04/12/22 01:15 p	om COUN	ISEL KC/S	SC SCS4198A19

1.1	Senator moves to amend S.F. No. 4198 as follows:
1.2	Page 12, after line 9, insert:
1.3	"Sec. 9. [145.361] LONG COVID; SUPPORTING SURVIVORS AND MONITORING
1.4	IMPACT.
1.5	Subdivision 1. Purpose. For the purpose of this section, "long COVID" means health
1.6	problems that people experience four or more weeks after being infected with SARS-CoV-2,
1.7	the virus that causes COVID-19. Long COVID is also called post COVID, long-haul COVID,
1.8	chronic COVID, post-acute COVID, or post-acute sequelae of COVID-19 (PASC).
1.9	Subd. 2. Statewide monitoring. The commissioner of health shall establish a program
1.10	to conduct community needs assessments, epidemiologic studies, and establish a
1.11	population-based surveillance system to address long COVID. The purpose of these
1.12	assessments, studies, and surveillance system is to:
1.13	(1) monitor trends in incidence, prevalence, mortality, care management, health outcomes,
1.14	quality of life, and needs of individuals with long COVID and to detect potential public
1.15	health problems, predict risks, and assist in investigating long COVID health disparities;
1.16	(2) more accurately target intervention resources for communities and patients and their
1.17	<u>families;</u>
1.18	(3) inform health professionals and citizens about risks, early detection, and treatment
1.19	of long COVID known to be elevated in their communities; and
1.20	(4) promote high quality research to provide better information for long COVID
1.21	prevention and control and to address public concerns and questions about long COVID.
1.22	Subd. 3. Partnerships. The commissioner of health shall, in consultation with health
1.23	care professionals, the Department of Human Services, local public health organizations,
1.24	health insurers, employers, schools, long COVID survivors, and community organizations
1.25	serving people at high risk of long COVID, routinely identify priority actions and activities
1.26	to address the need for communication, services, resources, tools, strategies, and policies
1.27	to support long COVID survivors and their families.
1.28	Subd. 4. Grants and contracts. The commissioner of health shall coordinate and
1.29	collaborate with community and organizational partners to implement evidence-informed
1.30	priority actions, including through community-based grants and contracts.
1.31	Subd. 5. Grant recipient and contractor eligibility. The commissioner of health shall
1 22	arrand contracts and compatitive grants to arganizations that sarry communities

Sec. 9. 1

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2.1	disproportionately impacted by COVID-19 and long COVID including but not limited to
2.2	rural and low-income areas, Black and African Americans, African immigrants, American
2.3	<u>Indians</u> , Asian American-Pacific Islanders, Latino, LGBTQ+, and persons with disabilities.
2.4	Organizations may also address intersectionality within such groups.
2.5	Subd. 6. Grants and contracts authorized. The commissioner of health shall award
2.6	grants and contracts to eligible organizations to plan, construct, and disseminate resources
2.7	and information to support survivors of long COVID, their caregivers, health care providers,
2.8	ancillary health care workers, workplaces, schools, communities, local and Tribal public
2.9	health, and other entities deemed necessary."
2.10	Page 25, after line 28, insert:
2.11	"Sec. 21. APPROPRIATION.
2.12	\$2,669,000 in fiscal year 2023 is appropriated from the general fund to the commissioner
2.13	of health to implement Minnesota Statutes, section 145.361. The base appropriation is
2.14	\$3,706,000 in fiscal year 2024 and \$3,706,000 in fiscal year 2025. Of the fiscal year 2023
2.15	appropriation, \$2,119,000 is for administration and \$550,000 is for grants. Of the fiscal year
2.16	2024 and fiscal year 2025 appropriation, \$3,156,000 is for administration and \$550,000 is
2.17	for grants in each fiscal year."

Renumber the sections in sequence and correct the internal references

2.18

2.19

Sec. 21. 2

Amend the title accordingly