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State of Minnesota  
**HOUSE OF REPRESENTATIVES**  
NINETIETH SESSION

**H. F. No. 1169**

02/13/2017 Authored by Albright, Schomacker, Halverson and Schultz  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act  
1.2 relating to health care; extending the Legislative Health Care Workforce  
1.3 Commission; specifying the work plan for the commission; appropriating money;  
1.4 amending Laws 2014, chapter 312, article 23, section 9, subdivision 8, by adding  
1.5 a subdivision; repealing Laws 2014, chapter 312, article 23, section 9, subdivision  
1.6 5.

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

1.8 Section 1. Laws 2014, chapter 312, article 23, section 9, is amended by adding a subdivision  
1.9 to read:

1.10 Subd. 5a. Report to legislature. (a) The Legislative Health Care Workforce Commission  
1.11 must provide a preliminary report to the legislature by December 31, 2018. The report must  
1.12 include the following:

1.13 (1) baseline data on the current supply and distribution of health care providers in the  
1.14 state;

1.15 (2) current projections of the demand for health professionals;

1.16 (3) other data and analysis the commission is able to complete; and

1.17 (4) recommendations on actions needed.

1.18 (b) The commission must provide a final report to the legislature by December 31, 2020.

1.19 The final report must include a comprehensive five-year workforce plan that:

1.20 (1) identifies current and anticipated health care workforce shortages by both provider  
1.21 type and geography;

2.1 (2) evaluates the effectiveness of incentives currently available to develop, attract, and  
 2.2 retain a highly skilled and diverse health care workforce;

2.3 (3) evaluates alternative incentives to develop, attract, and retain a highly skilled and  
 2.4 diverse health care workforce;

2.5 (4) identifies current causes and potential solutions to barriers related to the primary  
 2.6 care workforce including, but not limited to, training and residency shortages, disparities  
 2.7 in income between primary care and other providers, and negative perceptions of primary  
 2.8 care among students;

2.9 (5) assesses the current supply and distribution of health care providers in the state,  
 2.10 trends in health care delivery, access, reform, and the effects of these trends on workforce  
 2.11 needs;

2.12 (6) analyzes the effects of changing models of health care delivery, including team  
 2.13 models of care and emerging professions, on the demand for health professionals;

2.14 (7) projects the five-year demand and supply of health professionals necessary to meet  
 2.15 the needs of health care within the state;

2.16 (8) identifies all funding sources for which the state has administrative control that are  
 2.17 available for health professions training;

2.18 (9) recommends how to improve data evaluation and analysis;

2.19 (10) recommends how to improve oral health, mental health, and primary care training  
 2.20 and practice;

2.21 (11) recommends how to improve the long-term care workforce; and

2.22 (12) recommends actions needed to meet the projected demand for health professionals  
 2.23 over the five years of the plan.

2.24 Sec. 2. Laws 2014, chapter 312, article 23, section 9, subdivision 8, is amended to read:

2.25 Subd. 8. **Expiration.** The Legislative Health Care Workforce Commission expires on  
 2.26 January 1, ~~2017~~ 2021.

2.27 Sec. 3. **APPROPRIATION.**

2.28 \$..... is appropriated in fiscal year 2018 from the general fund to the commissioner of  
 2.29 health for the Legislative Health Care Workforce Commission in Laws 2014, chapter 312,  
 2.30 article 23, section 9. The commissioner may transfer part of this appropriation to the

3.1 Legislative Coordinating Commission to provide per diem and expense reimbursements to  
3.2 the Legislative Health Care Workforce Commission members.

3.3 Sec. 4. **REPEALER.**

3.4 Laws 2014, chapter 312, article 23, section 9, subdivision 5, is repealed.

*Laws 2014, chapter 312, article 23, section 9, subdivision 5*

Sec. 9. **LEGISLATIVE HEALTH CARE WORKFORCE COMMISSION.**

Subd. 5. Report to the legislature. The Legislative Health Care Workforce Commission must provide a preliminary report making recommendations to the legislature by December 31, 2014. The commission must provide a final report to the legislature by December 31, 2016.

The final report must:

(1) identify current and anticipated health care workforce shortages, by both provider type and geography;

(2) evaluate the effectiveness of incentives currently available to develop, attract, and retain a highly skilled health care workforce;

(3) study alternative incentives to develop, attract, and retain a highly skilled and diverse health care workforce; and

(4) identify current causes and potential solutions to barriers related to the primary care workforce, including, but not limited to:

(i) training and residency shortages;

(ii) disparities in income between primary care and other providers; and

(iii) negative perceptions of primary care among students.