

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 3574

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DATE	D-PG	OFFICIAL STATUS
02/28/2022	5158	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
03/10/2022	5289	Author added Klein
03/24/2022	5606a	Comm report: To pass as amended and re-refer to Finance

- 1.1 A bill for an act
- 1.2 relating to health; transferring the administration of the fetal alcohol spectrum
- 1.3 disorders prevention grants to the Department of Health; establishing the base
- 1.4 general fund amount for fetal alcohol spectrum disorders prevention grants; making
- 1.5 base level adjustments for health improvement in certain fiscal years; requiring a
- 1.6 report; amending Laws 2021, First Special Session chapter 7, article 16, section
- 1.7 2, subdivision 33; proposing coding for new law in Minnesota Statutes, chapter
- 1.8 145; repealing Minnesota Statutes 2020, section 254A.21.
- 1.9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.10 Section 1. **[145.267] FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION**
- 1.11 **GRANTS.**
- 1.12 (a) The commissioner of health shall award a grant to a statewide organization that
- 1.13 focuses solely on prevention of and intervention with fetal alcohol spectrum disorders. The
- 1.14 grant recipient must make subgrants to eligible regional collaboratives in rural and urban
- 1.15 areas of the state for the purposes specified in paragraph (c).
- 1.16 (b) "Eligible regional collaboratives" means a partnership between at least one local
- 1.17 government or Tribal government and at least one community-based organization and,
- 1.18 where available, a family home visiting program. For purposes of this paragraph, a local
- 1.19 government includes a county or a multicounty organization, a county-based purchasing
- 1.20 entity, or a community health board.
- 1.21 (c) Eligible regional collaboratives must use subgrant funds to reduce the incidence of
- 1.22 fetal alcohol spectrum disorders and other prenatal drug-related effects in children in
- 1.23 Minnesota by identifying and serving pregnant women suspected of or known to use or
- 1.24 abuse alcohol or other drugs. Eligible regional collaboratives must provide intensive services
- 1.25 to chemically dependent women to increase positive birth outcomes.

2.1 (d) An eligible regional collaborative that receives a subgrant under this section must
 2.2 report to the grant recipient by January 15 of each year on the services and programs funded
 2.3 by the subgrant. The report must include measurable outcomes for the previous year,
 2.4 including the number of pregnant women served and the number of toxin-free babies born.
 2.5 The grant recipient must compile the information in the subgrant reports and submit a
 2.6 summary report to the commissioner of health by February 15 of each year.

2.7 Sec. 2. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
 2.8 is amended to read:

2.9 **Subd. 33. Grant Programs; Chemical**
 2.10 **Dependency Treatment Support Grants**

2.11	Appropriations by Fund		
2.12	General	4,273,000	4,274,000
2.13	Lottery Prize	1,733,000	1,733,000
2.14	Opiate Epidemic		
2.15	Response	500,000	500,000

2.16 **(a) Problem Gambling.** \$225,000 in fiscal
 2.17 year 2022 and \$225,000 in fiscal year 2023
 2.18 are from the lottery prize fund for a grant to
 2.19 the state affiliate recognized by the National
 2.20 Council on Problem Gambling. The affiliate
 2.21 must provide services to increase public
 2.22 awareness of problem gambling, education,
 2.23 training for individuals and organizations
 2.24 providing effective treatment services to
 2.25 problem gamblers and their families, and
 2.26 research related to problem gambling.

2.27 **(b) Recovery Community Organization**
 2.28 **Grants.** \$2,000,000 in fiscal year 2022 and
 2.29 \$2,000,000 in fiscal year 2023 are from the
 2.30 general fund for grants to recovery community
 2.31 organizations, as defined in Minnesota
 2.32 Statutes, section 254B.01, subdivision 8, to
 2.33 provide for costs and community-based peer
 2.34 recovery support services that are not
 2.35 otherwise eligible for reimbursement under

3.1 Minnesota Statutes, section 254B.05, as part
3.2 of the continuum of care for substance use
3.3 disorders. The general fund base for this
3.4 appropriation is \$2,000,000 in fiscal year 2024
3.5 and \$0 in fiscal year 2025

3.6 (c) **Base Level Adjustment.** The general fund
3.7 base is ~~\$4,636,000~~ \$3,886,000 in fiscal year
3.8 2024 and ~~\$2,636,000~~ \$1,886,000 in fiscal year
3.9 2025. The opiate epidemic response fund base
3.10 is \$500,000 in fiscal year 2024 and \$0 in fiscal
3.11 year 2025.

3.12 **Sec. 3. BASE LEVEL ADJUSTMENT; FETAL ALCOHOL SPECTRUM**
3.13 **DISORDERS PREVENTION GRANTS.**

3.14 The general fund base for the commissioner of health for health improvement is increased
3.15 by \$750,000 in fiscal year 2024 and increased by \$750,000 in fiscal year 2025 for fetal
3.16 alcohol spectrum disorders prevention grants under Minnesota Statutes, section 145.267.

3.17 **Sec. 4. REPEALER.**

3.18 Minnesota Statutes 2020, section 254A.21, is repealed.

254A.21 FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION GRANTS.

(a) The commissioner of human services shall award a grant to a statewide organization that focuses solely on prevention of and intervention with fetal alcohol spectrum disorders. The grant recipient must make subgrants to eligible regional collaboratives in rural and urban areas of the state for the purposes specified in paragraph (c).

(b) "Eligible regional collaboratives" means a partnership between at least one local government or tribal government and at least one community-based organization and, where available, a family home visiting program. For purposes of this paragraph, a local government includes a county or a multicounty organization, a county-based purchasing entity, or a community health board.

(c) Eligible regional collaboratives must use subgrant funds to reduce the incidence of fetal alcohol spectrum disorders and other prenatal drug-related effects in children in Minnesota by identifying and serving pregnant women suspected of or known to use or abuse alcohol or other drugs. Eligible regional collaboratives must provide intensive services to chemically dependent women to increase positive birth outcomes.

(d) An eligible regional collaborative that receives a subgrant under this section must report to the grant recipient by January 15 of each year on the services and programs funded by the subgrant. The report must include measurable outcomes for the previous year, including the number of pregnant women served and the number of toxic-free babies born. The grant recipient must compile the information in the subgrant reports and submit a summary report to the commissioner of human services by February 15 of each year.