State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 1047

02/28/2013 Authored by Loeffler, Abeler, Laine, Allen, Moran and others
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
03/04/2013 By motion, recalled and re-referred to the Committee on Early Childhood and Youth Development Policy
03/07/2013 Adoption of Report: Pass and re-referred to the Committee on Health and Human Services Policy
04/02/2013 Adoption of Report: Pass as Amended and re-referred to the Committee on Health and Human Services Finance

A bill for an act

relating to state government; requiring development of outreach, public education, and screening for maternal depression; expanding medical assistance eligibility for pregnant women and infants; requiring the commissioner of human services to provide technical assistance related to maternal depression screening and referrals; adding parenting skills to adult rehabilitative mental health services; expanding Minnesota health care program outreach; requiring reports; appropriating money; amending Minnesota Statutes 2012, sections 145.906; 145A.17, subdivision 1; 214.12, by adding a subdivision; 256B.04, by adding a subdivision; 256B.055, subdivisions 5, 6; 256B.057, subdivision 1; 256B.0623, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 145.

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

ARTICLE 1

HEALTH CARE

Section 1. Minnesota Statutes 2012, section 145.906, is amended to read:

145.906 POSTPARTUM DEPRESSION EDUCATION AND INFORMATION.

(a) The commissioner of health shall work with health care facilities, licensed health and mental health care professionals, the women, infants, and children (WIC) program, mental health advocates, consumers, and families in the state to develop materials and information about postpartum depression, including treatment resources, and develop policies and procedures to comply with this section.

(b) Physicians, traditional midwives, and other licensed health care professionals providing prenatal care to women must have available to women and their families information about postpartum depression.

(c) Hospitals and other health care facilities in the state must provide departing new mothers and fathers and other family members, as appropriate, with written information

about postpartum depression, including its symptoms, methods of coping with the illness, and treatment resources.

(d) Information about postpartum depression, including its symptoms, potential impact on families, and treatment resources, must be available at WIC sites.

(e) The commissioner of health, in collaboration with the commissioner of human services, shall reduce the racial disparity gap in knowledge of maternal and postpartum depression, as measured by the Pregnancy Risk Assessment and Monitoring System (PRAMS) and other survey data collected by the commissioner of health, to the extent that it is available.

Sec. 2. **[145.907] MATERNAL DEPRESSION; DEFINITION.**

"Maternal depression" means depression or other perinatal mood or anxiety disorder experienced by a woman during pregnancy or during the first year following the birth of her child.

Sec. 3. Minnesota Statutes 2012, section 145A.17, subdivision 1, is amended to read:

Subdivision 1. **Establishment; goals.** The commissioner shall establish a program to fund family home visiting programs designed to foster healthy beginnings, improve pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce juvenile delinquency, promote positive parenting and resiliency in children, and promote family health and economic self-sufficiency for children and families. The commissioner shall promote partnerships, collaboration, and multidisciplinary visiting done by teams of professionals and paraprofessionals from the fields of public health nursing, social work, and early childhood education. A program funded under this section must serve families at or below 200 percent of the federal poverty guidelines, and other families determined to be at risk, including but not limited to being at risk for child abuse, child neglect, or juvenile delinquency. Programs must begin prenatally whenever possible and must be targeted to families with:

(1) adolescent parents;

(2) a history of alcohol or other drug abuse;

(3) a history of child abuse, domestic abuse, or other types of violence;

(4) a history of domestic abuse, rape, or other forms of victimization;

(5) reduced cognitive functioning;

(6) a lack of knowledge of child growth and development stages;

(7) low resiliency to adversities and environmental stresses;

(8) insufficient financial resources to meet family needs;

(9) a history of homelessness;

(10) a risk of long-term welfare dependence or family instability due to employment barriers; ~~or~~

(11) a serious mental health disorder, including maternal depression as defined in section 145.907; or

~~(11)~~ (12) other risk factors as determined by the commissioner.

Sec. 4. Minnesota Statutes 2012, section 256B.04, is amended by adding a subdivision to read:

Subd. 22. **Maternal depression screening and referral.** (a) The commissioner shall provide technical assistance to health care providers to improve maternal depression screening and referral rates for medical assistance and MinnesotaCare enrollees. The technical assistance must include, but is not limited to, the provision of information on culturally competent practice, administrative and legal liability issues, and best practices for discussing mental health issues with patients.

