

# SENATE BILL 156

J1, J5

(PRE-FILED)

5lr1587  
CF 5lr0950

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By: **Senator Lewis Young**

Requested: October 31, 2024

Introduced and read first time: January 8, 2025

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Universal Newborn Nurse Home Visiting Services – Program Establishment and**  
3 **Insurance Coverage**

4 FOR the purpose of requiring the Maryland Department of Health to establish a program  
5 to provide universal newborn nurse home visiting services to all families with  
6 newborns residing in the State; requiring community leads and the Department to  
7 collect and report on certain data related to the program; requiring insurers,  
8 nonprofit health service plans, and health maintenance organizations that provide  
9 certain health benefits under certain insurance policies or contracts to provide  
10 certain coverage and reimbursement for universal newborn nurse home visiting  
11 services; and generally relating to universal newborn nurse home visiting services.

12 BY adding to

13 Article – Health – General

14 Section 13–5501 and 13–5502 to be under the new subtitle “Subtitle 55. Universal  
15 Newborn Nurse Home Visiting Program”

16 Annotated Code of Maryland

17 (2023 Replacement Volume and 2024 Supplement)

18 BY adding to

19 Article – Insurance

20 Section 15–861

21 Annotated Code of Maryland

22 (2017 Replacement Volume and 2024 Supplement)

23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
24 That the Laws of Maryland read as follows:

25 **Article – Health – General**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



**SUBTITLE 55. UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM.**

**13-5501.**

IN THIS SUBTITLE, "PROGRAM" MEANS THE STATEWIDE PROGRAM TO PROVIDE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES IMPLEMENTED UNDER § 13-5502(A) OF THIS SUBTITLE.

**13-5502.**

(A) (1) THE DEPARTMENT SHALL DESIGN, IMPLEMENT, AND MAINTAIN A VOLUNTARY STATEWIDE PROGRAM TO PROVIDE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES TO ALL FAMILIES WITH NEWBORNS RESIDING IN THE STATE.

(2) THE PURPOSES OF THE PROGRAM ARE TO:

(I) SUPPORT HEALTHY CHILD DEVELOPMENT AND POSTPARTUM HEALTH; AND

(II) STRENGTHEN FAMILIES.

(3) THE DEPARTMENT SHALL DESIGN THE UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM TO BE FLEXIBLE SO AS TO MEET THE NEEDS OF THE COMMUNITIES IN WHICH THE PROGRAM OPERATES.

(B) IN DESIGNING THE PROGRAM, THE DEPARTMENT SHALL CONSULT, COORDINATE, AND COLLABORATE, AS NECESSARY, WITH:

(1) INSURERS THAT OFFER HEALTH BENEFITS PLANS IN THE STATE;

(2) HOSPITALS;

(3) LOCAL PUBLIC HEALTH AUTHORITIES;

(4) THE DIVISION OF EARLY CHILDHOOD IN THE DEPARTMENT OF EDUCATION;

(5) EXISTING EARLY CHILDHOOD AND UNIVERSAL NEWBORN HOME VISITING PROGRAMS;

(6) COMMUNITY-BASED ORGANIZATIONS;

1           **(7) A NATIONAL TRAINING INSTITUTE FOR UNIVERSAL NEWBORN**  
2 **HOME VISITING;**

3           **(8) SOCIAL SERVICES PROVIDERS; AND**

4           **(9) ANY OTHER EXPERTS, GROUPS, OR ORGANIZATIONS AS THE**  
5 **SECRETARY DETERMINES APPROPRIATE.**

6           **(C) THE PROGRAM SHALL PROVIDE NURSE HOME VISITING SERVICES THAT**  
7 **ARE:**

8           **(1) IDENTIFIED AS AN EVIDENCE-BASED EARLY CHILDHOOD HOME**  
9 **VISITING SERVICE DELIVERY MODEL UNDER THE CRITERIA ESTABLISHED BY THE**  
10 **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES;**

11           **(2) SUPPORTED BY A NATIONAL CENTER THAT PROVIDES TRAINING,**  
12 **MONITORING, AND TECHNICAL SUPPORT;**

13           **(3) PROVIDED BY A COMMUNITY LEAD AGENCY DESIGNATED TO**  
14 **SERVE A DEFINED COMMUNITY;**

15           **(4) PROVIDED BY REGISTERED NURSES LICENSED IN THE STATE;**

16           **(5) OFFERED TO:**

17           **(I) FAMILIES CARING FOR NEWBORNS UP TO THE AGE OF 12**  
18 **WEEKS, INCLUDING FOSTER AND ADOPTIVE NEWBORNS; AND**

