

A bill for an act

relating to health; prohibiting policy waiting periods for prenatal and maternity health insurance benefits; eliminating pregnancy as a preexisting condition; establishing a parenting support grant program; establishing an informational hotline on available pregnancy, adoption, and parental support agencies; requiring information on alpha-fetoprotein testing be provided; requiring adoption referral information be provided; requiring adoption and parenting counseling be provided; establishing an adoption tax credit; establishing civil penalties; appropriating money; amending Minnesota Statutes 2006, sections 62A.011, by adding a subdivision; 62A.041, subdivision 2; 62A.0411; 62A.047; 145.4243; proposing coding for new law in Minnesota Statutes, chapters 62A; 136A; 145; 290.

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

ARTICLE 1

PREGNANT WOMEN AND PARENT SUPPORT

Section 1. **TITLE.**

This act shall be known as the Minnesota Pregnant Women and Parent Support Act.

Sec. 2. Minnesota Statutes 2006, section 62A.011, is amended by adding a subdivision to read:

Subd. 4. **Policy waiting period.** "Policy waiting period" means a finite period of time, after a person's enrollment in a health plan, during which, under the terms of the health plan, the person is not eligible for a specific otherwise-covered benefit, or is eligible only for reduced coverage of the benefit, as compared to the coverage of the benefit after the conclusion of the period of time. The term policy waiting period does not apply if the person's ineligibility or reduced eligibility is due solely to a preexisting condition limitation.

H.F. No. 2640, as introduced - 2007-2008th Legislative Session (2007-2008)

Sec. 3. Minnesota Statutes 2006, section 62A.041, subdivision 2, is amended to read:

Subd. 2. **Limitation on coverage prohibited.** Each group policy of accident and health insurance, except for policies which only provide coverage for specified diseases, or each group subscriber contract of accident and health insurance or health maintenance contract, issued or renewed after August 1, 1987, shall include maternity benefits in the same manner as any other illness covered under the policy or contract, except that policy waiting periods, as defined in section 62A.011, subdivision 4, for these benefits may not be imposed.

EFFECTIVE DATE. This section is effective January 1, 2009, and applies to health plans issued or renewed to provide coverage to Minnesota residents on or after that date.

Sec. 4. Minnesota Statutes 2006, section 62A.0411, is amended to read:

62A.0411 MATERNITY CARE.

Every health plan as defined in section 62Q.01, subdivision 3, that provides maternity benefits must, consistent with other coinsurance, co-payment, deductible, and related contract terms, provide coverage of a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a caesarean section for a mother and her newborn. The health plan may not impose policy waiting periods, as defined in section 62A.011, subdivision 4, for these benefits. The health plan shall not provide any compensation or other nonmedical remuneration to encourage a mother and newborn to leave inpatient care before the duration minimums specified in this section.

The health plan must also provide coverage for postdelivery care to a mother and her newborn if the duration of inpatient care is less than the minimums provided in this section.

Postdelivery care consists of a minimum of one home visit by a registered nurse. Services provided by the registered nurse include, but are not limited to, parent education, assistance and training in breast and bottle feeding, and conducting any necessary and appropriate clinical tests. The home visit must be conducted within four days following the discharge of the mother and her child.

EFFECTIVE DATE. This section is effective January 1, 2009, and applies to health plans issued or renewed to provide coverage to Minnesota residents on or after that date.

Sec. 5. Minnesota Statutes 2006, section 62A.047, is amended to read:

62A.047 CHILDREN'S HEALTH SUPERVISION SERVICES AND PRENATAL CARE SERVICES.

H.F. No. 2640, as introduced - 2007-2008th Legislative Session (2007-2008)

A policy of individual or group health and accident insurance regulated under this chapter, or individual or group subscriber contract regulated under chapter 62C, health maintenance contract regulated under chapter 62D, or health benefit certificate regulated under chapter 64B, issued, renewed, or continued to provide coverage to a Minnesota resident, must provide coverage for child health supervision services and prenatal care services. The policy, contract, or certificate must specifically exempt reasonable and customary charges for child health supervision services and prenatal care services from a deductible, co-payment, or other coinsurance or dollar limitation requirement. This section does not prohibit the use of ~~policy waiting periods or~~ preexisting condition limitations for these services. The policy, contract, or certificate may not impose policy waiting periods, as defined in section 62A.011, subdivision 4, for these benefits. Minimum benefits may be limited to one visit payable to one provider for all of the services provided at each visit cited in this section subject to the schedule set forth in this section. Nothing in this section applies to a commercial health insurance policy issued as a companion to a health maintenance organization contract, a policy designed primarily to provide coverage payable on a per diem, fixed indemnity, or nonexpense incurred basis, or a policy that provides only accident coverage.

