

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

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

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

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SBA committee amendments adopted June 21, 2021.

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

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

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

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

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

23

24 2. a. The Department of Children and Families shall establish a  
25 Statewide voluntary universal newborn home nurse visitation  
26 program to provide home visitation services <sup>1</sup>**to** for a newborn  
27 infant and the parent or <sup>1</sup>parents of <sup>1</sup>**a** the <sup>1</sup>newborn infant. The  
28 purpose of the program shall be to support healthy child  
29 development and strengthen families.

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

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

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

46 <sup>1</sup>**[(2)]** (3)<sup>1</sup> have <sup>1</sup>**[eight months after the date of enactment of**  
47 P.L. , c. (C. ) (pending before the Legislature as this bill) to

1 establish the authority to develop a plan for the managed rollout of  
2 the<sup>1</sup> program throughout the State;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25  
26       3. The Department of Children and Families, in consultation  
27 with the Department of Health, shall prepare a resource guide that  
28 provides information on the newborn home nurse visitation program  
29 established pursuant to section 2 of P.L. , c. (C. ) (pending  
30 before the Legislature as this bill) and the services available to  
31 pregnant persons, persons who have recently given birth, and <sup>1</sup>the  
32 parent or<sup>1</sup> parents of a newborn infant born in this State. The  
33 resource guide shall be distributed at the time parents of a newborn  
34 infant are informed of the newborn home nurse visitation program  
35 and of their right to schedule a home nurse visit.

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

44       b. The <sup>1</sup>~~[department]~~ Department of Children and Families<sup>1</sup>  
45 shall work with other State departments and agencies, health  
46 insurance carriers that offer health benefit plans in the State,  
47 hospitals and birthing facilities, local public health authorities,

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

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

13

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

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

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

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

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

39 <sup>1</sup>**[(i)] (a)**<sup>1</sup> a value-based payment methodology;

40 <sup>1</sup>**[(ii)] (b)**<sup>1</sup> an invoice claim process;

41 <sup>1</sup>**[(iii)] (c)**<sup>1</sup> a capitated payment arrangement;

42 <sup>1</sup>**[(iv)] (d)**<sup>1</sup> 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 <sup>1</sup>**[(v)] (e)**<sup>1</sup> any other payment arrangement agreed to by the  
47 hospital service corporation and an agency or organization  
48 providing services under the program.

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

3 c. Every hospital service corporation that is subject to the  
4 provisions of this section shall submit to the Department of  
5 ~~['Children and Families']~~ Banking and Insurance<sup>1</sup>, in a form and  
6 manner prescribed by the department, a report on the claims  
7 submitted for services provided under the newborn home nurse  
8 visitation program.

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

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

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

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

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

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

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

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

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

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

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

18 <sup>1</sup>[(i)] (a)<sup>1</sup> a value-based payment methodology;

19 <sup>1</sup>[(ii)] (b)<sup>1</sup> an invoice claim process;

20 <sup>1</sup>[(iii)] (c)<sup>1</sup> a capitated payment arrangement;

21 <sup>1</sup>[(iv)] (d)<sup>1</sup> 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 <sup>1</sup>[(v)] (e)<sup>1</sup> any other payment arrangement agreed to by the  
26 medical service corporation and an agency or organization  
27 providing services under the program.

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

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

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

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

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

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

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

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

19

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

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

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

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

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

45 <sup>1</sup>[(i)] (a)<sup>1</sup> a value-based payment methodology;

46 <sup>1</sup>[(ii)] (b)<sup>1</sup> an invoice claim process;

47 <sup>1</sup>[(iii)] (c)<sup>1</sup> a capitated payment arrangement;

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

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

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

16       The information contained in the report shall be <sup>1</sup>shared with the  
17 Department of Children and Families and<sup>1</sup> used by <sup>1</sup>~~the~~ that<sup>1</sup>  
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 <sup>1</sup>~~paragraph~~ paragraphs<sup>1</sup> (2) <sup>1</sup>and  
22 (3)<sup>1</sup> of this subsection, the contract shall specify that no deductible,  
23 coinsurance, copayment, or any other cost-sharing requirement may  
24 be imposed on the coverage required pursuant to this section.

