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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 4045

03/19/2018 Authored by Olson, Schultz and Flanagan
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; creating a task force to facilitate person-centered innovation in
1.3 health and human services through a statewide expansion of telepresence platform
1.4 access and collaboration; requiring a report.

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

1.6 Section 1. TASK FORCE ON PERSON-CENTERED TELEPRESENCE PLATFORM
1.7 EXPANSION.

1.8 Subdivision 1. Purpose. Minnesota's aging population and scarce workforce has caused
1.9 pressure on all industries, including health and human services, to improve productivity.
1.10 Innovation is the main source of productivity improvement. Thriving industries in the United
1.11 States are transforming digitally, focusing on improving customer experiences, innovating
1.12 industry business and platform models, and driving costs down by leveraging scale and
1.13 cloud opportunities. The Minnesota community innovation model has demonstrated the
1.14 value of adapting these strategies for person-centered innovation using Internet telepresence
1.15 to incentivize local and regional collaborative initiatives in health and human services and
1.16 related education and correctional services. The purpose of the task force is to share
1.17 knowledge at the local level and create the opportunity to adapt and expand this innovation
1.18 model throughout Minnesota.

1.19 Subd. 2. Membership. The task force on person-centered telepresence platform expansion
1.20 consists of the following 22 members:

1.21 (1) two members of the senate, one appointed by the majority leader and one appointed
1.22 by the minority leader;

2.1 (2) two members of the house of representatives, one appointed by the speaker of the
2.2 house and one appointed by the minority leader;

2.3 (3) the commissioner of MN.IT services or a designee;

2.4 (4) the commissioner of corrections or a designee;

2.5 (5) the commissioner of human services or a designee;

2.6 (6) the commissioner of health or a designee;

2.7 (7) the commissioner of education or a designee;

2.8 (8) three members appointed by the governor representing county services in the areas
2.9 of human services, health, and corrections or law enforcement. These members must represent
2.10 counties outside the metropolitan area defined in Minnesota Statutes, section 473.121;

2.11 (9) one member appointed by the governor representing public health;

2.12 (10) one member appointed by the Minnesota American Indian Mental Health Advisory
2.13 Council;

2.14 (11) one member appointed by the Minnesota Medical Association who is a primary
2.15 care provider practicing in outstate Minnesota;

2.16 (12) one member appointed by the NAMI of Minnesota;

2.17 (13) two members appointed by the Minnesota School Boards Association;

2.18 (14) one member appointed by the Minnesota Hospital Association to represent rural
2.19 hospital emergency departments;

2.20 (15) one member appointed by the governor to represent community mental health
2.21 centers;

2.22 (16) one member appointed by the governor representing adolescent treatment centers;
2.23 and

2.24 (17) one member appointed by the chief justice of the Supreme Court.

2.25 Subd. 3. **Appointment deadline; first meeting; chair.** Appointing authorities must
2.26 complete appointments by June 15, 2018. The director of telepresence integration shall
2.27 convene the first meeting of the task force by July 15, 2018. The task force shall select a
2.28 chair from among their members at their first meeting.

2.29 Subd. 4. **Compensation.** Members shall be compensated and may be reimbursed for
2.30 expenses as provided in Minnesota Statutes, section 15.059, subdivision 3.

3.1 Subd. 5. **Duties.** The task force shall:

3.2 (1) explore opportunities for improving behavioral health and other health care service
3.3 delivery through the use of a common interoperable person-centered telepresence platform
3.4 that provides connectivity and technical support to potential users;

3.5 (2) review and coordinate state and local innovation initiatives and investments designed
3.6 to leverage telepresence connectivity and collaboration;

3.7 (3) identify standards and capabilities for a single interoperable telepresence platform;

3.8 (4) identify barriers to providing a telepresence technology, including limited availability
3.9 of bandwidth, limitations in providing certain services via telepresence, and broadband
3.10 infrastructure needs;

3.11 (5) identify and make recommendations for governance to assure person-centered
3.12 responsiveness;

3.13 (6) identify how the business model itself can be innovated to provide an incentive for
3.14 ongoing innovation in Minnesota's health and human service ecosystems;

3.15 (7) evaluate and make recommendations for a potential vendor that could provide a
3.16 single telepresence platform in terms of delivering the identified standards and capabilities;

3.17 (8) identify sustainable financial support for a single telepresence platform, including
3.18 infrastructure costs and start-up costs for potential users; and

3.19 (9) identify the benefits to the state, political subdivisions, and tribal governments, and
3.20 the constituents they serve in using a common person-centered telepresence platform for
3.21 delivering behavioral health services.

3.22 Subd. 6. **Report.** The task force shall report to the chairs and ranking minority members
3.23 of the committees in the senate and the house of representatives with primary jurisdiction
3.24 over health and state information technology by January 15, 2019, with recommendations
3.25 related to expanding the state's telepresence platform and any legislation required to
3.26 implement the recommendations.

3.27 Subd. 7. **Administrative support.** The commissioner of human services shall provide
3.28 meeting space and administrative services to the task force.

3.29 Subd. 8. **Sunset.** The task force sunsets July 31, 2019, or the day after the task force
3.30 submits the report required in this section, whichever is earlier.