(b) The commissioner, in consultation with the commissioners of health and education, shall monitor: (1) maternal depression screening, to the extent possible, and referral rates based on medical assistance and MinnesotaCare claims and Pregnancy Risk Assessment Monitoring System (PRAMS) survey findings; and (2) the impact of improved screening.

(c) For purposes of this subdivision, "maternal depression" has the meaning provided in section 145.907.

Sec. 5. Minnesota Statutes 2012, section 256B.055, subdivision 5, is amended to read:

Subd. 5. **Pregnant women; dependent unborn child.** Medical assistance may be paid for a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse, who meets the other eligibility criteria of this section and who would be categorically eligible for assistance under the state's AFDC plan in effect as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, if the child had been born and was living with the woman. For purposes of this subdivision, a woman is considered pregnant for ~~60 days~~ the first year postpartum.

EFFECTIVE DATE. This section is effective July 1, 2013, or upon federal approval, whichever is later.

Sec. 6. Minnesota Statutes 2012, section 256B.055, subdivision 6, is amended to read:

Subd. 6. **Pregnant women; needy unborn child.** Medical assistance may be paid for a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse, who meets the other eligibility criteria of this section and whose unborn child would be eligible as a needy child under subdivision 10 if born and living with the woman. For purposes of this subdivision, a woman is considered pregnant for ~~60 days~~ the first year postpartum.

EFFECTIVE DATE. This section is effective July 1, 2013, or upon federal approval, whichever is later.

Sec. 7. Minnesota Statutes 2012, section 256B.057, subdivision 1, is amended to read:

Subdivision 1. **Infants and pregnant women.** (a)(1) An infant less than one year of age or a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse is eligible for medical assistance if countable family income is equal to or less than 275 percent of the federal poverty guideline for the same family size. For purposes of this subdivision, "countable family income" means the amount of income considered available using the methodology of the AFDC program under the state's AFDC plan as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, except for the earned income disregard and employment deductions.

(2) For applications processed within one calendar month prior to the effective date, eligibility shall be determined by applying the income standards and methodologies in effect prior to the effective date for any months in the six-month budget period before that date and the income standards and methodologies in effect on the effective date for any months in the six-month budget period on or after that date. The income standards for each month shall be added together and compared to the applicant's total countable income for the six-month budget period to determine eligibility.

(b)(1) [Expired, 1Sp2003 c 14 art 12 s 19]

(2) For applications processed within one calendar month prior to July 1, 2003, eligibility shall be determined by applying the income standards and methodologies in effect prior to July 1, 2003, for any months in the six-month budget period before July 1, 2003, and the income standards and methodologies in effect on the expiration date for any months in the six-month budget period on or after July 1, 2003. The income standards for each month shall be added together and compared to the applicant's total countable income for the six-month budget period to determine eligibility.

(3) An amount equal to the amount of earned income exceeding 275 percent of the federal poverty guideline, up to a maximum of the amount by which the combined

total of 185 percent of the federal poverty guideline plus the earned income disregards and deductions allowed under the state's AFDC plan as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Act of 1996 (PRWORA), Public Law 104-193, exceeds 275 percent of the federal poverty guideline will be deducted for pregnant women and infants less than one year of age.

(c) Dependent care and child support paid under court order shall be deducted from the countable income of pregnant women.

(d) An infant born to a woman who was eligible for and receiving medical assistance on the date of the child's birth shall continue to be eligible for medical assistance without redetermination until the child's ~~first~~ second birthday.

EFFECTIVE DATE. This section is effective July 1, 2013, or upon federal approval, whichever is later.

Sec. 8. Minnesota Statutes 2012, section 256B.0623, subdivision 2, is amended to read:

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Adult rehabilitative mental health services" means mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, ~~and~~ independent living, parenting skills, and community skills, when these abilities are impaired by the symptoms of mental illness. Adult rehabilitative mental health services are also appropriate when provided to enable a recipient to retain stability and functioning, if the recipient would be at risk of significant functional decompensation or more restrictive service settings without these services.

