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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 3417

1.1 A bill for an act
1.2 relating to human services; expanding person-centered telepresence platforms.
1.3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.4 Section 1. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
1.5 **PERSON-CENTERED TELEPRESENCE PLATFORM EXPANSION.**

1.6 (a) By January 15, 2021, the commissioner of human services must develop and provide
1.7 to the chairs and ranking minority members of the legislative committees with jurisdiction
1.8 over health and human services a proposal to adapt and expand statewide a common,
1.9 interoperable, person-centered telepresence platform for delivering behavioral health and
1.10 other health care services. The proposal must include a timeline, a summary of necessary
1.11 resources, and any necessary legislative changes.

1.12 (b) In developing the proposal, the commissioner must consult with the commissioners
1.13 of management and budget, IT services, corrections, health, and education, and other relevant
1.14 stakeholders including but not limited to county services agencies in the areas of human
1.15 services, health, and corrections or law enforcement from counties outside the metropolitan
1.16 area; public health representatives; behavioral health and primary care service providers,
1.17 including providers from outside the metropolitan area; representatives of the Minnesota
1.18 School Boards Association; representatives of the Minnesota Hospital Association, including
1.19 rural hospital emergency departments; community mental health centers; adolescent treatment
1.20 centers; child advocacy centers; the domestic abuse perpetrator program; one member of
1.21 the Medical Alley Association; and one member representing a nonprofit foundation active
1.22 in the area of rural health care issues.

- 2.1 (c) In developing the proposal, the commissioner must:
- 2.2 (1) explore opportunities for improving behavioral health and other health care services
- 2.3 delivery through the use of a common interoperable person-centered telepresence platform
- 2.4 that provides connectivity and technical support to potential users;
- 2.5 (2) review and coordinate state and local innovation initiatives and investments designed
- 2.6 to leverage telepresence connectivity and collaboration;
- 2.7 (3) identify necessary standards and capabilities for a common interoperable telepresence
- 2.8 platform;
- 2.9 (4) identify barriers to providing telepresence technology, including but not limited to
- 2.10 limited availability of bandwidth, limitations in providing certain services via telepresence,
- 2.11 and broadband infrastructure needs;
- 2.12 (5) make recommendations for governance to ensure the person-centered responsiveness
- 2.13 of a common telepresence platform;
- 2.14 (6) develop incentives for ongoing innovation by service providers in Minnesota's health
- 2.15 and human services systems;
- 2.16 (7) evaluate the use of vendors to provide a common telepresence platform that meets
- 2.17 identified standards and capabilities;
- 2.18 (8) identify sustainable financial support for a common telepresence platform, including
- 2.19 but not limited to infrastructure costs and start-up costs for potential users; and
- 2.20 (9) identify benefits to the state, political subdivisions, tribal governments, and
- 2.21 constituents from using a common person-centered telepresence platform for delivering
- 2.22 behavioral health services.