State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 1047

02/28/2013 Authored by Loeffler, Abeler, Laine, Allen and Moran
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
03/04/2013 By motion, recalled and re-referred to the Committee on Early Childhood and Youth Development Policy
03/07/2013 Adoption of Report: Pass and re-referred to the Committee on Health and Human Services Policy

A bill for an act

relating to state government; requiring development of outreach, public education, and screening for maternal depression; expanding medical assistance eligibility for pregnant women and infants; requiring the commissioner of human services to provide technical assistance related to maternal depression screening and referrals; adding parenting skills to adult rehabilitative mental health services; expanding Minnesota health care program outreach; requiring reports; appropriating money; amending Minnesota Statutes 2012, sections 125A.27, subdivision 11; 145.906; 145A.17, subdivision 1; 214.12, by adding a subdivision; 256B.04, by adding a subdivision; 256B.055, subdivisions 5, 6; 256B.057, subdivision 1; 256B.0623, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 145; repealing Minnesota Statutes 2012, section 256J.24, subdivision 6.

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

ARTICLE 1

HEALTH CARE

Section 1. Minnesota Statutes 2012, section 145.906, is amended to read:

145.906 POSTPARTUM DEPRESSION EDUCATION AND INFORMATION.

(a) The commissioner of health shall work with health care facilities, licensed health and mental health care professionals, the women, infants, and children (WIC) program, mental health advocates, consumers, and families in the state to develop materials and information about postpartum depression, including treatment resources, and develop policies and procedures to comply with this section.

(b) Physicians, traditional midwives, and other licensed health care professionals providing prenatal care to women must have available to women and their families information about postpartum depression.

(c) Hospitals and other health care facilities in the state must provide departing new mothers and fathers and other family members, as appropriate, with written information about postpartum depression, including its symptoms, methods of coping with the illness, and treatment resources.

(d) Information about postpartum depression, including its symptoms, potential impact on families, and treatment resources, must be available at WIC sites.

(e) The commissioner of health, in collaboration with the commissioner of human services and to the extent authorized by the federal Centers for Disease Control and Prevention, shall reduce racial disparities in postpartum information reported in surveys of maternal attitudes and experiences before, during, and after pregnancy, such as those conducted by the commissioner of health.

Sec. 2. **[145.907] MATERNAL DEPRESSION; DEFINITION.**

"Maternal depression" means depression or other perinatal mood or anxiety disorder experienced by a woman during pregnancy or during the first two years following the birth of her child.

Sec. 3. Minnesota Statutes 2012, section 145A.17, subdivision 1, is amended to read:

Subdivision 1. **Establishment; goals.** The commissioner shall establish a program to fund family home visiting programs designed to foster healthy beginnings, improve pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce juvenile delinquency, promote positive parenting and resiliency in children, and promote family health and economic self-sufficiency for children and families. The commissioner shall promote partnerships, collaboration, and multidisciplinary visiting done by teams of professionals and paraprofessionals from the fields of public health nursing, social work, and early childhood education. A program funded under this section must serve families at or below 200 percent of the federal poverty guidelines, and other families determined to be at risk, including but not limited to being at risk for child abuse, child neglect, or juvenile delinquency. Programs must begin prenatally whenever possible and must be targeted to families with:

(1) adolescent parents;

(2) a history of alcohol or other drug abuse;

(3) a history of child abuse, domestic abuse, or other types of violence;

(4) a history of domestic abuse, rape, or other forms of victimization;

(5) reduced cognitive functioning;

(6) a lack of knowledge of child growth and development stages;

(7) low resiliency to adversities and environmental stresses;

(8) insufficient financial resources to meet family needs;

(9) a history of homelessness;

(10) a risk of long-term welfare dependence or family instability due to employment barriers; ~~or~~

(11) a serious mental health disorder, including maternal depression as defined in section 145.907; or

~~(11)~~ (12) other risk factors as determined by the commissioner.

