

**SENATE**  
**STATE OF MINNESOTA**  
**NINETY-FIRST SESSION**

**S.F. No. 855**

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DATE	D-PG	OFFICIAL STATUS
02/07/2019	278	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
03/27/2019	1379a	Comm report: To pass as amended and re-refer to Judiciary and Public Safety Finance and Policy

1.1 A bill for an act

1.2 relating to early childhood; governing certain programs and funding for prenatal

1.3 care services; appropriating money; amending Minnesota Statutes 2018, sections

1.4 145.928, subdivisions 1, 7; 626.5561, subdivision 1; proposing coding for new

1.5 law in Minnesota Statutes, chapter 256B.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2018, section 145.928, subdivision 1, is amended to read:

1.8 Subdivision 1. **Goal; establishment.** It is the goal of the state, ~~by 2010~~, to decrease ~~by~~

1.9 ~~50 percent~~ the disparities in infant mortality rates and adult and child immunization rates

1.10 for American Indians and populations of color, as compared with rates for whites. To do

1.11 so and to achieve other measurable outcomes, the commissioner of health shall establish a

1.12 program to close the gap in the health status of American Indians and populations of color

1.13 as compared with whites in the following priority areas: infant mortality, access to and

1.14 utilization of high-quality prenatal care, breast and cervical cancer screening, HIV/AIDS

1.15 and sexually transmitted infections, adult and child immunizations, cardiovascular disease,

1.16 diabetes, and accidental injuries and violence.

1.17 Sec. 2. Minnesota Statutes 2018, section 145.928, subdivision 7, is amended to read:

1.18 Subd. 7. **Community grant program; immunization rates, prenatal care access and**

1.19 **utilization, and infant mortality rates.** (a) The commissioner shall award grants to eligible

1.20 applicants for local or regional projects and initiatives directed at reducing health disparities

1.21 in one or ~~both~~ more of the following priority areas:

1.22 (1) decreasing racial and ethnic disparities in infant mortality rates; ~~or~~

2.1 (2) decreasing racial and ethnic disparities in access to and utilization of high-quality  
 2.2 prenatal care; or

2.3 ~~(2)~~ (3) increasing adult and child immunization rates in nonwhite racial and ethnic  
 2.4 populations.

2.5 (b) The commissioner may award up to 20 percent of the funds available as planning  
 2.6 grants. Planning grants must be used to address such areas as community assessment,  
 2.7 coordination activities, and development of community supported strategies.

2.8 (c) Eligible applicants may include, but are not limited to, faith-based organizations,  
 2.9 social service organizations, community nonprofit organizations, community health boards,  
 2.10 tribal governments, and community clinics. Applicants must submit proposals to the  
 2.11 commissioner. A proposal must specify the strategies to be implemented to address one or  
 2.12 ~~both~~ more of the priority areas listed in paragraph (a) and must be targeted to achieve the  
 2.13 outcomes established according to subdivision 3.

2.14 (d) The commissioner shall give priority to applicants who demonstrate that their  
 2.15 proposed project or initiative:

2.16 (1) is supported by the community the applicant will serve;

2.17 (2) is research-based or based on promising strategies;

2.18 (3) is designed to complement other related community activities;

2.19 (4) utilizes strategies that positively impact ~~both~~ two or more priority areas;

2.20 (5) reflects racially and ethnically appropriate approaches; and

2.21 (6) will be implemented through or with community-based organizations that reflect the  
 2.22 race or ethnicity of the population to be reached.

2.23 **Sec. 3. [256B.758] REIMBURSEMENT FOR DOULA SERVICES.**

2.24 (a) Effective for doula services provided on or after July 1, 2019, the payment rate for  
 2.25 services provided by a certified doula shall be the base rate of \$47 per prenatal or postpartum  
 2.26 visit; and the base rate of \$488 for attending and providing doula services at the birth.

2.27 (b) Prior authorization for prenatal or postpartum visits shall not be required for the first  
 2.28 six visits per pregnancy, not including the birth.

3.1 Sec. 4. Minnesota Statutes 2018, section 626.5561, subdivision 1, is amended to read:

3.2 Subdivision 1. **Reports required.** (a) Except as provided in paragraph (b), a person  
3.3 mandated to report under section 626.556, subdivision 3, shall immediately report to the  
3.4 local welfare agency if the person knows or has reason to believe that a woman is pregnant  
3.5 and has used a controlled substance for a nonmedical purpose during the pregnancy,  
3.6 including, but not limited to, tetrahydrocannabinol, or has consumed alcoholic beverages  
3.7 during the pregnancy in any way that is habitual or excessive.

3.8 (b) A health care professional or a social service professional who is mandated to report  
3.9 under section 626.556, subdivision 3, is exempt from reporting under paragraph (a) a  
3.10 ~~woman's use or consumption of tetrahydrocannabinol or alcoholic beverages during~~  
3.11 ~~pregnancy~~ if the professional is providing the woman with prenatal care or other health care  
3.12 services.

3.13 (c) Any person may make a voluntary report if the person knows or has reason to believe  
3.14 that a woman is pregnant and has used a controlled substance for a nonmedical purpose  
3.15 during the pregnancy, including, but not limited to, tetrahydrocannabinol, or has consumed  
3.16 alcoholic beverages during the pregnancy in any way that is habitual or excessive.

3.17 (d) An oral report shall be made immediately by telephone or otherwise. An oral report  
3.18 made by a person required to report shall be followed within 72 hours, exclusive of weekends  
3.19 and holidays, by a report in writing to the local welfare agency. Any report shall be of  
3.20 sufficient content to identify the pregnant woman, the nature and extent of the use, if known,  
3.21 and the name and address of the reporter. The local welfare agency shall accept a report  
3.22 made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the  
3.23 reporter's name or address as long as the report is otherwise sufficient.

3.24 (e) For purposes of this section, "prenatal care" means the comprehensive package of  
3.25 medical and psychological support provided throughout the pregnancy.

3.26 Sec. 5. **APPROPRIATION.**

3.27 \$5,000,000 in fiscal year 2020 and \$5,000,000 in fiscal year 2021 are appropriated from  
3.28 the general fund to the commissioner of health for grants under Minnesota Statutes, section  
3.29 145.928, subdivision 7, paragraph (a), clause (2), to decrease racial and ethnic disparities  
3.30 in access to and utilization of high-quality prenatal care. This amount is in addition to base  
3.31 appropriations and funding.