19           **(II) BIRTHING INDIVIDUALS WITHIN 12 WEEKS AFTER**  
20 **DELIVERY OF A LIVE BIRTH OR STILLBIRTH;**

21           **(6) PROVIDED:**

22           **(I) IN THE FAMILY'S HOME; OR**

23           **(II) VIRTUALLY; AND**

24           **(7) AIMED AT IMPROVING OUTCOMES IN ONE OR MORE OF THE**  
25 **FOLLOWING DOMAINS;**

26           **(I) INFANT AND CHILD HEALTH;**

27           **(II) CHILD DEVELOPMENT AND SCHOOL READINESS;**

1 (III) MATERNAL AND POSTPARTUM HEALTH;

2 (IV) FAMILY ECONOMIC SELF-SUFFICIENCY;

3 (V) POSITIVE PARENTING;

4 (VI) REDUCING CHILD MALTREATMENT; AND

5 (VII) REDUCING FAMILY VIOLENCE.

6 (D) THE SERVICES PROVIDED UNDER THE PROGRAM SHALL:

7 (1) BE VOLUNTARY AND CARRY NO NEGATIVE CONSEQUENCES FOR A  
8 FAMILY THAT DECLINES TO PARTICIPATE;

9 (2) BE OFFERED IN EVERY COMMUNITY IN THE STATE;

10 (3) INCLUDE AN EVIDENCE-BASED ASSESSMENT OF THE PHYSICAL,  
11 SOCIAL, AND EMOTIONAL FACTORS AFFECTING THE FAMILY;

12 (4) BE OFFERED TO ALL FAMILIES WITH NEWBORNS RESIDING IN THE  
13 COMMUNITY WHERE THE PROGRAM OPERATES;

14 (5) INCLUDE AT LEAST ONE VISIT DURING A NEWBORN'S FIRST 12  
15 WEEKS OF LIFE WITH THE OPPORTUNITY FOR THE FAMILY TO RECEIVE UP TO THREE  
16 ADDITIONAL VISITS DURING A NEWBORN'S FIRST 12 WEEKS OF LIFE;

17 (6) INCLUDE A FOLLOW-UP CALL OR SURVEY NOT LATER THAN 3  
18 MONTHS AFTER THE LAST VISIT; AND

19 (7) PROVIDE INFORMATION AND REFERRALS TO ADDRESS EACH  
20 FAMILY'S IDENTIFIED AND SPECIFIC NEEDS.

21 (E) (1) THE DEPARTMENT SHALL ESTABLISH BY REGULATION:

22 (I) THE DEFINITION OF A "COMMUNITY" FOR PURPOSES OF  
23 THIS SUBTITLE; AND

24 (II) IN ACCORDANCE WITH PARAGRAPH (3) OF THIS  
25 SUBSECTION, THE SELECTION PROCESS FOR A COMMUNITY LEAD TO MEET THE  
26 NEEDS OF THE DESIGNATED GEOGRAPHIC AREA.

1           **(2) ENTITIES ELIGIBLE TO BE SELECTED TO SERVE AS A COMMUNITY**  
2 **LEAD INCLUDE:**

3           **(I) LOCAL PUBLIC HEALTH AGENCIES;**

4           **(II) LOCAL GOVERNMENTS;**

5           **(III) BIRTHING FACILITIES;**

6           **(IV) NONPROFIT ORGANIZATIONS SPECIALIZING IN EARLY**  
7 **CHILDHOOD DEVELOPMENT OR MATERNAL AND POSTPARTUM HEALTH; OR**

8           **(V) OTHER ORGANIZATIONS AS DETERMINED BY THE**  
9 **DEPARTMENT.**

10          **(3) A COMMUNITY LEAD SHALL:**

11           **(I) IMPLEMENT A UNIVERSALLY OFFERED NEWBORN NURSE**  
12 **HOME VISITING SERVICES MODEL THAT HAS BEEN REVIEWED BY THE FEDERAL**  
13 **ADMINISTRATION FOR CHILDREN AND FAMILIES TO MEET THE U.S. DEPARTMENT**  
14 **OF HEALTH AND HUMAN SERVICES CRITERIA FOR AN EVIDENCE-BASED EARLY**  
15 **CHILDHOOD HOME VISITING SERVICE DELIVERY MODEL;**

