

1.1 ..... moves to amend S.F. No. 1272, the third engrossment, as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **[144.9513] HEALTHY HOUSING GRANTS.**

1.4 Subdivision 1. **Definitions.** For purposes of this section and sections 144.9501 to  
1.5 144.9512, the following terms have the meanings given.

1.6 (a) "Housing" means a room or group of rooms located within a dwelling forming  
1.7 a single habitable unit with facilities used or intended to be used for living, sleeping,  
1.8 cooking, and eating.

1.9 (b) "Healthy housing" means housing that is sited, designed, built, renovated, and  
1.10 maintained in ways that supports the health of residents.

1.11 (c) "Housing-based health threat" means a chemical, biologic, or physical agent  
1.12 in the immediate housing environment, including toxic lead, mold, radon, and indoor  
1.13 allergens and contaminants in carpets, which constitutes a potential or actual hazard to  
1.14 human health at acute or chronic exposure levels.

1.15 (d) "Primary prevention" means preventing exposure to housing-based health threats  
1.16 before seeing clinical symptoms or a diagnosis.

1.17 (e) "Secondary prevention" means intervention to mitigate health effects on people  
1.18 with housing-based health threats.

1.19 Subd. 2. **Grants; administration.** Grant applicants shall submit applications to  
1.20 the commissioner as directed by a request for proposals. Grants must be competitively  
1.21 awarded and recipients of a grant under this section must prepare and submit a quarterly  
1.22 progress report to the commissioner beginning three months after receipt of the grant. The  
1.23 commissioner shall provide technical assistance and program support as needed to ensure  
1.24 that housing-based health threats are effectively identified, mitigated, and evaluated by  
1.25 grantees.

1.26 Subd. 3. **Healthy housing implementation grants, eligible activities.** (a) Within  
1.27 the limits of available appropriations, the commissioner shall make grants to support

2.1 implementation of healthy housing programs to local boards of health, community  
2.2 action agencies under section 256E.31, and nonprofit organizations with expertise in  
2.3 providing outreach, education, and training on healthy housing subjects and in providing  
2.4 comprehensive healthy housing assessments and interventions.

2.5 (b) The grantee may conduct any of the following activities:

2.6 (1) implement and maintain primary prevention programs to reduce housing-based  
2.7 health threats that include the following:

2.8 (i) providing education materials to the general public and to property owners,  
2.9 contractors, code officials, health care providers, public health professionals, health  
2.10 educators, nonprofit organizations, and other persons and organizations engaged in  
2.11 housing and health issues;

2.12 (ii) promoting awareness of community, legal, and housing resources; and

2.13 (iii) promoting the use of hazard reduction measures in new housing construction  
2.14 and housing rehabilitation programs;

2.15 (2) provide training on identifying and addressing housing-based health threats;

2.16 (3) provide technical assistance on the implementation of mitigation measures;

2.17 (4) promote adoption of evidence-based best practices for mitigation of  
2.18 housing-based health threats;

2.19 (5) develop work practices for addressing specific housing-based health threats;

2.20 (6) identify, characterize, and mitigate hazards in housing that contribute to adverse  
2.21 health outcomes;

2.22 (7) ensure screen services and other secondary prevention measures are provided to  
2.23 populations at high risk for housing-related health threats;

2.24 (8) promote compliance with Department of Health guidelines and other best  
2.25 practices, as identified by the commissioner, for preventing or reducing housing-based  
2.26 health threats;

2.27 (9) establish local or regional collaborative groups to ensure that resources for  
2.28 addressing housing-based health threats are coordinated; or

2.29 (10) develop model programs for addressing housing-based health threats.

2.30 Subd. 4. **Toxic mold standards.** The commissioner shall develop and implement  
2.31 standards for the toxicity levels of mold.

2.32 Sec. 2. **APPROPRIATIONS.**

2.33 (a) \$100,000 in fiscal year 2015 is appropriated from the general fund to the  
2.34 commissioner of health for lead poisoning prevention and healthy homes activities under

3.1 Minnesota Statutes, sections 144.9501 to 144.9513, and are added to the program's base  
3.2 funding.

3.3 (b) \$400,000 in fiscal year 2015 is appropriated from the general fund to the  
3.4 commissioner of health for healthy housing implementation grants under Minnesota  
3.5 Statutes, section 144.9513, subdivision 3, and are added to the program's base funding.  
3.6 The commissioner is encouraged to geographically balance the distribution of the grant  
3.7 funding between the seven county metropolitan area and non-metropolitan communities."

3.8 Amend the title accordingly