

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 4530

STATE OF NEW JERSEY
219th LEGISLATURE

ADOPTED JUNE 21, 2021

Sponsored by:

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman JOHN ARMATO

District 2 (Atlantic)

Co-Sponsored by:

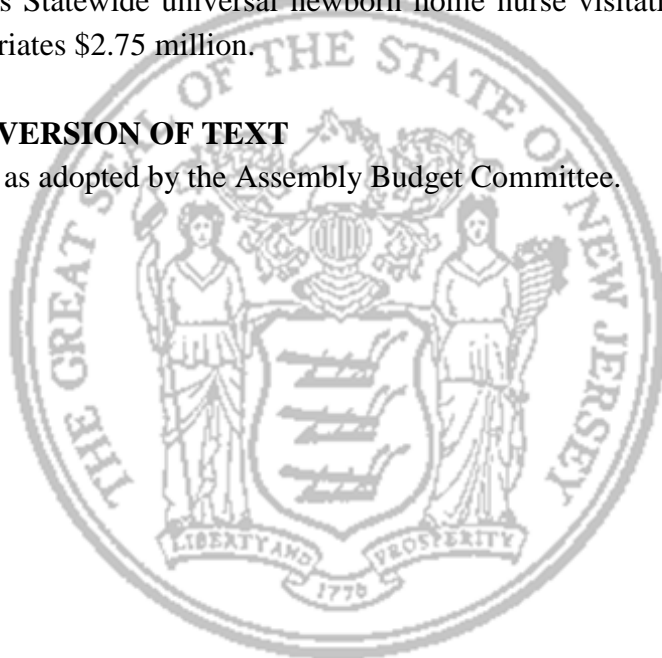
**Assemblywomen Jasey, Timberlake, Chaparro, Assemblyman Stanley,
Assemblywoman Swain, Assemblyman Tully, Assemblywomen Reynolds-
Jackson and McKnight**

SYNOPSIS

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

CURRENT VERSION OF TEXT

Substitute as adopted by the Assembly Budget Committee.



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

1 **AN ACT** establishing a newborn home nurse visitation program,
2 supplementing various parts of statutory law, and making an
3 appropriation.
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
13 adapting to multiple physical, social, and psychological changes,
14 while simultaneously recovering from childbirth, adjusting to
15 changing 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.
45

46 2. a. The Department of Children and Families shall establish a
47 Statewide voluntary universal newborn home nurse visitation
48 program to provide home visitation services for a newborn infant

1 and the parent or parents of the newborn infant. The purpose of the
2 program shall be to support healthy child development and
3 strengthen families.

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

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

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

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

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

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

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

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

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

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

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

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

1 (6) improve State outcomes in areas including maternal health,
2 infant health and development, and parenting skills;
3 (7) be based on criteria established by the United States
4 Department of Health and Human Services for an evidence-based
5 early childhood home visiting service delivery model;
6 (8) include an evidence-based evaluation of the physical,
7 emotional, and social factors affecting a parent or parents and the
8 parent's or parents' newborn infant, including, but not limited to, a
9 health and wellness check of the newborn and an assessment of the
10 physical and mental health of a person who has given birth;
11 (9) provide support services to the parent or parents of a
12 newborn infant, including, but not limited to, breastfeeding
13 education and assistance to a person who has recently given birth in
14 recognizing the symptoms of, and coping with, perinatal mood
15 disorder;
16 (10) coordinate with each hospital and birthing facility in the
17 State to ensure that a person who has given birth is advised of the
18 benefits of receiving a home nurse visit within two weeks after the
19 birth an infant, and to ensure that the program attempts to schedule
20 a home nurse visit prior to the person's discharge from the hospital
21 or facility;
22 (11) develop a method for providing parents, who elect to have a
23 home birth, information about the program; and
24 (12) provide information on, and referrals to, services that
25 address the specific needs of newborn infants and parents of a
26 newborn infant, including linking a person who has given birth and
27 the person's infant to a central intake agency for referrals to
28 community resources, support services, community-based
29 organizations or social service agency programs available to
30 persons who have given birth and their infants, and medically
31 necessary follow-up healthcare.

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

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

40

41 3. The Department of Children and Families, in consultation
42 with the Department of Health, shall prepare a resource guide that
43 provides information on the newborn home nurse visitation program
44 established pursuant to section 2 of P.L. , c. (C.) (pending
45 before the Legislature as this bill) and the services available to
46 pregnant persons, persons who have recently given birth, and the
47 parent or parents of a newborn infant born in this State. The
48 resource guide shall be distributed at the time parents of a newborn

1 infant are informed of the newborn home nurse visitation program
2 and of their right to schedule a home nurse visit.

3
4 4. a. The Department of Children and Families shall collect
5 and analyze data about the newborn home nurse visitation program
6 established pursuant to P.L. , c. (C.) (pending before the
7 Legislature as this act). The data shall be used to evaluate,
8 measure, and improve the effectiveness of the program in achieving
9 its purpose of supporting healthy child development and
10 strengthening families.