16           **(II) COORDINATE WITH ALL CERTIFIED PROVIDERS IN ITS**  
17 **IDENTIFIED COMMUNITY SO THAT ALL FAMILIES WITH NEWBORNS ARE CONTACTED**  
18 **NOT LATER THAN 2 WEEKS AFTER THE BIRTH OF THE NEWBORN AND OFFERED**  
19 **SERVICES;**

20           **(III) DEVELOP AND IMPLEMENT STRATEGIES IN**  
21 **COLLABORATION WITH THE DEPARTMENT TO OBTAIN FUNDING TO FACILITATE THE**  
22 **PROVISION OF NEWBORN NURSE HOME VISITING SERVICES;**

23           **(IV) COLLABORATE WITH OTHER HOME VISITING PROVIDERS TO**  
24 **INTEGRATE NEWBORN NURSE HOME VISITING SERVICES INTO THE EXISTING**  
25 **SERVICES FOR FAMILIES IN THE IDENTIFIED COMMUNITY SO THAT A COORDINATED**  
26 **SYSTEM OF SUPPORT IS IN PLACE;**

27           **(V) MAINTAIN A WRITTEN PLAN DESCRIBING HOW THE**  
28 **COMMUNITY LEAD WILL COMPLY WITH ITEMS (I) THROUGH (IV) OF THIS**  
29 **PARAGRAPH;**

30           **(VI) CONSIDER INPUT FROM AN ADVISORY BOARD ESTABLISHED**  
31 **BY THE COMMUNITY LEAD THAT:**

1                   **1. INCLUDES STAKEHOLDERS FROM THE IDENTIFIED**  
2 **COMMUNITY WITH REPRESENTATION FROM THE FOLLOWING WHERE APPLICABLE:**

3                   **A. PARENTS;**

4                   **B. MEDICAL PROVIDERS;**

5                   **C. HOSPITALS;**

6                   **D. SOCIAL SERVICE PROVIDERS SERVICING FAMILIES;**

7                   **E. THE FEDERAL SPECIAL SUPPLEMENTAL FOOD**  
8 **PROGRAM FOR WOMEN, INFANTS, AND CHILDREN;**

9                   **F. CHILD PROTECTIVE SERVICES;**

10                  **G. EARLY LEARNING HUBS;**

11                  **H. TRIBAL LEADERSHIP;**

12                  **I. LOCAL HEALTH DEPARTMENTS;**

13                  **J. MANAGED CARE ORGANIZATIONS;**

14                  **K. INSURERS; AND**

15                  **L. NEWBORN NURSE HOME VISITING SERVICE**  
16 **PROVIDERS AND OTHER HOME VISITING PROVIDERS; AND**

17                  **2. MEETS AT LEAST QUARTERLY AND DISTRIBUTES**  
18 **MEETING MINUTES TO BOARD MEMBERS AND CERTIFIED PROVIDERS IN THE**  
19 **IDENTIFIED COMMUNITY;**

20                  **(VII) ENSURE LOCAL COMMUNITY RESOURCES ARE:**

21                  **1. COMPILED IN A WEB-BASED FORMAT OR PRINTED**  
22 **DIRECTORY; AND**

23                  **2. UPDATED AT LEAST QUARTERLY FOR USE BY SERVICE**  
24 **PROVIDERS;**

1 (VIII) ENGAGE IN QUALITY ASSURANCE ACTIVITIES THAT  
2 INCLUDE:

3 1. A MONTHLY REVIEW OF DATA INCLUDING KEY  
4 PERFORMANCE INDICATORS SUCH AS SCHEDULING RATE, COMPREHENSIVE  
5 NEWBORN NURSE HOME VISIT COMPLETION RATE, FOLLOW-UP RATE,  
6 DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING SERVICES, AND COMMUNITY  
7 CONNECTIONS AND REFERRALS IN THE IDENTIFIED COMMUNITY;

8 2. A MONTHLY REVIEW OF FEEDBACK FROM THE  
9 FAMILIES SERVED BY THE UNIVERSAL NEWBORN NURSE HOME VISITING PROGRAM  
10 IN THE IDENTIFIED COMMUNITY USING STANDARDIZED METHODOLOGY; AND

