

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
94th General Assembly
Regular Session, 2023

As Engrossed: H1/31/23 H2/27/23
A Bill

HOUSE BILL 1103

By: Representatives J. Mayberry, *Haak*
By: Senators Irvin, *J. English*

For An Act To Be Entitled

AN ACT TO CREATE THE UNIVERSAL NEWBORN HOME NURSE
VISITATION PROGRAM TO PROVIDE HOME VISITATION
SERVICES FOR A NEWBORN INFANT AND THE PARENTS OF A
NEWBORN INFANT; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE THE UNIVERSAL NEWBORN HOME
NURSE VISITATION PROGRAM TO PROVIDE HOME
VISITATION SERVICES FOR A NEWBORN INFANT
AND THE PARENTS OF A NEWBORN INFANT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 8, is amended to add an
additional subchapter to read as follows:

Subchapter 12 – Universal Newborn Home Nurse Visitation Program

20-8-1201. Legislative findings and intent.

(a) The General Assembly finds that:

(1) The weeks following birth are a critical period for the
woman who has given birth and the infant, setting the stage for long-term
health and well-being;

(2) During this period, the woman who has given birth is
adapting to multiple physical, social, and psychological changes, while
simultaneously recovering from childbirth, adjusting to changing hormones,
and learning to feed and care for a newborn;



(3)(A) Like prenatal care, the postpartum healthcare visit that typically occurs six (6) weeks after childbirth is considered important to a new parent's health.

(B) However, for a woman who has given birth, the six-week postpartum visit punctuates a period devoid of formal or informal support for the woman;

(4) Additionally, according to the American College of Obstetricians and Gynecologists, as many as forty percent (40%) of women who have given birth in the United States do not attend a postpartum visit;

(5) During the time immediately following delivery, healthcare providers are uniquely qualified to enable a woman who has given birth to access the clinical and social resources the woman needs to successfully navigate the transition from pregnancy to parenthood;

(6) Research also indicates that postpartum education and care lead to lower rates of morbidity and mortality in women who have given birth, as many of the risk factors for postpartum complications, such as hemorrhaging or a pulmonary embolism, may not be identifiable before a woman who has given birth at a hospital or birthing facility is discharged following the birth; and

(7) Research demonstrates the wide-ranging benefits to women who have given birth, children, and families when a woman who has given birth and the newborn infant receive support from the medical community within days after delivering the child.

(b) It is the intent of the General Assembly to remove barriers regarding access to postpartum care and to establish the infrastructure for a woman who has given birth in this state to receive one (1) cost-free home nurse visit in which a registered nurse provides physical, social, and emotional support critical to recovery following childbirth.

20-8-1202. Definitions.

As used in this subchapter:

(1) "Birthing facility" means an inpatient or ambulatory healthcare facility licensed by the Department of Health that provides birthing services or newborn care services, or both;

(2) "Evidence-based" means an approach to medicine, education, and other disciplines that emphasizes the practical application of the

findings of the best available current research; and

(3)(A) "Health benefit plan" means an individual, blanket, or group plan, policy, or contract for healthcare services issued or delivered by an insurer, health maintenance organization, hospital medical service corporation, or self-insured governmental or church plan in this state.

(B) "Health benefit plan" includes:

(i) An indemnity and managed care plan; and

(ii) A nonfederal governmental plan as defined in 29

U.S.C. § 1002(32), as it existed on January 1, 2019.

(C) "Health benefit plan" does not include:

(i) A disability income plan;

(ii) A credit insurance plan;

(iii) Insurance coverage issued as a supplement to liability insurance;

(iv) Medical payments under an automobile or homeowner's insurance plan;

(v) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

(vi) A plan that provides only indemnity for hospital confinement;

(vii) An accident-only plan;

(viii) A specified disease plan;

(ix) A plan that includes only dental benefits or eye and vision care benefits; or

(x) A long-term-care-only plan.

20-8-1203. Universal Newborn Home Nurse Visitation Program.

(a) The Department of Health shall establish the "Universal Newborn Home Nurse Visitation Program" to provide statewide voluntary, evidence-based home visitation services for a newborn infant and the parents of the newborn infant.

