

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

**S.F. No. 3179**

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DATE  
04/01/2025

D-PG

Introduction and first reading  
Referred to Health and Human Services

OFFICIAL STATUS

1.1 A bill for an act  
1.2 relating to health; requiring issuance of grants by the commissioner of health to  
1.3 support education and outreach for myalgic encephalomyelitis/chronic fatigue  
1.4 syndrome; requiring the commissioner of health to establish a ME/CFS program;  
1.5 requiring issuance of grants by the commissioner of human services to establish  
1.6 and improve access to social services for myalgic encephalomyelitis/chronic fatigue  
1.7 syndrome; requiring a report; appropriating money.

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

1.9 Section 1. MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME  
1.10 GRANTS.

1.11 Subdivision 1. Grants authorized. (a) The commissioner of health must award grants  
1.12 to increase awareness and understanding of myalgic encephalomyelitis/chronic fatigue  
1.13 syndrome (ME/CFS) among health care professionals, individuals diagnosed with ME/CFS,  
1.14 individuals with symptoms of ME/CFS and who believe they may have ME/CFS, health  
1.15 plan companies, and the public. The commissioner must issue a request for proposals to  
1.16 competitively determine grant recipients. The grants may be awarded to community health  
1.17 boards as defined in Minnesota Statutes, section 145A.02, subdivision 5, state agencies,  
1.18 state councils, or nonprofit corporations.

1.19 (b) The commissioner must develop the request for proposals, review the resulting  
1.20 proposals, and determine grant awards in consultation and cooperation with members of  
1.21 the ME/CFS community.

1.22 (c) The commissioner may contract with members of the ME/CFS community to perform  
1.23 all or part of the grant award process required under this subdivision.

2.1 (d) For purposes of this subdivision, "members of the ME/CFS community" means the  
 2.2 following persons among others:

2.3 (1) health care providers familiar with the diagnosis, treatment, and awareness of  
 2.4 ME/CFS;

2.5 (2) individuals diagnosed with or having symptoms of ME/CFS; and

2.6 (3) other individuals with subject matter expertise on ME/CFS.

2.7 Subd. 2. Use of grant funds. (a) Grant recipients must use grant funds to do one or more  
 2.8 of the following:

2.9 (1) improve the availability of free, evidence-based, or community best practice  
 2.10 educational materials on ME/CFS to health care professionals, human resource professionals,  
 2.11 and individuals with ME/CFS symptoms;

2.12 (2) raise awareness among health care professionals about ME/CFS symptoms and the  
 2.13 importance of an appropriate ME/CFS diagnosis, symptom management, identification of  
 2.14 associated comorbidities, and pharmacological treatment options; and

2.15 (3) increase public awareness of ME/CFS, ME/CFS symptoms, available community  
 2.16 resources, and practices and techniques to effectively access and navigate community  
 2.17 resources for those experiencing the effects of ME/CFS.

2.18 (b) The commissioner must provide technical assistance and support to grant recipients  
 2.19 to improve outreach and education, especially in greater Minnesota, Tribal Nations, and  
 2.20 marginalized communities, such as Black, Indigenous, Hispanic, Asian, and other people  
 2.21 of color, LGBTQ+ community, and those experiencing economic insecurity, and other  
 2.22 groups where services to address the effects of ME/CFS have not been established.

2.23 Sec. 2. MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME  
 2.24 HUMAN SERVICES GRANTS.

2.25 Subdivision 1. Grants authorized. (a) The commissioner of human services must award  
 2.26 grants to establish and improve access to services for individuals experiencing effects of  
 2.27 myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). The commissioner must  
 2.28 issue a request for proposals to competitively determine grant recipients. The grants may  
 2.29 be awarded to community health boards as defined in Minnesota Statutes, section 145A.02,  
 2.30 subdivision 5, state agencies, state councils, or nonprofit corporations.

3.1 (b) The commissioner must develop the request for proposals, review the resulting  
3.2 proposals, and determine grant awards in consultation and cooperation with members of  
3.3 the ME/CFS community.

3.4 (c) The commissioner may contract with members of the ME/CFS community to perform  
3.5 all or part of the grant award process required under this subdivision.

3.6 (d) For purposes of this subdivision, "members of the ME/CFS community" means the  
3.7 following persons among others:

3.8 (1) health care providers familiar with the diagnosis, treatment, and awareness of  
3.9 ME/CFS;

3.10 (2) individuals diagnosed with or having symptoms of ME/CFS; and

3.11 (3) other individuals with subject matter expertise on ME/CFS.

