

**Department of Legislative Services**  
 Maryland General Assembly  
 2025 Session

**FISCAL AND POLICY NOTE**  
**Third Reader - Revised**

Senate Bill 156  
 Finance

(Senator Lewis Young)

Health and Government Operations

**Workgroup on Universal Newborn Nurse Home Visiting Services -  
 Establishment**

This bill establishes a Workgroup on Universal Newborn Nurse Home Visiting Services. The workgroup must (1) compile updated patient data and expenditures per patient from the Family Connect programs currently operating in the State; (2) compare other maternal and newborn health programs in the State and other states to the Family Connect programs; and (3) identify service gaps between the Family Connect programs and similar programs and potential funding sources to close the gaps. The Maryland Department of Health (MDH) must staff the workgroup. A member of the workgroup may not receive compensation but is entitled to reimbursement for expenses under standard State travel regulations. By December 31, 2025, the workgroup must report its findings and recommendations to the Governor and the General Assembly. **The bill takes effect July 1, 2025, and terminates June 30, 2026.**

**Fiscal Summary**

**State Effect:** MDH general fund expenditures increase by \$43,400 in FY 2026 only for contractual personnel to staff the workgroup. Revenues are not affected.

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	43,400	0	0	0	0
Net Effect	(\$43,400)	\$0	\$0	\$0	\$0

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

**Bill Summary:** The workgroup comprises (1) one member of the Senate of Maryland; (2) one member of the House of Delegates; (3) the Secretary of Health (or their designee); and (4) the following members appointed by the Governor: one representative of the Maryland Hospital Association, one representative from The Family Tree for Baltimore City, one representative from Family Connects Frederick, one representative from Family Connects Prince George's, and two members representing private insurance carriers.

**Current Law:** MDH currently has a Maternal, Infant, and Early Childhood Home Visiting program supported by a federal funding formula, which is allocated to 10 Maryland jurisdictions with communities that meet the highest need for maternal and child intervention: Baltimore City and Allegany, Baltimore, Caroline, Dorchester, Harford, Prince George's, Somerset, Washington, and Wicomico counties. Fourteen sites in these 10 jurisdictions receive funding. The federal government has approved 19 home visiting models that meet federal evidence-based criteria. In Maryland, seven of these evidence-based home visiting programs are in use (Nurse-Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters (HIPPI), Early Head Start, Family Connects, and Attachment Biobehavioral Catch-Up). In fiscal 2024, 337 infants received home visiting services through this program.

Maryland Medicaid currently offers two evidence-based home visiting models, Healthy Families America and Nurse-Family Partnership. Services are available to Medicaid enrollees who are pregnant or have delivered a child within three months. A Medicaid enrollee can obtain services through a provider in their managed care organization network. Approximately 200 households receive home visiting services through Medicaid annually.

**State Expenditures:** Under the bill, MDH must provide staff to the workgroup, which must compile updated patient data and expenditures per patient from the three Family Connect programs operating in the State, compare such data with other maternal and newborn health programs, and identify service gaps and potential funding sources to close the gaps. MDH advises that contractual services are required to staff the workgroup and complete the report within the six-month timeframe specified under the bill.

Thus, MDH expenditures increase by \$43,387 in fiscal 2026 only, which reflects the bill's July 1, 2025 effective date. This estimate reflects the cost of hiring one contractual health policy analyst to staff the workgroup and submit the report. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	1.0
Salary and Fringe Benefits	\$36,294
One-time Start-up Expenses	6,540
Ongoing Expenses	<u>553</u>
<b>Total FY 2026 State Expenditures</b>	<b>\$43,387</b>

This analysis assumes that the contractual position terminates December 31, 2025, following submission of the report. This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

### Additional Information

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** HB 334 (Delegate Kerr, *et al.*) - Health and Government Operations.

**Information Source(s):** Maryland Association of County Health Officers; Department of Budget and Management; Maryland Department of Health; Maryland Health Benefit Exchange; Maryland Insurance Administration; March of Dimes; Department of Legislative Services

**Fiscal Note History:** First Reader - January 28, 2025  
 km/ljm Third Reader - March 19, 2025  
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