

B-Engrossed
Senate Bill 526

Ordered by the Senate June 11
Including Senate Amendments dated March 26 and June 11

Sponsored by Senators STEINER HAYWARD, HANSELL, Representatives SCHOUTEN, STARK; Senators BENTZ, BURDICK, FAGAN, FREDERICK, GOLDEN, HASS, KNOPP, MANNING JR, RILEY, TAYLOR, WAGNER, Representatives BONHAM, GREENLICK, NOBLE, WILLIAMSON (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Directs Oregon Health Authority to design, implement and maintain voluntary statewide program to provide nurse home visiting services to families with infants up to six months of age. Specifies desired outcomes and services. Requires authority to adopt rules specifying criteria for coverage of newborn nurse home visiting service coverage by health benefit plans.

Requires health benefit plans to cover nurse home visiting services to enrollees with newborns without cost-sharing.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to home visiting; and prescribing an effective date.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) As used in this section, "community" means a geographic region, county,**
5 **tribe or other group of individuals living in proximity as defined by the Oregon Health Au-**
6 **thority by rule.**

7 **(2) The authority shall design, implement and maintain a voluntary statewide program**
8 **to provide universal newborn nurse home visiting services to all families with newborns re-**
9 **siding in this state to support healthy child development and strengthen families. The au-**
10 **thority shall design the universal newborn nurse home visiting program to be flexible so as**
11 **to meet the needs of the communities where the program operates.**

12 **(3) In designing the program described in subsection (2) of this section, the authority**
13 **shall consult, coordinate and collaborate, as necessary, with insurers that offer health ben-**
14 **efit plans in this state, hospitals, local public health authorities, the Early Learning Division,**
15 **existing early childhood home visiting programs, community-based organizations and social**
16 **service providers.**

17 **(4) The program must provide nurse home visiting services that are:**

18 **(a) Based on criteria established by the United States Department of Health and Human**
19 **Services for an evidence-based early childhood home visiting service delivery model;**

20 **(b) Provided by registered nurses licensed in this state to families caring for newborns**
21 **up to the age of six months, including foster and adoptive newborns;**

22 **(c) Provided in the family's home; and**

23 **(d) Aimed at improving outcomes in one or more of the following domains:**

24 **(A) Child health;**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

- 1 **(B) Child development and school readiness;**
2 **(C) Family economic self-sufficiency;**
3 **(D) Maternal health;**
4 **(E) Positive parenting;**
5 **(F) Reducing child mistreatment;**
6 **(G) Reducing juvenile delinquency;**
7 **(H) Reducing family violence; or**
8 **(I) Reducing crime.**
9 **(5) The services provided in the program must:**
10 **(a) Be voluntary and carry no negative consequences for a family that declines to par-**
11 **ticipate;**
12 **(b) Be offered in every community in this state;**
13 **(c) Include an evidence-based assessment of the physical, social and emotional factors**
14 **affecting the family;**
15 **(d) Be offered to all families with newborns residing in the community where the pro-**
16 **gram operates;**
17 **(e) Include at least one visit during a newborn’s first three months of life with the op-**
18 **portunity for the family to choose up to three additional visits;**
19 **(f) Include a follow-up visit no later than three months after the last visit; and**
20 **(g) Provide information and referrals to address each family’s identified needs.**
21 **(6) The authority shall collect and analyze data generated by the program to assess the**
22 **effectiveness of the program in meeting the aims described in subsection (4)(d) of this section**
23 **and shall work with other state agencies to develop protocols for sharing data, including the**
24 **timely sharing of data with primary care providers of care to the families with newborns**
25 **receiving the services.**
26 **(7) In collaboration with the Department of Consumer and Business Services, the au-**
27 **thority shall adopt by rule, consistent with the provisions of this section, criteria for uni-**
28 **versal newborn nurse home visiting services that must be covered by health benefit plans in**
29 **accordance with section 3 of this 2019 Act.**
30 **SECTION 2.** **Section 3 of this 2019 Act is added to and made a part of the Insurance Code.**
31 **SECTION 3.** **(1) As used in this section, “carrier,” “enrollee” and “health benefit plan”**
32 **have the meanings given those terms in ORS 743B.005.**
33 **(2) A health benefit plan offered in this state must reimburse the cost of universal new-**
34 **born nurse home visiting services as prescribed by the Oregon Health Authority by rule un-**
35 **der section 1 (7) of this 2019 Act.**
36 **(3) The coverage must be provided without any cost-sharing, coinsurance or deductible**
37 **applicable to the services.**
38 **(4) Carriers must offer the services in their health benefit plans but enrollees are not**
39 **required to receive the services as a condition of coverage and may not be penalized or in**
40 **any way discouraged from declining the services.**
41 **(5) A carrier must notify an enrollee about the services whenever an enrollee adds a**
42 **newborn to coverage.**
43 **(6) A carrier may use in-network providers or may contract with local public health au-**
44 **thorities to provide the services.**
45 **(7) This section does not require a carrier to reimburse the cost of the services in any**

1 **specific manner. The services may be reimbursed using:**

2 **(a) A value-based payment methodology;**

3 **(b) A claim invoicing process;**

4 **(c) Capitated payments;**

5 **(d) A payment methodology that takes into account the need for a community-based en-**
6 **tity providing the services to expand its capacity to provide the services and address health**
7 **disparities; or**

8 **(e) Any other methodology agreed to by the carrier and the provider of the services.**

9 **(8) Carriers shall report to the authority, in the form and manner prescribed by the au-**
10 **thority, data regarding claims submitted for services covered under this section to monitor**
11 **the provision of the services.**

12 **SECTION 4. The Department of Consumer and Business Services may request a waiver**
13 **for state innovation under 42 U.S.C. 18052 to obtain federal financial participation in the cost**
14 **of services provided under section 3 of this 2019 Act.**

15 **SECTION 5. This 2019 Act takes effect on the 91st day after the date on which the 2019**
16 **regular session of the Eightieth Legislative Assembly adjourns sine die.**

17