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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 909

02/07/2019 Authored by Morrison, Pinto, Moran, Kotyza-Witthuhn, Klevorn and others
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
02/28/2019 Adoption of Report: Re-referred to the Committee on Ways and Means

1.1 A bill for an act
1.2 relating to early childhood; governing certain programs and funding for prenatal
1.3 care services; appropriating money; amending Minnesota Statutes 2018, section
1.4 145.928, subdivisions 1, 7.

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

1.6 Section 1. Minnesota Statutes 2018, section 145.928, subdivision 1, is amended to read:

1.7 Subdivision 1. **Goal; establishment.** It is the goal of the state, by 2010, to decrease by
1.8 50 percent the disparities in infant mortality rates and adult and child immunization rates
1.9 for American Indians and populations of color, as compared with rates for whites. To do
1.10 so and to achieve other measurable outcomes, the commissioner of health shall establish a
1.11 program to close the gap in the health status of American Indians and populations of color
1.12 as compared with whites in the following priority areas: infant mortality, access to and
1.13 utilization of high-quality prenatal care, breast and cervical cancer screening, HIV/AIDS
1.14 and sexually transmitted infections, adult and child immunizations, cardiovascular disease,
1.15 diabetes, and accidental injuries and violence.

1.16 Sec. 2. Minnesota Statutes 2018, section 145.928, subdivision 7, is amended to read:

1.17 Subd. 7. **Community grant program; immunization rates, prenatal care access and**
1.18 **utilization, and infant mortality rates.** (a) The commissioner shall award grants to eligible
1.19 applicants for local or regional projects and initiatives directed at reducing health disparities
1.20 in one or ~~both~~ more of the following priority areas:

1.21 (1) decreasing racial and ethnic disparities in infant mortality rates; ~~or~~

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

2.3 ~~(2)~~ (3) increasing adult and child immunization rates in nonwhite racial and ethnic  
 2.4 populations.

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

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

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

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

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

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

2.19 (4) utilizes strategies that positively impact ~~both~~ two or more priority areas;

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

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

2.23 **Sec. 3. APPROPRIATION.**

2.24 \$5,000,000 in fiscal year 2020 and \$5,000,000 in fiscal year 2021 are appropriated from  
 2.25 the general fund to the commissioner of health for grants under Minnesota Statutes, section  
 2.26 145.928, subdivision 7, paragraph (a), clause (2), to decrease racial and ethnic disparities  
 2.27 in access to and utilization of high-quality prenatal care. This amount is in addition to base  
 2.28 appropriations and funding.