

1.1 moves to amend H.F. No. 3079 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2018, section 145.928, subdivision 2, is amended to read:

1.4 Subd. 2. **State-community partnerships; plan.** The commissioner, in partnership with
1.5 culturally based community organizations; the Indian Affairs Council under section 3.922;
1.6 the Minnesota Council on Latino Affairs under section 15.0145; the Council for Minnesotans
1.7 of African Heritage under section 15.0145; the Council on Asian-Pacific Minnesotans under
1.8 section 15.0145; the Commission of the Deaf, DeafBlind and Hard of Hearing under section
1.9 256C.28; the governor's Council on Developmental Disabilities under section 16B.054;
1.10 community health boards as defined in section 145A.02; and tribal governments, shall
1.11 develop and implement a comprehensive, coordinated plan consistent with United States
1.12 Code, title 42, sections 15001 to 15115 to reduce health disparities in the health disparity
1.13 priority areas identified in subdivision 1.

1.14 Sec. 2. Minnesota Statutes 2018, section 145.928, is amended by adding a subdivision to
1.15 read:

1.16 Subd. 2a. **Persons of color and American Indians with disabilities.** In addition to the
1.17 goals specified in subdivision 1, the commissioner shall focus on health disparities among
1.18 persons of color with disabilities and American Indians with disabilities in relation to the
1.19 priority health areas specified in subdivision 1.

1.20 Sec. 3. Minnesota Statutes 2019 Supplement, section 145.928, subdivision 7, is amended
1.21 to read:

1.22 Subd. 7. **Community grant program; immunization rates, prenatal care access and**
1.23 **utilization, and infant mortality rates.** (a) The commissioner shall award grants to eligible

2.1 applicants for local or regional projects and initiatives directed at reducing health disparities
2.2 in populations of color and American Indian communities, with a focus on reducing health
2.3 disparities of persons of color and American Indians who also have disabilities; are lesbian,
2.4 gay, bisexual, transgender, or queer; are low-income; or are geographically underserved.

2.5 Grants shall be awarded for projects addressing one or more of the following priority areas:

2.6 (1) decreasing racial and ethnic disparities in infant mortality rates;

2.7 (2) decreasing racial and ethnic disparities in access to and utilization of high-quality
2.8 prenatal care; or

2.9 (3) increasing adult and child immunization rates in nonwhite racial and ethnic
2.10 populations.

2.11 (b) The commissioner may award up to 20 percent of the funds available as planning
2.12 grants. Planning grants must be used to address such areas as community assessment,
2.13 coordination activities, and development of community supported strategies.

2.14 (c) Eligible applicants may include, but are not limited to, faith-based organizations,
2.15 social service organizations, community nonprofit organizations, community health boards,
2.16 tribal governments, and community clinics. Applicants must submit proposals to the
2.17 commissioner. A proposal must specify the strategies to be implemented to address one or
2.18 more of the priority areas listed in paragraph (a) and must be targeted to achieve the outcomes
2.19 established according to subdivision 3.

2.20 (d) The commissioner shall give priority to applicants who demonstrate that their
2.21 proposed project or initiative:

2.22 (1) is supported by the community the applicant will serve;

2.23 (2) is research-based or based on promising strategies;

2.24 (3) is designed to complement other related community activities;

2.25 (4) utilizes strategies that positively impact two or more priority areas;

2.26 (5) reflects racially and ethnically appropriate approaches; and

2.27 (6) will be implemented through or with community-based organizations that reflect the
2.28 race or ethnicity of the population to be reached."

2.29 Amend the title accordingly