

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

S.F. No. 4346

(SENATE AUTHORS: MURPHY and Dziezic)

DATE	D-PG	OFFICIAL STATUS
02/29/2024	11839	Introduction and first reading
		Referred to State and Local Government and Veterans
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1.1 A bill for an act

1.2 relating to state government; establishing the Minnesota Commission for Equitable

1.3 Health Care Services; requiring reports; providing appointments; appropriating

1.4 money; proposing coding for new law as Minnesota Statutes, chapter 145E.

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

1.6 Section 1. 145E.10 COMMISSION FOR EQUITABLE HEALTH CARE SERVICES.

1.7 Subdivision 1. Establishment. The Minnesota Commission for Equitable Health Care

1.8 Services is established to evaluate Minnesotans' experience with and access to health care

1.9 services, regardless of coverage. The commission will evaluate the means by which care is

1.10 organized and financed, the financial and policy instruments employed by the health care

1.11 industry to limit health care spending, and how these features of the health care system

1.12 impact Minnesotans' experience with access, cost, and care. The commission will develop

1.13 and submit to the legislature recommendations to ensure that every Minnesotan has access

1.14 to meaningful care according to the goals articulated by this commission.

1.15 Subd. 2. Public membership. (a) The Minnesota Commission for Equitable Health

1.16 Care Services shall consist of nine public members appointed according to Minnesota

1.17 Statutes, section 15.0597, as follows:

1.18 (1) one member who is a resident of congressional district 1 appointed by the attorney

1.19 general;

1.20 (2) one member who is a resident of congressional district 2 appointed by the attorney

1.21 general;

2.1 (3) one member who is a resident of congressional district 3 appointed by the speaker
2.2 of the house of representatives;

2.3 (4) one member who is a resident of congressional district 4 appointed by the governor;

2.4 (5) one member who is a resident of congressional district 5 appointed by the majority
2.5 leader of the senate;

2.6 (6) one member who is a resident of congressional district 6 appointed by the minority
2.7 leader of the house of representatives;

2.8 (7) one member who is a resident of congressional district 7 appointed by the minority
2.9 leader of the senate;

2.10 (8) one member who is a resident of congressional district 8 appointed by the governor;
2.11 and

2.12 (9) one member who is a representative of Tribal governments appointed by the governor.

2.13 (b) The appointing authorities under this subdivision must consult with one another to
2.14 ensure to the extent practicable that the public membership of the commission represents
2.15 the diversity of Minnesotans with respect to gender, race, ethnicity, and geography.

2.16 (c) The appointing authorities must complete the initial appointments required under
2.17 this subdivision by August 1, 2024.

2.18 (d) The governor shall designate one public member appointed by the governor to serve
2.19 as the acting chairperson solely for the purposes of planning and convening the first meeting
2.20 of the commission.

2.21 (e) Public members may be removed as provided in Minnesota Statutes, section 15.059,
2.22 subdivision 4.

2.23 Subd. 3. **Commission advisors.** (a) The Minnesota Commission for Equitable Health
2.24 Care Services shall include eight nonvoting commission advisors appointed according to
2.25 Minnesota Statutes, section 15.0597, as follows:

2.26 (1) one advisor who is a registered nurse and practices nursing in a hospital setting,
2.27 appointed by the Minnesota Nurses Association;

2.28 (2) one advisor who is a licensed traditional midwife, appointed by the Birth Justice
2.29 Coalition;

2.30 (3) one advisor who is a mental health provider with rural mental health care experience,
2.31 appointed by the National Alliance on Mental Illness, Minnesota;

3.1 (4) one advisor who is living with a disability, appointed by the Minnesota Council on
3.2 Disability;

3.3 (5) one advisor who is a primary care physician with rural health care experience,
3.4 appointed by the Minnesota Medical Association;

3.5 (6) one advisor who is a licensed practical nurse and practices practical nursing in a rural
3.6 health care setting, appointed by the American Federation of State, County, and Municipal
3.7 Employees, Council 65;

3.8 (7) one advisor who is a long-term care provider, appointed by Service Employees
3.9 International Union Healthcare Minnesota and Iowa; and

3.10 (8) one advisor who is a representative of the counties, appointed by the Association of
3.11 Minnesota Counties.

3.12 (b) The appointing authorities under this subdivision must consult with one another to
3.13 ensure to the extent practicable that the commission advisor membership represents the
3.14 diversity of Minnesotans with respect to gender, race, ethnicity, and geography.

3.15 (c) The appointing authorities must complete the initial appointments required under
3.16 this subdivision by August 1, 2024.