"Child health supervision services" means pediatric preventive services, appropriate immunizations, developmental assessments, and laboratory services appropriate to the age of a child from birth to age six, and appropriate immunizations from ages six to 18, as defined by Standards of Child Health Care issued by the American Academy of Pediatrics. Reimbursement must be made for at least five child health supervision visits from birth to 12 months, three child health supervision visits from 12 months to 24 months, once a year from 24 months to 72 months.

"Prenatal care services" means the comprehensive package of medical and psychosocial support provided throughout the pregnancy, including risk assessment, serial surveillance, prenatal education, and use of specialized skills and technology, when needed, as defined by Standards for Obstetric-Gynecologic Services issued by the American College of Obstetricians and Gynecologists.

EFFECTIVE DATE. This section is effective January 1, 2009, and applies to health plans issued or renewed to provide coverage to Minnesota residents on or after that date.

Sec. 6. [62A.3094] PREGNANCY AS PREEXISTING CONDITION.

No health carrier shall use pregnancy as a preexisting condition under this chapter or chapter 62C, 62D, 62H, 62Q, or 64B.

EFFECTIVE DATE. This section is effective January 1, 2009, and applies to health plans issued or renewed to provide coverage to Minnesota residents on or after that date.

Sec. 7. [136A.129] PARENTING SUPPORT GRANTS.

Subdivision 1. Establishment. A grant program is established under the supervision of the Office of Higher Education. The program awards grants to postsecondary institutions to be used to:

(1) provide counseling to students who are pregnant or the parents of young children; and

(2) provide on-campus child care services for students.

Subd. 2. Eligible institutions. A Minnesota public or private postsecondary institution is eligible to receive parenting support grants.

Subd. 3. Duties of the office. The office shall develop an application form and process for reviewing applications and awarding grants under this section.

Sec. 8. Minnesota Statutes 2006, section 145.4243, is amended to read:

145.4243 PRINTED INFORMATION.

(a) Within 90 days after July 1, 2003, the commissioner of health shall cause to be published, in English and in each language that is the primary language of two percent or more of the state's population, and shall cause to be available on the state Web site provided for under section 145.4244 the following printed materials in such a way as to ensure that the information is easily comprehensible:

(1) geographically indexed materials designed to inform the female of public and private agencies and services available to assist a female through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies, which shall include a comprehensive list of the agencies available, a description of the services they offer, and a description of the manner, including telephone numbers, in which they might be contacted or, at the option of the commissioner of health, printed materials including a toll-free, 24-hours-a-day telephone number that may be called to obtain, orally or by a tape recorded message tailored to a zip code entered by the caller, such a list and description of agencies in the locality of the caller and of the services they offer;

(2) materials designed to inform the female of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from the time when a female can be known to be pregnant to full term, including any relevant information on the possibility of the unborn child's survival and pictures or drawings representing the development of unborn children at two-week gestational

increments, provided that any such pictures or drawings must contain the dimensions of the fetus and must be realistic and appropriate for the stage of pregnancy depicted. The materials shall be objective, nonjudgmental, and designed to convey only accurate scientific information about the unborn child at the various gestational ages. The material shall also contain objective information describing the methods of abortion procedures commonly employed, the medical risks commonly associated with each procedure, the possible detrimental psychological effects of abortion, and the medical risks commonly associated with carrying a child to term; and

(3) materials with the following information concerning an unborn child of 20 weeks gestational age and at two weeks gestational increments thereafter in such a way as to ensure that the information is easily comprehensible:

- (i) the development of the nervous system of the unborn child;
- (ii) fetal responsiveness to adverse stimuli and other indications of capacity to experience organic pain; and
- (iii) the impact on fetal organic pain of each of the methods of abortion procedures commonly employed at this stage of pregnancy.

The material under this clause shall be objective, nonjudgmental, and designed to convey only accurate scientific information.

(b) The materials referred to in this section must be printed in a typeface large enough to be clearly legible. The Web site provided for under section 145.4244 shall be maintained at a minimum resolution of 70 DPI (dots per inch). All pictures appearing on the Web site shall be a minimum of 200x300 pixels. All letters on the Web site shall be a minimum of 11-point font. All information and pictures shall be accessible with an industry standard browser, requiring no additional plug-ins. The materials required under this section must be available at no cost from the commissioner of health upon request and in appropriate number to any person, facility, or hospital.