3.12 Subd. 2. Use of grant funds. (a) Grant recipients must use grant funds to establish or  
3.13 facilitate access to one or more of the following services for individuals diagnosed with, or  
3.14 seeking a health care or integrative care professional's evaluation for symptoms of, ME/CFS:

3.15 (1) professional or peer delivered supportive counseling, such as counseling for an  
3.16 individual with symptoms of ME/CFS and caregivers or family members of an individual  
3.17 with symptoms of ME/CFS;

3.18 (2) professional or peer delivered health education;

3.19 (3) care coordination;

3.20 (4) medical case management, including but not limited to coordination of medical  
3.21 equipment and home health services;

3.22 (5) health or social service transportation services;

3.23 (6) outpatient ambulatory services;

3.24 (7) social work;

3.25 (8) financial assistance;

3.26 (9) legal and other nonmedical case management;

3.27 (10) referrals for supportive services;

3.28 (11) practical support home services, such as assistance with cooking, laundry, and  
3.29 cleaning;

3.30 (12) workplace and disability accommodation counseling and navigation services; and

4.1 (13) professional or peer-led support groups for people with ME/CFS symptoms, family  
4.2 members, and caregivers.

4.3 (b) The commissioner must provide technical assistance and support to grant recipients  
4.4 to improve outreach and the provision of services, especially in greater Minnesota, Tribal  
4.5 Nations, marginalized communities, such as Black, Indigenous, Hispanic, Asian, and other  
4.6 people of color, LGBTQ+ community, and those experiencing economic insecurity, and  
4.7 other groups where services to address the effects of ME/CFS have not been established.

4.8 **Sec. 3. ME/CFS PROGRAM.**

4.9 The commissioner of health must establish a program to conduct community assessments  
4.10 and epidemiologic investigations to monitor and address impacts of ME/CFS and related  
4.11 conditions. The purposes of these activities are to:

4.12 (1) monitor trends in: incidence, prevalence, mortality, and health outcomes; changes  
4.13 in disability status, employment, and quality of life; service needs of individuals with  
4.14 ME/CFS or related conditions and to detect potential public health problems, predict risks,  
4.15 and assist in investigating health inequities in ME/CFS and related conditions;

4.16 (2) more accurately target information and resources for communities and patients and  
4.17 their families;

4.18 (3) inform health professionals and citizens about risks and early detection;

4.19 (4) promote evidence-based practices around ME/CFS and related conditions prevention  
4.20 and management, and to address public concerns and questions about ME/CFS and related  
4.21 conditions;

4.22 (5) identify demographics of those affected by ME/CFS, including but not limited to:

4.23 (i) gender;

4.24 (ii) race;

4.25 (iii) age;

4.26 (iv) geographic location;

4.27 (v) economic status; and

4.28 (vi) education; and

4.29 (6) research and track related conditions.

5.1 Sec. 4. **REPORT TO THE LEGISLATURE.**

5.2 The commissioners of health and human services must submit a report by December 1,  
5.3 2027, to the legislative committees with jurisdiction over health and human services on the  
5.4 effectiveness of the ME/CFS grants established in section 1 and the ME/CFS human services  
5.5 grants established in section 2. The report must include but is not limited to information on:

5.6 (1) the ability of grant recipients to achieve the objectives set forth in section 1,  
5.7 subdivision 2, paragraph (a), clauses (1) to (3), and section 2, subdivision 2, paragraph (a),  
5.8 clauses (1) to (13);

5.9 (2) additional areas of need for ME/CFS diagnosis, treatment, symptom management,  
5.10 insurance coverage, and access to health or integrative providers and social services;

5.11 (3) recommended legislative action and a five-year written plan to improve ME/CFS  
5.12 outcomes, based on quality of life indicators and deliverables from the grants awarded in  
5.13 sections 1 and 2, in Minnesota; and

5.14 (4) findings from data collection under the program in section 3, including but not limited  
5.15 to:

5.16 (i) demographics, including but not limited to those set forth in section 3, clause (5);

5.17 (ii) common challenges;

5.18 (iii) gaps in services;

5.19 (iv) disease impacts on individuals, other than economic effects; and

5.20 (v) future community needs.

5.21 Sec. 5. **APPROPRIATIONS.**

5.22 Subdivision 1. **ME/CFS grants.** \$..... in fiscal year 2026 is appropriated from the  
5.23 general fund to the commissioner of health for grants to increase awareness and understanding  
5.24 of ME/CFS among health care professionals, individuals diagnosed with ME/CFS, individuals  
5.25 with symptoms of ME/CFS and who believe they may have ME/CFS, health plan companies,  
5.26 and the public. This is a onetime appropriation and is available until June 30, 2028.

5.27 Subd. 2. **ME/CFS human services grants.** \$..... in fiscal year 2026 is appropriated  
5.28 from the general fund to the commissioner of health for grants to improve access to services  
5.29 for individuals experiencing effects of ME/CFS. This is a onetime appropriation and is  
5.30 available until June 30, 2028.

6.1 Subd. 3. **ME/CFS program.** \$..... in fiscal year 2026 is appropriated from the general  
6.2 fund to the commissioner of health for a program to conduct community assessments and  
6.3 epidemiologic investigations to monitor and address impacts of ME/CFS and related  
6.4 conditions. This is a onetime appropriation and is available until June 30, 2028.