

2.1 Statutes, section 145.882, subdivision 7,
2.2 clauses (6) and (7). Funds must be distributed
2.3 to community health boards according to
2.4 Minnesota Statutes, section 145A.131,
2.5 subdivision 1.

2.6 (3) \$2,000,000 of the TANF funds is
2.7 appropriated each year of the biennium to
2.8 the commissioner for decreasing racial and
2.9 ethnic disparities in infant mortality rates
2.10 under Minnesota Statutes, section 145.928,
2.11 subdivision 7.

2.12 (4) \$4,978,000 of the TANF funds is
2.13 appropriated each year of the biennium to the
2.14 commissioner for the family home visiting
2.15 grant program according to Minnesota
2.16 Statutes, section 145A.17. \$4,000,000 of the
2.17 funding must be distributed to community
2.18 health boards according to Minnesota
2.19 Statutes, section 145A.131, subdivision 1.
2.20 \$978,000 of the funding must be distributed
2.21 to tribal governments based on Minnesota
2.22 Statutes, section 145A.14, subdivision 2a.

2.23 (5) The commissioner may use up to 6.23
2.24 percent of the funds appropriated each fiscal
2.25 year to conduct the ongoing evaluations
2.26 required under Minnesota Statutes, section
2.27 145A.17, subdivision 7, and training and
2.28 technical assistance as required under
2.29 Minnesota Statutes, section 145A.17,
2.30 subdivisions 4 and 5.

2.31 **TANF Carryforward.** Any unexpended
2.32 balance of the TANF appropriation in the
2.33 first year of the biennium does not cancel but
2.34 is available for the second year.

3.1 **Statewide Health Improvement Program.**

3.2 (a) \$15,000,000 in the biennium ending June
3.3 30, 2013, is appropriated from the health
3.4 care access fund for the statewide health
3.5 improvement program and is available until
3.6 expended. Notwithstanding Minnesota
3.7 Statutes, sections 144.396, and 145.928, the
3.8 commissioner may use tobacco prevention
3.9 grant funding and grant funding under
3.10 Minnesota Statutes, section 145.928, to
3.11 support the statewide health improvement
3.12 program. The commissioner may focus the
3.13 program geographically or on a specific
3.14 goal of tobacco use reduction or on
3.15 reducing obesity. By February 15, 2013, the
3.16 commissioner shall report to the chairs of
3.17 the health and human services committee
3.18 on progress toward meeting the goals of the
3.19 program as outlined in Minnesota Statutes,
3.20 section 145.986, and estimate the dollar
3.21 value of the reduced health care costs for
3.22 both public and private payers.

3.23 (b) By February 15, 2012, the commissioner
3.24 shall develop a plan to implement
3.25 evidence-based strategies from the statewide
3.26 health improvement program as part of
3.27 ~~hospital community benefit programs~~
3.28 ~~and~~ health maintenance organizations
3.29 collaboration plans. ~~The implementation~~
3.30 ~~plan shall include an advisory board~~
3.31 ~~to determine priority needs for health~~
3.32 ~~improvement in reducing obesity and~~
3.33 ~~tobacco use in Minnesota and to review~~
3.34 ~~and approve hospital community benefit~~
3.35 ~~activities reported under Minnesota Statutes,~~
3.36 ~~section 144.699, and health maintenance~~

4.1 ~~organizations collaboration plans in~~
4.2 ~~Minnesota Statutes, section 62Q.075.~~ The
4.3 commissioner shall consult with ~~hospital~~
4.4 ~~and~~ health maintenance organizations in
4.5 creating and implementing the plan. The
4.6 plan described in this paragraph shall be
4.7 implemented by July 1, 2012.

4.8 (c) The commissioners of Minnesota
4.9 management and budget, human services,
4.10 and health shall include in each forecast
4.11 beginning February of 2013 a report that
4.12 identifies an estimated dollar value of the
4.13 health care savings in the state health care
4.14 programs that are directly attributable to the
4.15 strategies funded from the statewide health
4.16 improvement program. The report shall
4.17 include a description of methodologies and
4.18 assumptions used to calculate the estimate.

4.19 **Funding Usage.** Up to 75 percent of the
4.20 fiscal year 2012 appropriation for local public
4.21 health grants may be used to fund calendar
4.22 year 2011 allocations for this program and
4.23 up to 75 percent of the fiscal year 2013
4.24 appropriation may be used for calendar year
4.25 2012 allocations. The fiscal year 2014 base
4.26 shall be increased by \$5,193,000.

4.27 **Base Level Adjustment.** The general fund
4.28 base is increased by \$5,188,000 in fiscal year
4.29 2014 and decreased by \$5,000 in 2015.