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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH
SESSION

HOUSE FILE No. 3059

February 18, 2010

Authored by Ruud; Murphy, E.; Abeler; Champion; Clark and others

The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

1.1 A bill for an act
1.2 relating to health; modifying mandatory reporting requirements related to
1.3 pregnant women; amending Minnesota Statutes 2008, section 626.5561,
1.4 subdivision 1.

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

1.6 Section 1. Minnesota Statutes 2008, section 626.5561, subdivision 1, is amended to
1.7 read:

1.8 Subdivision 1. **Reports required.** (a) A person mandated to report under section
1.9 626.556, subdivision 3, shall immediately report to the local welfare agency if the person
1.10 knows or has reason to believe that a woman is pregnant and has used ~~a controlled~~
1.11 ~~substance for a nonmedical purpose during the pregnancy, including, but not limited~~
1.12 ~~to, tetrahydrocannabinol, or has consumed alcoholic beverages~~ opium, cocaine, heroin,
1.13 phencyclidine, methamphetamine, or amphetamine, or any of their derivatives during the
1.14 pregnancy ~~in any way that is habitual or excessive.~~

1.15 (b) A person mandated to report under section 626.556, subdivision 3, shall
1.16 immediately report to the local welfare agency if the person knows or has reason to
1.17 believe that a woman is pregnant and has used or consumed tetrahydrocannabinol or
1.18 alcoholic beverages during the pregnancy in any way that is habitual or excessive, unless
1.19 the person knows or has reason to believe the woman is seeking or receiving prenatal care
1.20 by a licensed health care provider.

1.21 (c) Any person may make a voluntary report if the person knows or has reason to
1.22 believe that a woman is pregnant and has used a controlled substance for a nonmedical
1.23 purpose during the pregnancy, including, but not limited to, tetrahydrocannabinol, or
1.24 has consumed alcoholic beverages during the pregnancy in any way that is habitual or

2.1 excessive. An oral report shall be made immediately by telephone or otherwise. An oral
2.2 report made by a person required to report shall be followed within 72 hours, exclusive
2.3 of weekends and holidays, by a report in writing to the local welfare agency. Any report
2.4 shall be of sufficient content to identify the pregnant woman, the nature and extent of the
2.5 use, if known, and the name and address of the reporter.

2.6 (d) For purposes of this section, "prenatal care" means the comprehensive package
2.7 of medical and psychosocial support provided throughout the pregnancy, including risk
2.8 assessment, serial surveillance, prenatal education, and use of specialized skills and
2.9 technology, when needed, as defined by Standards for Obstetric-Gynecologic Services
2.10 issued by the American College of Obstetricians and Gynecologists.