

1.1 A bill for an act
 1.2 relating to health; requiring a report on strategies to achieve health equity and
 1.3 ending the HIV epidemic.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. **DIRECTION TO MINNESOTA HIV STRATEGY ADVISORY BOARD.**

1.6 By January 1, 2019, the Minnesota HIV Strategy Advisory Board shall submit a report
 1.7 on strategies to achieve health equity and ending the HIV epidemic to the legislative
 1.8 committees with jurisdiction over health. The report shall evaluate resource needs, identify
 1.9 specific strategies and administrative actions, and propose necessary legislative changes on
 1.10 the following:

1.11 (1) preventing new HIV infections by:

1.12 (i) increasing HIV education and awareness for all Minnesotans, especially health-related
 1.13 professionals, students, and high-risk populations;

1.14 (ii) increasing routine opt-out HIV testing and early intervention services;

1.15 (iii) immediately linking newly diagnosed people to person-centered HIV care and
 1.16 treatments; and

1.17 (iv) increasing availability, access, and use of evidence-based interventions that prevent
 1.18 HIV infections, including post-exposure prophylaxis (PrEP), pre-exposure prophylaxis
 1.19 (PEP), syringe services programs, and partner services;

1.20 (2) reducing HIV-related health disparities and promoting health equity by:

2.1 (i) protecting and enhancing advancements in health care policies, including Minnesota
2.2 health care programs expansion, coverage for people with preexisting conditions, and access
2.3 to preventative treatments without cost sharing;

2.4 (ii) engaging community leaders, nonprofit agencies, people living with HIV, and other
2.5 community members to identify and to address barriers that prevent testing and
2.6 person-centered care;

2.7 (iii) dedicating adequate resources to populations of color hardest hit by HIV to eliminate
2.8 health inequities; and

2.9 (iv) reducing HIV-related stigma, systemic racism, and other forms of structural
2.10 discrimination that prevent people from accessing HIV care and prevention services;

2.11 (3) increasing retention in care for people living with HIV/AIDS by:

2.12 (i) employing high-impact public health approaches to identify and to re-engage people
2.13 who are out of HIV care and treatment;

2.14 (ii) ensuring person-centered strategies that support long-term retention in care;

2.15 (iii) providing culturally and linguistically appropriate services, as well as gender
2.16 appropriate and sexual orientation appropriate services in clinical or community support
2.17 settings;

2.18 (iv) identifying and reducing barriers to accessing mental health and substance use
2.19 services and care; and

2.20 (v) ensuring access to services that meet the basic needs of people living with HIV; and

2.21 (4) ensuring stable housing for people living with HIV and people at high risk for HIV
2.22 infection by:

2.23 (i) identifying gaps in affordable housing statewide;

2.24 (ii) building partnerships that increase the supply of safe, affordable housing units for
2.25 people living with HIV and those at high risk of HIV infection; and

2.26 (iii) ensuring that people living with HIV and those at high risk of HIV infection have
2.27 access to necessary supports to maintain housing stability.