

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1954

03/17/2015 Authored by Hausman, Peppin, Melin, Peterson, Wills and others

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health; creating a Minnesota Stillbirth Task Force.

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

1.4 Section 1. **MINNESOTA STILLBIRTH TASK FORCE.**

1.5 Subdivision 1. **Members.** (a) The Minnesota Stillbirth Task Force is composed of
1.6 19 members appointed as follows:

1.7 (1) two members of the senate, one appointed by the majority leader and one
1.8 appointed by the minority leader;

1.9 (2) two members of the house of representatives, one appointed by the speaker of the
1.10 house, and one appointed by the minority leader of the house of representatives;

1.11 (3) four members who are family members affected by stillbirth, two of whom shall
1.12 be appointed by the majority leader of the senate, and two of whom shall be appointed by
1.13 the speaker of the house;

1.14 (4) one member who is an obstetrician appointed by the Minnesota Chapter of
1.15 the American Congress of Obstetricians and Gynecologists or the Minnesota Medical
1.16 Association;

1.17 (5) one member who is a pathologist with expertise in fetal/placental pathology
1.18 appointed by the Minnesota Association of Pathologists;

1.19 (6) one member who is a nurse employed in the care of obstetrical patients appointed
1.20 by the Minnesota Board of Nursing;

1.21 (7) one member who is a licensed mental health professional with a practice focusing
1.22 on the care of stillbirth families appointed by the Mental Health Association of Minnesota;

1.23 (8) one member appointed by the Minnesota Hospital Association;

(9) four members who represent stillbirth advocacy groups focusing on education and prevention, two of whom shall be appointed by the speaker of the house and two of whom shall be appointed by the majority leader of the senate;

(10) one member appointed by the commissioner of health; and

(11) one member appointed by the commissioner of human services.

(b) Appointments must be made by September 1, 2015. The senate member appointed by the majority leader of the senate shall convene the first meeting of the task force no later than October 1, 2015. The task force shall elect a chair from among members at the first meeting. The task force shall meet at least six times per year.

(c) Minnesota Statutes, section 15.059, except for Minnesota Statutes, section 15.059, subdivision 2, shall apply to the task force and to all task force member appointments.

Subd. 2. **Duties.** (a) The task force shall: (1) develop a statewide strategic plan that focuses on improving stillbirth awareness and identifying the risks and causes of stillbirth; and (2) make recommendations to reduce the number of stillbirths. The task force shall also focus on how to improve quality data collection and provide support for bereaved families.

(b) As part of developing the strategic plan, the task force shall consider the following:

(1) providing Family Medical Leave Act benefits for stillbirth families;

(2) providing insurance coverage for fetal autopsies;

(3) providing onetime tax deduction for stillbirth families;

(4) developing standardized protocols based on the Iowa stillbirth dataset for evaluating and documenting stillbirths;

(5) developing standardized care for families when stillbirth occurs;

(6) providing training for health professionals involved in the care of stillbirth families; and

(7) implementing research on stillbirth risk identification, management, and strategies to increase needed research in order to reduce stillbirths.

(c) The task force shall coordinate with existing efforts relating to fetal death at the Departments of Education, Health, and Human Services, and at the University of Minnesota and other agencies and organizations as the task force deems appropriate.

Subd. 3. **Report.** The task force shall submit its strategic plan to the legislature by January 15, 2017. The task force shall continue to provide assistance with the implementation of the strategic plan, as approved by the legislature, and shall submit a progress report by January 15, 2018, and by January 15, 2019, on the implementation status of the strategic plan, including any draft legislation necessary for implementation.

Subd. 4. **Staff.** The Legislative Coordinating Commission shall provide staff and administrative services for the task force. The task force may request technical support

3.1 from the Departments of Health, Human Services, Commerce, and the Office of Higher
3.2 Education.

3.3 Subd. 5. **Definition.** For purposes of this section, stillbirth means the death of a fetus
3.4 anytime after the 20th week of pregnancy and may be referred to as intrauterine fetal death.

3.5 Subd. 6. **Expiration.** The task force expires June 30, 2019.