

This Document can be made available in alternative formats upon request

State of Minnesota  
HOUSE OF REPRESENTATIVES  
NINETIETH SESSION

H. F. No. 1962

03/02/2017 Authored by Lohmer, Daudt, Whelan, Peppin, Dean, M., and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act  
1.2 relating to health; modifying requirements for the distribution of grants to provide  
1.3 family planning services; amending Minnesota Statutes 2016, sections 145.882,  
1.4 subdivisions 2, 3, 7; 145.925, subdivisions 1, 1a, by adding subdivisions; repealing  
1.5 Minnesota Statutes 2016, section 145.925, subdivision 2.

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

1.7 Section 1. Minnesota Statutes 2016, section 145.882, subdivision 2, is amended to read:

1.8 Subd. 2. **Allocation to commissioner of health.** (a) Beginning January 1, 1986, up to  
1.9 one-third of the total maternal and child health block grant money may be retained by the  
1.10 commissioner of health to:

1.11 (1) meet federal maternal and child block grant requirements of a statewide needs  
1.12 assessment every five years and prepare the annual federal block grant application and  
1.13 report;

1.14 (2) collect and disseminate statewide data on the health status of mothers and children  
1.15 within one year of the end of the year;

1.16 (3) provide technical assistance to community health boards in meeting statewide  
1.17 outcomes;

1.18 (4) evaluate the impact of maternal and child health activities on the health status of  
1.19 mothers and children;

1.20 (5) provide services to children under age 16 receiving benefits under title XVI of the  
1.21 Social Security Act; and

2.1 (6) perform other maternal and child health activities listed in section 145.88 and as  
2.2 deemed necessary by the commissioner.

2.3 (b) Any money under this subdivision used by the commissioner for grants for the  
2.4 provision of prepregnancy family planning services must be distributed under section  
2.5 145.925.

2.6 **EFFECTIVE DATE.** This section is effective July 1, 2017.

2.7 Sec. 2. Minnesota Statutes 2016, section 145.882, subdivision 3, is amended to read:

2.8 Subd. 3. **Allocation to community health boards.** (a) The maternal and child health  
2.9 block grant money remaining after distributions made under subdivision 2 and used for  
2.10 services other than prepregnancy family planning services must be allocated according to  
2.11 the formula in section 145A.131, subdivision 2, for distribution to community health boards.  
2.12 Maternal and child health block grant money used for the provision of prepregnancy family  
2.13 planning services must be distributed under section 145.925.

2.14 (b) A community health board that receives funding under this section shall provide at  
2.15 least a 50 percent match for funds received under United States Code, title 42, sections 701  
2.16 to 709. Eligible funds must be used to meet match requirements. Eligible funds include  
2.17 funds from local property taxes, reimbursements from third parties, fees, other funds,  
2.18 donations, nonfederal grants, or state funds received under the local public health grant  
2.19 defined in section 145A.131, that are used for maternal and child health activities as described  
2.20 in subdivision 7.

2.21 **EFFECTIVE DATE.** This section is effective July 1, 2017.

2.22 Sec. 3. Minnesota Statutes 2016, section 145.882, subdivision 7, is amended to read:

2.23 Subd. 7. **Use of block grant money.** Maternal and child health block grant money  
2.24 allocated to a community health board under this section must be used for qualified programs  
2.25 for high risk and low-income individuals. Block grant money allocated under this section  
2.26 or allocated for family planning services under section 145.925 must be used for programs  
2.27 that:

2.28 (1) specifically address the highest risk populations, particularly low-income and minority  
2.29 groups with a high rate of infant mortality and children with low birth weight, by providing  
2.30 services, including prepregnancy family planning services, calculated to produce measurable  
2.31 decreases in infant mortality rates, instances of children with low birth weight, and medical  
2.32 complications associated with pregnancy and childbirth, including infant mortality, low

3.1 birth rates, and medical complications arising from chemical abuse by a mother during  
3.2 pregnancy;

3.3 (2) specifically target pregnant women whose age, medical condition, maternal history,  
3.4 or chemical abuse substantially increases the likelihood of complications associated with  
3.5 pregnancy and childbirth or the birth of a child with an illness, disability, or special medical  
3.6 needs;