(b) In establishing the Universal Newborn Home Nurse Visitation Program, the department shall:

(1) Develop a plan for the managed rollout of the Universal Newborn Home Nurse Visitation Program throughout the state; and

(2)(A) Except as provided in subdivision (b)(2)(B) of this section, establish criteria for the coverage of services provided under the Universal Newborn Home Nurse Visitation Program by insurance carriers offering a health benefit plan, in consultation with the State Insurance Department.

(B) The Arkansas Medicaid Program may consider the criteria for coverage of services established under subdivision (b)(2)(A) of this section when establishing rules for the coverage of services provided under the Universal Newborn Home Visitation Program.

(c) The Universal Newborn Home Nurse Visitation Program shall:

(1) Be voluntary and carry no negative consequences for parents of a newborn infant who decline to participate in the Universal Newborn Home Nurse Visitation Program when applying for other services available to pregnant women or to all parents of newborn infants;

(2) Offer nurse visitation services in every county in the state for all newborn infants and all parents of a newborn infant residing in the county in which the Universal Newborn Home Nurse Visitation Program operates, including adoptive parents and parents experiencing a stillbirth;

(3) Include at least one (1) home nurse visit in the participating newborn infant's home within thirty (30) days after the birth of the infant;

(4) Provide the opportunity for no more than two (2) additional visits during the newborn infant's first three (3) months of life, with such additional visits occurring based on the family's choice, as well as need and availability as determined by the Universal Newborn Home Nurse Visitation Program;

(5) Require that a home nurse visit be conducted by a nurse licensed in this state;

(6) Improve state outcomes in areas including maternal health, infant health and development, and parenting skills;

(7) Include an evidence-based evaluation of the physical, emotional, and social factors affecting a parent and the parent's newborn infant, including without limitation a health and wellness check of the newborn and an assessment of the physical and mental health of a woman who has given birth;

(8) Provide support services to the parent of a newborn infant,

including without limitation breastfeeding education and assistance to a woman who has recently given birth in recognizing the symptoms of, and coping with, perinatal mood disorder;

(9) Coordinate with each hospital, birthing hospital, and birthing facility in the state to ensure that a woman who has given birth is advised of the benefits of receiving a home nurse visit within thirty (30) days after the birth of an infant, and to ensure that the Universal Newborn Home Nurse Visitation Program attempts to schedule a home nurse visit prior to the woman's discharge from the hospital or birthing facility;

(10) Develop a method for providing information about the Universal Newborn Home Nurse Visitation Program to parents who elect to have a home birth; and

(11) Provide information on, and referrals to, services that address the specific needs of newborn infants and parents of a newborn infant, including referring a woman who has given birth and the woman's infant to a central intake agency for referrals to community resources, support services, community-based organizations, or social service agency programs available to women who have given birth and their infants, and medically necessary follow-up healthcare.

20-8-1204. Administration and contracting.

The Department of Health may contract with one (1) or more third-party vendors or service providers to assist in administering the Universal Newborn Home Nurse Visitation Program established in § 20-8-1203, including hiring and staffing nurses and providing training on the home visit model utilized by the program.

20-8-1205. Resource guide.

(a) The Department of Health shall prepare a resource guide that provides information on the Universal Newborn Home Nurse Visitation Program established in § 20-8-1203 and the services available to pregnant women, women who have recently given birth, and the parents of a newborn infant born in this state.

(b) The resource guide shall be distributed at the time that the parent of a newborn infant are informed of the program and of their right to schedule a home nurse visit.

20-8-1206. Health benefit plan coverage of services under Universal Newborn Home Nurse Visitation Program.

(a) A health benefit plan that is offered, issued, or renewed in this state shall provide coverage for services provided under the Universal Newborn Home Nurse Visitation Program established in § 20-8-1203.

(b) A health benefit plan shall:

(1) Notify a covered person of the services provided by the program, upon application by the covered person for coverage of a newborn infant;

(2) Ensure that the health benefit plan does not contain any provision that requires a covered person to receive the services provided by the program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the program; and

(3) Have the discretion to determine reimbursement to healthcare providers for expenses incurred for services provided under the program, including without limitation utilizing:

(A) A value-based payment methodology;

(B) An invoice claim process;

(C) A capitated payment arrangement;

(D) A payment methodology that takes into account the need for an agency or organization providing services under the program to expand its capacity to provide services and address health disparities; or

(E) Any other payment arrangement agreed to by the health benefit plan and an agency or organization providing services under the program.

