

## 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.