

[First Reprint]

SENATE COMMITTEE SUBSTITUTE FOR
SENATE, No. 690

STATE OF NEW JERSEY
219th LEGISLATURE

ADOPTED MARCH 9, 2021

Sponsored by:

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District 29 (Essex)

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District 19 (Middlesex)

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District 37 (Bergen)

Assemblyman JOHN ARMATO

District 2 (Atlantic)

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Senators Madden, Codey, Singer, Diegnan, Gopal, Assemblywomen Jasey, Timberlake, Chaparro, Assemblyman Stanley, Assemblywoman Swain, Assemblyman Tully, Assemblywomen Reynolds-Jackson and McKnight

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Senate Budget and Appropriations Committee on June 21, 2021, with amendments.

(Sponsorship Updated As Of: 6/24/2021)

1 AN ACT establishing a newborn home nurse visitation program
2 ¹**[and]** ¹ supplementing various parts of statutory law ¹, and
3 making an appropriation¹ .
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

8 1. The Legislature finds and declares that:

9 a. The weeks following birth are a critical period for the person
10 who has given birth and the infant, setting the stage for long-term
11 health and well-being;

12 b. During this period, the person who has given birth is adapting
13 to multiple physical, social, and psychological changes, while
14 simultaneously recovering from childbirth, adjusting to changing
15 hormones, and learning to feed and care for a newborn;

16 c. Like prenatal care, the postpartum health care visit that
17 typically occurs six weeks after childbirth is considered important
18 to a new parent's health; however, for people who have given birth,
19 the six-week postpartum visit punctuates a period devoid of formal
20 or informal support for a parent who has recently given birth;

21 d. Additionally, according to the American College of
22 Obstetricians and Gynecologists, as many as 40 percent of people
23 who have given birth do not attend a postpartum visit in the United
24 States;

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

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

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

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

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 2. a. The Department of Children and Families shall establish a
2 Statewide voluntary universal newborn home nurse visitation
3 program to provide home visitation services **1[to]** for a newborn
4 infant and the parent or¹ parents of **1[a]** the¹ newborn infant. The
5 purpose of the program shall be to support healthy child
6 development and strengthen families.

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

10 **1[(a)] (1)**¹ appoint an advisory group of stakeholders, which
11 shall organize no later than 30 days after the date of enactment of
12 P.L. , c. (C.) (pending before the Legislature as this
13 bill ¹)¹ and which shall include at least one representative of each of
14 the following entities: an insurance carrier that offers health benefit
15 plans in the State; a hospital; a birthing facility; **1[:]**¹ a local public
16 health authority; a maternal child health consortium; an early
17 childhood home visitation program; a home health agency; a
18 federally qualified health center; a community-based organization;
19 and a social service agency; **1[and]**¹

20 **1[(b)] (2)**¹ consult, coordinate, and collaborate with the advisory
21 group established pursuant to **1[(a) of this]**¹ paragraph **1(1) of this**
22 subsection¹ in the development of the program;

23 **1[(2)] (3)**¹ have **1[eight months after the date of enactment of**
24 **P.L. , c. (C.) (pending before the Legislature as this bill) to**
25 **establish]** the authority to develop a plan for the managed rollout of
26 the¹ program throughout the State;

27 **1[(3)] (4)**¹ in consultation with the Departments of Banking and
28 Insurance and Human Services, establish criteria for the coverage of
29 services provided under the newborn home nurse visitation program
30 by insurance carriers offering a health benefits plan in the State; and

31 **1[(4)] (5)**¹ ensure that the program meets the needs of the
32 residents in the communities in which the program operates.

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

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

40 (2) offer home nurse visitation services in every community in
41 the State **1[,]**¹ and **1[to]** for all newborn infants and¹ all parents of
42 a newborn infant residing in the community in which the program
43 operates, including resource family parents, adoptive parents, and
44 parents experiencing a stillbirth;

45 (3) include **1at least**¹ one home nurse visit in **1[a parent's]** the
46 participating newborn infant's¹ home within two weeks after the
47 birth of an infant;

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

5 (5)¹ require that **1[a]** the¹ home nurse visit be conducted by a
6 **1[licensed]**¹ registered nurse or an advanced practice nurse
7 licensed in this State pursuant to Title 45 of the Revised Statutes¹ ;

8 **1[(5)] (6)**¹ improve State outcomes in **1[the]**¹ areas **1[of]**
9 including¹ maternal health, infant health and development, and
10 parenting skills;

