CHAPTER 145A

LOCAL PUBLIC HEALTH BOARDS

145A.02 DEFINITIONS.

[For text of subds 1 to 9, see M.S.1996]

Subd. 10. **Emergency medical care.** "Emergency medical care" means activities intended to protect the health of persons suffering a medical emergency and to ensure rapid and effective emergency medical treatment. These activities include the coordination or provision of training, cooperation with public safety agencies, communications, life–support transportation as defined under section 144E.16, public information and involvement, and system management.

[For text of subds 11 to 18, see M.S.1996]

History: *1997 c 199 s 14*

145A.12 POWERS AND DUTIES OF COMMISSIONER RELATIVE TO SUBSIDY.

[For text of subds 1 to 5, see M.S.1996]

Subd. 6. [Repealed, 1997 c 7 art 2 s 67]

145A.16 UNIVERSALLY OFFERED HOME VISITING PROGRAMS FOR INFANT CARE.

Subdivision 1. **Establishment.** The commissioner shall establish a grant program to fund universally offered home visiting programs designed to serve all live births in designated geographic areas. The commissioner shall designate the geographic area to be served by each program. At least one program must provide home visiting services to families within the seven–county metropolitan area, and at least one program must provide home visiting services to families outside the metropolitan area. The purpose of the program is to strengthen families and to promote positive parenting and healthy child development.

Subd. 2. **Steering committee.** The commissioner shall establish an ad hoc steering committee to develop and implement a comprehensive plan for the universally offered home visiting programs. The members of the ad hoc steering committee shall include, at a minimum, representatives of local public health departments, public health nurses, other health care providers, paraprofessionals, community–based family workers, representatives of the state councils of color, representatives of health insurance plans, and other individuals with expertise in the field of home visiting, early childhood health and development, and child abuse prevention.

Subd. 3. **Program requirements.** The commissioner shall award grants using a request for proposal system. Existing home visiting programs or a family services collaborative established under section 256F.13 may apply for the grants. Health information and assessment, counseling, social support, educational services, and referral to community resources must be offered to all families, regardless of need or risk, beginning prenatally or as soon after birth as possible, and continuing as needed. Each program applying for a grant must have access to adequate community resources to complement the home visiting services and must be designed to:

(1) identify all newborn infants within the geographic area served by the program. Identification may be made prenatally or at the time of birth;

(2) offer a home visit by a trained home visitor. The offer of a home visit must be made in a way that guarantees that the existence of the pregnancy is not revealed to any other individ-

ual without the written consent of the pregnant female. If home visiting is accepted, the first visit must occur prenatally or as soon after birth as possible and must include a public health nursing assessment by a public health nurse;

(3) offer, at a minimum, information on infant care, child growth and development, positive parenting, the prevention of disease and exposure to environmental hazards, and support services available in the community;

(4) provide information on and referral to health care services, if needed, including information on health care coverage for which the individual or family may be eligible and information on family planning, pediatric preventive services, immunizations, and developmental assessments, and information on the availability of public assistance programs as appropriate;

(5) recruit home visit workers who will represent, to the extent possible, all the races, cultures, and languages spoken by eligible families in the designated geographic areas; and

(6) train and supervise home visitors in accordance with the requirements established under subdivision 5.

Subd. 4. **Coordination.** To minimize duplication, a program receiving a grant must establish a coalition that includes parents, health care providers who provide services to families with young children in the service area, and representatives of local schools, governmental and nonprofit agencies, community–based organizations, health insurance plans, and local hospitals. A program may use a family services collaborative as the coalition if a collaborative is established in the area served by the program. The coalition must designate the roles of all provider agencies, family identification methods, referral mechanisms, and payment responsibilities appropriate for the existing systems in the program's service area. The coalition must also coordinate with other programs offered by school boards under section 121.882, subdivision 2b, and programs offered under section 145A.15.

Subd. 5. **Training.** The commissioner shall establish training requirements for home visitors and minimum requirements for supervision by a public health nurse. The requirements for nurses must be consistent with chapter 148. Training must include child development, positive parenting techniques, and diverse cultural practices in child rearing and family systems. A program may use grant money to train home visitors.

Subd. 6. **Evaluation.** (a) The commissioner shall evaluate the effectiveness of the home visiting programs, taking into consideration the following goals:

(1) appropriate child growth, development, and access to health care;

(2) appropriate utilization of preventive health care and medical care for acute illnesses;

(3) lower rates of substantiated child abuse and neglect;

(4) up–to–date immunizations;

(5) a reduction in unintended pregnancies;

(6) increasing families' understanding of lead poisoning prevention;

(7) lower rates of unintentional injuries; and

(8) fewer hospitalizations and emergency room visits.

(b) The commissioner shall compare overall outcomes of universally offered home visiting programs with targeted home visiting programs and report the findings to the legislature. The report must also include information on how home visiting programs will coordinate activities and preventive services provided by health plans and other organizations.

(c) The commissioner shall report to the legislature by February 15, 1998, on the comprehensive plan for the universally offered home visiting programs and recommend any draft legislation needed to implement the plan. The commissioner shall report to the legislature biennially beginning December 15, 2001, on the effectiveness of the universally offered home visiting programs. In the report due December 15, 2001, the commissioner shall include recommendations on the feasibility and cost of expanding the program statewide.

Subd. 7. **Technical assistance.** The commissioner shall provide administrative and technical assistance to each program, including assistance conducting short– and long–term evaluations of the home visiting program required under subdivision 6. The commissioner may request research and evaluation support from the University of Minnesota.

Subd. 8. **Matching funds.** The commissioner and the grant programs shall seek to supplement any state funding with private and other nonstate funding sources, including other grants and insurance coverage for services provided. Program funding may be used only to supplement, not to replace, existing funds being used for home visiting.

Subd. 9. **Payment for home visiting services.** Any health plan that provides services to families or individuals enrolled in medical assistance, general assistance medical care, or the MinnesotaCare program must contract with the programs receiving grants under this section and the programs established under section 145A.15 that are providing home visiting services in the area served by the health plan to provide home visiting services covered under medical assistance, general assistance medical care, or the MinnesotaCare program to their enrollees. A health plan may require a home visiting program to comply with the health plan's requirements on the same basis as the health plan's other participating providers.

History: *1997 c 203 art 2 s 16*