

SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION

S.F. No. 1032

(SENATE AUTHORS: RELPH, Klein, Benson, Lourey and Abeler)

DATE	D-PG	OFFICIAL STATUS
02/16/2017	629	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
03/09/2017		Comm report: To pass as amended and re-refer to Human Services Reform Finance and Policy

1.1 A bill for an act

1.2 relating to human services; modifying the definition of traumatic brain injury for

1.3 the state traumatic brain injury program; appropriating money for programs related

1.4 to reducing fetal alcohol syndrome and related effects; amending Minnesota Statutes

1.5 2016, section 256B.093, subdivision 4.

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

1.7 Section 1. Minnesota Statutes 2016, section 256B.093, subdivision 4, is amended to read:

1.8 Subd. 4. **Definitions.** For purposes of this section, the following definitions apply:

1.9 (a) "Traumatic brain injury" means a sudden insult or damage to the brain or its coverings,

1.10 not of a degenerative or congenital nature. The insult or damage may produce an altered

1.11 state of consciousness and may result in a decrease in cognitive, behavioral, emotional, or

1.12 physical functioning resulting in partial or total disability.

1.13 (b) "Home care services" means medical assistance home care services defined under

1.14 section 256B.0625, subdivisions 6a, 7, and 19a.

1.15 Sec. 2. **APPROPRIATION.**

1.16 (a) \$500,000 in fiscal year 2018 and \$500,000 in fiscal year 2019 are appropriated from

1.17 the general fund to the commissioner of human services for a grant to the Minnesota

1.18 Organization on Fetal Alcohol Syndrome (MOFAS). Of this amount, MOFAS shall make

1.19 grants to eligible regional collaboratives that fulfill the requirements in paragraph (c).

1.20 MOFAS may retain up to eight percent of the appropriation for administrative costs and

1.21 technical support to grantees.

2.1 (b) "Eligible regional collaboratives" means a partnership between at least one local  
2.2 government and at least one community-based organization. For purposes of this paragraph,  
2.3 a local government includes a county or multicounty organization, a tribal government, a  
2.4 county-based purchasing entity, or a community health board.

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

2.10 (d) MOFAS must make grants to eligible regional collaboratives from both rural and  
2.11 urban areas.

2.12 (e) A grant recipient must report to the commissioner of human services annually by  
2.13 January 15 on the services and programs funded by the appropriation. The report must  
2.14 include measurable outcomes for the previous year, including the number of pregnant women  
2.15 served and the number of toxic-free babies born.