11 **1[(6)] (7)** be based on criteria established by the United States
12 Department of Health and Human Services for an evidence-based
13 early childhood home visiting service delivery model;

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

19 **1[(7)] (9)**¹ provide support services to the parent or¹ parents of
20 a newborn infant, including, but not limited to, breastfeeding
21 education and assistance to a person who has recently given birth in
22 recognizing the symptoms of, and coping with, perinatal mood
23 disorder;

24 **1[(8)] (10)**¹ coordinate with each hospital and birthing facility
25 in the State to ensure that a person who has given birth is advised of
26 the benefits of receiving a home nurse visit within two weeks after
27 the birth an infant, and to ensure that the **1[hospital or birthing**
28 **facility] program**¹ attempts to schedule a home nurse visit prior to
29 the person's discharge from the hospital or facility;

30 **1(11)** develop a method for providing parents, who elect to have
31 a home birth, information about the program;¹ and

32 **1[(9)] (12)**¹ provide information on, and referrals to, services
33 that address the specific needs of newborn infants and¹ parents of a
34 newborn infant, including linking a person who has given birth and
35 the person's infant to a central intake agency for referrals to
36 community resources, support services, community-based
37 organizations or social service agency programs available to
38 persons who have given birth and their infants, and medically
39 necessary follow-up healthcare.

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

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

1 3. The Department of Children and Families, in consultation
2 with the Department of Health, shall prepare a resource guide that
3 provides information on the newborn home nurse visitation program
4 established pursuant to section 2 of P.L. , c. (C.) (pending
5 before the Legislature as this bill) and the services available to
6 pregnant persons, persons who have recently given birth, and ¹the
7 parent or¹ parents of a newborn infant born in this State. The
8 resource guide shall be distributed at the time parents of a newborn
9 infant are informed of the newborn home nurse visitation program
10 and of their right to schedule a home nurse visit.

11

12 4. a. The Department of Children and Families shall collect
13 and analyze data about the newborn home nurse visitation program
14 established pursuant to P.L. , c. (C.) (pending before the
15 Legislature as this act). The data shall be used to evaluate ¹**[and]** ¹
16 measure ¹, and improve¹ the effectiveness of the program in
17 achieving its purpose of supporting healthy child development and
18 strengthening families.

19 b. The ¹**[department]** Department of Children and Families¹
20 shall work with other State departments and agencies, health
21 insurance carriers that offer health benefit plans in the State,
22 hospitals and birthing facilities, local public health authorities,
23 maternal child health consortia, early childhood home visitation
24 programs, community-based organizations, and social service
25 providers, to develop protocols concerning the timely sharing of
26 data collected pursuant to subsection a. of this section, including the
27 sharing of data with the primary care providers of parents
28 participating in the newborn home nurse visitation program.

29 ¹c. The Department of Children and Families may contract with
30 a third-party vendor with expertise in the model utilized by the
31 program to assist with the analysis and evaluation of data collected
32 pursuant to this section. In the event of such a contract, the
33 department shall facilitate the sharing of data with the third party, in
34 accordance with State and federal law.¹

35

36 5. a. No group or individual hospital service corporation
37 contract providing hospital or medical expense benefits shall be
38 delivered, issued, executed, or renewed in this State or approved for
39 issuance or renewal in this State by the Commissioner of Banking
40 and Insurance, on or after the effective date of this act, unless the
41 contract provides benefits to any subscriber or other person covered
42 thereunder for expenses incurred for services provided under the
43 newborn home nurse visitation program established pursuant to
44 section 2 of P.L. , c. (C.) (pending before the Legislature
45 as this bill). The contract shall:

