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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-NINTH SESSION

**H. F. No. 3374**

03/21/2016 Authored by Lohmer, Pelowski, Whelan, Miller, Dean, M., and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform  
04/01/2016 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to health; modifying requirements for the distribution of funds for grants  
1.3 to provide family planning services; specifying the entities eligible for family  
1.4 planning grants; requiring reporting and publication of grant recipients; requiring  
1.5 the commissioner of health to apply for and distribute federal Title X funds for  
1.6 family planning services; amending Minnesota Statutes 2014, sections 145.882,  
1.7 subdivisions 2, 3, 7; 145.925, subdivisions 1, 1a, by adding subdivisions;  
1.8 repealing Minnesota Statutes 2014, section 145.925, subdivisions 2, 9.

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

1.10 Section 1. Minnesota Statutes 2014, section 145.882, subdivision 2, is amended to read:

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

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

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

1.19 (3) provide technical assistance to community health boards in meeting statewide  
1.20 outcomes;

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

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

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

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

2.4 Sec. 2. Minnesota Statutes 2014, section 145.882, subdivision 3, is amended to read:

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

2.11 (b) A community health board that receives funding under this section shall provide  
2.12 at least a 50 percent match for funds received under United States Code, title 42, sections  
2.13 701 to 709. Eligible funds must be used to meet match requirements. Eligible funds  
2.14 include funds from local property taxes, reimbursements from third parties, fees, other  
2.15 funds, donations, nonfederal grants, or state funds received under the local public health  
2.16 grant defined in section 145A.131, that are used for maternal and child health activities as  
2.17 described in subdivision 7.

2.18 Sec. 3. Minnesota Statutes 2014, section 145.882, subdivision 7, is amended to read:

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

2.24 (1) specifically address the highest risk populations, particularly low-income and  
2.25 minority groups with a high rate of infant mortality and children with low birth weight,  
2.26 by providing services, including prepregnancy family planning services, calculated  
2.27 to produce measurable decreases in infant mortality rates, instances of children with  
2.28 low birth weight, and medical complications associated with pregnancy and childbirth,  
2.29 including infant mortality, low birth rates, and medical complications arising from  
2.30 chemical abuse by a mother during pregnancy;

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

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

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

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

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

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

3.18 Sec. 4. Minnesota Statutes 2014, section 145.925, subdivision 1, is amended to read:

3.19 Subdivision 1. **Eligible organizations; Purpose.** The commissioner of health ~~may~~  
 3.20 shall make special grants to cities, counties, groups of cities or counties, or nonprofit  
 3.21 corporations to provide pre-pregnancy family planning services.

3.22 Sec. 5. Minnesota Statutes 2014, section 145.925, subdivision 1a, is amended to read:

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

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

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

3.29 (d) "Family planning services" means counseling by trained personnel regarding  
 3.30 family planning; distribution of information relating to family planning; referral to  
 3.31 licensed physicians or local health agencies for consultation, examination, medical  
 3.32 treatment, genetic counseling, and prescriptions for the purpose of family planning; and  
 3.33 the distribution of family planning products, such as charts, thermometers, drugs, medical  
 3.34 preparations, and contraceptive devices. For purposes of sections 145A.01 to 145A.14,

4.1 family planning shall mean voluntary action by individuals to prevent or aid conception  
4.2 but does not include the performance, or make referrals for encouragement of voluntary  
4.3 termination of pregnancy.

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

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

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

4.11 Sec. 6. Minnesota Statutes 2014, section 145.925, is amended by adding a subdivision  
4.12 to read:

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

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

4.19 Sec. 7. Minnesota Statutes 2014, section 145.925, is amended by adding a subdivision  
4.20 to read:

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

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

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

4.27 (3) maternal and child health block grant funds used for prepregnancy family  
4.28 planning services.

4.29 Sec. 8. Minnesota Statutes 2014, section 145.925, is amended by adding a subdivision  
4.30 to read:

4.31 Subd. 1d. **Distribution; eligible entities.** The commissioner shall distribute the  
4.32 funds specified in subdivision 1c to public entities, including community health boards and  
4.33 public health clinics, that apply to the commissioner for funds to provide family planning

5.1 services according to procedures established by the commissioner. If any funds remain  
5.2 after the commissioner fulfills all approved grant requests from public entities for the grant  
5.3 period, the commissioner may distribute the remaining funds to nonpublic entities that:

5.4 (1) are hospitals or federally qualified health centers;

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

5.7 (3) apply to the commissioner for funds to provide family planning services  
5.8 according to procedures established by the commissioner.

5.9 Sec. 9. Minnesota Statutes 2014, section 145.925, is amended by adding a subdivision  
5.10 to read:

5.11 Subd. 1e. **Subgrants from public entities.** (a) A public entity that receives funds  
5.12 from the commissioner under subdivision 1d may distribute some or all of the funds as  
5.13 subgrants to other public or private entities to provide family planning services. Except as  
5.14 provided in paragraph (b), an entity is not eligible for a subgrant under this subdivision if  
5.15 the entity provides abortion services or has an affiliate that provides abortion services.

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

5.21 Sec. 10. Minnesota Statutes 2014, section 145.925, is amended by adding a subdivision  
5.22 to read:

5.23 Subd. 10. **Reporting and publication of grant and subgrant recipients.** At least  
5.24 once every grant cycle, a public entity that distributes funds under subdivision 1e shall  
5.25 provide the commissioner of health with a list of the entities that received subgrants to  
5.26 provide family planning services and the amount of each subgrant. At least once every  
5.27 grant cycle, the commissioner of health shall publish on the department's Web site a list of  
5.28 all the entities that received funds as a grant from the commissioner under subdivision 1d  
5.29 or a subgrant from a public entity under subdivision 1e, and the amount of the grant or  
5.30 subgrant received by each entity.

5.31 Sec. 11. **REPEALER.**

5.32 Minnesota Statutes 2014, section 145.925, subdivisions 2 and 9, are repealed.

**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.

Subd. 9. **Amount of grant; rules.** Notwithstanding any rules to the contrary, including rules proposed in the State Register on April 1, 1991, the commissioner, in allocating grant funds for family planning special projects, shall not limit the total amount of funds that can be allocated to an organization. The commissioner shall allocate to an organization receiving grant funds on July 1, 1997, at least the same amount of grant funds for the 1998 to 1999 grant cycle as the organization received for the 1996 to 1997 grant cycle, provided the organization submits an application that meets grant funding criteria. This subdivision does not affect any procedure established in rule for allocating special project money to the different regions. The commissioner shall revise the rules for family planning special project grants so that they conform to the requirements of this subdivision. In adopting these revisions, the commissioner is not subject to the rulemaking provisions of chapter 14, but is bound by section 14.386, paragraph (a), clauses (1) and (3). Section 14.386, paragraph (b), does not apply to these rules.