

**SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION**

S.F. No. 4452

(SENATE AUTHORS: CHAMPION and Dibble)

DATE
04/04/2022

D-PG

OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health; establishing a task force to address health care needs in the state;
1.3 requiring a report; appropriating money.

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

1.5 Section 1. **LONG-TERM SOLUTIONS TO HEALTH CARE DISPARITIES AND**
1.6 **INEQUITIES.**

1.7 Subdivision 1. Establishment. (a) The commissioner of health shall establish a task
1.8 force to address the health disparities and access to health care experienced by specific
1.9 communities in the state. The commissioner shall collaborate with community health care
1.10 organizations in addition to the Community Care Clinic of Minnesota in selecting task force
1.11 members to research health care issues and provide recommendations to state and local
1.12 governmental agencies that address the causes of health care disparities and the barriers to
1.13 health care access that certain communities experience. The task force shall be comprised
1.14 of representatives of organizations that provide health services to communities where there
1.15 are barriers to health care resulting in health inequities. Individuals on the task force shall
1.16 have knowledge of health disparities and expertise in addressing health disparities and
1.17 inequities.

1.18 (b) Compensation and reimbursement for expenses for task force members shall be
1.19 governed by Minnesota Statutes, section 15.059, subdivision 6.

1.20 (c) The commissioner of health shall provide administrative support and meeting space
1.21 for the task force.

2.1 (d) The task force shall provide a report to the commissioner and the chairs and ranking
2.2 members of the legislative committees with jurisdiction over health care finance and policy.

2.3 (e) The task force shall expire December 30, 2025.

2.4 Subd. 2. **Grant.** The commissioner of health shall issue a grant to Community Care
2.5 Clinic of Minnesota to conduct research on health disparities experienced by certain
2.6 community groups. The Community Care Clinic of Minnesota shall provide research and
2.7 recommendations to the commissioner on:

2.8 (1) developing a Center of Excellence for Health Disparities reduction;

2.9 (2) developing educational curriculum to teach emerging health care professions to
2.10 identify and address the health care inequities and disparities in underserved communities;

2.11 (3) changing health rules to prevent the termination of a patient impacted by a health
2.12 care barrier without due process protections provided in government health care programs;

2.13 (4) identifying medically underserved areas (MUA) and health professional shortage
2.14 areas (HPSA);

2.15 (5) identifying high-priority public health issues affecting the various health disparities
2.16 within various communities;

2.17 (6) developing strategies and programs to utilize collaborative strategies across health
2.18 care institutions to accomplish the objectives of addressing health care disparities and
2.19 inequities;

2.20 (7) providing process improvements for assimilating community health workers into
2.21 clinics in areas experiencing health disparities;

2.22 (8) augmenting loan forgiveness programs for working in a MUA/HPSA to attract
2.23 physicians from the National Health Services Corps;

2.24 (9) recruiting Minnesota primary care residency programs to MUA/HPSA and
2.25 post-graduation residency for nurse practitioners in MUA/HPSA;

2.26 (10) supporting the establishment of community health clinic services under Minnesota
2.27 Rules, part 9505.0255. Third-party payors and Department of Human Services must comply
2.28 and support claims payments;

2.29 (11) augmenting the role of essential community providers and the implementation of
2.30 the augmented payment system under Minnesota Statutes, section 62Q.19;

2.31 (12) increasing the community clinic grant under Minnesota Statutes, section 145.9268;

3.1 (13) determining the socioeconomic and business aspects of minority health for:

3.2 (i) timing of services including after hours and weekends;

3.3 (ii) transportation services for the disabled and large families;

3.4 (iii) cost of extra services for medically complex patients, such as CADI waiver, mobility
3.5 and wheelchair equipment and durable medical equipment;

3.6 (iv) assisted living services; and

3.7 (v) increasing staffing from minority communities;

3.8 (14) developing mobile community clinic services in rural and inner-city areas;

3.9 (15) mentoring programs in inner cities and rural high schools located in medically
3.10 underserved areas;

3.11 (16) developing two-year health care programs in community colleges in the state; and

3.12 (17) developing a process to rehabilitate persons previously disqualified for health care
3.13 licensure to provide health care services to the person's family, kinship, and the public by
3.14 establishing an approval process, supervision, and waivers from the disqualifying rule.

3.15 Sec. 2. **APPROPRIATION; COMMUNITY CARE CLINIC OF MINNESOTA.**

3.16 \$..... in fiscal year 2023 is appropriated from the general fund to the commissioner of
3.17 health to provide a grant to the Community Care Clinic of Minnesota to conduct research
3.18 and make recommendations on the health care disparities and inequities listed in section 1,
3.19 subdivision 2.