(1) Adult rehabilitative mental health services instruct, assist, and support the recipient in areas such as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, parenting skills, and transition to community living services.

(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's home or another community setting or in groups.

(b) "Medication education services" means services provided individually or in groups which focus on educating the recipient about mental illness and symptoms; the role and effects of medications in treating symptoms of mental illness; and the side effects of

medications. Medication education is coordinated with medication management services and does not duplicate it. Medication education services are provided by physicians, pharmacists, physician's assistants, or registered nurses.

(c) "Transition to community living services" means services which maintain continuity of contact between the rehabilitation services provider and the recipient and which facilitate discharge from a hospital, residential treatment program under Minnesota Rules, chapter 9505, board and lodging facility, or nursing home. Transition to community living services are not intended to provide other areas of adult rehabilitative mental health services.

ARTICLE 2

MISCELLANEOUS

Section 1. Minnesota Statutes 2012, section 214.12, is amended by adding a subdivision to read:

Subd. 4. **Parental depression.** The health-related licensing boards that regulate professions that serve caregivers at risk of depression, or their children, including behavioral health and therapy, chiropractic, marriage and family therapy, medical practice, nursing, psychology, and social work, shall provide educational materials on the subject of parental depression and its potential effects on children if unaddressed, including how to:

(1) screen mothers for depression;

(2) identify children who are affected by their mother's depression; and

(3) provide treatment or referral information on needed services.

Sec. 2. **INSTRUCTIONS TO COMMISSIONERS; PLAN.**

(a) By September 1, 2014, the commissioners of human services, health, and education shall develop a joint plan to reduce the prevalence of parental depression and other serious mental illness and the potential impact of unaddressed parental mental illness on children. The plan must include specific goals, outcomes, and recommended measures to determine the impact of interventions on the incidence of parental depression and child well-being, including early childhood screening and the school readiness of high-risk children. The plan shall address ways to encourage a multigenerational approach to adult mental health and child well-being in public health, health care, adult and child mental health, child welfare, and other relevant programs and policies, and include recommendations to increase public awareness about untreated parental depression and its potential harmful impact on children.

(b) To identify key goals and objectives to be included in the plan, the commissioners may consult with multisector, multidisciplinary stakeholders including, but not limited to, local public health agencies, health providers, mental health providers, researchers, early childhood professionals, and advocates. The commissioners may use the findings and recommendations of the visible child work group established in Laws 2012, chapter 247, article 3, section 27, in developing its recommendations.

(c) Jointly prepared biennial reports must be submitted to the legislature beginning December 15, 2015. The reports must address progress on plan implementation, budget and policy recommendations, and data on access to relevant services and resources reported by race, geography, and income. The reports must address progress in achieving goals established by Minnesota Milestones or other relevant statewide goals.

(d) The Department of Human Services, Children's Mental Health Division, is the lead agency and is responsible for compiling data; coordinating development of joint performance measures; and convening the agencies and divisions in order to implement the plan developed under paragraph (a), aimed at reducing the prevalence of maternal depression and its adverse impact on child development. The Children's Mental Health Division is responsible for submitting the initial and biennial plans.

ARTICLE 3

APPROPRIATIONS

Section 1. **MENTAL HEALTH CONSULTATION.**

$..... in fiscal year 2014 and $..... in fiscal year 2015 are appropriated from the general fund to the commissioner of human services to provide mental health consultation to early Head Start and Head Start programs, child care centers, family day care providers, and legally unlicensed family child care providers in order to reduce the number of children expelled from these programs due to behavioral, emotional, and developmental issues.

Sec. 2. **CHILDREN'S MENTAL HEALTH GRANTS.**

$..... in fiscal year 2014 and $..... in fiscal year 2015 are appropriated from the general fund to the commissioner of human services for children's mental health grants.

Sec. 3. **HOME VISITING PROGRAMS.**

$..... in fiscal year 2014 and $..... in fiscal year 2015 are appropriated from the general fund to the commissioner of health for grants to local public health agencies to implement evidence-based family home visiting programs for high-risk families under Minnesota Statutes, section 145A.17.

APPENDIX
Article locations in H1047-1