

1.1 moves to amend H.F. No. 3138, the delete-everything amendment
1.2 (A18-0776), as follows:

1.3 Page 240, after line 13, insert:

1.4 "Sec. Laws 2017, First Special Session chapter 6, article 18, section 3, subdivision 2,
1.5 is amended to read:

1.6 **Subd. 2. Health Improvement**

1.7 Appropriations by Fund

1.8	General	81,438,000	78,100,000
1.9	State Government		
1.10	Special Revenue	6,215,000	6,182,000
1.11	Health Care Access	36,643,000	36,258,000
1.12	Federal TANF	11,713,000	11,713,000

1.13 **(a) TANF Appropriations.** (1) \$3,579,000
1.14 of the TANF fund each year is for home
1.15 visiting and nutritional services listed under
1.16 Minnesota Statutes, section 145.882,
1.17 subdivision 7, clauses (6) and (7). Funds must
1.18 be distributed to community health boards
1.19 according to Minnesota Statutes, section
1.20 145A.131, subdivision 1.

1.21 **(2)** \$2,000,000 of the TANF fund each year
1.22 is for decreasing racial and ethnic disparities
1.23 in infant mortality rates under Minnesota
1.24 Statutes, section 145.928, subdivision 7.

1.25 **(3)** \$4,978,000 of the TANF fund each year
1.26 is for the family home visiting grant program

2.1 according to Minnesota Statutes, section
2.2 145A.17. \$4,000,000 of the funding must be
2.3 distributed to community health boards
2.4 according to Minnesota Statutes, section
2.5 145A.131, subdivision 1. \$978,000 of the
2.6 funding must be distributed to tribal
2.7 governments according to Minnesota Statutes,
2.8 section 145A.14, subdivision 2a.

2.9 (4) \$1,156,000 of the TANF fund each year
2.10 is for family planning grants under Minnesota
2.11 Statutes, section 145.925.

2.12 (5) The commissioner may use up to 6.23
2.13 percent of the funds appropriated each year to
2.14 conduct the ongoing evaluations required
2.15 under Minnesota Statutes, section 145A.17,
2.16 subdivision 7, and training and technical
2.17 assistance as required under Minnesota
2.18 Statutes, section 145A.17, subdivisions 4 and
2.19 5.

2.20 (b) **TANF Carryforward.** Any unexpended
2.21 balance of the TANF appropriation in the first
2.22 year of the biennium does not cancel but is
2.23 available for the second year.

2.24 (c) **Evidence-Based Home Visiting to**
2.25 **Pregnant Women and Families with Young**
2.26 **Children.** \$6,000,000 in fiscal year 2018 and
2.27 \$6,000,000 in fiscal year 2019 are from the
2.28 general fund to start up or expand
2.29 ~~evidence-based~~ home visiting programs to
2.30 pregnant women and families with young
2.31 children. The commissioner shall award grants
2.32 to community health boards, nonprofits, or
2.33 tribal nations in urban and rural areas of the
2.34 state. Grant funds must be used to start up or
2.35 expand evidence-based or targeted home

3.1 visiting programs in the county, reservation,
3.2 or region to serve families, such as parents
3.3 with high risk or high needs, parents with a
3.4 history of mental illness, domestic abuse, or
3.5 substance abuse, or first-time mothers
3.6 prenatally until the child is four years of age,
3.7 who are eligible for medical assistance under
3.8 Minnesota Statutes, chapter 256B, or the
3.9 federal Special Supplemental Nutrition
3.10 Program for Women, Infants, and Children.
3.11 For fiscal year 2019, the commissioner shall
3.12 allocate at least 75 percent of the grant funds
3.13 not yet awarded to evidence-based home
3.14 visiting programs and up to 25 percent of the
3.15 grant funds not yet awarded to other targeted
3.16 home visiting programs in order to promote
3.17 innovation and serve high-need families.
3.18 Priority for grants to rural areas shall be given
3.19 to community health boards, nonprofits, and
3.20 tribal nations that expand services within
3.21 regional partnerships that provide the
3.22 ~~evidence-based~~ home visiting programs. This
3.23 funding shall only be used to supplement, not
3.24 to replace, funds being used for
3.25 evidence-based or targeted home visiting
3.26 services as of June 30, 2017. Up to seven
3.27 percent of the appropriation may be used for
3.28 training, technical assistance, evaluation, and
3.29 other costs to administer the grants. The
3.30 general fund base for this program is
3.31 \$16,500,000 in fiscal year 2020 and
3.32 \$16,500,000 in fiscal year 2021.

3.33 **(d) Safe Harbor for Sexually Exploited**
3.34 **Youth Services.** \$250,000 in fiscal year 2018
3.35 and \$250,000 in fiscal year 2019 are from the
3.36 general fund for trauma-informed, culturally

4.1 specific services for sexually exploited youth.
4.2 Youth 24 years of age or younger are eligible
4.3 for services under this paragraph.

4.4 **(e) Safe Harbor Program Technical**
4.5 **Assistance and Evaluation.** \$200,000 in
4.6 fiscal year 2018 and \$200,000 in fiscal year
4.7 2019 are from the general fund for training,
4.8 technical assistance, protocol implementation,
4.9 and evaluation activities related to the safe
4.10 harbor program. Of these amounts:

4.11 (1) \$90,000 each fiscal year is for providing
4.12 training and technical assistance to individuals
4.13 and organizations that provide safe harbor
4.14 services and receive funds for that purpose
4.15 from the commissioner of human services or
4.16 commissioner of health;

4.17 (2) \$90,000 each fiscal year is for protocol
4.18 implementation, which includes providing
4.19 technical assistance in establishing best
4.20 practices-based systems for effectively
4.21 identifying, interacting with, and referring
4.22 sexually exploited youth to appropriate
4.23 resources; and

4.24 (3) \$20,000 each fiscal year is for program
4.25 evaluation activities in compliance with
4.26 Minnesota Statutes, section 145.4718.

