Jersey residents in 2019. Moreover, approximately 40 percent of all births in New Jersey are covered by the Medicaid program. Based on these data, the NJ FamilyCare program would be required to provide one postpartum home visit to over 33,500 eligible women in FY 2022. Because 95 percent of NJ FamilyCare beneficiaries are enrolled with a Medicaid managed care organization (MCO), which provides a comprehensive health services package, in exchange for a monthly capitation payment from the DMAHS, the OLS lacks access to Medicaid MCO payment rates for postpartum home visits.

Any additional costs incurred by the NJ FamilyCare under the bill would be eligible for federal financial participation for State Medicaid expenditures, thereby increasing State revenues.

University Hospital, an independent nonprofit legal entity that is an instrumentality of the State, may realize lower revenues to comply with the requirements under this bill, to the extent that the hospital is required to waive copayments, coinsurance, and deductibles for the postpartum home visits and is prohibited from billing maternity patients for any remaining balance, following payment by any third-party payer, for the required postpartum home visit.

Section: Human Services
Analyst: Anne Cappabianca
Associate Fiscal Analyst
Approved: Thomas Koenig
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 4530
STATE OF NEW JERSEY
219th LEGISLATURE

DATED: JUNE 29, 2021

SUMMARY

Synopsis: Establishes Statewide universal newborn home nurse visitation program in DCF; appropriates \$2.75 million.

Type of Impact: Annual State expenditure and revenue increases.

Agencies Affected: Department of Banking and Insurance, Department of Children and Families, Department of Human Services, Department of the Treasury

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that the Department of Human Services would realize an indeterminate increase in annual expenditures in order to provide between one and three postpartum home visits by a licensed registered nurse or advanced practice nurse, at no cost to the patient, for each New Jersey FamilyCare beneficiary who gives birth at a New Jersey hospital or birthing facility. State revenues would additionally increase pursuant to this bill, since State expenditures for postpartum home visits to eligible NJ FamilyCare enrollees would be eligible for federal matching funds for State Medicaid expenditures.
- Pursuant to the bill, the Department of Children and Families (DCF) is appropriated \$2.75 million to meet the requirements, established under the bill, concerning the expansion of the DCF’s current home visitation program to all parents of a newborn infant in every community of the State, including resource family parents, adoptive parents, and parents experiencing a stillbirth. This appropriation would also cover costs incurred by the DCF to inform expectant and new parents about the program’s benefits, collect and analyze data reported through the program, and conduct an outcomes assessment to improve the efficacy of the program.

- The School Employees Health Benefits Program (SEHBP) and the State Health Benefits Program (SHBP) would incur indeterminate costs in order to establish the home visitation program required under the bill. Currently the SEHBP and SHBP do not provide postpartum home nursing visits as prescribed by the bill.

BILL DESCRIPTION

The bill requires the Department of Children and Families (DCF) to establish a Statewide voluntary, universal newborn home nurse visitation program that provides home visitation services to newborn infants and parents of a newborn infant.

Under the provisions of the bill, the DCF will:

(1) appoint an advisory group of stakeholders, which will consult, coordinate, and collaborate with the DCF on the development of the program.

(2) have the authority to develop a plan for the managed rollout of the newborn home nurse visitation program throughout the State;

(3) in consultation with the Departments of Banking and Insurance and Human Services, establish criteria for the coverage of services provided under the newborn home nurse visitation program by insurance carriers offering health benefits plans in the State; and

(4) ensure that the program meets the needs of the residents in the communities in which the program operates.

The bill additionally requires that the newborn home nurse visitation program be operated in a culturally-competent manner and that the program:

(1) is voluntary and carries no negative consequences for parents with a newborn infant who decline to participate in the program when applying for other services available to pregnant persons, and when applying for services available to all parents of newborn infants;

(2) offers home nurse visitation services in every community in the State and to all newborn infants and parents of a newborn infant residing in the community in which the program operates, including resource family parents, adoptive parents, and parents experiencing a stillbirth;

(3) includes at least one home nurse visit in the participating newborn infant's home within two weeks after the birth of an infant;

(4) provides the opportunity for no more than two additional visits during the newborn infant's first three months of life, with such additional visits occurring based on the family's choice, as well as need and availability as determined by the program;