11 3. MONITORING PROGRAM REACH IN THE IDENTIFIED  
12 COMMUNITY MEASURED BY THE RATIO OF THE NUMBER OF COMPLETED  
13 COMPREHENSIVE NEWBORN NURSE HOME VISITS TO TOTAL BIRTHS IN THE  
14 IDENTIFIED COMMUNITY, TAKING INTO CONSIDERATION THE NUMBER OF BIRTHS  
15 SERVED BY OTHER HOME VISITING PROVIDERS;

16 (IX) PROVIDE THE DEPARTMENT ACCESS TO DATA FOR  
17 PROGRAM MONITORING AND EVALUATION IN A MANNER AND FORMAT DETERMINED  
18 BY THE DEPARTMENT;

19 (X) COORDINATE WITH THE DEPARTMENT TO ADDRESS  
20 QUALITY IMPROVEMENT NEEDS;

21 (XI) ON A QUARTERLY BASIS, SUBMIT THE FOLLOWING  
22 DE-IDENTIFIED DATA ELECTRONICALLY TO THE DEPARTMENT IN A MANNER AND  
23 FORMAT DETERMINED BY THE DEPARTMENT:

24 1. THE NUMBER OF INFANTS BORN DURING THE  
25 IMMEDIATELY PRECEDING QUARTER WHO RESIDE IN THE IDENTIFIED COMMUNITY;  
26 AND

27 2. FOR EACH CERTIFIED PROVIDER IN THE IDENTIFIED  
28 COMMUNITY:

29 A. SCHEDULING RATE;

30 B. COMPREHENSIVE NEWBORN NURSE HOME VISIT  
31 COMPLETION RATE;

32 C. FOLLOW-UP RATE;

1                   **D. DEMOGRAPHIC PROFILE OF FAMILIES RECEIVING**  
2 **NEWBORN NURSE HOME VISITING;**

3                   **E. COMMUNITY CONNECTIONS AND REFERRALS;**

4                   **F. FEEDBACK FROM FAMILIES AND REFERRAL PARTNER**  
5 **FEEDBACK; AND**

6                   **G. ANY OTHER DATA IDENTIFIED BY THE DEPARTMENT;**  
7 **AND**

8                   **(XII) COLLABORATE AND COORDINATE WITH TRIBES**  
9 **DESIGNATED AS COMMUNITY LEADS OPERATING IN THE SAME GEOGRAPHIC AREA.**

10           **(F) IN COLLABORATION WITH THE MARYLAND INSURANCE**  
11 **ADMINISTRATION, THE DEPARTMENT SHALL ADOPT REGULATIONS CONSISTENT**  
12 **WITH THE PROVISIONS OF THIS SUBTITLE ESTABLISHING:**

13                   **(1) CRITERIA FOR UNIVERSAL NEWBORN NURSE HOME VISITING**  
14 **SERVICES THAT ARE REQUIRED TO BE COVERED BY ENTITIES IN ACCORDANCE WITH**  
15 **§ 15-861 OF THE INSURANCE ARTICLE; AND**

16                   **(2) THE AMOUNT OF REIMBURSEMENT TO BE PAID TO A PROVIDER OF**  
17 **UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES OR A METHODOLOGY TO**  
18 **REIMBURSE THE COST OF PROVIDING UNIVERSAL NEWBORN NURSE HOME VISITING**  
19 **SERVICES IN ACCORDANCE WITH § 15-861 OF THE INSURANCE ARTICLE.**

20           **(G) THE DEPARTMENT MAY ADOPT BY REGULATION ANY REASONABLE**  
21 **REIMBURSEMENT METHODOLOGY, INCLUDING:**

22                   **(1) VALUE-BASED PAYMENTS;**

23                   **(2) A CLAIM INVOICING PROCESS;**

24                   **(3) CAPITATED PAYMENT;**

25                   **(4) A REIMBURSEMENT METHODOLOGY THAT TAKES INTO ACCOUNT**  
26 **THE NEED FOR A COMMUNITY-BASED ENTITY PROVIDING UNIVERSAL NEWBORN**  
27 **NURSE HOME VISITING SERVICES TO EXPAND THE ENTITY'S CAPACITY TO PROVIDE**  
28 **THE SERVICES AND ADDRESS HEALTH DISPARITIES; OR**



1           **(5) ANY OTHER METHODOLOGY AGREED TO BY A CARRIER AND THE**  
2 **PROVIDER OF THE UNIVERSAL NURSE HOME VISITING SERVICES.**

