

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】** ¹supplementing various parts of statutory law ¹and
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 ¹**to** for a newborn
27 infant and the parent or¹ parents of ¹**a** the¹ newborn infant. The
28 purpose of the program shall be to support healthy child
29 development and strengthen families.

30 b. ¹**[(1)]**¹ In establishing the newborn home nurse visitation
31 program, the ¹**[department]** Department of Children and Families¹
32 shall:

33 ¹**[(a)]** (1)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 ¹2)¹ 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; ¹**[:]**¹ 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; ¹**[and]**¹

43 ¹**[(b)]** (2)¹ consult, coordinate, and collaborate with the advisory
44 group established pursuant to ¹**[(a) of this]**¹ paragraph ¹(1) of this
45 subsection¹ in the development of the program;

46 ¹**[(2)]** (3)¹ have ¹**[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 ~~the~~¹ program throughout the State;

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

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

34 ~~[(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 ~~[(7)] (9)~~¹ provide support services to the 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 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 ¹~~[(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 ¹(11) develop a method for providing parents, who elect to have
8 a home birth, information about the program;¹ and

9 ¹~~[(9)]~~ (12)¹ provide information on, and referrals to, services
10 that address the specific needs of ¹newborn 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 ¹e. 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 ¹the
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 ¹~~[(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 ¹~~[(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 ¹~~【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 ¹shared with the
10 Department of Children and Families and¹ used by ¹~~【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 ¹~~【paragraph】~~ paragraphs¹ (2)
15 ¹and (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 Insurance¹, 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)] that¹
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)] that¹

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)] paragraphs¹ (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 ¹[(sections hall)] section shall¹ submit to the
37 Department of ¹[(Children 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 ¹[(the)] 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 ¹[(paragraph)] paragraphs¹ (2) ¹and
47 (3)¹ 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. , c. (C.) (pending before the Legislature as this bill) 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).

¹(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. , c. (C.) (pending before the Legislature as this bill) at the lowest deductible and other cost-sharing requirement to the extent permitted for a catastrophic plan under federal law.¹

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

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. , c. (C.) (pending before the Legislature as this bill) 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. , c. (C.) (pending before the Legislature as this bill);

(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:

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

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.