

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH LEGISLATURE

S.F. No. 321

(SENATE AUTHORS: SHERAN, Rosen, Hayden, Carlson and Franzen)

DATE	D-PG	OFFICIAL STATUS
02/07/2013	170	Introduction and first reading Referred to Health, Human Services and Housing
02/21/2013		Comm report: To pass as amended Second reading

1.1 A bill for an act
 1.2 relating to health; amending the duties and reporting dates for an existing task
 1.3 force on prematurity; amending Laws 2011, First Special Session chapter 9,
 1.4 article 2, section 27.

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

1.6 Section 1. Laws 2011, First Special Session chapter 9, article 2, section 27, is amended
 1.7 to read:

1.8 Sec. 27. **MINNESOTA TASK FORCE ON PREMATUREITY.**

1.9 Subdivision 1. **Establishment.** The Minnesota Task Force on Prematurity is
 1.10 established to evaluate and make recommendations on methods for reducing prematurity
 1.11 and improving premature infant health care in the state.

1.12 Subd. 2. **Membership; meetings; staff.** (a) The task force shall be composed of at
 1.13 least the following members, who serve at the pleasure of their appointing authority:

1.14 (1) 15 representatives of the Minnesota Prematurity Coalition including, but not
 1.15 limited to, health care providers who treat pregnant women or neonates, organizations
 1.16 focused on preterm births, early childhood education and development professionals, and
 1.17 families affected by prematurity;

1.18 (2) one representative appointed by the commissioner of human services;

1.19 (3) two representatives appointed by the commissioner of health;

1.20 (4) one representative appointed by the commissioner of education;

1.21 (5) two members of the house of representatives, one appointed by the speaker of
 1.22 the house and one appointed by the minority leader; and

1.23 (6) two members of the senate, appointed according to the rules of the senate.

1.24 (b) Members of the task force serve without compensation or payment of expenses.

2.1 (c) The commissioner of health must convene the first meeting of the Minnesota
 2.2 Task Force on Prematurity by July 31, 2011. The task force must continue to meet at
 2.3 least quarterly. Staffing and technical assistance shall be provided by the Minnesota
 2.4 Perinatal Coalition.

2.5 Subd. 3. **Duties.** The task force must report the current state of prematurity in
 2.6 Minnesota and develop recommendations on strategies for reducing prematurity and
 2.7 improving premature infant health care in the state by ~~considering the following:~~

2.8 (1) ensuring adherence to standards of care for premature infants born less than 37
 2.9 weeks gestational age, including recommendations to improve utilization of appropriate
 2.10 hospital discharge and follow-up care procedures;

2.11 (2) coordination of information among appropriate professional and advocacy
 2.12 organizations on measures to improve health care for infants born prematurely; and

2.13 (3) identification and centralization of available resources to improve access and
 2.14 awareness for caregivers of premature infants; ;

2.15 ~~(4) development and dissemination of evidence-based practices through networking~~
 2.16 ~~and educational opportunities;~~

2.17 ~~(5) a review of relevant evidence-based research regarding the causes and effects of~~
 2.18 ~~premature births in Minnesota;~~

2.19 ~~(6) a review of relevant evidence-based research regarding premature infant health~~
 2.20 ~~care, including methods for improving quality of and access to care for premature infants;~~

2.21 ~~(7) a review of the potential improvements in health status related to the use of~~
 2.22 ~~health care homes to provide and coordinate pregnancy-related services; and~~

2.23 ~~(8) identification of gaps in public reporting measures and possible effects of these~~
 2.24 ~~measures on prematurity rates.~~

2.25 Subd. 4. **Report; expiration.** (a) By ~~November 30, 2011~~ January 15, 2015, the
 2.26 task force must submit a final report to the chairs of the legislative policy committees
 2.27 on health and human services on the current state of prematurity in Minnesota to the
 2.28 chairs of the legislative policy committees on health and human services, including any
 2.29 recommendations to reduce premature births and improve premature infant health in
 2.30 the state.

2.31 ~~(b) By January 15, 2013, the task force must report its final recommendations,~~
 2.32 ~~including any draft legislation necessary for implementation, to the chairs of the legislative~~
 2.33 ~~policy committees on health and human services.~~

2.34 ~~(c)~~ (b) This task force expires on January 31, ~~2013~~ 2015, or upon submission of the
 2.35 final report required in paragraph ~~(b)~~ (a), whichever is earlier.