3.17 (d) Commission advisors may be removed as provided in Minnesota Statutes, section
3.18 15.059, subdivision 4.

3.19 Subd. 4. **Legislative membership.** The Minnesota Commission for Equitable Health
3.20 Care Services shall include four nonvoting legislative members, of whom two must be
3.21 members of the senate, with one appointed by the majority leader of the senate and one
3.22 appointed by the minority leader of the senate; and of whom two must be members of the
3.23 house of representatives, with one appointed by the speaker of the house of representatives
3.24 and one appointed by the minority leader of the house of representatives. The appointing
3.25 authorities must complete the initial appointments required under this subdivision by August
3.26 1, 2024.

3.27 Subd. 5. **Ex officio membership.** (a) The Minnesota Commission for Equitable Health
3.28 Care Services shall include four nonvoting ex officio members, three of whom must be
3.29 employees of the Department of Health appointed by the commissioner of health, and one
3.30 of whom must be an employee of the Office of the Attorney General appointed by the
3.31 attorney general.

4.1 (b) Of the commissioner of health's appointments, one must have expertise in network
4.2 adequacy for managed care plans, one must have expertise in health equity, and one must
4.3 have expertise in rural health.

4.4 (c) The appointing authorities must complete the initial appointments required under
4.5 this subdivision by August 1, 2024.

4.6 Subd. 6. **Limitations on membership.** (a) No member or advisor of the Minnesota
4.7 Commission for Equitable Health Care Services may be a director, manager, managing
4.8 partner, officer, or executive of any of the following:

4.9 (1) a health care entity, as defined under Minnesota Statutes, section 145D.01;

4.10 (2) an entity formed to provide a professional health care service to individuals;

4.11 (3) a utilization review organization, as defined in Minnesota Statutes, section 62M.02;

4.12 (4) an entity subject to Minnesota Statutes, section 60A.23, subdivision 8;

4.13 (5) a pharmacy benefit manager, as defined in Minnesota Statutes, section 62W.02;

4.14 (6) a manufacturer, pharmacy, retailer, wholesaler, third-party logistics provider, group
4.15 purchasing organization, distributor, or other entity engaged in supplying a drug or medical
4.16 device; or

4.17 (7) a direct or indirect affiliate of an entity listed in clauses (1) to (6).

4.18 (b) No member of the commission may have a personal interest in an entity listed in
4.19 paragraph (a), clauses (1) to (7). For the purposes of this subdivision, "personal interest"
4.20 means that:

4.21 (1) a person owns or controls, directly or indirectly, at least five percent of the voting
4.22 interest or equity interest in the entity;

4.23 (2) the equity interest in the entity owned by a person represents at least five percent of
4.24 that person's net worth; or

4.25 (3) at least five percent of a person's gross income, other than income from fixed wages
4.26 and employment benefits received from the entity, is based, through equity, contract, or
4.27 otherwise, on the entity's revenue.

4.28 Subd. 7. **Chairperson; executive committee.** (a) The Minnesota Commission for
4.29 Equitable Health Care Services shall elect a chairperson at its first meeting and other officers
4.30 as it deems necessary.

5.1 (b) The executive committee, or the chairperson if the commission chooses not to elect
5.2 additional officers, may appoint additional subcommittees and work groups as necessary
5.3 to fulfill the duties of the commission.

5.4 Subd. 8. **Meetings.** (a) The appointee of the governor designated by the governor to
5.5 serve as acting chairperson for the purposes of convening the first meeting must convene
5.6 the first meeting of the Minnesota Commission for Equitable Health Care Services by
5.7 September 1, 2024.

5.8 (b) The commission shall meet at the call of the chairperson or at the request of a majority
5.9 of commission members. Meetings of the commission are subject to Minnesota Statutes,
5.10 section 13D.01, and notice of its meetings is governed by Minnesota Statutes, section
5.11 13D.04.

5.12 Subd. 9. **Executive director; staff.** The Minnesota Commission for Equitable Health
5.13 Care Services shall appoint an executive director. The executive director serves as an ex
5.14 officio nonvoting member of the executive committee. The commission may delegate to
5.15 the executive director any powers and duties under this section that do not require commission
5.16 approval. The executive director serves in the unclassified service and may be removed at
5.17 any time by a majority vote of the commission. The executive director may employ and
5.18 direct staff necessary to carry out commission mandates, policies, activities, and objectives.

