A bill for an act

relating to health; requiring the commissioner of health to conduct a study to determine the extent of prenatal drug exposure in babies born in Minnesota; appropriating money.

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

Section 1. **STUDY ON PRENATAL DRUG EXPOSURE.**

(a) The commissioner of health, in consultation with the University of Minnesota Department of Epidemiology and the Minnesota Hospital Association, shall conduct a study by collecting and analyzing data to determine the prevalence of prenatal illicit drug exposure in order to assist the legislature in directing resources to address early intervention and the special needs of these infants. The study shall involve obtaining the information described in paragraph (c) and testing specimens of the meconium of at least 3,000 infants born in Minnesota.

(b) The commissioner, in consultation with the Minnesota Hospital Association, shall identify no less than three hospitals with at least one of the hospitals located outside the seven-county metropolitan area to participate in the study. The participating hospitals shall collect a meconium specimen from a specified number of randomly selected infants who are born at the participating hospital during the period of time identified in the study. The specimen shall be processed at a laboratory specified by the commissioner for the presence of methamphetamine, cocaine, morphine and morphine derivatives, and tetrahydrocannabinol (THC).

(c) In addition to the specimen collection, the participating hospital shall collect and submit to the commissioner the following information for each of the randomly selected births:

(1) maternal demographics, including age, marital status, and county of residence;

(2) any maternal complications, including placental abruption, preterm labor, or preeclampsia;

(3) birth weight;

(4) gestational age;

(5) admission of the infant to a neonatal intensive care unit;

(6) preterm labor;

(7) infant complications, including a low Apgar score or birth defects; and

(8) any maternal report of illicit drug usage during pregnancy.

(d) The commissioner shall analyze the information received from the participating hospitals and the processed specimens to determine:

(1) the incidence of prenatal drug exposure by:

(i) drug;

(ii) hospital; and

(iii) county of residence;

(2) any association of preterm or low-birth weight deliveries with prenatal drug exposure;

(3) any association of maternal complications with prenatal drug exposure; and

(4) a comparison of reported maternal drug usage with the results of the specimen collected.

(e) Data submitted to the commissioner must not contain any patient identifying information. The commissioner shall provide the participating hospitals with a coded study number to be used to match the infant meconium specimens collected with the other information described in paragraph (c). Data submitted to the commissioner under this section are private data on individuals or nonpublic data as defined in Minnesota Statutes, section 13.02.

(f) By September 15, 2008, the commissioner shall submit a report of the findings of the study indicating the prevalence of prenatal drug exposure to the house and senate committees having jurisdiction.

Sec. 2. **APPROPRIATION.**

$..... is appropriated in fiscal year 2008 from the general fund to the commissioner of health to conduct the prenatal drug exposure study.