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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 1748

02/27/2019 Authored by Olson, Kresha, Baker, Hamilton and Ecklund
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to health care; requiring the commissioner of human services to establish
1.3 a project ECHO program to improve population health outcomes; requiring a
1.4 report; appropriating money; amending Minnesota Statutes 2018, section 256B.04,
1.5 by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2018, section 256B.04, is amended by adding a subdivision
1.8 to read:

1.9 Subd. 25. Project ECHO program. (a) The commissioner shall establish a Project
1.10 ECHO program that is aimed at expanding the state's capacity to improve health outcomes
1.11 for medical assistance beneficiaries and underserved populations. The program shall include
1.12 areas that seek to improve population health by addressing unmet needs in underserved and
1.13 rural areas of the state by using the hub and spoke structure of Project ECHO. The program
1.14 shall include supporting and expanding opioid focused Project ECHO sites as well as
1.15 additional Project ECHO specialty hubs that seek to improve health care access and reach
1.16 optimal health outcomes as determined by the commissioner, in consultation with health
1.17 care providers, health plan companies, local units of government, tribal governments, and
1.18 other interested entities. The commissioner shall add no more than two additional specialty
1.19 areas annually.

1.20 (b) Health care providers and other entities seeking to participate in a project as a specialty
1.21 site or hub must demonstrate to the commissioner that the provider has the requisite expertise
1.22 and knowledge to serve as a specialty site or hub and to address a gap in care or treatment
1.23 for a community of providers in the state.

2.1 (c) The commissioner shall develop outcome measurements to evaluate the success of
2.2 the Project ECHO program in improving population health.

2.3 (d) The commissioner shall seek all necessary federal authority and available funding
2.4 for the Project ECHO program.

2.5 **Sec. 2. PROJECT ECHO PROGRAM REPORT.**

2.6 By February 1, 2021, the commissioner of human services shall report to the chairs and
2.7 ranking minority members of the legislative committees with jurisdiction over health and
2.8 human services policy and finance on the progress of receiving federal authority and funding
2.9 for the Project ECHO program established under Minnesota Statutes, section 256B.04,
2.10 subdivision 25, as well as the topics for additional projects that the commissioner has
2.11 included or intends to include in the program. The report must include any recommendations
2.12 on legislative changes necessary to implement the Project ECHO program.

2.13 **Sec. 3. APPROPRIATIONS.**

2.14 (a) \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner
2.15 of human services for opioid focused Project ECHO projects that have received federal
2.16 funding dedicated to addressing the opioid crisis.

2.17 (b) \$3,500,000 in fiscal year 2021 is appropriated from the general fund to the
2.18 commissioner of human services for opioid focused Project ECHO projects and for the
2.19 addition of new specialty topics in the Project ECHO program.

2.20 (c) \$2,500,000 in fiscal year 2022 is appropriated from the general fund to the
2.21 commissioner of human services for the existing and additional Project ECHO specialty
2.22 hubs.

2.23 (d) Any federal funds received for the Project ECHO program under Minnesota Statutes,
2.24 section 256B.04, subdivision 25, shall be used to offset any state appropriation.