SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 2883

(SENATE AUTHORS: CHAMPION)

DATE	D-PG	OFFICIAL STATUS
03/13/2023		Introduction and first reading Referred to Health and Human Services

A bill for an act

relating to health; establishing the Office of Long-Term Solutions to Healthcare Disparities and Inequities to address health care needs in the state; requiring a report; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 145.

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

Section 1. **[145.9281] LONG-TERM SOLUTIONS TO HEALTHCARE DISPARITIES AND INEQUITIES.**

Subdivision 1. **Establishment.** The commissioner of health shall establish an Office of Long-Term Solutions to Healthcare Disparities and Inequities that will address the health disparities and barriers to accessing health care experienced by specific communities in the state. The commissioner shall hire a director to lead the office and any staff necessary to achieve its purpose. The director shall collaborate with community health care organizations to research health care issues and provide recommendations to state and local governmental agencies to address the causes of health care disparities and the barriers to health care access that certain communities experience. The office shall collaborate with organizations that provide health services to communities where there are barriers to accessing health care resulting in health inequities. In selecting a director, the commissioner shall appoint an expert with knowledge of health disparities and expertise in addressing health disparities and inequities.

Subd. 2. **Duties.** The director shall provide research and recommendations to the commissioner on:

(1) developing a Center of Excellence for Health Disparities reduction;

(2) developing educational curriculum to teach emerging health care professions to identify and address the health care inequities and disparities in underserved communities;

(3) changing health rules to prevent the termination from government programs of a patient impacted by a health care barrier without due process protections;

(4) identifying medically underserved areas (MUA) and health professional shortage areas (HPSA);

(5) identifying high-priority public health issues affecting the various health disparities within various communities;

(6) developing strategies and programs to utilize collaborative strategies across health care institutions to accomplish the objectives of addressing health care disparities and inequities;

(7) providing process improvements for assimilating community health workers into clinics in areas experiencing health disparities;

(8) augmenting health profession loan forgiveness programs for working in a MUA/HPSA to attract physicians from the National Health Services Corps;

(9) recruiting Minnesota primary care residency programs to MUA/HPSA and post-graduation residency for nurse practitioners in MUA/HPSA;

(10) supporting the establishment of community health clinic services under Minnesota Rules, part 9505.0255. Third-party payors and Department of Human Services must comply and support claims payments;

(11) augmenting the role of essential community providers and the implementation of the payment system under Minnesota Statutes, section 62Q.19;

(12) increasing the community clinic grant under Minnesota Statutes, section 145.9268;

(13) determining the socioeconomic and business aspects of minority health for:

(i) timing of services including after hours and weekends;

(ii) transportation services for the disabled and large families;

(iii) cost of extra services for medically complex patients, such as CADI waiver, mobility and wheelchair equipment and durable medical equipment;

(iv) assisted living services; and

(v) increasing staffing from minority communities;

(14) developing mobile community health clinic services in rural and inner-city areas;

(15) establishing mentoring programs in inner cities and rural high schools located in medically underserved areas;

(16) developing two-year health care programs in community colleges in the state; and

(17) developing a process to rehabilitate persons previously disqualified for health care licensure to provide health care services to the person's family, kinship, and the public by establishing an approval process, supervision, and waivers from the disqualifying rule.

Sec. 2. **APPROPRIATION; OFFICE OF LONG-TERM SOLUTIONS TO HEALTHCARE DISPARITIES AND INEQUITIES.**

$..... in fiscal year 2024 and $..... in fiscal year 2025 are appropriated from the general fund to the commissioner of health to establish the office in section 1.