Sec. 4. Minnesota Statutes 2012, section 256B.04, is amended by adding a subdivision to read:

Subd. 22. **Maternal depression screening and referral.** (a) The commissioner shall provide technical assistance to health care providers to improve maternal depression screening and referral rates for medical assistance and MinnesotaCare enrollees. The technical assistance must include, but is not limited to, the provision of information on culturally competent practice, administrative and legal liability issues, and best practices for discussing mental health issues with patients.

(b) The commissioner, in consultation with the commissioners of health and education, shall monitor: (1) maternal depression screening and referral rates based on medical assistance and MinnesotaCare claims and Pregnancy Risk Assessment Monitoring System (PRAMS) survey findings; and (2) the impact of improved screening and referral rates on child well-being using a variety of methods, including but not limited to analyzing trends in measures of children's school readiness. The information must be publicly available and reported annually on the agency Web site.

(c) For purposes of this subdivision, "maternal depression" has the meaning provided in section 145.907.

Sec. 5. Minnesota Statutes 2012, section 256B.055, subdivision 5, is amended to read:

Subd. 5. **Pregnant women; dependent unborn child.** Medical assistance may be paid for a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse, who meets the other eligibility criteria of this section and who would be categorically eligible for assistance under the state's AFDC plan in effect as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, if the child had been born and was living with the woman. For purposes of this subdivision, a woman is considered pregnant for ~~60 days~~ two years postpartum.

EFFECTIVE DATE. This section is effective July 1, 2013, or upon federal approval, whichever is later.

Sec. 6. Minnesota Statutes 2012, section 256B.055, subdivision 6, is amended to read:

Subd. 6. **Pregnant women; needy unborn child.** Medical assistance may be paid for a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse, who meets the other eligibility criteria of this section and whose unborn child would be eligible as a needy child under subdivision 10 if born and living with the woman. For purposes of this subdivision, a woman is considered pregnant for ~~60 days~~ two years postpartum.

EFFECTIVE DATE. This section is effective July 1, 2013, or upon federal approval, whichever is later.

Sec. 7. Minnesota Statutes 2012, section 256B.057, subdivision 1, is amended to read:

Subdivision 1. **Infants and pregnant women.** (a)(1) An infant less than one year of age or a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse is eligible for medical assistance if countable family income is equal to or less than 275 percent of the federal poverty guideline for the same family size. For purposes of this subdivision, "countable family income" means the amount of income considered available using the methodology of the AFDC program under the state's AFDC plan as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, except for the earned income disregard and employment deductions.

(2) For applications processed within one calendar month prior to the effective date, eligibility shall be determined by applying the income standards and methodologies in effect prior to the effective date for any months in the six-month budget period before that date and the income standards and methodologies in effect on the effective date for any months in the six-month budget period on or after that date. The income standards for each month shall be added together and compared to the applicant's total countable income for the six-month budget period to determine eligibility.

(b)(1) [Expired, 1Sp2003 c 14 art 12 s 19]

(2) For applications processed within one calendar month prior to July 1, 2003, eligibility shall be determined by applying the income standards and methodologies in effect prior to July 1, 2003, for any months in the six-month budget period before July 1, 2003, and the income standards and methodologies in effect on the expiration date for any months in the six-month budget period on or after July 1, 2003. The income standards

for each month shall be added together and compared to the applicant's total countable income for the six-month budget period to determine eligibility.

(3) An amount equal to the amount of earned income exceeding 275 percent of the federal poverty guideline, up to a maximum of the amount by which the combined total of 185 percent of the federal poverty guideline plus the earned income disregards and deductions allowed under the state's AFDC plan as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Act of 1996 (PRWORA), Public Law 104-193, exceeds 275 percent of the federal poverty guideline will be deducted for pregnant women and infants less than one year of age.

(c) Dependent care and child support paid under court order shall be deducted from the countable income of pregnant women.

(d) An infant born to a woman who was eligible for and receiving medical assistance on the date of the child's birth shall continue to be eligible for medical assistance without redetermination until the child's ~~first~~ second birthday.

EFFECTIVE DATE. This section is effective July 1, 2013, or upon federal approval, whichever is later.

