

**SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION**

S.F. No. 3699

(SENATE AUTHORS: MORRISON, Fateh and Pha)

DATE	D-PG	OFFICIAL STATUS
02/15/2024	11600	Introduction and first reading Referred to Health and Human Services
02/29/2024	11861	Author added Fateh
04/02/2024	13340	Author added Pha

1.1 A bill for an act

1.2 relating to health; adding Alzheimer's disease to program on reducing health

1.3 disparities; appropriating money; amending Minnesota Statutes 2022, section

1.4 145.928, subdivisions 1, 8.

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

1.6 Section 1. Minnesota Statutes 2022, section 145.928, subdivision 1, is amended to read:

1.7 Subdivision 1. **Goal; establishment.** It is the goal of the state to decrease the disparities

1.8 in infant mortality rates and adult and child immunization rates for American Indians and

1.9 populations of color, as compared with rates for whites. To do so and to achieve other

1.10 measurable outcomes, the commissioner of health shall establish a program to close the gap

1.11 in the health status of American Indians and populations of color as compared with whites

1.12 in the following priority areas: infant mortality, access to and utilization of high-quality

1.13 prenatal care, breast and cervical cancer screening, HIV/AIDS and sexually transmitted

1.14 infections, adult and child immunizations, cardiovascular disease, diabetes, ~~and~~ accidental

1.15 injuries and violence, and Alzheimer's disease and other forms of dementia.

1.16 Sec. 2. Minnesota Statutes 2022, section 145.928, subdivision 8, is amended to read:

1.17 Subd. 8. **Community grant program; other health disparities.** (a) The commissioner

1.18 shall award grants to eligible applicants for local or regional projects and initiatives directed

1.19 at reducing health disparities in one or more of the following priority areas:

1.20 (1) decreasing racial and ethnic disparities in morbidity and mortality rates from breast

1.21 and cervical cancer;

2.1 (2) decreasing racial and ethnic disparities in morbidity and mortality rates from
2.2 HIV/AIDS and sexually transmitted infections;

2.3 (3) decreasing racial and ethnic disparities in morbidity and mortality rates from
2.4 cardiovascular disease;

2.5 (4) decreasing racial and ethnic disparities in morbidity and mortality rates from diabetes;
2.6 ~~or~~

2.7 (5) decreasing racial and ethnic disparities in morbidity and mortality rates from accidental
2.8 injuries or violence; or

2.9 (6) decreasing racial and ethnic disparities in the morbidity and mortality rates from
2.10 Alzheimer's Disease or another form of dementia.

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 determining community priority areas, coordination activities, and development of
2.14 community supported strategies.

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

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

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

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

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

2.26 (4) utilizes strategies that positively impact more than one priority area;

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

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

3.1 Sec. 3. APPROPRIATION.

3.2 \$..... in fiscal year 2025 and \$..... in fiscal year 2026 are appropriated from the general
3.3 fund to the commissioner of health for grants under Minnesota Statutes, section 145.928.