(5) ensures that a home nurse visit be conducted by a registered nurse or an advanced practice nurse licensed in this State;

(6) improves State outcomes in areas including maternal health, infant health and development, and parenting skills;

(7) is based on criteria established by the United States Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model;

(8) includes an evidence-based evaluation of the physical, emotional, and social factors affecting a parent or parents and the parent's or parents' newborn infant, including, but not limited to, a health and wellness check of the newborn and an assessment of the physical and mental health of a person who has given birth;

(9) provides support services to the parent or parents of a newborn infant, including, but not limited to, breastfeeding education and assistance to a person who has recently given birth in recognizing the symptoms of, and coping with, perinatal mood disorder;

(10) coordinates with each hospital and birthing facility in the State to ensure that a person who has given birth is advised of the benefits of receiving a home nurse visit within two weeks

after the birth an infant, and to ensure that the program attempts to schedule a home nurse visit prior to the person's discharge from the hospital or facility; and

(11) develops a method for providing parents, who elect to have a home birth, information about the program; and

(12) provides information on, and referrals to, services that address the specific needs of newborn infants and parents of a newborn infant.

The DCF may contract with one or more third-party vendors or service providers to assist the department in administering the program, including hiring and staffing nurses and providing training on the home visiting model utilized by the program.

Under the provisions of the bill, the DCF, in consultation with the Department of Health, is required to prepare a resource guide providing information on the newborn home nurse visitation program and the services available to pregnant persons, persons who have recently given birth, and parents of a newborn infant born in this State. The resource guide is to be distributed at the time the parent or parents of a newborn infant are informed of the newborn home nurse visitation program and of their right to schedule a home nurse visit.

The bill further requires the DCF to collect and analyze data about the newborn home nurse visitation program, which will be used to evaluate, measure, and improve the effectiveness of the program in achieving its purpose of supporting healthy child development and strengthening families.

Pursuant to the bill, the DCF may contract with a third-party vendor with expertise in the model utilized by the program to assist with the analysis and evaluation of data collected pursuant to this section. In the event of such a contract, the department will facilitate the sharing of data with the third party, in accordance with State and federal law.

The bill requires health insurers to cover the newborn home nurse visit and provides that the health benefits coverage requirements apply to: health, hospital, and medical service corporations; commercial, individual, and group health insurers; health maintenance organizations; and health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs. The requirements for coverage will also apply to the State Health Benefits Program, which by law requires similar health benefits coverage under the School Employees' Health Benefits Program, as well as to the State Medicaid program.

The bill requires that health insurers are to: (1) notify a covered person of the services provided by the newborn home nurse visitation program; (2) ensure that contracts or policies do not contain any provision that requires a covered person to receive the services provided by the program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; (3) have the discretion to determine how best to reimburse for the expenses incurred for services provided under the newborn home nurse visitation program; (4) waive the receipt of any copayment, coinsurance, or deductible that may be required for the home nurse visits and specify that any copayment, coinsurance, or deductible may not be imposed on the coverage required under the bill; (5) submit a report to either the DOBI, which will share information contained in the report to the DCF, or on the claims submitted for services provided under the program that will be used by the DCF to assess the newborn home nurse visitation program; and (6) and require that, when applicable, contracts or policies qualifying as a high deductible health plan or that meet the requirements of a catastrophic plan provide benefits for expenses incurred for services provided under the newborn home nurse visitation program at the lowest deductible and other cost-sharing requirement permitted under federal law for high deductible health plans or for catastrophic plans, as applicable.

The Commissioner of Banking and Insurance, in consultation with the Commissioner of the Department of Children and Families, will have the authority to permit carriers to use an in-network provider that meets the requirement of the program, or contract with a vendor or provider selected by the program, to provide home visitation services.