3.7 (3) specifically address the health needs of young children who have or are likely to  
3.8 have a chronic disease or disability or special medical needs, including physical, neurological,  
3.9 emotional, and developmental problems that arise from chemical abuse by a mother during  
3.10 pregnancy;

3.11 (4) provide family planning and preventive medical care for specifically identified target  
3.12 populations, such as minority and low-income teenagers, in a manner calculated to decrease  
3.13 the occurrence of inappropriate pregnancy and minimize the risk of complications associated  
3.14 with pregnancy and childbirth;

3.15 (5) specifically address the frequency and severity of childhood and adolescent health  
3.16 issues, including injuries in high risk target populations by providing services calculated to  
3.17 produce measurable decreases in mortality and morbidity;

3.18 (6) specifically address preventing child abuse and neglect, reducing juvenile delinquency,  
3.19 promoting positive parenting and resiliency in children, and promoting family health and  
3.20 economic sufficiency through public health nurse home visits under section 145A.17; or

3.21 (7) specifically address nutritional issues of women, infants, and young children through  
3.22 WIC clinic services.

3.23 **EFFECTIVE DATE.** This section is effective July 1, 2017.

3.24 Sec. 4. Minnesota Statutes 2016, section 145.925, subdivision 1, is amended to read:

3.25 Subdivision 1. ~~Eligible organizations; Purpose.~~ The commissioner of health ~~may~~ shall  
3.26 ~~make special grants to cities, counties, groups of cities or counties, or nonprofit corporations~~  
3.27 ~~to provide prepregnancy family planning services.~~

3.28 **EFFECTIVE DATE.** This section is effective July 1, 2017.

3.29 Sec. 5. Minnesota Statutes 2016, section 145.925, subdivision 1a, is amended to read:

3.30 Subd. 1a. ~~Family planning services; defined~~ Definitions. (a) For purposes of this  
3.31 section, the following terms have the meanings given them.

4.1 (b) "Community health board" has the meaning given in section 145A.02, subdivision  
 4.2 5.

4.3 (c) "Family planning" means voluntary action by individuals to prevent or aid conception.

4.4 (d) "Family planning services" means counseling by trained personnel regarding family  
 4.5 planning; distribution of information relating to family planning; referral to licensed  
 4.6 physicians or local health agencies for consultation, examination, medical treatment, genetic  
 4.7 counseling, and prescriptions for the purpose of family planning; and the distribution of  
 4.8 family planning products, such as charts, thermometers, drugs, medical preparations, and  
 4.9 contraceptive devices. For purposes of sections 145A.01 to 145A.14, family planning shall  
 4.10 mean voluntary action by individuals to prevent or aid conception but does not include the  
 4.11 performance, or make referrals for encouragement of voluntary termination of pregnancy.

4.12 (e) "Federally qualified health center" has the meaning given in section 145.9269,  
 4.13 subdivision 1.

4.14 (f) "Hospital" means a facility licensed as a hospital under section 144.55.

4.15 (g) "Public health clinic" means a health clinic operated by one or more local units of  
 4.16 government or community health boards or by the University of Minnesota and that has as  
 4.17 a primary focus the provision of primary and preventive health care services and  
 4.18 immunizations.

4.19 (h) "Rural health clinic" means a rural health clinic as defined in United States Code,  
 4.20 title 42, section 1395x(aa)(2), that is certified according to Code of Federal Regulations,  
 4.21 title 42, part 491, subpart A.

4.22 **EFFECTIVE DATE.** This section is effective July 1, 2017.

4.23 Sec. 6. Minnesota Statutes 2016, section 145.925, is amended by adding a subdivision to  
 4.24 read:

4.25 **Subd. 1b. Commissioner to apply for federal Title X funds.** For each federal Title X  
 4.26 grant fund cycle, the commissioner shall apply to the federal Department of Health and  
 4.27 Human Services for grant funds under Title X of the federal Public Health Service Act,  
 4.28 United States Code, title 42, sections 300 to 300a-6.

4.29 **EFFECTIVE DATE.** This section is effective beginning with the 2018 federal  
 4.30 application deadline for Title X grant funds.

