

This Document can be made available
in alternative formats upon request

State of Minnesota
HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 2171

03/07/2019 Authored by Davnie, Morrison, Liebling, Richardson, Zerwas and others
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
03/14/2019 Adoption of Report: Re-referred to the Committee on Government Operations
03/20/2019 Adoption of Report: Re-referred to the Committee on Ways and Means

1.1 A bill for an act
1.2 relating to health; directing the commissioner of health to convene one or more
1.3 working groups to examine links between health disparities and educational
1.4 achievement for children from American Indian communities and communities
1.5 of color; requiring a report; appropriating money.

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

1.7 Section 1. **WORKING GROUP ON LINKS BETWEEN HEALTH DISPARITIES**
1.8 **AND EDUCATIONAL ACHIEVEMENT FOR CHILDREN FROM AMERICAN**
1.9 **INDIAN COMMUNITIES AND COMMUNITIES OF COLOR; REPORT.**

1.10 Subdivision 1. Working group established. (a) The commissioner of health, in
1.11 consultation with the commissioner of education, shall convene one or more working groups
1.12 to:

1.13 (1) examine the links between health disparities and disparities in educational achievement
1.14 for children from American Indian communities and communities of color; and

1.15 (2) develop recommendations for programs, services, or funding to address health
1.16 disparities and decrease disparities in educational achievement for children from American
1.17 Indian communities and communities of color.

1.18 (b) Membership in the working group shall include persons from American Indian
1.19 communities in Minnesota and communities of color in Minnesota and representatives from:

1.20 (1) organizations that represent American Indian communities or communities of color
1.21 and children from American Indian communities or communities of color;

1.22 (2) community health boards;

2.1 (3) one or more organizations representing teachers;

2.2 (4) an organization representing school nurses;

2.3 (5) federally qualified health centers;

2.4 (6) school-based health clinics;

2.5 (7) pediatricians and other health care providers who provide health care services to
2.6 children from American Indian communities or communities of color;

2.7 (8) organizations with knowledge and expertise regarding specific health disparities
2.8 experienced by American Indian communities or one or more communities of color; and

2.9 (9) other experts and organizations designated by the commissioner of health or
2.10 commissioner of education.

2.11 Subd. 2. **Duties.** The working group shall:

2.12 (1) identify and examine health disparities experienced by children from American
2.13 Indian communities or one or more communities of color, including disparities in mental
2.14 and emotional health, chronic health conditions, and physical health conditions that contribute
2.15 to chronic health conditions;

2.16 (2) identify and examine disparities in educational achievement for children from
2.17 American Indian communities or one or more communities of color, including but not
2.18 limited to disparities in third grade literacy rates, proficiency in mathematics, rates of
2.19 graduation from secondary school, attendance and absentee rates, and rates at which children
2.20 change schools during the school year;

2.21 (3) identify particular health disparities experienced by children from American Indian
2.22 communities or one or more communities of color that have the greatest impacts on one or
2.23 more of the particular disparities in educational achievement identified in clause (2);

2.24 (4) identify disparities in the ability of these communities to access health services;

2.25 (5) identify new or existing programs or services or recommend additional funding that
2.26 would be most effective in addressing the health disparities identified in clause (3) and the
2.27 disparities in accessing the health services identified in clause (4), and that would have the
2.28 greatest impact on decreasing disparities in educational achievement; and

2.29 (6) by February 15, 2020, report to the members of the legislative committees with
2.30 jurisdiction over health and education on disparities in health and educational achievement
2.31 examined by the working group and make recommendations for programs, services, and
2.32 funding that would be most effective in addressing these health disparities and decreasing

3.1 disparities in educational achievement for children from American Indian communities and
3.2 communities of color.

3.3 Subd. 3. **Administrative support.** The commissioner of health shall provide
3.4 administrative support and meeting space for the working group.

3.5 Subd. 4. **Compensation and reimbursement for expenses.** Compensation and
3.6 reimbursement for expenses for the working group members are governed by Minnesota
3.7 Statutes, section 15.059, subdivision 6.

3.8 Subd. 5. **Expiration.** The working group expires on March 1, 2020, or upon submission
3.9 of the report required under subdivision 2, clause (6), whichever is later.

3.10 Sec. 2. **APPROPRIATION; WORKING GROUP ON LINKS BETWEEN HEALTH**
3.11 **DISPARITIES AND EDUCATIONAL ACHIEVEMENT.**

3.12 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
3.13 health for purposes of the working group examining links between health disparities and
3.14 disparities in educational achievement for children from American Indian communities and
3.15 communities of color and the report with recommendations to address disparities. This is
3.16 a onetime appropriation.