3           **(H) THE DEPARTMENT SHALL:**

4           **(1) COLLECT AND ANALYZE DATA GENERATED BY THE PROGRAM TO**  
5 **ASSESS THE EFFECTIVENESS OF THE PROGRAM IN MEETING THE AIMS DESCRIBED**  
6 **IN SUBSECTION (C)(7) OF THIS SECTION; AND**

7           **(2) COORDINATE WITH OTHER STATE AGENCIES TO DEVELOP**  
8 **PROTOCOLS FOR SHARING DATA, INCLUDING THE TIMELY SHARING OF DATA WITH**  
9 **PRIMARY CARE PROVIDERS OF THE FAMILIES WITH NEWBORNS RECEIVING THE**  
10 **SERVICES.**

11           **(I) (1) THE DEPARTMENT SHALL ESTABLISH THE FORM AND MANNER IN**  
12 **WHICH DATA REQUIRED UNDER § 15–861 OF THE INSURANCE ARTICLE SHALL BE**  
13 **SUBMITTED.**

14           **(2) THE DEPARTMENT SHALL USE THE DATA REQUIRED UNDER §**  
15 **15–861 OF THE INSURANCE ARTICLE TO MONITOR THE PROVISION OF UNIVERSAL**  
16 **NEWBORN NURSE HOME VISITING SERVICES.**

17           **(J) THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THIS**  
18 **SECTION.**

19           **(K) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2026, THE**  
20 **DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE**  
21 **HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE**  
22 **WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, ON THE STATUS OF THE**  
23 **PROVISION OF UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES IN THE**  
24 **STATE.**

25   **Article – Insurance**

26           **15–861.**

27           **(A) THIS SECTION APPLIES TO:**

28           **(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT**  
29 **PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS**  
30 **ON AN EXPENSE–INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR**  
31 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND**

1           **(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**  
2 **HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER**  
3 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.**

4           **(B) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE AND**  
5 **REIMBURSEMENT IN FULL FOR THE COST TO A PROVIDER FOR DELIVERING**  
6 **UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES AS REQUIRED BY THE**  
7 **MARYLAND DEPARTMENT OF HEALTH UNDER § 13-5502(F) OF THE**  
8 **HEALTH – GENERAL ARTICLE.**

9           **(C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,**  
10 **AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT,**  
11 **COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR UNIVERSAL**  
12 **NEWBORN NURSE HOME VISITING SERVICES.**

13           **(2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A**  
14 **HIGH-DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, AN ENTITY**  
15 **SUBJECT TO THIS SECTION MAY SUBJECT COVERAGE FOR UNIVERSAL NEWBORN**  
16 **NURSE HOME VISITING SERVICES TO THE DEDUCTIBLE REQUIREMENT OF THE**  
17 **HIGH-DEDUCTIBLE PLAN.**

18           **(D) AN INSURED OR ENROLLEE MAY NOT BE REQUIRED TO RECEIVE**  
19 **UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES AS A CONDITION OF**  
20 **COVERAGE AND MAY NOT BE PENALIZED OR IN ANY WAY DISCOURAGED FROM**  
21 **DECLINING THE SERVICES.**

22           **(E) AN ENTITY SUBJECT TO THIS SECTION SHALL NOTIFY AN INSURED OR**  
23 **ENROLLEE ABOUT THE UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES**  
24 **WHENEVER AN INSURED OR ENROLLEE ADDS A NEWBORN TO COVERAGE.**

25           **(F) AN ENTITY SUBJECT TO THIS SECTION MAY USE IN-NETWORK**  
26 **PROVIDERS OR CONTRACT WITH LOCAL PUBLIC HEALTH AUTHORITIES TO PROVIDE**  
27 **UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES.**

28           **(G) ENTITIES SUBJECT TO THIS SECTION SHALL REPORT TO THE**  
29 **MARYLAND DEPARTMENT OF HEALTH, IN THE FORM AND MANNER REQUIRED BY**  
30 **THE MARYLAND DEPARTMENT OF HEALTH UNDER § 13-5502 OF THE**  
31 **HEALTH – GENERAL ARTICLE, DATA REGARDING CLAIMS SUBMITTED FOR**  
32 **SERVICES COVERED UNDER THIS SECTION TO MONITOR THE PROVISION OF THE**  
33 **SERVICES.**

34           SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of  
35 Health may apply for a waiver under 42 U.S.C. 18052 to obtain federal financial  
36 participation in the cost of services provided under Section 1 of this Act.

1           SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall apply to all  
2 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or  
3 after January 1, 2026.

4           SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect  
5 January 1, 2026.