

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 2195

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DATE
03/07/2019

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OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health; requiring a report; appropriating money for perinatal hospice
1.3 grants.

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

1.5 Section 1. APPROPRIATION; PERINATAL HOSPICE GRANTS.

1.6 Subdivision 1. Appropriation. \$500,000 in fiscal year 2020 is appropriated from the
1.7 general fund to the commissioner of health for perinatal hospice program development,
1.8 training, and awareness grants. Eligible entities may apply for multiple grants. This is a
1.9 onetime appropriation and does not become a part of the base. Unused funds carry forward
1.10 and do not expire until fiscal year 2023.

1.11 Subd. 2. Definitions. (a) For purposes of this section, the following terms have the
1.12 meanings given.

1.13 (b) "Eligible program entity" means a hospital, hospice, health care facility, or
1.14 community-based organization. An eligible program entity must have an identified perinatal
1.15 hospice program coordinator who is eligible to be certified in perinatal loss care.

1.16 (c) "Eligible training entity" means an eligible program entity that has experience
1.17 providing perinatal hospice services, or a qualified individual who is eligible to be certified
1.18 in perinatal loss care and has experience providing perinatal hospice services.

1.19 (d) "Eligible to be certified in perinatal loss care" means a person who meets the criteria
1.20 to sit for the perinatal loss care exam, or is already certified in perinatal loss care, by the
1.21 Hospice and Palliative Credentialing Center.

2.1 (e) "Life-limiting prenatal diagnosis" means a fetal condition diagnosed before birth that
2.2 will with reasonable certainty result in the death of the child within six months after birth.

2.3 (f) "Perinatal hospice" means comprehensive support to the pregnant woman and her
2.4 family that includes family-centered multidisciplinary care to meet their medical, spiritual,
2.5 and emotional needs from the time of a life-limiting prenatal diagnosis through the birth,
2.6 life, and natural death of the child, and through the postpartum period. Supportive care may
2.7 be provided by medical staff, counselors, clergy, mental health providers, social workers,
2.8 geneticists, certified nurse midwives, hospice professionals, and others.

2.9 Subd. 3. **Perinatal hospice grants.** (a) Perinatal hospice program development grants
2.10 are available to eligible program entities and must be used for reasonable expenditures to:

2.11 (1) establish a new perinatal hospice program;

2.12 (2) expand an existing perinatal hospice program;

2.13 (3) recruit a perinatal hospice program coordinator; or

2.14 (4) fund perinatal hospice administrative and coordinator expenses for a period of not
2.15 more than six months.

2.16 (b) Perinatal hospice training grants are available to eligible training entities and may
2.17 be used for reasonable expenses to enable existing perinatal hospice programs to provide
2.18 training for members of a multidisciplinary team providing perinatal hospice services. Funds
2.19 must be used for:

2.20 (1) development and operation of a perinatal hospice training program. The curriculum
2.21 must include but is not limited to training to provide the following services to families
2.22 eligible for perinatal hospice:

2.23 (i) counseling at the time of a life-limiting prenatal diagnosis;

2.24 (ii) specialized birth planning;

2.25 (iii) specialized advance care planning;

2.26 (iv) services to address the emotional needs of the family through prenatal and postpartum
2.27 counseling that:

2.28 (A) helps the family prepare for the death of their child;

2.29 (B) helps the family work within the health care delivery system to create a safe and
2.30 professionally supported environment where parents can parent their child during their brief
2.31 life in a way that is meaningful for that family and baby; and

3.1 (C) helps the family with the grief that begins at diagnosis and continues after the death
3.2 of the child; and

3.3 (v) evidence-based perinatal bereavement care;

3.4 (2) trainer support, including travel expenses and reasonable living expenses during the
3.5 period of training;

3.6 (3) trainee support, including tuition, books, travel expenses, program fees, and reasonable
3.7 living expenses during the period of training; or

3.8 (4) materials used in the provision of training.

3.9 (c) Perinatal hospice awareness grants are available to eligible program entities and may
3.10 be used for the creation and distribution of materials promoting awareness of perinatal
3.11 hospice programs.

3.12 Subd. 4. **Report.** The commissioner of health must report to the chairs and ranking
3.13 minority members of the legislative committees with jurisdiction over health and human
3.14 services finance by February 1, 2020, and annually thereafter until all funds are expended,
3.15 on how the grant funds have been used.