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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1447

03/04/2015 Authored by Kiel and Loeffler

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

03/19/2015 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy

03/26/2015 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to health; implementing investment priorities of the Legislative Health
1.3 Care Workforce Commission; establishing a grant program to expand clinical
1.4 training of advanced practice registered nurses, physician assistants, and mental
1.5 health professionals; establishing a grant program to expand primary care
1.6 residency training; providing an incentive payment for health professions student
1.7 preceptors and medical resident preceptors; appropriating money; proposing
1.8 coding for new law in Minnesota Statutes, chapter 144.

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

1.10 Section 1. **[144.1504] COMPREHENSIVE HEALTH CARE WORKFORCE**
1.11 **PLANNING.**

1.12 Subdivision 1. **Establishment.** The Minnesota Health Care Workforce Council is
1.13 established to: (1) provide ongoing policy and program monitoring and coordination;
1.14 (2) provide health care workforce education and training, trends, changes in health care
1.15 delivery, practice, and financing; and (3) recommend appropriate public and private
1.16 sector efforts to address identified workforce needs. The council shall focus on health
1.17 care workforce supply, demand, and distribution; cultural competence and minority
1.18 participation in health professions education; oral health, mental health, and primary care
1.19 training and practice; and data evaluation and analysis. The council shall collaborate with
1.20 other workforce planning entities.

1.21 Subd. 2. **Membership.** (a) The Minnesota Health Care Workforce Council shall
1.22 consist of 26 members appointed as follows:

1.23 (1) two members of the senate, one appointed by the majority leader and one
1.24 appointed by the minority leader;

1.25 (2) two members of the house of representatives, one appointed by the speaker of the
1.26 house and one appointed by the minority leader;

2.1 (3) ten members appointed by the governor who are health care workforce experts,
2.2 at least five members must represent health care employers or education institutions
2.3 outside the seven-county metropolitan area as defined in section 473.121, subdivision 2,
2.4 one member must represent teaching hospitals, one member must represent oral health
2.5 practice or education, and one member must represent mental health practice or education;

2.6 (4) one member appointed by the Minnesota Hospital Association;

2.7 (5) one member appointed by the Minnesota Medical Association;

2.8 (6) one member appointed by the Minnesota Chamber of Commerce;

2.9 (7) one member appointed by the University of Minnesota;

2.10 (8) one member appointed by the Minnesota State Colleges and Universities system;

2.11 (9) one member appointed by the governor representing a nonphysician health care
2.12 provider, such as a physician assistant or an advanced practice registered nurse;

2.13 (10) the commissioner of human services or a designee;

2.14 (11) the commissioner of employment and economic development or a designee;

2.15 (12) the commissioner of education or a designee;

2.16 (13) one member representing the governor's office;

2.17 (14) the commissioner of health or a designee; and

2.18 (15) the commissioner of the Office of Higher Education or designee.

2.19 (b) Appointments must be made by September 1, 2015. The commissioner of health
2.20 shall convene the first meeting no later than October 1, 2015. Members of the council
2.21 shall elect a chair at the first meeting.

2.22 (c) Except for section 15.059, subdivisions 2 and 3, section 15.059 shall apply
2.23 to the council and to all council member appointments, except those members who
2.24 are commissioners or their designees. The members of the council shall receive no
2.25 compensation other than reimbursement for expenses. Notwithstanding section 15.059,
2.26 subdivision 6, the council shall not expire.

2.27 Subd. 3. **Terms of public members.** The terms of members appointed under
2.28 subdivision 2, paragraph (a), clauses (3) to (9), shall be four years. Members may serve
2.29 until their successors are appointed and qualify. If a successor is not appointed by the
2.30 July 1 after the scheduled end of a member's term, the term of the member for whom a
2.31 successor has not been appointed shall be extended until the first Monday in January four
2.32 years after the scheduled end of the term.

2.33 Subd. 4. **Comprehensive health care workforce plan.** (a) The commissioner of
2.34 health, in consultation with the Minnesota Health Care Workforce Council, shall prepare
2.35 a comprehensive health care workforce plan every five years. The first plan must be
2.36 submitted to the legislature by January 15, 2017, and every five years thereafter.

3.1 (b) The comprehensive health care workforce plan must include, but is not limited
3.2 to, the following:

3.3 (1) an assessment of the current supply and distribution of health care providers in
3.4 the state, trends in health care delivery and reform, and the effects of such trends on
3.5 workforce needs;

3.6 (2) five-year projections of the demand and supply of health professionals to meet
3.7 the needs of health care within the state;

3.8 (3) identification of all funding sources for which the state has administrative control
3.9 that are available for health professions training;

3.10 (4) recommendations on how to rationalize and coordinate the state-supported
3.11 programs for health professions training; and

3.12 (5) recommendations on actions needed to meet the projected demand for health
3.13 professionals over the five years of the plan.

