

1.1 moves to amend H.F. No. 2136 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2020, section 256B.79, subdivision 1, is amended to read:

1.4 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
1.5 the meanings given them.

1.6 (b) "Adverse outcomes" means maternal opiate addiction, other reportable prenatal
1.7 substance abuse, low birth weight, or preterm birth.

1.8 (c) "Qualified integrated perinatal care collaborative" or "collaborative" means a
1.9 combination of (1) members of community-based organizations that represent communities
1.10 within the identified targeted populations, and (2) local or tribally based service entities,
1.11 including health care, public health, social services, mental health, chemical dependency
1.12 treatment, and community-based providers, determined by the commissioner to meet the
1.13 criteria for the provision of integrated care and enhanced services for enrollees within
1.14 targeted populations.

1.15 (d) "Targeted populations" means pregnant medical assistance enrollees residing in
1.16 ~~geographic areas~~ communities identified by the commissioner as being at above-average
1.17 risk for adverse outcomes.

1.18 Sec. 2. Minnesota Statutes 2020, section 256B.79, subdivision 3, is amended to read:

1.19 Subd. 3. **Grant awards.** The commissioner shall award grants to qualifying applicants
1.20 to support interdisciplinary, integrated perinatal care. Grant funds must be distributed through
1.21 a request for proposals process to a designated lead agency within an entity that has been
1.22 determined to be a qualified integrated perinatal care collaborative or within an entity in
1.23 the process of meeting the qualifications to become a qualified integrated perinatal care

2.1 collaborative, and priority shall be given to qualified integrated perinatal care collaboratives
2.2 that received grants under this section prior to January 1, 2019. Grant awards must be used
2.3 to support interdisciplinary, team-based needs assessments, planning, and implementation
2.4 of integrated care and enhanced services for targeted populations. In determining grant
2.5 award amounts, the commissioner shall consider the identified health and social risks linked
2.6 to adverse outcomes and attributed to enrollees within the identified targeted population.

2.7 Sec. 3. **APPROPRIATION.**

2.8 \$964,000 in fiscal year 2022 and \$629,000 in fiscal year 2023 are appropriated from the
2.9 general fund to the commissioner of human services to enter into a contract with the
2.10 Integrated Care for High Risk Pregnancies (ICHRP) initiative to provide support to the
2.11 integrated care for high-risk pregnant women grant program under Minnesota Statutes,
2.12 section 256B.79."

2.13 Amend the title accordingly