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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 779

01/25/2023 Authored by Kotyza-Witthuhn; Lee, K.; Koegel; Klevorn and Pryor
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; requiring issuance of a grant to support a stillbirth prevention
1.3 through tracking fetal movement pilot program; appropriating money.

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

1.5 Section 1. STILLBIRTH PREVENTION THROUGH TRACKING FETAL
1.6 MOVEMENT PILOT PROGRAM.

1.7 Subdivision 1. Definitions. For purposes of this section, "fetal death" or "stillbirth"
1.8 means the death of a fetus of 20 or more weeks of gestation, but that does not include an
1.9 induced termination of pregnancy. A stillbirth may be classified as early, late, or term. An
1.10 early stillbirth is the death of a fetus occurring between 20 and 27 weeks of gestation. A
1.11 late stillbirth is the death of a fetus occurring between 28 and 36 weeks of gestation. A term
1.12 stillbirth is the death of a fetus of 37 or more weeks of gestation.

1.13 Subd. 2. Grant. The commissioner of health shall issue a grant to a grant recipient to
1.14 support a stillbirth prevention through tracking fetal movement pilot program and to provide
1.15 evidence of the efficacy of tracking fetal movements in preventing stillbirths in the state.
1.16 The pilot program shall operate in fiscal years 2024, 2025, and 2026.

1.17 Subd. 3. Use of grant funds. The grant recipient must use grant funds:
1.18 (1) for activities to ensure that expectant parents in this state receive information about
1.19 the importance of tracking fetal movement in the third trimester of pregnancy, by providing
1.20 evidence-based information to organizations that include but are not limited to community
1.21 organizations, hospitals, birth centers, maternal health providers, and higher education
1.22 institutions that educate maternal health providers;

2.1 (2) to provide maternal health providers and expectant parents in this state with access
2.2 to free, evidence-based educational materials on fetal movement tracking, including
2.3 brochures, posters, reminder cards, continuing education materials, and digital resources;

2.4 (3) to assist in raising awareness with health care providers about:

2.5 (i) the availability of free fetal movement tracking education for providers through an
2.6 initial education campaign;

2.7 (ii) the importance of tracking fetal movement in the third trimester of pregnancy by
2.8 offering at least three to five webinars and conferences per year; and

2.9 (iii) the importance of tracking fetal movement in the third trimester of pregnancy through
2.10 provider participation in a public relations campaign; and

2.11 (4) to assist in raising public awareness about the availability of free fetal movement
2.12 tracking resources through social media marketing and traditional marketing throughout
2.13 the state.

2.14 Subd. 4. **Data-sharing and monitoring.** (a) During the operation of the pilot program,
2.15 the grant recipient shall provide the following information to the commissioner on at least
2.16 a quarterly basis:

2.17 (1) the number of educational materials distributed under the pilot program, broken
2.18 down by zip code and the type of facility or organization that ordered the materials, including
2.19 hospitals, birth centers, maternal health clinics, WIC clinics, and community organizations;

2.20 (2) the number of fetal movement tracking application downloads that may be attributed
2.21 to the pilot program, broken down by zip code;

2.22 (3) the reach of and engagement with marketing materials provided under the pilot
2.23 program; and

2.24 (4) provider attendance and participation in awareness-raising events under the pilot
2.25 program, such as webinars and conferences.

2.26 (b) Each year during the pilot program and at the conclusion of the pilot program, the
2.27 grant recipient shall provide the commissioner with an annual report that includes information
2.28 on how the pilot program has affected:

2.29 (1) fetal death rates in the state;

2.30 (2) fetal death rates in the state among American Indian, Black, Hispanic, and Asian
2.31 Pacific Islander populations; and

3.1 (3) fetal death rates in zip codes in the state with high stillbirth rates.

3.2 Subd. 5. **Reports.** The commissioner must submit to the legislative committees with
3.3 jurisdiction over public health, an interim report and a final report on the operation of the
3.4 pilot program. The interim report must be submitted by December 1, 2024, and the final
3.5 report must be submitted by December 1, 2026. Each report must at least describe the pilot
3.6 program's operations and provide information, to the extent available, on the effectiveness
3.7 of the pilot program in preventing stillbirths in the state, including lessons learned in
3.8 implementing the pilot program and recommendations for future action.

3.9 Sec. 2. **APPROPRIATION.**

3.10 \$125,000 in fiscal year 2024 is appropriated from the general fund to the commissioner
3.11 of health for a grant to Healthy Birth Day, Inc., for the operation of a stillbirth prevention
3.12 through tracking fetal movement pilot program. This appropriation is available until June
3.13 30, 2027.