3.14 (c) Beginning July 1, 2018, and each year in which a comprehensive health care
3.15 workforce plan is not due, the commissioner of health, in consultation with the Minnesota
3.16 Health Care Workforce Council, shall submit a report to the governor and legislature on
3.17 the progress made toward achieving the projected goals of the current comprehensive
3.18 health care workforce plan during the previous calendar year.

3.19 Subd. 5. **Staff.** The commissioner of health shall provide staff and administrative,
3.20 research, and planning services to the Minnesota Health Care Workforce Council.

3.21 Sec. 2. **[144.1505] PRIMARY CARE AND MENTAL HEALTH PROFESSIONS**
3.22 **CLINICAL TRAINING EXPANSION GRANT PROGRAM.**

3.23 Subdivision 1. **Definitions.** For purposes of this section, the following definitions
3.24 apply:

3.25 (1) "eligible physician assistant program" means a program that is located
3.26 in Minnesota and is currently accredited as a physician assistant program by the
3.27 Accreditation Review Commission on Education for the Physician Assistant or is a
3.28 candidate for accreditation;

3.29 (2) "eligible advanced practice registered nurse program" means a program that is
3.30 located in Minnesota and is currently accredited as a master's level or postmaster's level
3.31 advanced practice registered nurse program by the Commission on Collegiate Nursing
3.32 Education or by the Accreditation Commission for Education in Nursing, or is a candidate
3.33 for accreditation;

3.34 (3) "eligible mental health professional training program" means a program that is
3.35 located in Minnesota and is listed as a mental health professionals training program by the

4.1 appropriate accrediting body for clinical social work, psychology, marriage and family
4.2 therapy, or licensed professional clinical counseling, or is a candidate for accreditation;

4.3 (4) "eligible project" means a project to establish or expand clinical training for
4.4 physician assistants, advanced practice registered nurses, or mental health professionals
4.5 in Minnesota; and

4.6 (5) "mental health professional" means an individual providing clinical services
4.7 in the treatment of mental illness who meets one of the definitions in section 245.462,
4.8 subdivision 18.

4.9 Subd. 2. **Program.** (a) The commissioner of health shall award health professional
4.10 training site grants to eligible physician assistant, advanced practice registered nurse, and
4.11 mental health professional programs to plan and implement expanded clinical training. A
4.12 planning grant shall not exceed \$75,000 and a training grant shall not exceed \$150,000 for
4.13 the first year, \$100,000 for the second year, and \$50,000 for the third year per program.

4.14 (b) Funds may be used for:

4.15 (1) establishing or expanding clinical training for physician assistants, advanced
4.16 practice registered nurses, and mental health professionals in Minnesota;

4.17 (2) recruitment, training, and retention of students and faculty;

4.18 (3) travel and lodging for students;

4.19 (4) faculty, student, and preceptor salaries, incentives, or other financial support;

4.20 (5) development and implementation of cultural competency training;

4.21 (6) evaluations;

4.22 (7) training site improvements, fees, equipment, and supplies required to establish,
4.23 maintain, or expand a physician assistant, advanced practice registered nurse, or mental
4.24 health professional training program; and

4.25 (8) supporting clinical education in which trainees are part of a primary care team
4.26 model.

4.27 Subd. 3. **Applications.** Eligible physician assistant, advanced practice registered
4.28 nurse, and mental health professional programs seeking a grant shall apply to the
4.29 commissioner. Applications must include a description of the number of additional
4.30 students who will be trained using grant funds; attestation that funding will be used to
4.31 support an increase in the number of clinical training slots; a description of the problem that
4.32 the proposed project will address; a description of the project, including all costs associated
4.33 with the project, sources of funds for the project, detailed uses of all funds for the project,
4.34 and the results expected; and a plan to maintain or operate any component included in
4.35 the project after the grant period. The applicant must describe achievable objectives, a
4.36 timetable, and roles and capabilities of responsible individuals in the organization.

5.1 Subd. 4. **Consideration of applications.** The commissioner shall review each
 5.2 application to determine whether or not the application is complete and whether
 5.3 the program and the project are eligible for a grant. In evaluating applications, the
 5.4 commissioner shall score each application based on factors including, but not limited to,
 5.5 the applicant's clarity and thoroughness in describing the project and the problems to be
 5.6 addressed, the extent to which the applicant has demonstrated that the applicant has made
 5.7 adequate provisions to assure proper and efficient operation of the training program once
 5.8 the grant project is completed, the extent to which the proposed project is consistent with
 5.9 the goal of increasing access to primary care and mental health services for rural and
 5.10 underserved urban communities, the extent to which the proposed project incorporates
 5.11 team-based primary care, and project costs and use of funds.

