

State of Minnesota

H. F. No. 1197

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03/08/2021 Adoption of Report: Re-referred to the Committee on Health Finance and Policy

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

1.7 WITH YOUNG CHILDREN.

1.9 and have the meanings given them.

1.10 (b) "Evidence-based home visiting program" means a program that:

1.12 in relevant, empirically based knowledge;

1.14 organization, institution of higher education, or national or state public health institute;

1.16 and continuous quality improvement;

1.17 (4) has demonstrated significant, sustained positive outcomes; and

1.18 (5) either:

1.20 evaluation results have been published in a peer-reviewed journal; or

2.1 (ii) is based on quasi-experimental research using two or more separate, comparable
2.2 client samples.

2.3 (c) "Evidence-informed home visiting program" means a program that:

2.4 (1) has data or evidence demonstrating effectiveness at achieving positive outcomes for
2.5 pregnant women and young children; and

2.6 (2) either:

2.7 (i) has an active evaluation of the program; or

2.8 (ii) has a plan and timeline for an active evaluation of the program to be conducted.

2.9 (d) "Health equity" means every individual has a fair opportunity to attain the individual's
2.10 full health potential and no individual is disadvantaged from achieving this potential.

2.11 (e) "Promising practice home visiting program" means a program that has shown
2.12 improvement toward achieving positive outcomes for pregnant women or young children.

2.13 Subd. 2. **Grants for home visiting programs.** (a) The commissioner of health shall
2.14 award grants to community health boards, nonprofit organizations, and tribal nations to start
2.15 up or expand voluntary home visiting programs serving pregnant women and families with
2.16 young children. Home visiting programs supported under this section shall provide voluntary
2.17 home visits by early childhood professionals or health professionals, including but not
2.18 limited to nurses, social workers, early childhood educators, and trained paraprofessionals.
2.19 Grant money shall be used to:

2.20 (1) establish or expand evidence-based, evidence-informed, or promising practice home
2.21 visiting programs that address health equity and utilize community-driven health strategies;

2.22 (2) serve families with young children or pregnant women who have high needs or are
2.23 high-risk, including but not limited to a family with low income, a parent or pregnant woman
2.24 with a mental illness or a substance use disorder, or a parent or pregnant woman experiencing
2.25 housing instability or domestic abuse; and

2.26 (3) improve program outcomes in two or more of the following areas:

2.27 (i) maternal and newborn health;

2.28 (ii) school readiness and achievement;

2.29 (iii) family economic self-sufficiency;

2.30 (iv) coordination and referral for other community resources and supports;

2.31 (v) reduction in child injuries, abuse, or neglect; or

3.1 (vi) reduction in crime or domestic violence.

3.2 (b) Grants awarded to evidence-informed and promising practice home visiting programs
3.3 must include money to evaluate program outcomes for up to four of the areas listed in
3.4 paragraph (a), clause (3).

3.5 Subd. 3. **Grant prioritization.** (a) In awarding grants, the commissioner shall give
3.6 priority to community health boards, nonprofit organizations, and tribal nations seeking to
3.7 expand home visiting services with community or regional partnerships.

3.8 (b) The commissioner shall allocate at least 75 percent of the grant money awarded each
3.9 grant cycle to evidence-based home visiting programs that address health equity and up to
3.10 25 percent of the grant money awarded each grant cycle to evidence-informed or promising
3.11 practice home visiting programs that address health equity and utilize community-driven
3.12 health strategies.

3.13 Subd. 4. **Administrative costs.** The commissioner may use up to seven percent of the
3.14 annual appropriation under this section to provide training and technical assistance and to
3.15 administer and evaluate the program. The commissioner may contract for training,
3.16 capacity-building support for grantees or potential grantees, technical assistance, and
3.17 evaluation support.

3.18 Subd. 5. **Use of state general fund appropriations.** Appropriations dedicated to
3.19 establishing or expanding evidence-based home visiting programs shall, for grants awarded
3.20 on or after July 1, 2021, be awarded according to this section. This section shall not govern
3.21 grant awards of federal funds for home visiting programs and shall not govern grant awards
3.22 using state general fund appropriations dedicated to establishing or expanding nurse-family
3.23 partnership home visiting programs.

3.24 Sec. 2. **APPROPRIATION; HOME VISITING FOR PREGNANT WOMEN AND**
3.25 **FAMILIES WITH YOUNG CHILDREN.**

3.26 \$16,500,000 in fiscal year 2022 and \$16,500,000 in fiscal year 2023 are appropriated
3.27 from the general fund to the commissioner of health for grants for home visiting services
3.28 under Minnesota Statutes, section 145.87. The base funding for this program is \$16,500,000
3.29 in each of fiscal years 2024 and 2025.