5.19 Subd. 10. **Office space; equipment; technical assistance.** (a) The commissioner of
5.20 administration shall provide to the Minnesota Commission for Equitable Health Care
5.21 Services, at a reasonable cost, administrative assistance, office space, and access to office
5.22 equipment and services. The commissioner of administration may accept outside resources
5.23 to help support its efforts.

5.24 (b) The commissioners of all departments of state government shall accommodate any
5.25 reasonable requests for technical assistance from the commission as it carries out its duties.
5.26 The commissioners shall leverage their existing vendor contracts to provide the requested
5.27 technical assistance. The commissioners shall receive expedited review and publication of
5.28 competitive procurements for additional vendor support if needed to fulfill the commission's
5.29 request.

5.30 Subd. 11. **Duties.** The Minnesota Commission for Equitable Health Care Services shall
5.31 develop and recommend to the legislature a plan to provide meaningful availability of health
5.32 care services to all state residents. In developing the plan, the commission shall:

5.33 (1) consult with a representative sample of Minnesota residents, through regional field
5.34 hearings and interviews, regarding their experiences and expectations with respect to

6.1 meaningfully accessing health care services for which they have coverage, including coverage
6.2 through public health care programs;

6.3 (2) consult small business owners, local employers, local government leaders, and local
6.4 health care providers, representing different regions across Minnesota, regarding their
6.5 experiences and expectations with health care costs, coverage, and access to care;

6.6 (3) develop and implement a method to estimate the contribution to the health care
6.7 market in the state attributable to federal, state, and local sources, including direct payments,
6.8 capitation payments, tax expenditures, and subsidies;

6.9 (4) develop and implement a method of investigating the financial and policy instruments
6.10 employed by corporate health care entities to advance, deny, and impair meaningful and
6.11 equitable health care for Minnesotans;

6.12 (5) develop and implement a method of investigating the geographic distribution of
6.13 resources such as hospital beds and specialty services and limited networks of service
6.14 providers, particularly for mental health services, substance use disorder services, obstetrics,
6.15 and long-term services and supports;

6.16 (6) study and make recommendations on transparency of ownership of health care
6.17 facilities and systems and of the role of private equity in the health care market in the state;

6.18 (7) develop and implement a method of investigating the extent and severity of inadequate
6.19 availability of culturally competent care;

6.20 (8) develop and implement a method of investigating incentives to provide equitable,
6.21 competent care;

6.22 (9) study and make recommendations on incentives and disincentives to ensure that
6.23 health care entities continue to provide health care services in rural and other underserved
6.24 communities; and

6.25 (10) conduct other activities the commission considers necessary to carry out the intent
6.26 of the legislature as expressed in this section.

6.27 Subd. 12. **Expenses.** Public members, commission advisors, and ex officio members
6.28 serve without compensation. All members and advisors may have expenses reimbursed as
6.29 provided in Minnesota Statutes, section 15.059, subdivision 3.

6.30 Subd. 13. **Data classification.** Data collected by the Minnesota Commission for Equitable
6.31 Health Care Services is private data on individuals as defined in Minnesota Statutes, section

7.1 13.02, subdivision 12, or nonpublic data as defined in Minnesota Statutes, section 13.02,
7.2 subdivision 9.

7.3 Subd. 14. **Contract authority.** The Minnesota Commission for Equitable Health Care
7.4 Services may contract with one or more third parties to perform its duties.

7.5 Subd. 15. **Reports.** (a) By January 15, 2025, the Minnesota Commission for Equitable
7.6 Health Care Services must submit to the chairs and ranking minority members of the
7.7 legislative committees with jurisdiction over health an initial report on its progress and other
7.8 appropriate information.

7.9 (b) By January 15, 2026, the Minnesota Commission for Equitable Health Care Services
7.10 shall submit to the chairs and ranking minority members of the legislative committees with
7.11 jurisdiction over health a final report with proposals to ensure that all Minnesotans have
7.12 meaningful access to equitable health care services, any additional recommendations, and
7.13 draft legislation.

7.14 Subd. 16. **Expiration.** This section expires July 1, 2027.

7.15 Sec. 2. **APPROPRIATION.**

7.16 Subdivision 1. **Minnesota Commission for Equitable Health Care Services.** \$.....
7.17 in fiscal year 2025 is appropriated from the general fund to the Minnesota Commission for
7.18 Equitable Health Care Services for purposes of section 1 and is available until June 30,
7.19 2027.

7.20 Subd. 2. **Commissioner of administration.** \$..... in fiscal year 2025 is appropriated
7.21 from the general fund to the commissioner of administration for purposes of section 1 and
7.22 is available until June 30, 2027.