5.12 Subd. 5. **Program oversight.** The commissioner shall determine the amount of
 5.13 a grant to be given to an eligible program based on the relative score of each eligible
 5.14 program's application, other relevant factors discussed during the review, and the funds
 5.15 available to the commissioner. Appropriations made to the program do not cancel and
 5.16 are available until expended. During the grant period, the commissioner may require and
 5.17 collect from programs receiving grants any information necessary to evaluate the program.

5.18 Sec. 3. **[144.1506] PRIMARY CARE RESIDENCY EXPANSION GRANT**
 5.19 **PROGRAM.**

5.20 Subdivision 1. **Definitions.** For purposes of this section, the following definitions
 5.21 apply:

5.22 (1) "eligible primary care residency program" means a program that meets the
 5.23 following criteria:

5.24 (i) is located in Minnesota;

5.25 (ii) trains medical residents in the specialties of family medicine, general internal
 5.26 medicine, general pediatrics, psychiatry, geriatrics, or general surgery; and

5.27 (iii) is accredited by the Accreditation Council for Graduate Medical Education or
 5.28 presents a credible plan to obtain accreditation; and

5.29 (2) "eligible project" means a project to establish a new eligible primary care
 5.30 residency program or create at least one new residency slot in an existing eligible primary
 5.31 care residency program; and

5.32 (3) "new residency slot" means the creation of a new residency position and the
 5.33 execution of a contract with a new resident in a residency program.

5.34 Subd. 2. **Expansion grant program.** (a) The commissioner of health shall award
 5.35 primary care residency expansion grants to eligible primary care residency programs to

6.1 plan and implement new residency slots. A planning grant shall not exceed \$75,000, and a
6.2 training grant shall not exceed \$150,000 per new residency slot for the first year, \$100,000
6.3 for the second year, and \$50,000 for the third year of the new residency slot.

6.4 (b) Funds may be spent to cover the costs of:

6.5 (1) planning related to establishing an accredited primary care residency program;

6.6 (2) obtaining accreditation by the Accreditation Council for Graduate Medical
6.7 Education or another national body that accredits residency programs;

6.8 (3) establishing new residency programs or new resident training slots;

6.9 (4) recruitment, training, and retention of new residents and faculty;

6.10 (5) travel and lodging for new residents;

6.11 (6) faculty, new resident, and preceptor salaries related to new residency slots;

6.12 (7) training site improvements, fees, equipment, and supplies required for new
6.13 family medicine resident training slots; and

6.14 (8) supporting clinical education in which trainees are part of a primary care team
6.15 model.

6.16 Subd. 3. **Applications for expansion grants.** Eligible primary care residency
6.17 programs seeking a grant shall apply to the commissioner. Applications must include the
6.18 number of new family medicine residency slots planned or under contract; attestation that
6.19 funding will be used to support an increase in the number of available residency slots;
6.20 a description of the training to be received by the new residents, including the location
6.21 of training; a description of the project, including all costs associated with the project;
6.22 all sources of funds for the project; detailed uses of all funds for the project; the results
6.23 expected; and a plan to maintain the new residency slot after the grant period. The
6.24 applicant must describe achievable objectives, a timetable, and roles and capabilities of
6.25 responsible individuals in the organization.

6.26 Subd. 4. **Consideration of expansion grant applications.** The commissioner shall
6.27 review each application to determine whether or not the residency program application
6.28 is complete and whether the proposed new residency program and any new residency
6.29 slots are eligible for a grant. The commissioner shall award grants to support up to six
6.30 family medicine, general internal medicine, or general pediatrics residents; four psychiatry
6.31 residents; two geriatrics residents; and two general surgery residents. If insufficient
6.32 applications are received from any eligible specialty, funds may be redistributed to
6.33 applications from other eligible specialties.

6.34 Subd. 5. **Program oversight.** During the grant period, the commissioner may
6.35 require and collect from grantees any information necessary to evaluate the program.
6.36 Appropriations made to the program do not cancel and are available until expended.

7.1 Sec. 4. [144.1507] HEALTH PROFESSIONS PRECEPTOR INCENTIVE
7.2 GRANT PROGRAM.

7.3 Subdivision 1. Definitions. (a) For purposes of this section, the following definitions
7.4 apply.

7.5 (b) "Commissioner" means the commissioner of health.

7.6 (c) "Mental health professional" means an individual providing clinical services
7.7 in the treatment of mental illness who meets one of the definitions in section 245.462,
7.8 subdivision 18.