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

- 1 (2) notify a covered person of the services provided by the
2 newborn home nurse visitation program, upon application by the
3 covered person for coverage of a newborn infant;
- 4 (3) ensure that the contract does not contain any provision that
5 requires a covered person to receive the services provided by the
6 newborn home nurse visitation program as a condition of coverage,
7 or that denies or limits benefits to the covered person if that person
8 declines the services provided under the program; and
- 9 (4) have the discretion to determine how best to reimburse for
10 the expenses incurred for services provided under the newborn
11 home nurse visitation program, including, but not limited to,
12 utilizing:
- 13 ¹[(i)] (a)¹ a value-based payment methodology;
- 14 ¹[(ii)] (b)¹ an invoice claim process;
- 15 ¹[(iii)] (c)¹ a capitated payment arrangement;
- 16 ¹[(iv)] (d)¹ a payment methodology that takes into account the
17 need for an agency or organization providing services under the
18 program to expand its capacity to provide services and address
19 health disparities; or
- 20 ¹[(v)] (e)¹ any other payment arrangement agreed to by the
21 hospital service corporation and an agency or organization
22 providing services under the program.
- 23 b. Any copayment, coinsurance, or deductible that may be
24 required pursuant to the contract for such services shall be waived.
- 25 c. Every hospital service corporation that is subject to the
26 provisions of this section shall submit to the Department of
27 ¹【Children and Families】 Banking and Insurance¹, in a form and
28 manner prescribed by the department, a report on the claims
29 submitted for services provided under the newborn home nurse
30 visitation program.
- 31 The information contained in the report shall be ¹shared with the
32 Department of Children and Families and¹ used by ¹【the】 that¹
33 department to assess the newborn home nurse visitation program
34 pursuant to subsection a. of section 4 of P.L. , c. (C.)
35 (pending before the Legislature as this bill).
- 36 d. (1) Except as provided in ¹【paragraph】 paragraphs¹ (2)
37 ¹and (3)¹ of this subsection, the contract shall specify that no
38 deductible, coinsurance, copayment, or any other cost-sharing
39 requirement may be imposed on the coverage required pursuant to
40 this section.
- 41 (2) A contract offered by a group or individual hospital service
42 corporation that qualifies as a high deductible health plan shall
43 provide benefits for expenses incurred for services provided under
44 the newborn home nurse visitation program established pursuant to
45 section 2 of P.L. , c. (C.) (pending before the Legislature
46 as this bill) at the lowest deductible and other cost-sharing
47 requirement permitted for a high deductible health plan under

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

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

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

14

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

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

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

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

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

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

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

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

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

1 ~~1~~~~(v)~~ ~~(e)~~ any other payment arrangement agreed to by the
2 medical service corporation and an agency or organization
3 providing services under the program.

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

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

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

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

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

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

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

42
43 7. a. No group or individual health service corporation contract
44 providing hospital or medical expense benefits shall be delivered,
45 issued, executed, or renewed in this State or approved for issuance
46 or renewal in this State by the Commissioner of Banking and
47 Insurance, on or after the effective date of this act, unless the
48 contract provides benefits to any subscriber or other person covered

1 thereunder for expenses incurred for services provided under the
2 newborn home nurse visitation program established pursuant to
3 section 2 of P.L. , c. (C.) (pending before the Legislature
4 as this bill). The contract shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

47 (2) A contract offered by a group or individual health service
48 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 health 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 health service corporation has reserved the right to
18 change the premium.

19

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

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

10 c. An individual health insurance policy that is subject to the
11 provisions of this section shall submit to the Department of
12 ¹[(Children and Families)] Banking and Insurance¹, in a form and
13 manner prescribed by the department, a report on the claims
14 submitted for services provided under the newborn home nurse
15 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) An individual health insurance policy 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) An individual health insurance policy 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 policies in
42 which the insurer has reserved the right to change the premium.

43
44 9. a. No group health insurance policy providing hospital or
45 medical expense benefits shall be delivered, issued, executed, or
46 renewed in this State or approved for issuance or renewal in this
47 State by the Commissioner of Banking and Insurance, on or after
48 the effective date of this act, unless the policy provides benefits to

1 any named insured or other person covered thereunder for expenses
2 incurred for services provided under the newborn home nurse
3 visitation program established pursuant to section 2 of
4 P.L., c. (C.) (pending before the Legislature as this bill).

5 The policy shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

47 (2) A group health insurance policy that qualifies as a high
48 deductible health plan shall provide benefits for expenses incurred

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

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

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

17
18 10. a. Every individual health benefits plan that is delivered,
19 issued, executed, or renewed in this State pursuant to P.L.1992,
20 c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in
21 this State, on or after the effective date of this act, shall provide
22 benefits to any person covered thereunder for expenses incurred for
23 services provided under the newborn home nurse visitation program
24 established pursuant to section 2 of P.L. , c. (C.) (pending
25 before the Legislature as this bill). The plan shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

