

1.1 moves to amend H.F. No. 1226 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. [145.87] HOME VISITING FOR PREGNANT WOMEN AND FAMILIES
1.4 WITH YOUNG CHILDREN.

1.5 Subdivision 1. Definitions. (a) The definitions in this subdivision apply to this section.

1.6 (b) "Evidence-based home visiting program" means a program that:

1.7 (1) is based on a clear, consistent program or model that is research-based and grounded
1.8 in relevant, empirically based knowledge;

1.9 (2) is linked to program-determined outcomes and is associated with a national
1.10 organization, institution of higher education, or national or state public health institute;

1.11 (3) has comprehensive home visitation standards that ensure high-quality service delivery
1.12 and continuous quality improvement;

1.13 (4) has demonstrated significant, sustained positive outcomes; and

1.14 (5) either (i) has been evaluated using rigorous, randomized controlled research designs
1.15 with the evaluations published in a peer-reviewed journal; or (ii) is based on
1.16 quasi-experimental research using two or more separate, comparable client samples.

1.17 (c) "Evidence-informed home visiting program" means a program that:

1.18 (1) has data or evidence demonstrating the program's effectiveness at achieving positive
1.19 outcomes for pregnant women and young children; and

1.20 (2) either has (i) an active evaluation of the program; or (ii) a plan and timeline for an
1.21 active evaluation of the program to be conducted.

2.1 (d) "Health equity" means every individual has a fair opportunity to attain the individual's
2.2 full health potential, and no individual is prevented from achieving this potential.

2.3 Subd. 2. **Grants for home visiting programs.** The commissioner shall award grants to
2.4 community health boards, nonprofit organizations, and tribal nations to start up or expand
2.5 home visiting programs serving pregnant women and families with young children. Home
2.6 visiting programs supported under this section shall provide home visits by early childhood
2.7 professionals or health professionals, including nurses, social workers, early childhood
2.8 educators, or trained paraprofessionals. Grant funds shall be used:

2.9 (1) to start up or expand evidence-based home visiting programs that address health
2.10 equity, or evidence-informed home visiting programs that address health equity; and

2.11 (2) to serve families with young children or pregnant women who are high risk or have
2.12 high needs. For purposes of this clause, high risk includes but is not limited to a family with
2.13 low income, or a parent or pregnant woman with mental illness or a substance use disorder
2.14 or experiencing domestic abuse.

2.15 Subd. 3. **Grant prioritization.** (a) In awarding grants, the commissioner shall give
2.16 priority to community health boards, nonprofit organizations, and tribal nations seeking to
2.17 expand home visiting services with community or regional partnerships.

2.18 (b) The commissioner shall allocate at least 75 percent of the grant funds awarded each
2.19 grant cycle to evidence-based home visiting programs that address health equity and up to
2.20 25 percent of the grant funds awarded each grant cycle to evidence-informed home visiting
2.21 programs that address health equity.

2.22 Subd. 4. **No supplanting of existing funds.** Funding awarded under this section shall
2.23 only be used to supplement, and not to replace, funds being used for evidence-based home
2.24 visiting programs or evidence-informed home visiting programs.

2.25 Subd. 5. **Administrative costs.** The commissioner may use up to ten percent of the
2.26 annual appropriation under this section to provide training and technical assistance and to
2.27 administer and evaluate the program. The commissioner may contract for training,
2.28 capacity-building support for grantees or potential grantees, technical assistance, and
2.29 evaluation support.

3.1 Sec. 2. **APPROPRIATION; HOME VISITING FOR PREGNANT WOMEN AND**
3.2 **FAMILIES WITH YOUNG CHILDREN.**

3.3 \$23,000,000 in fiscal year 2020 and \$41,600,000 in fiscal year 2021 are appropriated
3.4 from the general fund to the commissioner of health for grants for home visiting services
3.5 under Minnesota Statutes, section 145.87."

3.6 Amend the title accordingly