The bill additionally requires the Commissioner of Human Services to apply for any State plan amendments or waivers necessary to implement the provisions of the bill and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

The bill appropriates \$2.75 million from the General Fund to the DCF to implement the provisions therein.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the Division of Medical Assistance and Health Services in the Department of Human Services would realize an indeterminate increase in annual expenditures in order to provide between one and three postpartum home visits, at no cost to the patient, for each New Jersey FamilyCare beneficiary who gives birth at a New Jersey hospital or birthing facility. The State currently covers home visitation services for certain low-income, first-time mothers and children up to age two years, pursuant to a Medicaid Section 1115 demonstration waiver; the existing initiative, called the Nurse-Family Partnership program, is operated under the purview of the DCF. State revenues would additionally increase pursuant to this bill, since State expenditures for postpartum home visits to eligible NJ FamilyCare enrollees would be eligible for federal matching funds for State Medicaid expenditures.

New Jersey's Home Visitation Program encompasses three separate programs: the Healthy Families, the Parents as Teachers, and the Nurse-Family Partnership programs. However, only the Nurse-Family Partnership program, which supports first time, low-income women and children up to age two years, offers postpartum health care services to new mothers and infants. In its response to an FY 2022 OLS Discussion Point, the DCF reported that the State's three Home Visitation Programs served nearly 6,250 families in 2020, at a projected cost of \$16 million, or \$2,560 per family.

Incremental costs to the New Jersey FamilyCare program to provide between one and three postpartum home visits for eligible parents who currently do not receive this service through the Nurse-Family Partnership program will depend upon the number of additional parents who would qualify for this benefit under the bill. According to the United States National Center for Health Statistics, there were 99,549 births to New Jersey residents in 2019. Moreover, approximately 40 percent of all births in New Jersey are covered by the Medicaid program. Based on these data, the NJ FamilyCare program would be required to provide additional postpartum home visits to over 39,000 eligible families in FY 2022.

The bill appropriates \$2.75 million to the DCF to carry out the administrative, programmatic, communications, and analytical duties assigned to the department therein. The DCF is responsible, in collaboration with the Departments of Banking and Insurance and Human Services and the State Health Benefits Commission, for expanding the existing Nurse-Family Partnership program to all

parents of a newborn infant in every community in the State, including resource family parents, adoptive parents, and parents experiencing a stillbirth.

Moreover, the DCF is tasked with: establishing criteria for the coverage of services provided through the newborn home nurse visitation program by insurance carriers offering health benefits plans in the State; coordinating with State hospitals and birthing facilities to ensure that individuals who have given birth are informed about this benefit; preparing a resource guide, in consultation with the Department of Health, that provides information concerning the newborn home nurse visitation program and other services available to pregnant individuals and individuals who have recently given birth; collecting and analyzing outcomes data reported through the program; and using these data to improve the efficacy of the program's services. Pursuant to the bill, the DCF is permitted to contract with third party vendors, as needed, to assist with hiring, staffing, and training the licensed registered nurses and advanced practice nurses who conduct the home visits under the program. The DCF is also authorized to contract with a third party vendor with expertise in the model used in the program to assist with the data analysis and evaluation, as required under the bill. Given the broad duties assigned to the DCF under the bill, it is not known if the \$2.75 million appropriation will be sufficient meet the department's expenses. Therefore, supplemental funding from the General Fund may be necessary in order for the DCF to meet the requirements established pursuant to the bill.

The SEHBP and the SHBP would incur indeterminate costs in order to establish the home visitation program required under the bill. Currently, the SEHBP and SHBP do not provide postpartum home nursing visits as prescribed by the bill. Costs to the SEHBP and SHBP would be driven by the number of participants who would sign up for postpartum home nursing visits, the cost of home nursing visits provided by a licensed registered nurse or advanced practice nurse, as well as the cost of any equipment or supplies required to provide necessary services.

Section: Human Services

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This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

Governor Murphy Signs Landmark Legislation to Improve New Jersey's Maternal and Infant Health Outcomes

07/29/2021

Universal Nurse Home Visitation Legislation Will Advance New Jersey as National Model for Maternal and Infant Care

NEWARK – Governor Phil Murphy today signed landmark legislation to improve New Jersey's maternal and infant health outcomes for all New Jersey families. The bill (S690) establishes a statewide universal newborn home visitation program in the New Jersey Department of Children and Families, advancing New Jersey as a national model for maternal and infant care.