5.1 Sec. 7. Minnesota Statutes 2016, section 145.925, is amended by adding a subdivision to  
5.2 read:

5.3 Subd. 1c. **State and federal funds distributed according to this section.** The  
5.4 commissioner shall distribute the following funds according to subdivision 1d:

5.5 (1) federal Title X funds received by the commissioner according to an application  
5.6 submitted under subdivision 1b;

5.7 (2) funds appropriated from the general fund and the federal TANF fund for purposes  
5.8 of grants under this section; and

5.9 (3) maternal and child health block grant funds used for pre-pregnancy family planning  
5.10 services.

5.11 **EFFECTIVE DATE.** This section is effective July 1, 2017.

5.12 Sec. 8. Minnesota Statutes 2016, section 145.925, is amended by adding a subdivision to  
5.13 read:

5.14 Subd. 1d. **Distribution; eligible entities.** The commissioner shall distribute the funds  
5.15 specified in subdivision 1c to public entities, including community health boards and public  
5.16 health clinics, that apply to the commissioner, according to procedures established by the  
5.17 commissioner, for funds to provide family planning services. If any funds remain after the  
5.18 commissioner fulfills all approved grant requests from public entities for the grant period,  
5.19 the commissioner may distribute the remaining funds to nonpublic entities that:

5.20 (1) are hospitals, federally qualified health centers, or rural health clinics;

5.21 (2) provide comprehensive primary and preventive health care services in addition to  
5.22 family planning services; and

5.23 (3) apply to the commissioner, according to procedures established by the commissioner,  
5.24 for funds to provide family planning services.

5.25 **EFFECTIVE DATE.** This section is effective July 1, 2017.

5.26 Sec. 9. Minnesota Statutes 2016, section 145.925, is amended by adding a subdivision to  
5.27 read:

5.28 Subd. 1e. **Subgrants from public entities.** (a) A public entity that receives funds from  
5.29 the commissioner under subdivision 1d may distribute some or all of the funds as subgrants  
5.30 to other public or private entities to provide family planning services. Except as provided

6.1 in paragraph (b), an entity is not eligible for a subgrant under this subdivision if the entity  
6.2 provides abortion services or has an affiliate that provides abortion services.

6.3 (b) An entity that provides abortion services or has an affiliate that provides abortion  
6.4 services is eligible for a subgrant under this subdivision if the entity or affiliate provides  
6.5 abortion services solely when the abortion is directly and medically necessary to save the  
6.6 life of the woman, provided a physician signs a certification stating the direct and medical  
6.7 necessity of the abortion.

6.8 **EFFECTIVE DATE.** This section is effective July 1, 2017.

6.9 Sec. 10. Minnesota Statutes 2016, section 145.925, is amended by adding a subdivision  
6.10 to read:

6.11 Subd. 10. **Reporting and publication of grant and subgrant recipients.** At least once  
6.12 every grant cycle, a public entity that distributes funds under subdivision 1e shall provide  
6.13 the commissioner of health with a list of the entities that received subgrants to provide  
6.14 family planning services and the amount of each subgrant. At least once every grant cycle,  
6.15 the commissioner of health shall publish on the department's Web site a list of all the entities  
6.16 that received funds as a grant from the commissioner under subdivision 1d or a subgrant  
6.17 from a public entity under subdivision 1e, and the amount of the grant or subgrant received  
6.18 by each entity.

6.19 **EFFECTIVE DATE.** This section is effective July 1, 2017.

6.20 Sec. 11. **REPEALER.**

6.21 Minnesota Statutes 2016, section 145.925, subdivision 2, is repealed effective July 1,  
6.22 2017.

APPENDIX  
Repealed Minnesota Statutes: 17-3683

**145.925 FAMILY PLANNING GRANTS.**

Subd. 2. **Prohibition.** The commissioner shall not make special grants pursuant to this section to any nonprofit corporation which performs abortions. No state funds shall be used under contract from a grantee to any nonprofit corporation which performs abortions. This provision shall not apply to hospitals licensed pursuant to sections 144.50 to 144.56, or health maintenance organizations certified pursuant to chapter 62D.