

HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 439

- 01/29/2015 Authored by Lohmer, Pelowski, Cornish, Kresha, Marquart and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/12/2015 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance
- 03/26/2015 Adoption of Report: Placed on the General Register as Amended
Read Second Time
- 05/01/2015 Referred to the Chief Clerk for Comparison with S. F. No. 462
- 05/04/2015 Postponed Indefinitely

1.1 A bill for an act
1.2 relating to health; requiring certain health care practitioners to deliver information
1.3 relating to trisomy 13, 18, and 21; imposing duties on the commissioner of
1.4 health; proposing coding for new law in Minnesota Statutes, chapter 145.

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

1.6 Section 1. **[145.471] PRENATAL TRISOMY DIAGNOSIS AWARENESS ACT.**

1.7 Subdivision 1. **Short title.** This section shall be known and may be cited as the
1.8 "Prenatal Trisomy Diagnosis Awareness Act."

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

1.11 (1) "commissioner" means the commissioner of health;

1.12 (2) "deliver" means providing information to an expectant parent and, if appropriate,
1.13 other family members, in a written format;

1.14 (3) "health care practitioner" means a medical professional that provides prenatal or
1.15 postnatal care and administers or requests administration of a diagnostic or screening test
1.16 to a pregnant woman that detects for trisomy conditions; and

1.17 (4) "trisomy conditions" means trisomy 13, otherwise known as Patau syndrome;
1.18 trisomy 18, otherwise known as Edwards syndrome; and trisomy 21, otherwise known
1.19 as Down syndrome.

1.20 Subd. 3. **Health care practitioner duty.** A health care practitioner who orders tests
1.21 for a pregnant woman to screen for trisomy conditions shall provide the information in
1.22 subdivision 4 to the pregnant woman if the test reveals a positive result for any of the
1.23 trisomy conditions.

2.1 Subd. 4. Commissioner duties. (a) The commissioner shall make the following
2.2 information available to health care practitioners:

2.3 (1) up-to-date and evidence-based information about the trisomy conditions that has
2.4 been reviewed by medical experts and national trisomy organizations. The information
2.5 must be provided in a written or an alternative format and must include the following:

2.6 (i) expected physical, developmental, educational, and psychosocial outcomes;

2.7 (ii) life expectancy;

2.8 (iii) the clinical course description;

2.9 (iv) expected intellectual and functional development; and

2.10 (v) treatment options available for the particular syndrome for which the test was
2.11 positive; and

2.12 (2) contact information for nonprofit organizations that provide information and
2.13 support services for trisomy conditions.

2.14 (b) The commissioner shall post the information in paragraph (a) on the Department
2.15 of Health Web site.

2.16 (c) The commissioner shall follow existing department practice to ensure that the
2.17 information is culturally and linguistically appropriate for all recipients.

2.18 (d) Any local or national organization that provides education or services related
2.19 to trisomy conditions, may request that the commissioner include the organization's
2.20 informational material and contact information on the Department of Health Web site.

2.21 Once a request is made, the commissioner may add the information to the Web site.

2.22 **EFFECTIVE DATE.** This section is effective August 1, 2015.