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

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

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

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

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

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

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

- 5 (a) a value-based payment methodology;
- 6 (b) an invoice claim process;
- 7 (c) a capitated payment arrangement;
- 8 (d) a payment methodology that takes into account the need for
9 an agency or organization providing services under the program to
10 expand its capacity to provide services and address health
11 disparities; or
- 12 (e) any other payment arrangement agreed to by the hospital
13 service corporation and an agency or organization providing
14 services under the program.

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

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

22 The information contained in the report shall be shared with the
23 Department of Children and Families and used by that department
24 to assess the newborn home nurse visitation program pursuant to
25 subsection a. of section 4 of P.L. , c. (C.) (pending before
26 the Legislature as this bill).

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

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

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

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

4
5 6. a. No group or individual medical service corporation
6 contract providing hospital or medical expense benefits shall be
7 delivered, issued, executed, or renewed in this State or approved for
8 issuance or renewal in this State by the Commissioner of Banking
9 and Insurance, on or after the effective date of this act, unless the
10 contract provides benefits to any subscriber or other person covered
11 thereunder for expenses incurred for services provided under the al
12 newborn home nurse visitation program established pursuant to
13 section 2 of P.L. , c. (C.) (pending before the Legislature
14 as this bill). The contract shall:

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

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

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

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

30 (a) a value-based payment methodology;

31 (b) an invoice claim process;

32 (c) a capitated payment arrangement;

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

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

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

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

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

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

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

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

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

30

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

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

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

47 (3) ensure that the contract does not contain any provision that
48 requires a covered person to receive the services provided by the

1 newborn home nurse visitation program as a condition of coverage,
2 or that denies or limits benefits to the covered person if that person
3 declines the services provided under the program; and
4 (4) have the discretion to determine how best to reimburse for
5 the expenses incurred for services provided under the newborn
6 home nurse visitation program, including, but not limited to,
7 utilizing:
8 (a) a value-based payment methodology;
9 (b) an invoice claim process;
10 (c) a capitated payment arrangement;
11 (d) a payment methodology that takes into account the need for
12 an agency or organization providing services under the program to
13 expand its capacity to provide services and address health
14 disparities; or
15 (e) any other payment arrangement agreed to by the health
16 service corporation and an agency or organization providing
17 services under the program.
18 b. Any copayment, coinsurance, or deductible that may be
19 required pursuant to the contract for such services shall be waived.
20 c. Every group or individual health service corporation that is
21 subject to the provisions of this section shall submit to the
22 Department of Banking and Insurance, in a form and manner
23 prescribed by the department, a report on the claims submitted for
24 services provided under the newborn home nurse visitation
25 program.
26 The information contained in the report shall be shared with the
27 Department of Children and Families and used by that department
28 to assess the newborn home nurse visitation program pursuant to
29 subsection a. of section 4 of P.L. , c. (C.) (pending before
30 the Legislature as this bill).
31 d. (1) Except as provided in paragraphs (2) and (3) of this
32 subsection, the contract shall specify that no deductible,
33 coinsurance, copayment, or any other cost-sharing requirement may
34 be imposed on the coverage required pursuant to this section.
35 (2) A contract offered by a group or individual health service
36 corporation that qualifies as a high deductible health plan 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 permitted for a high deductible health plan under
42 section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C.
43 s.223).
44 (3) A contract offered by a group or individual health service
45 corporation that meets the requirements of a catastrophic plan, as
46 defined in 45 C.F.R. s.156.155, shall provide benefits for expenses
47 incurred for services provided under the newborn home nurse
48 visitation program established pursuant to section 2 of P.L. ,

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

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

7

8 8. a. No individual health insurance policy providing hospital
9 or medical expense benefits shall be delivered, issued, executed, or
10 renewed in this State or approved for issuance or renewal in this
11 State by the Commissioner of Banking and Insurance, on or after
12 the effective date of this act, unless the policy provides benefits to
13 any named insured or other person covered thereunder for expenses
14 incurred for services provided under the newborn home nurse
15 visitation program established pursuant to section 2 of P.L. ,
16 c. (C.) (pending before the Legislature as this bill). The
17 policy shall:

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

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

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

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

33 (a) a value-based payment methodology;

34 (b) an invoice claim process;

35 (c) a capitated payment arrangement;

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

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

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

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

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

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

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

18 (3) An individual health insurance policy that meets the
19 requirements of a catastrophic plan, as defined in 45 C.F.R.
20 s.156.155, shall provide benefits for expenses incurred for services
21 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) at the lowest deductible and other
24 cost-sharing requirement to the extent permitted for a catastrophic
25 plan under federal law.

