

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

S.F. No. 1883

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D-PG

OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health; establishing a pharmacogenomics task force; requiring a report;
1.3 appropriating money; proposing coding for new law in Minnesota Statutes, chapter
1.4 144.

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

1.6 Section 1. [144.1478] PHARMACOGENOMICS (PGX) TASK FORCE.

1.7 Subdivision 1. Establishment. A pharmacogenomics (PGx) task force is established to
1.8 develop a process for making pharmacogenomics available statewide. For purposes of this
1.9 section, "pharmacogenomics" means the study of how an individual's genetic makeup, or
1.10 genotype, affects the body's response to prescription drugs. There is a growing body of
1.11 knowledge on using pharmacogenomics as a tool to improve the cost-effectiveness of
1.12 medication use and to use genomics to improve the risk-benefit profile of new and existing
1.13 drugs. Pharmacogenomics will increase the effective delivery of personalized health care.

1.14 Subd. 2. Duties. The task force shall:

1.15 (1) determine protocols needed to make PGx available statewide;

1.16 (2) determine what educational tools are needed for use by the health care workforce to
1.17 improve care and reduce adverse reactions from medications;

1.18 (3) convene providers, patients, payers, and ethical, legal, and social implications experts
1.19 to identify and develop protocols to overcome barriers to PGx implementation;

1.20 (4) consider the needs and perspectives of diverse and underrepresented communities;

1.21 (5) develop a statewide implementation plan for diffusion of PGx services and develop
1.22 the data required for informed decision-making; and

2.1 (6) establish, review, and report on guidelines and criteria which the task force considers
2.2 essential to advancing PGx in the state.

2.3 Subd. 3. **Task force members.** (a) The University of Minnesota and Mayo Clinic shall
2.4 select no more than 20 members that reflect a statewide geographical representation and
2.5 representation from diverse groups within the state. The University of Minnesota and Mayo
2.6 Clinic shall select members with professional expertise in PGx, patient representatives
2.7 interested in PGx, and interested parties who are able to provide technical information and
2.8 advice on PGx. Section 15.059, subdivision 6, shall govern the terms, expenses, and removal
2.9 of members.

2.10 (b) The member from the University of Minnesota or Mayo Clinic shall chair the first
2.11 meeting of the task force which must be convened by September 1, 2019. At the first meeting,
2.12 the task force shall elect a chair from its membership. The Department of Health shall
2.13 provide technical and administrative support services, including meeting space, as required
2.14 by the task force.

2.15 Subd. 4. **Report required.** The task force shall report annually to the chairs and ranking
2.16 minority members of the legislative committees with jurisdiction over health and data
2.17 privacy on the activities of the task force that have occurred during the previous year. The
2.18 first report shall be issued on January 15, 2020. At a minimum, the annual report must
2.19 include:

2.20 (1) a description of the task force's goals for the previous year and for the coming year;

2.21 (2) a description of the outcomes the task force achieved; and

2.22 (3) any legislative recommendations the task force has including a description of specific
2.23 legislation needed to implement the recommendations.

2.24 Subd. 5. **Expiration.** The task force expires September 1, 2024.

2.25 Sec. 2. **APPROPRIATION.**

2.26 \$..... in fiscal year 2020 and \$..... in fiscal year 2021 are appropriated from the general
2.27 fund to the commissioner of health for the purposes of the task force under section 1.