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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 2099

02/21/2023 Authored by Richardson and Hassan
The bill was read for the first time and referred to the Committee on Human Services Policy

1.1 A bill for an act
1.2 relating to behavioral health; establishing the Task Force on Pregnancy Health
1.3 and Substance Use Disorders; requiring reports; appropriating money.

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

1.5 Section 1. TASK FORCE ON PREGNANCY HEALTH AND SUBSTANCE USE
1.6 DISORDERS.

1.7 Subdivision 1. Establishment. The Task Force on Pregnancy Health and Substance Use
1.8 Disorders is established to develop uniform standards for when physicians, advanced practice
1.9 registered nurses, and physician assistants should administer a toxicology test and
1.10 requirements for reporting for prenatal exposure to a controlled substance, to discuss and
1.11 evaluate family-centered substance use disorder treatment models, and to provide
1.12 recommendations for addressing barriers and increasing access to family-centered substance
1.13 use disorder treatment services, including licensing for treatment providers and funding
1.14 barriers. The task force must also evaluate the effectiveness of involuntary civil commitment
1.15 during pregnancy and provide any recommendations for policy and practice changes related
1.16 to involuntary civil commitment during pregnancy.

1.17 Subd. 2. Membership. (a) The task force shall consist of the following members:

1.18 (1) two members of the senate, one appointed by the senate majority leader and one
1.19 appointed by the senate minority leader;

1.20 (2) two members of the house of representatives, one appointed by the speaker of the
1.21 house and one appointed by the house minority leader;

1.22 (3) a county attorney appointed by the Minnesota County Attorneys Association;

2.1 (4) a peace officer, as defined in Minnesota Statutes, section 626.84, subdivision 1,
2.2 paragraph (c), appointed by the Minnesota Sheriffs' Association;

2.3 (5) a physician licensed in Minnesota to practice obstetrics and gynecology who provides
2.4 care primarily to medical assistance enrollees during pregnancy appointed by the American
2.5 College of Obstetricians and Gynecologists;

2.6 (6) a physician licensed in Minnesota to practice pediatrics or family medicine who
2.7 provides care primarily to medical assistance enrollees with substance use disorders or who
2.8 provides addiction medicine care during pregnancy appointed by the Minnesota Medical
2.9 Association;

2.10 (7) a certified nurse-midwife licensed as an advanced practice registered nurse in
2.11 Minnesota who provides care primarily to medical assistance enrollees with substance use
2.12 disorders or provides addiction medicine care during pregnancy appointed by the Minnesota
2.13 Advanced Practice Registered Nurses Coalition;

2.14 (8) two representatives of county social services agencies, one from a county outside
2.15 the seven-county metropolitan area and one from a county within the seven-county
2.16 metropolitan area, appointed by the Minnesota Association of County Social Service
2.17 Administrators;

2.18 (9) the commissioner of human services or a designee;

2.19 (10) one representative from the Board of Social Work;

2.20 (11) two Tribal representatives appointed by the Indian Child Welfare Advisory Council;

2.21 (12) two members who identify as Black or African American and who have lived
2.22 experience with the child welfare system and substance use disorders appointed by the
2.23 Cultural and Ethnic Communities Leadership Council;

2.24 (13) an attorney who represents parents or custodians in cases involving a child in need
2.25 of protection or services appointed by the governor;

2.26 (14) two members who are licensed substance use disorder treatment providers appointed
2.27 by the Minnesota Association of Resources for Recovery and Chemical Health;

2.28 (15) two members representing hospitals appointed by the Minnesota Hospital
2.29 Association;

2.30 (16) one designee of the commissioner of health with expertise in substance use disorders
2.31 and treatment;

3.1 (17) two designees of the commissioner of human services, one with expertise in
3.2 substance use disorders and one with expertise in child welfare; and

3.3 (18) one member of the Minnesota Perinatal Quality Collaborative.

3.4 (b) Appointments to the task force must be made by October 1, 2023.

3.5 (c) Member compensation and reimbursement for expenses are governed by Minnesota
3.6 Statutes, section 15.059, subdivision 3.

3.7 Subd. 3. **Chairs; meetings.** (a) The task force shall be cochaired by the task force member
3.8 from the majority party of the house of representatives and the task force member from the
3.9 majority party of the senate. The task force may elect other officers as necessary.

3.10 (b) The cochairpersons shall convene the first meeting of the task force no later than
3.11 October 15, 2023.

3.12 (c) Task force meetings are subject to the Minnesota Open Meeting Law under Minnesota
3.13 Statutes, chapter 13D.

3.14 Subd. 4. **Administrative support.** The Legislative Coordinating Commission must
3.15 provide administrative support and meeting space for the task force.

3.16 Subd. 5. **Duties; reports.** (a) In the first year, the task force shall develop uniform
3.17 standards for when a toxicology test for prenatal exposure to a controlled substance should
3.18 be administered to a birthing parent and a newborn infant. The task force must also develop
3.19 uniform standards for providing notice or reporting of prenatal exposure to a controlled
3.20 substance to local welfare agencies under Minnesota Statutes, chapter 260E.

3.21 (b) No later than December 1, 2024, the task force must submit a written report to the
3.22 chairs and ranking minority members of the legislative committees and divisions with
3.23 jurisdiction over human services on the task force's activities and recommendations on the
3.24 standards developed under paragraph (a).

3.25 (c) In the second year, the task force shall study and evaluate culturally responsive,
3.26 financially sustainable, and effective substance use disorder treatment options that would
3.27 preserve families struggling with substance use disorder whose children are at risk of removal
3.28 from the parent's or custodian's home. The task force shall identify and evaluate barriers to
3.29 accessing family-centered substance use disorder treatment programs, including licensing
3.30 barriers for treatment providers and lack of accessible funding. The task force shall develop
3.31 recommended content for a request for proposals to establish pilot projects for providing
3.32 family-centered substance use disorder treatment in at least three counties, including one
3.33 urban county, one suburban county, and one rural county.

4.1 (d) In the second year, the task force shall also study and evaluate the use of involuntary
4.2 civil commitments during pregnancy, including a review of any available research or data
4.3 on the effectiveness of civil commitment during pregnancy.

4.4 (e) No later than December 1, 2025, the task force must submit a written report to the
4.5 chairs and ranking minority members of the legislative committees and divisions with
4.6 jurisdiction over human services on the task force's activities and recommendations developed
4.7 under paragraphs (c) and (d), including recommended funding for family-centered substance
4.8 use disorder treatment pilot projects and any legislation that may be necessary to establish
4.9 the pilot projects or modify current licensing requirements for family-centered substance
4.10 use disorder treatment providers.

4.11 Subd. 6. **Expiration.** The task force shall expire upon submission of the report required
4.12 under subdivision 5, paragraph (e), or December 1, 2025, whichever is later.

4.13 **EFFECTIVE DATE.** This section is effective July 1, 2023.

4.14 Sec. 2. **APPROPRIATION; TASK FORCE ON PREGNANCY HEALTH AND**
4.15 **SUBSTANCE USE DISORDERS.**

4.16 \$..... in fiscal year 2024 is appropriated from the general fund to the Legislative
4.17 Coordinating Commission for the Task Force on Pregnancy Health and Substance Use
4.18 Disorders. This is a onetime appropriation and is available until December 1, 2025.