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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 2694

05/18/2017 Authored by Freiberg; Murphy, E.; Omar; Liebling; Dehn, R., and others
The bill was read for the first time and referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to health; authorizing the commissioner of health to use money in a public
1.3 health response contingency account for certain purposes; establishing the account;
1.4 transferring money; requiring a report; proposing coding for new law in Minnesota
1.5 Statutes, chapter 144.

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

1.7 Section 1. [144.4199] PUBLIC HEALTH RESPONSE CONTINGENCY ACCOUNT.

1.8 Subdivision 1. Public health response contingency account. A public health response
1.9 contingency account is created in the special revenue fund. Money in the account does not
1.10 cancel and is appropriated to the commissioner of health:

1.11 (1) to provide a state match for federal assistance received to mitigate the costs associated
1.12 with a public health response; or

1.13 (2) for costs of planning, facilitating, coordinating, providing, and supporting a public
1.14 health response within the state when the commissioner of health determines that money
1.15 in the contingency account is needed to ensure the response is adequate to protect the health
1.16 and safety of the public.

1.17 Subd. 2. Definition. For purposes of this section, "public health response" means activities
1.18 necessitated due to pandemic influenza, an outbreak of an infectious or communicable
1.19 disease, a terrorist incident, an accident, an act of nature, or any other event that requires
1.20 immediate action to protect the health and safety of the public.

1.21 Subd. 3. Determination criteria. The commissioner shall use the following criteria to
1.22 determine whether money in the public health response contingency account is needed to
1.23 ensure the public health response is adequate to protect the health and safety of the public:

2.1 (1) the public health response is reasonably expected to require supplies, equipment,
2.2 personnel, and other resources in excess of the resources available for public health
2.3 preparedness and public health response activities in the affected jurisdictions; and

2.4 (2) the commissioner has notified the relevant federal agency of one or more of the
2.5 following:

2.6 (i) the response to the event is reasonably expected to require the evacuation of the
2.7 affected population, relocation of seriously ill or injured persons to temporary care facilities,
2.8 or the provision of replacement essential community services;

2.9 (ii) the event poses a probability of a large number of deaths, serious injuries, or long-term
2.10 disabilities in the affected population;

2.11 (iii) the event poses a probability of widespread exposure to an infectious, chemical,
2.12 radioactive, or explosive agent that poses a significant risk of substantial future harm to a
2.13 large number of people in the affected area; or

2.14 (iv) the event is pandemic influenza or an outbreak of an infectious or communicable
2.15 disease that either poses a significant risk of harm to a large number of persons or high rates
2.16 of mortality or morbidity in the affected population.

2.17 Subd. 4. **Allowable expenditures.** (a) Upon a determination by the commissioner
2.18 according to subdivision 3 and upon satisfaction of the requirements in subdivisions 5 and
2.19 7, the commissioner may use money in the account for expenditures for the following
2.20 purposes attributable to a public health response:

2.21 (1) staffing;

2.22 (2) information technology;

2.23 (3) supplies, equipment, and services to protect residents of affected communities, health
2.24 workers, and public safety workers, and to test for environmental health hazards;

2.25 (4) training and coordination with local public health agencies and health care providers;

2.26 (5) communication with and outreach to affected communities;

2.27 (6) a state match for federal assistance for the cost of the public health response;

2.28 (7) laboratory testing, including enhancements to laboratory capacity necessary to conduct
2.29 testing related to the incident, and supplies, equipment, shipping, and security;

2.30 (8) the purchase of vaccines, antibiotics, antivirals, and other medical resources to prevent
2.31 the spread of a communicable or infectious disease or to treat related medical conditions;

3.1 (9) reimbursement to community health boards or other local units of government for
3.2 incurred costs for the goods and services listed in clauses (1) to (8) that are attributable to
3.3 the public health response;

3.4 (10) reimbursement to health care organizations and health care providers for incurred
3.5 costs attributable to the public health response; and

3.6 (11) reimbursement to other state agencies for costs incurred by that state agency
3.7 attributable to the public health response.

3.8 (b) Money in the account shall not be used to hire new, permanent Department of Health
3.9 staff.

3.10 Subd. 5. **Other available funding.** As a condition of making expenditures from the
3.11 public health response contingency account, the commissioner must seek any appropriate
3.12 assistance from other available sources, including the federal government, to assist with
3.13 costs associated with the public health response. If the commissioner recovers eligible costs
3.14 from another source after making expenditures from the public health response contingency
3.15 account, the commissioner shall reimburse the account for those costs.

3.16 Subd. 6. **Emergency management authority.** Nothing in this section shall be construed
3.17 to limit the emergency management authority of the governor or any local or county
3.18 organization for emergency management under chapter 12 or other law.

3.19 Subd. 7. **Review.** Prior to authorizing expenditures from the public health response
3.20 contingency account, the commissioner shall seek review and recommendation from the
3.21 Legislative Advisory Commission according to the procedures in section 3.3005, subdivision
3.22 5, that would otherwise apply if the funds were federal funds.

3.23 Subd. 8. **Report.** By January 15 of each year, the commissioner of health shall report
3.24 to the chairs and ranking minority members of the house of representatives Ways and Means
3.25 Committee, the senate Finance Committee, and the house of representatives and senate
3.26 committees with jurisdiction over health and human services finance, detailing any
3.27 expenditures under this section during the previous calendar year.

3.28 Sec. 2. **TRANSFER; PUBLIC HEALTH RESPONSE CONTINGENCY ACCOUNT.**

3.29 \$5,000,000 in fiscal year 2018 is transferred from the general fund to the commissioner
3.30 of health for deposit in the public health response contingency account established in
3.31 Minnesota Statutes, section 144.4199.