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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 3928

02/27/2020 Authored by Brand and Vang
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; making changes to certain advisory councils and committees;
1.3 amending Minnesota Statutes 2018, sections 62J.495, subdivision 2; 144.1481,
1.4 subdivision 1; proposing coding for new law in Minnesota Statutes, chapters 115;
1.5 145.

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

1.7 Section 1. Minnesota Statutes 2018, section 62J.495, subdivision 2, is amended to read:

1.8 Subd. 2. E-Health Advisory Committee. (a) The commissioner shall establish an
1.9 e-Health Advisory Committee governed by section 15.059 to advise the commissioner on
1.10 the following matters:

1.11 (1) assessment of the adoption and effective use of health information technology by
1.12 the state, licensed health care providers and facilities, and local public health agencies;

1.13 (2) recommendations for implementing a statewide interoperable health information
1.14 infrastructure, to include estimates of necessary resources, and for determining standards
1.15 for clinical data exchange, clinical support programs, patient privacy requirements, and
1.16 maintenance of the security and confidentiality of individual patient data;

1.17 (3) recommendations for encouraging use of innovative health care applications using
1.18 information technology and systems to improve patient care and reduce the cost of care,
1.19 including applications relating to disease management and personal health management
1.20 that enable remote monitoring of patients' conditions, especially those with chronic
1.21 conditions; and

1.22 (4) other related issues as requested by the commissioner.

2.1 (b) The members of the e-Health Advisory Committee shall include the commissioners,  
 2.2 or commissioners' designees, of health, human services, administration, and commerce and  
 2.3 additional members to be appointed by the commissioner to include persons representing  
 2.4 Minnesota's local public health agencies, tribal nations, licensed hospitals and other licensed  
 2.5 facilities and providers, private purchasers, the medical and nursing professions, health  
 2.6 insurers and health plans, the state quality improvement organization, academic and research  
 2.7 institutions, consumer advisory organizations with an interest and expertise in health  
 2.8 information technology, and other stakeholders as identified by the commissioner ~~to fulfill~~  
 2.9 ~~the requirements of section 3013, paragraph (g), of the HITECH Act.~~

2.10 (c) The commissioner shall prepare and issue an annual report not later than January 30  
 2.11 of each year outlining progress to date in implementing a statewide health information  
 2.12 infrastructure and recommending action on policy and necessary resources to continue the  
 2.13 promotion of adoption and effective use of health information technology.

2.14 ~~(d) This subdivision expires June 30, 2021.~~

2.15 Sec. 2. **[115.7412] ADVISORY COUNCIL ON WATER SUPPLY SYSTEMS AND**  
 2.16 **WASTEWATER TREATMENT FACILITIES.**

2.17 Subdivision 1. Purpose; membership. The Advisory Council on Water Supply Systems  
 2.18 and Wastewater Treatment Facilities shall advise the commissioners of health and the  
 2.19 Pollution Control Agency regarding classification of water supply systems and wastewater  
 2.20 treatment facilities, qualifications and competency evaluation of water supply system  
 2.21 operators and wastewater treatment facility operators, and additional laws, rules, and  
 2.22 procedures that may be desirable for regulating the operation of water supply systems and  
 2.23 of wastewater treatment facilities. The advisory council is composed of 11 voting members,  
 2.24 of whom:

2.25 (1) one member must be from the Department of Health, Division of Environmental  
 2.26 Health, appointed by the commissioner of health;

2.27 (2) one member must be from the Pollution Control Agency appointed by the  
 2.28 commissioner of the Pollution Control Agency;

2.29 (3) three members must be certified water supply system operators, appointed by the  
 2.30 commissioner of health, one of whom must represent a nonmunicipal community or  
 2.31 nontransient noncommunity water supply system;

2.32 (4) three members must be certified wastewater treatment facility operators, appointed  
 2.33 by the commissioner of the Pollution Control Agency;

3.1 (5) one member must be a representative from an organization representing municipalities,  
 3.2 appointed by the commissioner of health with the concurrence of the commissioner of the  
 3.3 Pollution Control Agency; and

3.4 (6) two members must be members of the public who are not associated with water  
 3.5 supply systems or wastewater treatment facilities. One must be appointed by the  
 3.6 commissioner of health and the other by the commissioner of the Pollution Control Agency.  
 3.7 Consideration should be given to one of these members being a representative of academia  
 3.8 knowledgeable in water or wastewater matters.

3.9 Subd. 2. **Geographic representation.** At least one of the water supply system operators  
 3.10 and at least one of the wastewater treatment facility operators must be from outside the  
 3.11 seven-county metropolitan area and one wastewater operator must come from the  
 3.12 Metropolitan Council.

3.13 Subd. 3. **Terms; compensation.** The terms of the appointed members and the  
 3.14 compensation and removal of all members are governed by section 15.059.

3.15 Subd. 4. **Officers.** When new members are appointed to the council, a chair must be  
 3.16 elected at the next council meeting. The Department of Health representative shall serve as  
 3.17 secretary of the council.

