

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

**S.F. No. 4109**

(SENATE AUTHORS: COLEMAN and Duckworth)

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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; establishing the Minnesota baby steps home visiting program;  
1.3 appropriating money; proposing coding for new law in Minnesota Statutes, chapter  
1.4 145.

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

1.6 Section 1. [145.871] MINNESOTA BABY STEPS PROGRAM.

1.7 Subdivision 1. Grant program. (a) The commissioner of health shall award grants to  
1.8 community health boards, nonprofit organizations, Tribal nations, and health care providers,  
1.9 including those listed in clauses (1) to (4), to establish voluntary home visiting services to  
1.10 families expecting or caring for an infant, including families adopting an infant. This section  
1.11 includes:

1.12 (1) doulas;

1.13 (2) community health workers;

1.14 (3) perinatal health educators; and

1.15 (4) early childhood family education home visiting providers.

1.16 (b) The grant money awarded under this section must be used to:

1.17 (1) establish home visiting services that provide a range of one to six visits that occur  
1.18 prenatally or within the first four months of the expected birth or adoption of an infant; and

1.19 (2) improve outcomes in two or more of the following areas:

1.20 (i) maternal and newborn health;

1.21 (ii) school readiness and achievement;

2.1 (iii) family economic self-sufficiency;

2.2 (iv) coordination and referral for other community resources and supports;

2.3 (v) reduction in child injuries, abuse, or neglect; or

2.4 (vi) reduction in crime or domestic violence.

2.5 (c) The commissioner shall ensure that the voluntary home visiting services established  
2.6 under this section are available to all families residing in the state by June 30, 2025. In  
2.7 awarding grants prior to the home visiting services being available statewide, the  
2.8 commissioner shall prioritize applicants serving high-risk or high-need populations of  
2.9 pregnant women and families with infants, including populations with insufficient access  
2.10 to prenatal care, high incidence of mental illness or substance use disorder, low  
2.11 socioeconomic status, and other factors as determined by the commissioner.

2.12 Subd. 2. **Home visiting services.** (a) The home visiting services provided under this  
2.13 section must, at a minimum:

2.14 (1) offer information on infant care, child growth and development, positive parenting,  
2.15 preventing diseases, preventing exposure to environmental hazards, and support services  
2.16 in the community;

2.17 (2) provide information on and referrals to health care services, including information  
2.18 on and assistance in applying for health care coverage for which the child or family may  
2.19 be eligible, and provide information on the availability of group prenatal care, preventative  
2.20 services, developmental assessments, and public assistance programs as appropriate;

2.21 (3) include an assessment of the physical, social, and emotional factors affecting the  
2.22 family and provide information and referrals to address each family's identified needs;

2.23 (4) connect families to additional resources available in the community, including early  
2.24 care and education programs, health or mental health services, family literacy programs,  
2.25 employment agencies, and social services, as needed;

2.26 (5) utilize appropriate racial, ethnic, and cultural approaches to providing home visiting  
2.27 services; and

2.28 (6) be voluntary and free of charge to families.

2.29 (b) Home visiting services under this section may be provided through telephone or  
2.30 video communication when the commissioner determines the methods are necessary to  
2.31 protect the health and safety of individuals receiving the visits and the home visiting  
2.32 workforce.

3.1 Subd. 3. **Administrative costs.** The commissioner may use up to seven percent of the  
3.2 annual appropriation under this section to provide training and technical assistance, to  
3.3 administer the program, and to conduct ongoing evaluations of the program. The  
3.4 commissioner may contract for training, capacity-building support for grantees or potential  
3.5 grantees, technical assistance, and evaluation support.

3.6 Sec. 2. **APPROPRIATION; MINNESOTA BABY STEPS PROGRAM.**

3.7 \$110,000,000 in fiscal year 2023 is appropriated from the general fund to the  
3.8 commissioner of health for the Minnesota baby steps program under Minnesota Statutes,  
3.9 section 145.871. The base for the appropriation is \$110,000,000 in fiscal year 2024 and  
3.10 \$110,000,000 in fiscal year 2025 only.

3.11 Sec. 3. **REVISOR INSTRUCTION.**

3.12 The revisor of statutes shall renumber Minnesota Statutes, sections 145A.145 and  
3.13 145A.17, as new sections following Minnesota Statutes, section 145.871. The revisor shall  
3.14 also make necessary cross-reference changes consistent with the renumbering.