Enrolled
Senate Bill 1555

Sponsored by Senator STEINER HAYWARD, Representative STARK; Senator PATTERSON, Representatives ALONSO LEON, REYNOLDS, SCHOUTEN (Presession filed.)

CHAPTER .....

AN ACT

Relating to reimbursement of newborn nurse home visiting services; amending ORS 433.301 and 743A.078.

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

SECTION 1. ORS 743A.078 is amended to read:

743A.078. (1) As used in this section, "carrier," "enrollee" and "health benefit plan" have the meanings given those terms in ORS 743B.005.

(2) A health benefit plan offered in this state must reimburse **in full** the cost [*of*] **to a provider of delivering** universal newborn nurse home visiting services**,** as prescribed by the Oregon Health Authority by rule under ORS 433.301 (7) **and (8)**.

(3) The coverage must be provided without any cost-sharing, coinsurance or deductible applicable to the services.

(4) Carriers must offer the services in their health benefit plans but enrollees are not required to receive the services as a condition of coverage and may not be penalized or in any way discouraged from declining the services.

(5) A carrier must notify an enrollee about the services whenever an enrollee adds a newborn to coverage.

(6) A carrier may use in-network providers or may contract with local public health authorities to provide the services.

[*(7) This section does not require a carrier to reimburse the cost of the services in any specific manner. The services may be reimbursed using:*]

[*(a) A value-based payment methodology;*]

[*(b) A claim invoicing process;*]

[*(c) Capitated payments;*]

[*(d) A payment methodology that takes into account the need for a community-based entity providing the services to expand its capacity to provide the services and address health disparities; or*]

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

[*(8)*] **(7)** Carriers shall report to the authority, in the form and manner prescribed by the authority, data regarding claims submitted for services covered under this section to monitor the provision of the services.

(8) This section is exempt from ORS 743A.001.

SECTION 2. ORS 433.301, as amended by section 59, chapter 631, Oregon Laws 2021, is amended to read:

433.301. (1) As used in this section, "community" means a geographic region, county, tribe or other group of individuals living in proximity as defined by the Oregon Health Authority by rule.

(2) The authority shall design, implement and maintain a voluntary statewide program to provide universal newborn nurse home visiting services to all families with newborns residing in this state to support healthy child development and strengthen families. The authority shall design the universal newborn nurse home visiting program to be flexible so as to meet the needs of the communities where the program operates.

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

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

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

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

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

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

(A) Child health;

(B) Child development and school readiness;

(C) Family economic self-sufficiency;

(D) Maternal health;

(E) Positive parenting;

(F) Reducing child mistreatment;

(G) Reducing juvenile delinquency;

(H) Reducing family violence; or

(I) Reducing crime.

(5) The services provided in the program must:

(a) Be voluntary and carry no negative consequences for a family that declines to participate;

(b) Be offered in every community in this state;

(c) Include an evidence-based assessment of the physical, social and emotional factors affecting the family;

(d) Be offered to all families with newborns residing in the community where the program operates;

(e) Include at least one visit during a newborn's first three months of life with the opportunity for the family to choose up to three additional visits;

(f) Include a follow-up visit no later than three months after the last visit; and

(g) Provide information and referrals to address each family's identified needs.

(6) The authority shall collect and analyze data generated by the program to assess the effectiveness of the program in meeting the aims described in subsection (4)(d) of this section and shall work with other state agencies to develop protocols for sharing data, including the timely sharing of data with primary care providers of care to the families with newborns receiving the services.

(7) In collaboration with the Department of Consumer and Business Services, the authority shall adopt by rule, consistent with the provisions of this section[,]**:**

(a) Criteria for universal newborn nurse home visiting services that must be covered by health benefit plans in accordance with ORS 743A.078**; and**

(b) The amount of reimbursement to be paid to a provider of universal newborn nurse home visiting services or a methodology to reimburse the cost of providing universal newborn nurse home visiting services, in accordance with ORS 743A.078.

(8) The authority may prescribe by rule any reasonable reimbursement methodology including, but not limited to, any of the following:

(a) Value-based payments;

(b) A claim invoicing process;

(c) Capitated payments;

(d) A reimbursement methodology that takes into account the need for a community-based entity providing universal newborn nurse home visiting services to expand the entity's capacity to provide the services and address health disparities; or

(e) Any other methodology agreed to by a carrier and the provider of the universal newborn nurse home visiting services.

Passed by Senate February 10, 2022

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Lori L. Brocker, Secretary of Senate

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Peter Courtney, President of Senate

Passed by House March 1, 2022

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Dan Rayfield, Speaker of House

Received by Governor:

.....M.,....., 2022

Approved:

.....M.,....., 2022

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Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2022

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Shemia Fagan, Secretary of State