State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 2425

03/25/2021 Authored by Ecklund
The bill was read for the first time and referred to the Committee on Health Finance and Policy

A bill for an act

relating to critical services; creating a task force to facilitate development of a statewide public-private telepresence strategy; requiring a report.

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

Section 1. **TASK FORCE ON PUBLIC-PRIVATE TELEPRESENCE STRATEGY.**

Subdivision 1. **Purpose.** (a) Telepresence is the use of telecommunication technologies to support virtual interactions, allowing users to interact as if users are physically present. Prior to the COVID-19 pandemic, Minnesota had embraced the use of telepresence to increase access to person-centered care and improve the lives of residents through local and regional collaborative initiatives in health and human services, education, and corrections. The COVID-19 pandemic resulted in rapid expansion of telepresence across public and private sectors throughout Minnesota. The widespread utilization demonstrated the promise and potential of telepresence to provide timely, safe, and less-expensive care. However, to rapidly support expanded telepresence use, a myriad of technology platforms were deployed to meet short-term needs. Long-term investment in the disparate platforms impedes integration, fragments service delivery, and increases the digital divide.

(b) The use of telepresence is expected to grow in a postpandemic world. A telepresence network scaled to support access across Minnesota creates opportunities to improve care while driving down costs, supporting integration and collaboration, and advancing health equity. There is strong interest within public and private sector agencies to collaborate on statewide public-private telepresence strategies to leverage scale and cloud opportunities. It is imperative to convene telepresence strategy discussions now, as the time frame to

develop a coordinated, statewide strategy is limited. Once investments in disparate technologies have been made, fragmentation is difficult to overcome.

Subd. 2. **Task force establishment; membership.** (a) A task force on public-private telepresence strategies is established to address the purpose and issues identified in subdivision 1. The task force consists of the following members:

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

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

(3) three members appointed by the governor to represent county services in the areas of human services, health, and corrections or law enforcement. Members appointed under this clause must represent counties outside the metropolitan area, defined in Minnesota Statutes, section 473.121;

(4) one member appointed by the governor to represent public health;

(5) one member appointed by the Minnesota American Indian Mental Health Advisory Council;

(6) one member appointed by the Minnesota Medical Association who is a primary care provider practicing in greater Minnesota;

(7) one member appointed by NAMI of Minnesota;

(8) two members appointed by the Minnesota School Boards Association;

(9) one member appointed by the Minnesota Hospital Association to represent rural hospital emergency departments;

(10) one member appointed by the governor to represent community mental health centers;

(11) one member appointed by the governor to represent adolescent treatment centers;

(12) one member appointed by the Medical Alley Association;

(13) one member appointed by the Minnesota Council of Health Plans;

(14) one rural nonprofit foundation with expertise in health and human services, appointed by the governor;

(15) one member to represent child advocacy centers;

(16) one nonprofit statewide social services agency, appointed by the Minnesota Social Service Association; and

(17) one member appointed by the chief justice of the supreme court.

(b) In addition to the members identified in paragraph (a), the task force must include:

(1) the commissioner of corrections or a designee;

(2) the commissioner of human services or a designee;

(3) the commissioner of health or a designee; and

(4) the commissioner of education or a designee.

Subd. 3. **Appointment deadline; first meeting; chair.** Appointing authorities must complete appointments by June 15, 2021. The task force must select a chair from among the members at their first meeting. The task force chair must convene the first meeting of the task force no later than July 15, 2021.

Subd. 4. **Duties.** The task force must:

(1) explore opportunities to improve behavioral health and other health care service delivery through the use of a common interoperable person-centered telepresence platform that provides HIPAA-compliant connectivity and technical support to potential users;

(2) review and coordinate state and local innovation initiatives and investments designed to leverage telepresence connectivity and collaboration for Minnesotans;

(3) determine standards for a single interoperable telepresence platform;

(4) determine statewide capabilities for a single interoperable telepresence platform;

(5) identify barriers to providing a telepresence technology, including limited bandwidth availability, limitations in providing certain services via telepresence, and broadband infrastructure needs;

(6) identify and make recommendations for governance that ensure person-centered responsiveness;

(7) identify how the business model may be innovated to provide an incentive for ongoing innovation in Minnesota's health care, human services, education, corrections, and related sectors;

(8) identify criteria for suggested deliverables, including:

(i) equitable statewide access;

(ii) bandwidth availability; and

(iii) competitive pricing;

(9) identify sustainable financial support for a single telepresence platform, including infrastructure costs and start-up costs for potential users; and

(10) identify the benefits to partners in the private sector, state, political subdivisions, Tribal governments, and the constituents served by using a common person-centered telepresence platform to deliver behavioral health services.

Subd. 5. **Report.** The task force must report to the chairs and ranking minority members of the committees in the senate and the house of representatives with primary jurisdiction over health and state information technology by January 15, 2022, with recommendations related to expanding the state's telepresence platform and any legislation required to implement the recommendations.

Subd. 6. **Sunset.** The task force expires July 31, 2022, or the day after the task force submits the report required in this section, whichever is earlier.