40
41 11. a. Every small employer health benefits plan that is
42 delivered, issued, executed, or renewed in this State pursuant to
43 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or
44 renewal in this State, on or after the effective date of this act, shall
45 provide benefits to any person covered thereunder for expenses for
46 services provided under the newborn home nurse visitation program
47 established pursuant to section 2 of P.L. , c. (C.) (pending
48 before the Legislature as this bill). The plan shall:

- 1 (1) provide coverage for the services provided by the newborn
2 home nurse visitation program established pursuant to section 2 of
3 P.L. , c. (C.) (pending before the Legislature as this bill);
- 4 (2) notify a covered person of the services provided by the
5 newborn home nurse visitation program, upon application by the
6 covered person for coverage of a newborn infant;
- 7 (3) ensure that the plan does not contain any provision that
8 requires a covered person to receive the services provided by the
9 newborn home nurse visitation program as a condition of coverage,
10 or that denies or limits benefits to the covered person if that person
11 declines the services provided under the program; and
- 12 (4) have the discretion to determine how best to reimburse for
13 the expenses incurred for services provided under the newborn
14 home nurse visitation program, including, but not limited to,
15 utilizing:
- 16 ¹**[(i)] (a)**¹ a value-based payment methodology;
- 17 ¹**[(ii)] (b)**¹ an invoice claim process;
- 18 ¹**[(iii)] (c)**¹ a capitated payment arrangement;
- 19 ¹**[(iv)] (d)**¹ a payment methodology that takes into account the
20 need for an agency or organization providing services under the
21 program to expand its capacity to provide services and address
22 health disparities; or
- 23 ¹**[(v)] (e)**¹ any other payment arrangement agreed to by the
24 carrier and an agency or organization providing services under the
25 program.
- 26 b. Any copayment, coinsurance, or deductible that may be
27 required under the health benefits plan for such services shall be
28 waived.
- 29 c. Every carrier that is subject to the provisions of this section
30 shall submit to the Department of ¹**Children and Families**
31 Banking and Insurance¹ , in a form and manner prescribed by the
32 department, a report on the claims submitted for services provided
33 under the newborn home nurse visitation program.
- 34 The information contained in the report shall be ¹shared with the
35 Department of Children and Families and¹ used by ¹**the** that¹
36 department to assess the newborn home nurse visitation program
37 pursuant to subsection a. of section 4 of P.L. , c. (C.)
38 (pending before the Legislature as this bill).
- 39 d. (1) Except as provided in ¹**paragraph** paragraphs¹ (2) ¹and
40 (3)¹ of this subsection, the contract shall specify that no deductible,
41 coinsurance, copayment, or any other cost-sharing requirement may
42 be imposed on the coverage required pursuant to this section.
- 43 (2) A small employer health benefits plan that qualifies as a high
44 deductible health plan shall provide benefits for expenses incurred
45 for services provided under the newborn home nurse visitation
46 program established pursuant to section 2 of P.L. , c. (C.)
47 (pending before the Legislature as this bill) at the lowest deductible
48 and other cost-sharing requirement permitted for a high deductible

1 health plan under section 223(c)(2)(A) of the Internal Revenue
2 Code (26 U.S.C. s.223).

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

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

14

15 12. a. Notwithstanding any provision of law to the contrary, a
16 certificate of authority to establish and operate a health maintenance
17 organization in this State shall not be issued or continued by the
18 Commissioner of Banking and Insurance on or after the effective
19 date of this act unless the health maintenance organization provides
20 health care services to any enrollee for expenses incurred for
21 services provided under the newborn home nurse visitation program
22 established pursuant to section 2 of P.L. , c. (C.) (pending
23 before the Legislature as this bill). The benefits 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 plan 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 carrier and an agency or organization providing services under the
48 program.

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

4 c. Every health maintenance organization that is subject to the
5 provisions of this ~~1[sections hall]~~ section shall¹ submit to the
6 Department of ~~1[Children and Families]~~ Banking and Insurance¹ ,
7 in a form and manner prescribed by the department, a report on the
8 claims submitted for services provided under the newborn home
9 nurse visitation program.