(c) A copayment, coinsurance, deductible, or any other cost-sharing shall be waived for services under the program.

(d)(1) A health benefit plan shall submit to the State Insurance Department a report on the claims submitted for services provided under the program, in a form and manner prescribed by the State Insurance Department.

(2) The information contained in the report described in subdivision (d)(1) of this section shall be shared with the Department of Health and used to assess the program.

20-8-1207. Arkansas Medicaid Program coverage of services under Universal Newborn Home Nurse Visitation Program.

(a)(1) The Arkansas Medicaid Program shall provide coverage for services provided under the Universal Newborn Home Nurse Visitation Program established in § 20-8-1203.

(2) If a beneficiary is eligible for another home visitation service through the Arkansas Medicaid Program or another program offered by the Department of Human Services, the Arkansas Medicaid Program shall not be required to provide duplicative services through the Universal Newborn Home Visitation Program.

(b) The Arkansas Medicaid Program shall:

(1) Notify a covered person of the services provided by the Universal Newborn Home Nurse Visitation Program, upon application by the covered person for coverage of a newborn infant;

(2) Ensure that the Arkansas Medicaid Program does not contain any provision that requires a covered person to receive the services provided by the Universal Newborn Home Nurse Visitation Program as a condition of coverage, or that denies or limits benefits to the covered person if that person declines the services provided under the Universal Newborn Home Nurse Visitation Program; and

(3) Have the discretion to determine how best to reimburse healthcare providers for expenses incurred for services provided under the Universal Newborn Home Nurse Visitation Program, including without limitation utilizing:

(A) A value-based payment methodology;

(B) An invoice claim process;

(C) A capitated payment arrangement;

(D) A payment methodology that takes into account the need for an agency or organization providing services under the Universal Newborn Home Nurse Visitation Program to expand its capacity to provide services and address health disparities; or

(E) Any other payment arrangement agreed to by the health benefit plan and an agency or organization providing services under the Universal Newborn Home Nurse Visitation Program.

(c) A copayment, coinsurance, deductible, or any other cost-sharing shall be waived for services under the Universal Newborn Home Nurse

Visitation Program.

(d) The Arkansas Medicaid Program shall share information on claims submitted for services provided under the Universal Newborn Home Nurse Visitation Program with the Department of Health that may be used to assess the Universal Newborn Home Nurse Visitation Program.

(e) The Department of Human Services shall apply for any federal waiver, Medicaid state plan amendment, or other authorization necessary to implement this section.

20-8-1208. Assessment of Universal Newborn Home Nurse Visitation Program.

(a)(1) The Department of Health shall collect and analyze data about the Universal Newborn Home Nurse Visitation Program established in § 20-8-1203.

(2) The data shall be used to evaluate, assess, measure, and improve the effectiveness of the Universal Newborn Home Nurse Visitation Program in achieving its purpose of supporting healthy child development and strengthening families.

(b) The department shall work with other state agencies, insurance carriers that offer health benefit plans in the state, hospitals, birthing facilities, maternal-child healthcare consortia, early childhood home visitation programs, community-based organizations, and social service providers to develop protocols concerning the timely sharing of data collected under this section, including the sharing of data with the primary care providers of parents participating in the Universal Newborn Home Nurse Visitation Program.

(c)(1) The department may contract with a third-party vendor with expertise in the model utilized by the Universal Newborn Home Nurse Visitation Program to assist with the analysis and evaluation of data collected under this section.

(2) If a contract is entered into with a third-party vendor as described in subdivision (c)(1) of this section, the department shall facilitate the sharing of data with the third-party vendor in accordance with state and federal law.

SECTION 2. DO NOT CODIFY. Implementation date.

The Department of Health shall implement this act in at least ten (10) counties, selected by the department in its discretion, on or before February 1, 2025.

/s/J. Mayberry