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

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

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

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

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

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

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

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

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

24 <sup>1</sup>[(i)] (a)<sup>1</sup> a value-based payment methodology;

25 <sup>1</sup>[(ii)] (b)<sup>1</sup> an invoice claim process;

26 <sup>1</sup>[(iii)] (c)<sup>1</sup> a capitated payment arrangement;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 <sup>1</sup>**[(i)] (a)**<sup>1</sup> a value-based payment methodology;

23 <sup>1</sup>**[(ii)] (b)**<sup>1</sup> an invoice claim process;

24 <sup>1</sup>**[(iii)] (c)**<sup>1</sup> a capitated payment arrangement;

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

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

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

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

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

45 d. (1) Except as provided in <sup>1</sup>**paragraph** paragraphs<sup>1</sup> (2) <sup>1</sup>and  
46 (3)<sup>1</sup> of this subsection, the contract shall specify that no deductible,

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

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

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

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

22  
23 11. a. Every small employer health benefits plan that is  
24 delivered, issued, executed, or renewed in this State pursuant to  
25 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or  
26 renewal in this State, on or after the effective date of this act, shall  
27 provide benefits to any person covered thereunder for expenses for  
28 services provided under the newborn home nurse visitation program  
29 established pursuant to section 2 of P.L. , c. (C. ) (pending  
30 before the Legislature as this bill). The plan shall:

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

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

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

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

46 <sup>1</sup>**[(i)] (a)**<sup>1</sup> a value-based payment methodology;

47 <sup>1</sup>**[(ii)] (b)**<sup>1</sup> an invoice claim process;

48 <sup>1</sup>**[(iii)] (c)**<sup>1</sup> a capitated payment arrangement;

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

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

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

16       The information contained in the report shall be <sup>1</sup>shared with the  
17 Department of Children and Families and<sup>1</sup> used by <sup>1</sup>~~the~~ that<sup>1</sup>  
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 <sup>1</sup>~~paragraph~~ paragraphs<sup>1</sup> (2) <sup>1</sup>~~and~~  
22 (3)<sup>1</sup> of this subsection, the contract shall specify that no deductible,  
23 coinsurance, copayment, or any other cost-sharing requirement may  
24 be imposed on the coverage required pursuant to this section.

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

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

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

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

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

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

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

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

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

22 <sup>1</sup>[(i)] (a)<sup>1</sup> a value-based payment methodology;

23 <sup>1</sup>[(ii)] (b)<sup>1</sup> an invoice claim process;

24 <sup>1</sup>[(iii)] (c)<sup>1</sup> a capitated payment arrangement;

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

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

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

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

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

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

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

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

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

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

21

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

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

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

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

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

47 <sup>1</sup>**[(i)] (a)**<sup>1</sup> a value-based payment methodology;

48 <sup>1</sup>**[(ii)] (b)**<sup>1</sup> an invoice claim process;

1       <sup>1</sup>[(iii)] (c)<sup>1</sup> a capitated payment arrangement;

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

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

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

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

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

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

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

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

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

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

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

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

48       <sup>1</sup>[(i)] (a)<sup>1</sup> a value-based payment methodology;

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

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

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

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

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

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

15 services provided under the newborn home nurse visitation

16 program.

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

18 department to assess the newborn home nurse visitation program

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

20 (pending before the Legislature as this bill).

21       d. (1) Except as provided in <sup>1</sup>[paragraph] paragraphs<sup>1</sup> (2) <sup>1</sup>and

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

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

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

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

26 Commission that qualifies as a high deductible health plan shall

27 provide benefits for expenses incurred for services provided under

28 the newborn home nurse visitation program established pursuant to

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

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

31 requirement permitted for a high deductible health plan under

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

33 s.223).

34       <sup>1</sup>(3) A contract provided by the State Health Benefits

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

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

37 incurred for services provided under the newborn home nurse

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

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

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

41 permitted for a catastrophic plan under federal law.<sup>1</sup>

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

43 other medical condition under the contract.

44

45       15. <sup>1</sup>a.<sup>1</sup> The Departments of Banking and Insurance, Children

46 and Families, and Human Services <sup>1</sup>[], pursuant to the

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

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

7 b. The Commissioner of Banking and Insurance, in consultation  
8 with the Commissioner of the Department of Children and Families,  
9 shall have the authority to permit carriers to use an in-network  
10 provider that meets the requirements of the program, or contract  
11 with a vendor or provider selected by the program, to provide home  
12 visitation<sup>1</sup>.

13

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

20

21 <sup>1</sup>17. There is appropriated from the General Fund to the  
22 Department of Children and Families the sum of \$2,750,000 for the  
23 purposes of implementing the provisions of this act.<sup>1</sup>

24

25 <sup>1</sup>**【17.】** 18.<sup>1</sup> This act shall take effect immediately.

26

27

28

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