

1.1 moves to amend H.F. No. 2150, the delete everything amendment
1.2 (A14-0976), as follows:

1.3 Page 12, delete section 8 and insert:

1.4 "Sec. 8. GRANT PROGRAMS TO ADDRESS MINORITY HEALTH
1.5 DISPARITIES.

1.6 Subdivision 1. Definitions. (a) For purposes of this section, the following terms
1.7 have the meanings given.

1.8 (b) "Dementia" means a condition ascribed within the brain that leads to confusion,
1.9 lack of focus, and decreased memory.

1.10 (c) "Education activities" means providing materials related to health care topics
1.11 in ethnic specific languages through materials including, but not limited to, Web sites,
1.12 brochures, flyers, and other similar vehicles.

1.13 (d) "Minority populations" means racial and ethnic groups including, but not limited
1.14 to, African Americans, Native Americans, Hmong, Asians, and other similar groups.

1.15 (e) "Outreach" means the active pursuit of people within the minority groups
1.16 through specific and targeted activities to contact individuals who may not regularly
1.17 be contacted by health care professionals.

1.18 Subd. 2. Grants; distribution. The commissioner of health shall distribute grant
1.19 funds to grantees for the following purposes:

1.20 (1) dementia education and training to specific minority and under-represented
1.21 groups;

1.22 (2) an training conference related to immigrant and refugee mental health issues; and

1.23 (3) other programs, as prioritized by the commissioner, relating to health disparities
1.24 in minority populations, including, but not limited to, a Somali women-led prevention
1.25 health care agency located in Minnesota focused on minority women's health disparities.

2.1 Subd. 3. **Grants; administration.** Grant applicants shall submit applications
2.2 to the commissioner of health as directed by a request for proposals. Grants must be
2.3 competitively awarded and recipients of a grant under this section must prepare and
2.4 submit a quarterly progress report to the commissioner beginning three months after
2.5 receipt of the grant. The commissioner shall provide technical assistance and program
2.6 support as needed, including, but not limited to, assurance that minority individuals with
2.7 dementia are effectively identified, mitigated, and evaluated by grantees.

2.8 Subd. 4. **Dementia education and training grant; eligible activities for dementia**
2.9 **outreach.** (a) Within the limits of available appropriations, the commissioner shall make
2.10 a grant to a nonprofit organization with expertise in providing outreach, education, and
2.11 training on dementia, Alzheimers, and other related disabilities within specific minority
2.12 and under-represented groups.

2.13 (b) The grantee must conduct the following activities:

2.14 (1) providing and making available educational materials to the general public
2.15 as well as specific minority populations;

2.16 (2) promoting awareness of dementia related resources and educational materials; and

2.17 (3) promoting the use of materials within health care organizations."

2.18 Page 146, after line 7, insert:

2.19 **"Minority health disparity grants.**

2.20 \$100,000 in fiscal year 2014 and \$475,000

2.21 in fiscal year 2015 is for the commissioner

2.22 of health to begin implementing

2.23 recommendations of the health equity

2.24 report under Laws 2013, chapter 108, article

2.25 12, section 102. Funds must be distributed

2.26 as follows:

2.27 (1) \$100,000 in fiscal year 2014 and

2.28 \$100,000 in fiscal year 2015 is for dementia

2.29 outreach education and training grants

2.30 targeting minority communities under article

2.31 1, section 8;

2.32 (2) \$75,000 in fiscal year 2015 is for planning

2.33 and conducting a training conference on

2.34 immigrant and refugee mental health issues.

2.35 The conference shall include an emphasis

3.1 on mental health concerns in the Somali
3.2 community. Conference planning shall
3.3 include input from the Somali community
3.4 and other stakeholders. This is a onetime
3.5 appropriation;

3.6 (3) up to \$150,000 in fiscal year 2015 is
3.7 for additional grants, including but not
3.8 limited to a grant to a Somali women-led
3.9 health care agency. Grantees must use
3.10 community-based, participatory research to
3.11 address health inequities and provide services
3.12 through culturally specific, minority-centered
3.13 programs;

3.14 (4) the commissioner shall use remaining
3.15 funds for redesigning agency grant making
3.16 to advance health equity, assuring that
3.17 health equity and the analysis of structural
3.18 inequities become integral aspects of all
3.19 agency divisions and programs, and awarding
3.20 additional grants to address health equity
3.21 issues.

3.22 Funding in this section is onetime and shall
3.23 not become pat of base funding."

3.24 Page 146, delete lines 8 to 12

3.25 Page 146, delete lines 21 to 30

3.26 Renumber the sections in sequence and correct the internal references

3.27 Amend the title accordingly