Sec. 8. Minnesota Statutes 2012, section 256B.0623, subdivision 2, is amended to read:

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Adult rehabilitative mental health services" means mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living, parenting, and community skills, when these abilities are impaired by the symptoms of mental illness. Adult rehabilitative mental health services are also appropriate when provided to enable a recipient to retain stability and functioning, if the recipient would be at risk of significant functional decompensation or more restrictive service settings without these services.

(1) Adult rehabilitative mental health services instruct, assist, and support the recipient in areas such as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, parenting, and transition to community living services.

(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's home or another community setting or in groups.

(b) "Medication education services" means services provided individually or in groups which focus on educating the recipient about mental illness and symptoms; the role and effects of medications in treating symptoms of mental illness; and the side effects of medications. Medication education is coordinated with medication management services and does not duplicate it. Medication education services are provided by physicians, pharmacists, physician's assistants, or registered nurses.

(c) "Transition to community living services" means services which maintain continuity of contact between the rehabilitation services provider and the recipient and which facilitate discharge from a hospital, residential treatment program under Minnesota Rules, chapter 9505, board and lodging facility, or nursing home. Transition to community living services are not intended to provide other areas of adult rehabilitative mental health services.

ARTICLE 2

MISCELLANEOUS

Section 1. Minnesota Statutes 2012, section 125A.27, subdivision 11, is amended to read:

Subd. 11. **Interagency child find systems.** "Interagency child find systems" means activities developed on an interagency basis with the involvement of interagency early intervention committees and other relevant community groups using rigorous standards to actively seek out, identify, and refer infants and young children, with, or at risk of, disabilities, and their families, including a child under the age of three who:

(1) is involved in a substantiated case of abuse or neglect~~, or~~;

(2) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, to reduce the need for future services; or

(3) has a parent with a diagnosis of depression or other serious mental illness within the prior three years.

Sec. 2. Minnesota Statutes 2012, section 214.12, is amended by adding a subdivision to read:

Subd. 4. **Parental depression.** (a) The health-related licensing boards that regulate professions that serve caregivers at risk of depression, or their children, including behavioral health and therapy, chiropractic, marriage and family therapy, medical practice, nursing, psychology, and social work, shall require licensees to receive education on the subject of parental depression and its potential effects on children if unaddressed, including how to:

(1) screen mothers for depression;

(2) identify children who are affected by their mother's depression; and

(3) provide treatment or referral information on needed services.

(b) The health-related licensing boards shall require at least two hours of continuing education credit each reporting period on delivery of culturally competent services to parents with depression.

Sec. 3. **INSTRUCTIONS TO COMMISSIONERS; PLAN.**

(a) By January 15, 2014, the commissioners of human services, health, and education shall develop a joint plan to reduce the prevalence of parental depression and other serious mental illness and the potential impact of unaddressed parental mental illness on children. The plan must include specific goals, outcomes, and recommended measures to determine the impact of interventions on the incidence of parental depression and child well-being, including early childhood screening and the school readiness of high-risk children. The plan shall address ways to encourage a multigenerational approach to adult mental health and child well-being in public health, health care, adult and child mental health, child welfare, and other relevant programs and policies, and include recommendations to increase public awareness about untreated parental depression and its potential harmful impact on children.

(b) The commissioners shall convene a multisector, multidisciplinary task force to identify key goals and objectives to be included in the plan. The task force shall include, but not be limited to, health providers, mental health providers, researchers, early childhood professionals, and advocates.

(c) Jointly prepared biennial reports must be submitted to the legislature beginning December 15, 2015. The reports must address progress on plan implementation, budget and policy recommendations, and data on access to relevant services and resources reported by race, geography, and income. The reports must address progress in achieving goals established by Minnesota Milestones or other relevant statewide goals.

(d) The Department of Human Services is the lead agency and is responsible for compiling data, developing joint performance measures, and defining the roles and responsibilities of collaborating agencies and divisions in order to reduce the prevalence of maternal depression and its adverse impact on child development and is responsible for submitting the initial plan and the biennial plans.