(c) By January 1, 2009, the commissioner of health shall establish a toll-free telephone number that provides callers with the information included in paragraph (a), clause (1).

Sec. 9. [145.907] ALPHA-FETOPROTEIN TESTING INFORMATION TO PREGNANT WOMEN.

When providing counseling to women who are considering having an alpha-fetoprotein test performed, physicians, traditional midwives, and other licensed health care professionals providing prenatal care to women must provide women with

information to be determined by the Department of Health about the test, including the accuracy of the results and options for further testing.

Sec. 10. [145.9251] ADOPTION REFERRAL INFORMATION REQUIRED.

An organization, agency, clinic, or health care center receiving state funds to provide pregnancy or family planning services must provide adoption referral information. For purposes of this section, "state funds" are funds awarded under sections 145.4235 and 145.925.

Sec. 11. [145.9252] ADOPTION AND PARENTING COUNSELING.

A maternity group home in this state receiving federal funds must provide adoption and parenting skills counseling to its residents to the extent permitted under federal rules.

Sec. 12. [290.0678] ADOPTION CREDIT.

Subdivision 1. **Credit allowed.** (a) An individual is allowed a credit for the taxable year against the tax imposed under sections 290.06 and 290.091 equal to the lesser of:

(1) \$1,000; or

(2) qualified adoption expenses as defined under section 23(d) and (e) of the Internal Revenue Code, determined without regard to the income limit that applies under section 23.

(b) The credit is limited to the liability for tax under sections 290.06 and 290.091 for the taxable year. No carryover or carryback to another taxable year is allowed.

Subd. 2. **Taxable years.** For purposes of calculating the credit under this section, expenses and credits are deemed to apply to the same taxable year as allowed under the federal credit under section 23(a)(2) of the Internal Revenue Code.

Subd. 3. **Application; expiration.** The credit under this section applies to expenses paid or incurred after May 31, 2008, and is effective only for taxable years beginning after December 31, 2007, and before January 1, 2010.

ARTICLE 2

APPROPRIATIONS

Section 1. COMMISSIONER OF HEALTH.

(a) \$..... is appropriated from the general fund to the commissioner of health in fiscal year 2009 to establish and operate the toll-free telephone number required under Minnesota Statutes, section 145.4243, paragraph (c).

(b) \$3,690,000 is appropriated to the commissioner of health to fund the county expenses of the WIC program in fiscal year 2009. This appropriation is in addition to the appropriation to the commissioner for fiscal years 2008 and 2009.

Sec. 2. **COMMISSIONER OF PUBLIC SAFETY; DOMESTIC VIOLENCE PROGRAMS.**

(a) \$2,600,000 is appropriated from the general fund to the commissioner of public safety for crime victim assistance grants for battered women's shelters in fiscal year 2009. To be eligible for a grant, the grantee must ensure that none of the money provided is used to encourage or affirmatively counsel a woman to have an abortion not necessary to prevent her death, to provide her an abortion, or to directly refer her to an abortion provider for an abortion. The grantee may provide nondirective counseling.

(b) \$1,037,000 is appropriated from the general fund to the commissioner of public safety for battered women's shelters under Minnesota Statutes, section 611A.32, in fiscal year 2009.

(c) The appropriations in paragraphs (a) and (b) are in addition to the appropriations to the commissioner for fiscal years 2008 and 2009.

Sec. 3. **OFFICE OF HIGHER EDUCATION.**

Subdivision 1. **Child care grants.** \$..... is appropriated from the general fund to the Office of Higher Education in fiscal year 2009 for child care grants under Minnesota Statutes, section 136A.125. To be eligible for a grant, the grantee must ensure that none of the money provided is used to encourage or affirmatively counsel a woman to have an abortion not necessary to prevent her death, to provide her an abortion, or to directly refer her to an abortion provider for an abortion. The grantee may provide nondirective counseling. This appropriation is in addition to the appropriation to the Office of Higher Education for fiscal years 2008 and 2009.

Subd. 2. **Parenting support grants.** \$..... is appropriated from the general fund to the Office of Higher Education in fiscal year 2009 for parenting support grants under Minnesota Statutes, section 136A.126. To be eligible for a grant, the grantee must ensure that none of the money provided is used to encourage or affirmatively counsel a woman to have an abortion not necessary to prevent her death, to provide her an abortion, or to directly refer her to an abortion provider for an abortion. The grantee may provide nondirective counseling. Of this amount, \$..... may be used for setup and administration. The general fund base for parenting support grants shall be \$..... in fiscal year 2009.

APPENDIX
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