3.18 Sec. 3. Minnesota Statutes 2018, section 144.1481, subdivision 1, is amended to read:

3.19 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish  
 3.20 a ~~15-member~~ 21-member Rural Health Advisory Committee. The committee shall consist  
 3.21 of the following members, all of whom must reside outside the seven-county metropolitan  
 3.22 area, as defined in section 473.121, subdivision 2:

3.23 (1) two members from the house of representatives of the state of Minnesota, one from  
 3.24 the majority party and one from the minority party;

3.25 (2) two members from the senate of the state of Minnesota, one from the majority party  
 3.26 and one from the minority party;

3.27 (3) a volunteer member of an ambulance service based outside the seven-county  
 3.28 metropolitan area;

3.29 (4) a representative of a hospital located outside the seven-county metropolitan area;

3.30 (5) a representative of a nursing home located outside the seven-county metropolitan  
 3.31 area;

3.32 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;

- 4.1 (7) ~~a midlevel practitioner~~ an advanced practice professional;
- 4.2 (8) a registered nurse or licensed practical nurse;
- 4.3 (9) a licensed oral health care professional;
- 4.4 (10) a licensed health care professional from an occupation not otherwise represented
- 4.5 on the committee;
- 4.6 ~~(10)~~ (11) a representative of an institution of higher education located outside the
- 4.7 seven-county metropolitan area that provides training for rural health care providers; ~~and~~
- 4.8 (12) a member of a tribal nation;
- 4.9 (13) a representative of a local public health agency or community health board;
- 4.10 (14) a health professional or advocate with experience working with people with mental
- 4.11 illness;
- 4.12 (15) a representative of a community organization that works with individuals
- 4.13 experiencing health disparities;
- 4.14 (16) an individual with expertise in economic development, or an employer working
- 4.15 outside the seven-county metropolitan area; and
- 4.16 ~~(11)~~ (17) three consumers, at least one of whom must be ~~an advocate for~~ from a
- 4.17 community experiencing health disparities or an advocate for persons who are mentally ill
- 4.18 ~~or developmentally disabled~~ have developmental disabilities.

4.19 The commissioner will make recommendations for committee membership. Committee

4.20 members will be appointed by the governor. In making appointments, the governor shall

4.21 ensure that appointments provide geographic balance among those areas of the state outside

4.22 the seven-county metropolitan area. The chair of the committee shall be elected by the

4.23 members. The advisory committee is governed by section 15.059, except that the members

4.24 do not receive per diem compensation.

4.25 Sec. 4. [145.9231] HEALTH EQUITY ADVISORY AND LEADERSHIP (HEAL)

4.26 COUNCIL.

4.27 Subdivision 1. Establishment; composition of advisory council. (a) The commissioner

4.28 shall establish and appoint a Health Equity Advisory and Leadership (HEAL) Council to

4.29 provide guidance to the commissioner of health regarding strengthening and improving the

4.30 health of communities most impacted by health inequities across the state. The council shall

4.31 consist of 18 members who will provide representation from the following groups:

- 5.1 (1) African American and African heritage communities;  
 5.2 (2) Asian American and Pacific Islander communities;  
 5.3 (3) Latina/o/x communities;  
 5.4 (4) American Indian communities and Tribal Government/Nations;  
 5.5 (5) disability communities;  
 5.6 (6) lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities; and  
 5.7 (7) representatives who reside outside the seven-county metropolitan area.  
 5.8 (b) No members shall be employees of the Minnesota Department of Health.

5.9 Subd. 2. **Organizations and meetings.** The advisory council shall be organized and  
 5.10 administered under section 15.059, except that the members do not receive per diem  
 5.11 compensation. Meetings will be held at least quarterly and hosted by the department.  
 5.12 Subcommittees may be developed as necessary. Advisory council meetings are subject to  
 5.13 Open Meeting Law under chapter 13D.

5.14 Subd. 3. **Duties.** The advisory council shall:

- 5.15 (1) advise the commissioner on health equity issues and the health equity priorities and  
 5.16 concerns of the populations specified in subdivision 1;  
 5.17 (2) assist the agency in efforts to advance health equity, including consulting in specific  
 5.18 agency policies and programs, providing ideas and input about potential budget and policy  
 5.19 proposals, and recommending review of particular agency policies, standards, or procedures  
 5.20 that may create or perpetuate health inequities; and  
 5.21 (3) assist the agency in developing and monitoring meaningful performance measures  
 5.22 related to advancing health equity.

5.23 Subd. 4. **Expiration.** Notwithstanding section 15.059, subdivision 6, the advisory council  
 5.24 shall remain in existence until health inequities in the state are eliminated. Health inequities  
 5.25 will be considered eliminated when race, ethnicity, income, gender, gender identity,  
 5.26 geographic location, or other identity or social marker will no longer be predictors of health  
 5.27 outcomes in the state. Section 145.928 describes nine health disparities that must be  
 5.28 considered when determining whether health inequities have been eliminated in the state.