4.27 **(f) Promoting Safe Harbor Capacity.** In
4.28 funding services and activities under
4.29 paragraphs (d) and (e), the commissioner shall
4.30 emphasize activities that promote
4.31 capacity-building and development of
4.32 resources in greater Minnesota.

4.33 **(g) Administration of Safe Harbor**
4.34 **Program.** \$60,000 in fiscal year 2018 and

5.1 \$60,000 in fiscal year 2019 are for
5.2 administration of the safe harbor for sexually
5.3 exploited youth program.

5.4 **(h) Palliative Care Advisory Council.**

5.5 \$44,000 in fiscal year 2018 and \$44,000 in
5.6 fiscal year 2019 are from the general fund for
5.7 the Palliative Care Advisory Council under
5.8 Minnesota Statutes, section 144.059. This is
5.9 a onetime appropriation.

5.10 **(i) Transfer; Minnesota Biomedicine and**

5.11 **Bioethics Innovation Grants.** \$2,500,000 in

5.12 fiscal year 2018 is from the general fund for
5.13 transfer to the Board of Regents of the
5.14 University of Minnesota for Minnesota
5.15 biomedicine and bioethics innovation grants
5.16 under Minnesota Statutes, section 137.67. The
5.17 full amount of the appropriation is for grants,
5.18 and the University of Minnesota shall not use
5.19 any portion for administrative or monitoring
5.20 expenses. The steering committee of the
5.21 University of Minnesota and Mayo Foundation
5.22 partnership must submit a preliminary report
5.23 by April 1, 2018, and a final report by April
5.24 1, 2019, on all grant activities funded under
5.25 Minnesota Statutes, section 137.67, to the
5.26 chairs and ranking minority members of the
5.27 legislative committees with jurisdiction over
5.28 health and human services finance. This is a
5.29 onetime appropriation and is available until
5.30 June 30, 2021.

5.31 **(j) Statewide Strategic Plan for Victims of**

5.32 **Sex Trafficking.** \$73,000 in fiscal year 2018
5.33 is from the general fund for the development
5.34 of a comprehensive statewide strategic plan
5.35 and report to address the needs of sex

6.1 trafficking victims statewide. This is a onetime
6.2 appropriation.

6.3 **(k) Home and Community-Based Services**
6.4 **Employee Scholarship Program.** \$500,000
6.5 in fiscal year 2018 and \$500,000 in fiscal year
6.6 2019 are from the general fund for the home
6.7 and community-based services employee
6.8 scholarship program under Minnesota Statutes,
6.9 section 144.1503.

6.10 **(l) Comprehensive Advanced Life Support**
6.11 **Educational Program.** \$100,000 in fiscal
6.12 year 2018 and \$100,000 in fiscal year 2019
6.13 are from the general fund for the
6.14 comprehensive advanced life support
6.15 educational program under Minnesota Statutes,
6.16 section 144.6062. This is a onetime
6.17 appropriation.

6.18 **(m) Opioid Abuse Prevention.** \$1,028,000
6.19 in fiscal year 2018 is to establish and evaluate
6.20 accountable community for health opioid
6.21 abuse prevention pilot projects. \$28,000 of
6.22 this amount is for administration. This is a
6.23 onetime appropriation and is available until
6.24 June 30, 2021.

6.25 **(n) Advanced Care Planning.** \$250,000 in
6.26 fiscal year 2018 and \$250,000 in fiscal year
6.27 2019 are from the general fund for a grant to
6.28 a statewide advanced care planning resource
6.29 organization that has expertise in convening
6.30 and coordinating community-based strategies
6.31 to encourage individuals, families, caregivers,
6.32 and health care providers to begin
6.33 conversations regarding end-of-life care
6.34 choices that express an individual's health care
6.35 values and preferences and are based on

7.1 informed health care decisions. Of this
7.2 amount, \$9,000 each year is for administration.
7.3 This is a onetime appropriation.

7.4 **(o) Health Professionals Clinical Training**
7.5 **Expansion Grant Program.** \$526,000 in
7.6 fiscal year 2018 and \$526,000 in fiscal year
7.7 2019 are from the general fund for the primary
7.8 care and mental health professions clinical
7.9 training expansion grant program under
7.10 Minnesota Statutes, section 144.1505. Of this
7.11 amount, \$26,000 each year is for
7.12 administration.

7.13 **(p) Federally Qualified Health Centers.**
7.14 \$500,000 in fiscal year 2018 and \$500,000 in
7.15 fiscal year 2019 are from the general fund to
7.16 provide subsidies to federally qualified health
7.17 centers under Minnesota Statutes, section
7.18 145.9269. This is a onetime appropriation.

7.19 **(q) Base Level Adjustments.** The general
7.20 fund base is \$87,656,000 in fiscal year 2020
7.21 and \$87,706,000 in fiscal year 2021. The
7.22 health care access fund base is \$36,858,000
7.23 in fiscal year 2020 and \$36,258,000 in fiscal
7.24 year 2021."

7.25 Renumber the sections in sequence and correct the internal references

7.26 Amend the title accordingly