7.9 (d) "Preceptor" means a physician, advanced practice registered nurse, physician
7.10 assistant, or mental health professional who receives no additional compensation for
7.11 serving as a preceptor to a medical resident or medical student, advanced practice
7.12 registered nurse, physician assistant, or mental health professional student.

7.13 (e) "Sponsoring institution" means a hospital, school, or consortium located in
7.14 Minnesota that sponsors and maintains primary organizational and financial responsibility
7.15 for a clinical medical education program in Minnesota and which is accountable to the
7.16 accrediting body.

7.17 (f) "Teaching institution" means a hospital, medical center, clinic, or other
7.18 organization that conducts a clinical medical education program in Minnesota.

7.19 Subd. 2. **Program.** (a) The commissioner of health shall award grants to sponsoring
7.20 institutions on behalf of those eligible preceptors who submit applications to the
7.21 sponsoring institution. Notwithstanding any law to the contrary, funds awarded to grantees
7.22 in a grant agreement do not lapse until expended by the grantee.

7.23 (b) Sponsoring institutions receiving grants must distribute all funds directly to
7.24 eligible preceptors.

7.25 Subd. 3. **Preceptor eligibility.** To be eligible for an incentive payment under this
7.26 section, a preceptor must have:

7.27 (1) served as a health professions student preceptor or medical resident preceptor for
7.28 at least 12 weeks or 480 hours during the preceding year; and

7.29 (2) received no compensation for preceptor services in the preceding year.

7.30 Subd. 4. **Applications.** Eligible preceptors seeking an incentive grant shall apply to
7.31 one sponsoring institution using forms provided by the commissioner. Applications must
7.32 include the time period and number of hours spent as a preceptor in the preceding year, the
7.33 teaching institutions for whom the applicant served as a preceptor in the preceding year,
7.34 the number of students or residents for whom the applicant served as a preceptor in the
7.35 preceding year, and a signed statement that the preceptor received no compensation for

8.1 preceptor services in the preceding year. Sponsoring institutions and teaching institutions
8.2 may assist in completing preceptor applications.

8.3 Subd. 5. **Consideration of applications.** Sponsoring institutions shall compile all
8.4 eligible preceptor applications and submit to the commissioner. The commissioner may
8.5 request additional information from sponsoring institutions necessary for verification of
8.6 preceptor application data. The commissioner shall review each sponsoring institution
8.7 application to determine whether the preceptor application data is complete and whether
8.8 the sponsoring institution is eligible for a grant.

8.9 Subd. 6. **Distribution of funds.** The commissioner shall set a per-preceptor award
8.10 amount each year by dividing the available funds by the number of eligible preceptors.
8.11 The maximum award to a preceptor shall be \$1,500. The commissioner shall distribute
8.12 available funds to all eligible sponsoring institutions proportionately based on the number
8.13 of eligible preceptors included in the sponsoring institution's application. Sponsoring
8.14 institutions shall distribute the per-preceptor award amount to each eligible preceptor.

8.15 Subd. 7. **Program oversight.** The commissioner may require additional information
8.16 or data from preceptors necessary for oversight of the program. During the grant period,
8.17 the commissioner may require and collect from sponsoring institutions receiving grants
8.18 any information necessary to evaluate the program.

8.19 Sec. 5. **APPROPRIATION.**

8.20 (a) \$2,100,000 in fiscal year 2016 and \$2,100,000 in fiscal year 2017 are appropriated
8.21 from the general fund to the commissioner of health for the purposes of the primary
8.22 care and mental health professions clinical training expansion grant program created
8.23 in Minnesota Statutes, section 144.1505.

8.24 (b) \$4,200,000 in fiscal year 2016 and \$4,200,000 in fiscal year 2017 are appropriated
8.25 from the general fund to the commissioner of health for the purposes of the primary care
8.26 residency expansion grant program created in Minnesota Statutes, section 144.1506.

8.27 (c) \$4,500,000 in fiscal year 2016 and \$4,500,000 in fiscal year 2017 are
8.28 appropriated from the general fund to the commissioner of health for the purposes of
8.29 the health professions preceptor incentive grant program created in Minnesota Statutes,
8.30 section 144.1507.

8.31 (d) \$..... in fiscal year 2016 and \$..... in fiscal year 2017 are appropriated from
8.32 the general fund to the commissioner of health to provide administrative, planning, and
8.33 research support to the Minnesota Health Care Workforce Council established under
8.34 Minnesota Statutes, section 144.1504, and the comprehensive health care workforce plan
8.35 required under Minnesota Statutes, section 144.1504, subdivision 4.