

1.1 moves to amend H.F. No. 3236 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1

1.4 SAFE SLEEP BABY BOXES

1.5 Section 1. APPROPRIATION; SAFE SLEEP BABY BOXES AND BABY CARE
1.6 SUPPLIES.

1.7 (a) \$500,000 in fiscal year 2017 is appropriated from the general fund to the
1.8 commissioner of health for grants to fund the provision of safe sleep baby boxes and baby
1.9 care supplies to pregnant women and women who have recently given birth. Grants
1.10 may be provided to:

1.11 (1) federally qualified health centers as defined in Minnesota Statutes, section
1.12 145.9269; and

1.13 (2) rural health clinics as defined in United States Code, title 42, section 1395x(aa)(2)
1.14 that are certified according to Code of Federal Regulations, title 42, part 491, subpart A.

1.15 (b) A federally qualified health center or rural health clinic receiving a grant shall
1.16 contract with a Minnesota nonprofit organization to obtain safe sleep baby boxes and baby
1.17 care supplies. The federally qualified health center or rural health clinic shall provide the
1.18 safe sleep baby boxes and baby care supplies to women receiving prenatal or postpartum
1.19 care at the federally qualified health center or clinic. A federally qualified health center or
1.20 rural health clinic may use up to \$2,000 of the grant funds per fiscal year for administrative
1.21 costs associated with obtaining and distributing the boxes and supplies.

1.22 (c) In awarding grants under this section, the commissioner shall consider counties
1.23 or areas where young women are at high risk of not having consistent, timely prenatal care;
1.24 counties or areas with high infant mortality rates; and counties or areas with poor birth
1.25 outcomes, such as low-weight births, that place children at higher risk for developmental
1.26 delays and other negative health outcomes.

2.1 (d) Base level funding for the 2018-2019 biennium shall be \$500,000 per fiscal year.

2.2 **ARTICLE 2**

2.3 **PRENATAL CARE DISPARITIES**

2.4 Section 1. **STUDY AND REPORT; DISPARITIES IN ACCESSING PRENATAL**
2.5 **CARE.**

2.6 The commissioner of health shall study disparities in the adequacy, timeliness,
2.7 and scope of prenatal care received by women of color, American Indian women,
2.8 and low-income women, including identifying the sources of these disparities. The
2.9 commissioner shall conduct the study in partnership with Tribal Nations and organizations
2.10 that represent families of color, American Indian families, or low-income families. The
2.11 commissioner may contract with these Tribal Nations and organizations for work related
2.12 to the study. By September 1, 2017, the commissioner shall submit a report to the chairs
2.13 and ranking minority members of the legislative committees with jurisdiction over health
2.14 and human services policy, on the results of the study and recommendations for reducing
2.15 and eliminating disparities in accessing prenatal care for women of color, American Indian
2.16 women, and low-income women.

2.17 Sec. 2. **APPROPRIATION.**

2.18 \$...... in fiscal year 2017 is appropriated from the general fund to the commissioner
2.19 of health for the study in section 1. At least 50 percent of this appropriation must be used
2.20 for grants to Tribal Nations and organizations for work related to the study."

2.21 Amend the title accordingly