01/07/19

19-1420

SENATE STATE OF MINNESOTA NINETY-FIRST SESSION

SGS/NB

S.F. No. 963

 (SENATE AUTHORS: UTKE, Relph, Rosen, Tomassoni and Simonson)

 DATE
 D-PG
 OFFICIAL STATUS

 02/07/2019
 Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1	A bill for an act
1.2 1.3 1.4	relating to health; creating a task force to facilitate person-centered innovation in health and human services through a statewide expansion of telepresence platform 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 24 members:
1.21	(1) two members of the senate, one appointed by the majority leader and one appointed
1.22	by the minority leader;

1

	01/07/19	REVISOR	SGS/NB	19-1420	as introduced					
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 co	(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	<u>(7) the co</u>	ommissioner of ed	lucation or a design	ee;						
2.8	<u>(8) three</u>	members appoint	ed by the governor	representing county ser	vices in the areas					
2.9	of human services, health, and corrections or law enforcement. These members must represent									
2.10	counties out	side the metropoli	tan area defined in	Minnesota Statutes, sec	tion 473.121;					
2.11	<u>(9) one n</u>	nember appointed	by the governor re	presenting public health	2					
2.12	(10) one	member appointed	by the Minnesota	American Indian Mental	Health Advisory					
2.13	Council;									
2.14	(11) one	member appointe	d by the Minnesota	Medical Association w	ho is a primary					
2.15	care provide	r practicing in out	state Minnesota;							
2.16	<u>(12) one</u>	member appointed	d by NAMI Minnes	sota;						
2.17	<u>(13) two</u>	members appoint	ed by the Minnesot	a School Boards Associ	ation;					
2.18	(14) one	member appointe	d by the Minnesota	Hospital Association to	represent rural					
2.19	hospital eme	ergency departmen	nts;							
2.20	(15) one	member appointe	d by the governor to	o represent community	mental health					
2.21	centers;									
2.22	<u>(16) one</u>	member appointed	d by the governor re	epresenting adolescent t	reatment centers;					
2.23	<u>(17) one</u>	member appointed	d by the governor r	epresenting child advoc	acy centers;					
2.24	(18) one	member appointed	l by the governor re	presenting the domestic	abuse perpetrator					
2.25	program; and	<u>d</u>								
2.26	(19) one	member appointed	d by the chief justic	e of the supreme court.						
2.27	Subd. 3.	Appointment dea	adline; first meetir	ig; chair. Appointing at	uthorities must					
2.28	complete app	pointments by Jun	ie 15, 2019. The dir	ector of telepresence in	tegration shall					
2.29	convene the	first meeting of th	ne task force by July	v 15, 2019. The task for	ce shall select a					
2.30	chair from a	mong their memb	ers at their first mee	eting.						

2

01/07	/19 KL	VISOK	505/ND		19-1420	as introduced	
<u>S</u>	ubd. 4. Compe	nsation. <u>Me</u>	mbers shall be	compensat	ted and may be	e reimbursed for	
expe	expenses as provided in Minnesota Statutes, section 15.059, subdivision 3.						
<u>S</u>	ubd. 5. Duties.	The task for	ce shall:				
(l) explore oppc	ortunities for	improving beh	avioral hea	ulth and other h	nealth care service	
leliv	ery through the	use of a con	nmon interoper	able person	n-centered tele	presence platform	
hat	provides conne	ctivity and te	chnical suppor	t to potenti	al users;		
<u>(</u>	2) review and co	oordinate stat	e and local inno	ovation init	iatives and inv	estments designed	
to le	verage teleprese	ence connect	ivity and collal	boration;			
<u>(</u> .	3) identify stand	dards and cap	pabilities for a	single inter	coperable telep	presence platform;	
(4	4) identify barri	ers to providi	ng a telepresen	ce technolo	ogy, including l	limited availability	
of ba	ndwidth, limita	ations in prov	viding certain s	ervices via	telepresence,	and broadband	
nfra	structure needs	·					
(5) identify and	make recom	mendations for	governanc	e to ensure per	rson-centered	
espo	onsiveness;						
(6) identify how	the business	model itself ca	an be innov	ated to provid	le an incentive for	
ongo	ing innovation	in Minnesot	a's health and h	numan serv	ice ecosystems	<u>s;</u>	
<u>(</u>	7) evaluate and	make recom	mendations for	r a potentia	l vendor that c	could provide a	
ingl	e telepresence	olatform in te	erms of deliveri	ing the iden	tified standard	ls and capabilities;	
(3) identify susta	ainable finan	cial support for	r a single te	elepresence pla	atform, including	
nfra	structure costs	and start-up	costs for poten	tial users; a	and		
() identify the t	penefits to the	e state, politica	l subdivisi	ons, and tribal	governments, and	
he c	onstituents they	y serve in usi	ng a common	person-cen	tered teleprese	ence platform for	
leliv	ering behavior	al health serv	vices.				
S	ubd. 6. Report	The task for	rce shall report	to the chain	rs and ranking	minority members	
of th	e committees in	n the senate a	and the house o	of represent	atives with pri	mary jurisdiction	
over	health and state	e information	n technology by	y January 1	5, 2020, with	recommendations	
elat	ed to expanding	g the state's to	elepresence pla	tform and	any legislation	required to	
mpl	ement the recor	nmendations	<u>8.</u>				
S	ubd. 7. Admin	istrative sup	port. The com	missioner	of human serv	rices shall provide	
meet	ing space and a	dministrativ	e services to th	e task force	<u>e.</u>		
S	ubd. 8. Sunset	The task for	rce sunsets July	y 31, 2020,	or the day after	er the task force	
subn	nits the report re	equired in the	is section, whic	chever is ea	arlier.		

01/07/19

REVISOR

SGS/NB

19-1420

as introduced

3