By signing this legislation, New Jersey will have the most comprehensive and robust universal home visitation program in the nation, as it will provide a registered nurse to conduct home visits for all mothers and newborns within two weeks of birth, and serves both adoptive and resource parents, as well as those families who experience stillbirths. The program will be at no cost to the family. Home visits will feature an evidence-based evaluation of the physical, emotional, and social factors affecting parents and their newborn including physical and mental health wellness checks, breastfeeding support and reproductive planning, environmental assessments of the home, and assessments for social determinants of health, such as food security, transportation access, childcare planning, and employment to ensure families have their needs identified and met.

In January 2021, First Lady Tammy Murphy unveiled the [Nurture NJ Maternal and Infant Health Strategic Plan](#), which aims to reduce maternal mortality in the state by 50 percent over five years and eliminate the racial disparities in birth outcomes, in which a universal home visitation program was a key recommendation of the strategy.

“Home visiting programs have tremendous benefits for mothers, infants, and families,” **said Governor Murphy**. “Research has shown that these programs not only decrease infant and maternal mortality, but also improve mental health, increase child educational attainment, decrease abuse and neglect, and strengthen family success and economic growth. This universal home visiting program is a critical step forward in making our state stronger and fairer for all families, giving them the tools and supports they need for success and resilience, and ensuring New Jersey remains the best place to start and raise a family.”

“As we work to combat New Jersey's Black maternal and infant health crisis through Nurture NJ, we know that those first weeks post-partum are absolutely critical in determining maternal and infant health outcomes,” **said First Lady Tammy Murphy**. “Through this universal home visiting program, we are making clear to all New Jersey families that their health, wellness, and development are our highest priority, beginning with birth. For three years, Nurture NJ has been moving steadily ahead in our mission to make New Jersey the safest and most equitable place in the nation to deliver and raise a baby. This new initiative does more than accelerate our progress, it explicitly tackles equity, enables wraparound care and directly launches us to the forefront of maternal health care.”

Primary sponsors of the legislation include Senators Teresa Ruiz and Joseph Vitale, and Assemblymembers Shanique Speight, Valerie Vainieri Huttler, and John Armato.

“This legislation was born out of my own personal experience with a lactation nurse who visited my home

soon after I gave birth to my daughter. The time spent with her changed my whole outlook. She answered my questions and gave me the reassurance I needed," **said Senator Teresa Ruiz**. "I realized if we could provide a service like this early to new mothers and parents they would have additional support to rely on during what is one of the most challenging periods of parenthood. Approximately 52 percent of maternal deaths nationwide occur during the postpartum period and nearly two-thirds of deaths are attributed to preventable causes. Especially because our maternal mortality rate places us among the last in the nation, we must do anything we can to support women and parents. Having a home visit will benefit both the caretaker and the newborn; it is essential in diagnosing conditions before it is too late and connecting parents to the care and assistance they need."

"As many as 40 percent of women in the U.S. don't attend a postpartum visit, meaning they don't see an OBGYN after leaving the hospital," **said Senator Joseph Vitale**. "This visit is typically six weeks after the mother gives birth as well, leaving the parents devoid of any formal or informal support during this period. Offering a free home visit will help encourage many more new mothers to seek postpartum care earlier, allowing them to receive any support or treatment needed."

"Being a new mother can be a challenging experience for women as they recover from childbirth and deal with many changes in their lives," **said Assemblymembers Shanique Speight, Valerie Vainieri Huttle, and John Armato**. "It is not uncommon for mothers or their infants to experience physical or mental health issues in the weeks and months following their child's birth, which is why follow-up appointments with healthcare providers are so important. Enacting a statewide home nurse visitation program would ensure New Jersey mothers receive invaluable postpartum care and advice during this critical period of time, which would ultimately help ensure the health and well-being of families throughout our state."

"As any parent will tell you, the first few days, weeks and months of becoming a parent can be overwhelming and scary. Children don't come with an instruction manual," **said New Jersey Department of Children and Families Commissioner Christine Norbut Beyer**. "In the field of child welfare, we know that young children -- particularly birth until five -- are at the highest risk of becoming victims of child abuse and neglect, with infants being the most vulnerable. Through the provision of universal home visiting, we can offer education and support, identify potential challenges early and refer out to additional services if needed. The universality ensures that all families have equal access to the same critical resources and supports, without stigma, that will enhance the health and well-being of the entire family."