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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 974

02/16/2015 Authored by McDonald, Halverson, Mack, Liebling, Pierson and others
The bill was read for the first time and referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; appropriating money for programs related to reducing
1.3 fetal alcohol syndrome and related effects.

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

1.5 Section 1. APPROPRIATION.

1.6 (a) \$2,000,000 in fiscal year 2016 and \$2,000,000 in fiscal year 2017 are appropriated
1.7 from the general fund to the commissioner of human services for a grant to the Minnesota
1.8 Organization on Fetal Alcohol Syndrome (MOFAS). Of this amount, MOFAS shall
1.9 make grants to regional collaboratives that must fulfill the requirements in paragraph
1.10 (c). MOFAS may retain up to eight percent of the appropriation for administrative costs
1.11 and technical support to grantees.

1.12 (b) Eligible regional collaboratives are defined as partnerships between at least
1.13 one local government and at least one community-based organization. One regional
1.14 collaborative must include Olmsted County and one must include St. Louis County.
1.15 For purposes of this paragraph, a local government includes a county or multicounty
1.16 organization, a tribal government, a county-based purchasing entity, or a local public
1.17 health board.

1.18 (c) Collaboratives must use grant funds to reduce the incidence of fetal alcohol
1.19 syndrome disorders and other prenatal drug-related effects in children in Minnesota by
1.20 identifying and serving pregnant women suspected of or known to use or abuse alcohol or
1.21 other drugs. The collaboratives must provide intensive services to chemically dependent
1.22 women in order to increase positive birth outcomes.

1.23 (d) MOFAS must make grants to collaboratives from both rural and urban areas.

- 2.1 (e) A grant recipient must report to the commissioner of human services annually by
2.2 January 15 on the services and programs funded by the appropriation. The report must
2.3 include measurable outcomes for the previous year, including the number of pregnant
2.4 women served and the number of toxic-free babies born.