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

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

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

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

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

37
38 13. a. Notwithstanding any State law or regulation to the
39 contrary, the Department of Human Services shall, contingent on
40 maintaining or receiving necessary federal approvals, ensure that
41 expenses incurred for services provided under the newborn home
42 nurse visitation program established pursuant to section 2 of P.L. ,
43 c. (C.) (pending before the Legislature as this bill) shall be
44 provided with no cost-sharing to eligible persons under the
45 Medicaid program, established pursuant to P.L.1968, c.413
46 (C.30:4D-1 et seq.). The coverage provided under this section
47 shall:

- 1 (1) provide coverage for the services provided by the newborn
2 home nurse visitation program established pursuant to section 2 of
3 P.L. , c. (C.) (pending before the Legislature as this bill);
- 4 (2) notify a covered person of the services provided by the
5 newborn home nurse visitation program, upon application by the
6 covered person for coverage of a newborn infant;
- 7 (3) ensure that the plan does not contain any provision that
8 requires a covered person to receive the services provided by the
9 newborn home nurse visitation program as a condition of coverage,
10 or that denies or limits benefits to the covered person if that person
11 declines the services provided under the program; and
- 12 (4) have the discretion to determine how best to reimburse for
13 the expenses incurred for services provided under the newborn
14 home nurse visitation program, including, but not limited to,
15 utilizing:
- 16 ¹[(i)] (a) a value-based payment methodology;
- 17 ¹[(ii)] (b) an invoice claim process;
- 18 ¹[(iii)] (c) a capitated payment arrangement;
- 19 ¹[(iv)] (d) a payment methodology that takes into account the
20 need for an agency or organization providing services under the
21 program to expand its capacity to provide services and address
22 health disparities; or
- 23 ¹[(v)] (e) any other payment arrangement agreed to by the
24 carrier and an agency or organization providing services under the
25 program.
- 26 b. Any copayment, coinsurance, or deductible that may be
27 required pursuant to the contract for services covered pursuant to
28 subsection a. of this section shall be waived.
- 29 c. The Assistant Commissioner of Human Services shall submit
30 to the Department of Children and Families, in a form and manner
31 prescribed by the department, a report on the claims submitted for
32 services provided under the newborn home nurse visitation
33 program.
- 34 The information contained in the report shall be used by the
35 department to assess the newborn home nurse visitation program
36 pursuant to subsection a. of section 4 of P.L. , c. (C.)
37 (pending before the Legislature as this bill).
- 38 d. ¹[Except as provided in paragraph (2) of this subsection,
39 coinsurance, copayment, or any other cost-sharing requirement may
40 be imposed on the coverage required pursuant to this section.
- 41 e.]¹ The benefits shall be provided to the same extent as for any
42 other medical condition under the contract.
- 43
- 44 14. a. The State Health Benefits Commission shall provide
45 benefits to each person covered under the State Health Benefits
46 Program for expenses incurred for services provided under the
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 benefits 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 plan 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 carrier and an agency or organization providing services under the
27 program.

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

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

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

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

43 (2) A contract provided by the State Health Benefits
44 Commission that qualifies as a high deductible health plan shall
45 provide benefits for expenses incurred for services provided under
46 the newborn home nurse visitation program established pursuant to
47 section 2 of P.L. , c. (C.) (pending before the Legislature
48 as this bill) at the lowest deductible and other cost-sharing

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

4 ¹(3) A contract provided by the State Health Benefits
5 Commission that meets the requirements of a catastrophic plan, as
6 defined in 45 C.F.R. s.156.155, shall provide benefits for expenses
7 incurred for services provided under the newborn home nurse
8 visitation program established pursuant to section 2 of P.L. _____,
9 c. (C. _____) (pending before the Legislature as this bill) at the
10 lowest deductible and other cost-sharing requirement to the extent
11 permitted for a catastrophic plan under federal law.¹

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

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

24 b. The Commissioner of Banking and Insurance, in consultation
25 with the Commissioner of the Department of Children and Families,
26 shall have the authority to permit carriers to use an in-network
27 provider that meets the requirements of the program, or contract
28 with a vendor or provider selected by the program, to provide home
29 visitation¹ .

30
31 16. The ¹【Commissioners of Banking and Insurance and】
32 Commissioner of¹ Human Services shall apply for such State plan
33 amendments or waivers as may be necessary to implement the
34 provisions of section 13 of this act and to secure federal financial
35 participation for State Medicaid expenditures under the federal
36 Medicaid program.

37
38 ¹17. There is appropriated from the General Fund to the
39 Department of Children and Families the sum of \$2,750,000 for the
40 purposes of implementing the provisions of this act.¹

41
42 ¹【17.】 18.¹ This act shall take effect immediately.