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

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

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

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

45 (3) ensure that the policy does not contain any provision that
46 requires a covered person to receive the services provided by the
47 newborn home nurse visitation program as a condition of coverage,

1 or that denies or limits benefits to the covered person if that person
2 declines the services provided under the program; and
3 (4) have the discretion to determine how best to reimburse for
4 the expenses incurred for services provided under the newborn
5 home nurse visitation program, including, but not limited to,
6 utilizing:
7 (a) a value-based payment methodology;
8 (b) an invoice claim process;
9 (c) a capitated payment arrangement;
10 (d) a payment methodology that takes into account the need for
11 an agency or organization providing services under the program to
12 expand its capacity to provide services and address health
13 disparities; or
14 (e) any other payment arrangement agreed to by the insurer and
15 an agency or organization providing services under the program.
16 b. Any copayment, coinsurance, or deductible that may be
17 required pursuant to the policy for such services shall be waived.
18 c. Every insurer that is subject to the provisions of this section
19 shall submit to the Department of Banking and Insurance, in a form
20 and manner prescribed by the department, a report on the claims
21 submitted for services provided under the newborn home nurse
22 visitation program.
23 The information contained in the report shall be shared with the
24 Department of Children and Families and used by that department
25 to assess the newborn home nurse visitation program pursuant to
26 subsection a. of section 4 of P.L. , c. (C.) (pending before
27 the Legislature as this bill).
28 d. (1) Except as provided in paragraphs (2) and (3) of this
29 subsection, the contract shall specify that no deductible,
30 coinsurance, copayment, or any other cost-sharing requirement may
31 be imposed on the coverage required pursuant to this section.
32 (2) A group health insurance policy that qualifies as a high
33 deductible health plan shall provide benefits for expenses incurred
34 for services provided under the newborn home nurse visitation
35 program established pursuant to section 2 of P.L. , c. (C.)
36 (pending before the Legislature as this bill) at the lowest deductible
37 and other cost-sharing requirement permitted for a high deductible
38 health plan under section 223(c)(2)(A) of the Internal Revenue
39 Code (26 U.S.C. s.223).
40 (3) A group health insurance policy that meets the requirements
41 of a catastrophic plan, as defined in 45 C.F.R. s.156.155, shall
42 provide benefits for expenses incurred for services provided under
43 the newborn home nurse visitation program established pursuant to
44 section 2 of P.L. , c. (C.) (pending before the Legislature
45 as this bill) at the lowest deductible and other cost-sharing
46 requirement to the extent permitted for a catastrophic plan under
47 federal law.

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

3
4 10. a. Every individual health benefits plan that is delivered,
5 issued, executed, or renewed in this State pursuant to P.L.1992,
6 c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in
7 this State, on or after the effective date of this act, shall provide
8 benefits to any person covered thereunder for expenses incurred for
9 services provided under the newborn home nurse visitation program
10 established pursuant to section 2 of P.L. , c. (C.) (pending
11 before the Legislature as this bill). The plan shall:

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

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

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

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

27 (a) a value-based payment methodology;

28 (b) an invoice claim process;

29 (c) a capitated payment arrangement;

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

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

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

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

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

1 d. (1) Except as provided in paragraphs (2) and (3) of this
2 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 benefits plan 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 (3) An individual health benefits plan 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.

21 e. The provisions of this section shall apply to all health
22 benefit plans in which the carrier has reserved the right to change
23 the premium.
24

25 11. a. Every small employer health benefits plan that is
26 delivered, issued, executed, or renewed in this State pursuant to
27 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or
28 renewal in this State, on or after the effective date of this act, shall
29 provide benefits to any person covered thereunder for expenses 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). The plan 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 (a) a value-based payment methodology;

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

23 (b) an invoice claim process;

24 (c) a capitated payment arrangement;

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

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

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

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

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

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

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

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

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

19
20 13. a. Notwithstanding any State law or regulation to the
21 contrary, the Department of Human Services shall, contingent on
22 maintaining or receiving necessary federal approvals, ensure that
23 expenses incurred for services provided under the newborn home
24 nurse visitation program established pursuant to section 2 of P.L. ,
25 c. (C.) (pending before the Legislature as this bill) shall be
26 provided with no cost-sharing to eligible persons under the
27 Medicaid program, established pursuant to P.L.1968, c.413
28 (C.30:4D-1 et seq.). The coverage provided under this section
29 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 plan 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 (a) a value-based payment methodology;

46 (b) an invoice claim process;

47 (c) a capitated payment arrangement;

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

1 expand its capacity to provide services and address health
2 disparities; or

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

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

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

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

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

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

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

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

39

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

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

7
8 16. The Commissioner of Human Services shall apply for such
9 State plan amendments or waivers as may be necessary to
10 implement the provisions of section 13 of this act and to secure
11 federal financial participation for State Medicaid expenditures
12 under the federal Medicaid program.

13
14 17. There is appropriated from the General Fund to the
15 Department of Children and Families the sum of \$2,750,000 for the
16 purposes of implementing the provisions of this act.

17
18 18. This act shall take effect immediately.