Sec. 4. **REPEALER.**

Minnesota Statutes 2012, section 256J.24, subdivision 6, is repealed.

ARTICLE 3

APPROPRIATIONS

Section 1. **MENTAL HEALTH CONSULTATION.**

$..... in fiscal year 2014 and $..... in fiscal year 2015 are appropriated from the general fund to the commissioner of human services to provide mental health consultation to child care centers, family day care providers, and legally unlicensed family child care providers in order to reduce the number of children expelled from these programs due to behavioral, emotional, and developmental issues.

Sec. 2. **CHILDREN'S MENTAL HEALTH GRANTS.**

$..... in fiscal year 2014 and $..... in fiscal year 2015 are appropriated from the general fund to the commissioner of human services for children's mental health grants.

Sec. 3. **HEAD START PROGRAMS.**

(a) $..... in fiscal year 2014 and $..... in fiscal year 2015 are appropriated from the general fund to the commissioner of education for Head Start programs under Minnesota Statutes, section 119A.52. Funds from this appropriation must be used by Head Start programs to provide training to its staff on maternal depression and other mental illnesses that may affect a child's parent or guardian.

(b) $..... from the appropriation identified in paragraph (a) for fiscal year 2014 is to be used for early Head Start programs.

Sec. 4. **HOME VISITING PROGRAMS.**

$..... in fiscal year 2014 and $..... in fiscal year 2015 are appropriated from the general fund to the commissioner of health for family home visiting programs under Minnesota Statutes, section 145A.17.

APPENDIX
Article locations in 13-1852

256J.24 FAMILY COMPOSITION; ASSISTANCE STANDARDS; EXIT LEVEL.

Subd. 6. **Family cap.** (a) MFIP assistance units shall not receive an increase in the cash portion of the transitional standard as a result of the birth of a child, unless one of the conditions under paragraph (b) is met. The child shall be considered a member of the assistance unit according to subdivisions 1 to 3, but shall be excluded in determining family size for purposes of determining the amount of the cash portion of the transitional standard under subdivision 5. The child shall be included in determining family size for purposes of determining the food portion of the transitional standard. The transitional standard under this subdivision shall be the total of the cash and food portions as specified in this paragraph. The family wage level under this subdivision shall be based on the family size used to determine the food portion of the transitional standard.

(b) A child shall be included in determining family size for purposes of determining the amount of the cash portion of the MFIP transitional standard when at least one of the following conditions is met:

(1) for families receiving MFIP assistance on July 1, 2003, the child is born to the adult parent before May 1, 2004;

(2) for families who apply for the diversionary work program under section 256J.95 or MFIP assistance on or after July 1, 2003, the child is born to the adult parent within ten months of the date the family is eligible for assistance;

(3) the child was conceived as a result of a sexual assault or incest, provided that the incident has been reported to a law enforcement agency;

(4) the child's mother is a minor caregiver as defined in section 256J.08, subdivision 59, and the child, or multiple children, are the mother's first birth;

(5) the child is the mother's first child subsequent to a pregnancy that did not result in a live birth; or

(6) any child previously excluded in determining family size under paragraph (a) shall be included if the adult parent or parents have not received benefits from the diversionary work program under section 256J.95 or MFIP assistance in the previous ten months. An adult parent or parents who reapply and have received benefits from the diversionary work program or MFIP assistance in the past ten months shall be under the ten-month grace period of their previous application under clause (2).

(c) Income and resources of a child excluded under this subdivision, except child support received or distributed on behalf of this child, must be considered using the same policies as for other children when determining the grant amount of the assistance unit.

(d) The caregiver must assign support and cooperate with the child support enforcement agency to establish paternity and collect child support on behalf of the excluded child. Failure to cooperate results in the sanction specified in section 256J.46, subdivisions 2 and 2a. Current support paid on behalf of the excluded child shall be distributed according to section 256.741, subdivision 15.

(e) County agencies must inform applicants of the provisions under this subdivision at the time of each application and at recertification.

(f) Children excluded under this provision shall be deemed MFIP recipients for purposes of child care under chapter 119B.