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## State of Minnesota

## HOUSE OF REPRESENTATIVES

A bill for an act

relating to health; creating a Health Equity and Leadership Council; specifying

NINETY-SECOND SESSION

H. F. No. 4112

03/07/2022

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Authored by Vang
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.3 1.4 1.5	membership on the Rural Health Advisory Committee; amending Minnesota Statutes 2021 Supplement, section 144.1481, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 145.
1.6	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.7	Section 1. Minnesota Statutes 2021 Supplement, section 144.1481, subdivision 1, is
1.8	amended to read:
1.9	Subdivision 1. Establishment; membership. The commissioner of health shall establish
1.10	a 16-member 21-member Rural Health Advisory Committee. The committee shall consist
1.11	of the following members, all of whom must reside outside the seven-county metropolitan
1.12	area, as defined in section 473.121, subdivision 2:
1.13	(1) two members from the house of representatives of the state of Minnesota, one from
1.14	the majority party and one from the minority party;
1.15	(2) two members from the senate of the state of Minnesota, one from the majority party
1.16	and one from the minority party;
1.17	(3) a volunteer member of an ambulance service based outside the seven-county
1.18	metropolitan area;
1.19	(4) a representative of a hospital located outside the seven-county metropolitan area;
1.20	(5) a representative of a nursing home located outside the seven-county metropolitan
1.21	area;
1.22	(6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;

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2.1	(7) a dentist licensed under chapter 150A an oral health professional;
2.2	(8) a midlevel practitioner an advanced practice provider;
2.3	(9) a registered nurse or licensed practical nurse;
2.4	(10) a licensed health care professional from an occupation not otherwise represented
2.5	on the committee;
2.6	(11) a representative of an institution of higher education located outside the seven-county
2.7	metropolitan area that provides training for rural health care providers; and
2.8	(12) a member of a Tribal nation;
2.9	(13) a representative of a local public health agency or community health board;
2.10	(14) a health professional or advocate with experience working with people with menta
2.11	<u>illness;</u>
2.12	(15) a representative of a community organization that works with individuals
2.13	experiencing health disparities;
2.14	(16) an individual with expertise in economic development, or an employer working
2.15	outside the seven-county metropolitan area; and
2.16	(12) (17) three consumers, at least one of whom must be an advocate for persons who
2.17	are mentally ill or developmentally disabled from a community experiencing health
2.18	disparities.
2.19	The commissioner will make recommendations for committee membership. Committee
2.20	members will be appointed by the governor. In making appointments, the governor shall
2.21	ensure that appointments provide geographic balance among those areas of the state outside
2.22	the seven-county metropolitan area. The chair of the committee shall be elected by the
2.23	members. The advisory committee is governed by section 15.059, except that the members
2.24	do not receive per diem compensation.
2.25	Sec. 2. [145.9231] HEALTH EQUITY ADVISORY AND LEADERSHIP (HEAL)
2.26	COUNCIL.
2.27	Subdivision 1. Establishment; composition of advisory council. (a) The commissione
2.28	shall establish and appoint a Health Equity Advisory and Leadership (HEAL) Council to
2.29	provide guidance to the commissioner of health regarding strengthening and improving the
2.30	health of communities most impacted by health inequities across the state. The council shall
2.31	consist of 18 members who will provide representation from the following groups:

Sec. 2. 2

3.1	(1) African American and African heritage communities;
3.2	(2) Asian American and Pacific Islander communities;
3.3	(3) Latina/o/x communities;
3.4	(4) American Indian communities and Tribal Government/Nations;
3.5	(5) disability communities;
3.6	(6) lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities; and
3.7	(7) representatives who reside outside the seven-county metropolitan area.
3.8	(b) No members shall be employees of the Minnesota Department of Health.
3.9	Subd. 2. Organization and meetings. The advisory council shall be organized and
3.10	administered under section 15.059, except that the members do not receive per diem
3.11	compensation. Meetings will be held at least quarterly and hosted by the department.
3.12	Subcommittees may be developed as necessary. Advisory council meetings are subject to
3.13	Open Meeting Law under chapter 13D.
3.14	Subd. 3. <b>Duties.</b> The advisory council shall:
3.15	(1) advise the commissioner on health equity issues and the health equity priorities and
3.16	concerns of the populations specified in subdivision 1;
3.17	(2) assist the agency in efforts to advance health equity, including consulting in specific
3.18	agency policies and programs, providing ideas and input about potential budget and policy
3.19	proposals, and recommending review of particular agency policies, standards, or procedures
3.20	that may create or perpetuate health inequities; and
3.21	(3) assist the agency in developing and monitoring meaningful performance measures
3.22	related to advancing health equity.
3.23	Subd. 4. Expiration. Notwithstanding section 15.059, subdivision 6, the advisory council
3.24	shall remain in existence until health inequities in the state are eliminated. Health inequities
3.25	will be considered eliminated when race, ethnicity, income, gender, gender identity,
3.26	geographic location, or other identity or social marker will no longer be predictors of health
3.27	outcomes in the state. Section 145.928 describes nine health disparities that must be
3.28	considered when determining whether health inequities have been eliminated in the state.

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