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State of Minnesota

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HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 4579

- 04/28/2020 Authored by Liebling
The bill was read for the first time and referred to the Health and Human Services Finance Division
- 05/07/2020 Adoption of Report: Amended and re-referred to the Committee on Ways and Means
Pursuant to Joint Rule 2.03, re-referred to the Committee on Rules and Legislative Administration
Adoption of Report: Re-referred to the Committee on Ways and Means
Joint Rule 2.03 has been waived for any subsequent committee action on this bill
- 05/12/2020 Adoption of Report: Placed on the General Register as Amended
Read for the Second Time

1.1 A bill for an act

1.2 relating to health; establishing contact tracing, case investigations, and follow-up

1.3 services for persons with COVID-19; requiring reports; appropriating money.

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

1.5 Section 1. CONTACT TRACING, CASE INVESTIGATION, AND FOLLOW-UP

1.6 SERVICES PROGRAM FOR PERSONS WITH COVID-19.

1.7 Subdivision 1. Definitions. (a) The definitions in this subdivision apply to this section.

1.8 (b) "Commissioner" means the commissioner of health.

1.9 (c) "Contact tracing" means a program to identify persons who may be at risk of

1.10 contracting COVID-19 through contact, in a manner consistent with known or suspected

1.11 modes of COVID-19 transmission, with a person with COVID-19.

1.12 (d) "Employee" means any person who performs health care services for hire in Minnesota

1.13 for an employer.

1.14 (e) "Employer" means any person having one or more employees in Minnesota and

1.15 includes the state and political or other governmental subdivisions of the state.

1.16 (f) "Person with COVID-19" means a person who has received a positive diagnostic test

1.17 for COVID-19 and is currently contagious.

1.18 Subd. 2. Program established. In order to control the spread of COVID-19 in the state,

1.19 the commissioner shall establish a contact tracing, case investigation, and follow-up services

1.20 program for persons with COVID-19 who are in Minnesota. This program must operate to

1.21 accurately and efficiently perform the following functions regarding persons with COVID-19

2.1 who are in Minnesota: (1) identify contacts; (2) perform case investigations; (3) provide
2.2 follow-up services; and (4) coordinate these services as necessary with border states. In
2.3 carrying out the purposes of this section, the commissioner shall partner with local health
2.4 departments, community health boards, and tribal health departments as much as feasible
2.5 and shall use information provided by these entities on local conditions and communities.

2.6 Subd. 3. **Uses of funds.** The commissioner shall use available funds for purposes of this
2.7 section, including but not limited to the following purposes:

2.8 (1) contact tracing, case investigation, follow-up services, and information technology
2.9 necessary to support these activities;

2.10 (2) hiring, training, and managing staff and volunteers to perform contact tracing, case
2.11 investigation, and follow-up services;

2.12 (3) the provision of essential services, including but not limited to the provision of
2.13 alternate housing, food delivery, and delivery of medications, to persons with COVID-19
2.14 who are in Minnesota and are subject to isolation or quarantine;

2.15 (4) community education;

2.16 (5) interpreter services;

2.17 (6) community outreach through statewide or local media or other methods of
2.18 communication;

2.19 (7) the purchase of personal protective equipment necessary for staff and volunteers to
2.20 perform contact tracing, case investigation, and follow-up services;

2.21 (8) providing grants to local health departments, community health boards, and tribal
2.22 health departments for purposes of this section;

2.23 (9) contracting with a vendor or organization to hire, train, and manage program staff
2.24 and volunteers;

2.25 (10) transferring funds to other state agencies as necessary to establish and operate the
2.26 program; and

2.27 (11) compliance with the reporting requirements in subdivision 5.

2.28 Subd. 4. **Health care workers who are furloughed or on unpaid leave.** (a)
2.29 Notwithstanding any law or rule to the contrary, no employer shall prohibit an employee
2.30 from performing contact tracing, case investigation, and follow-up services for hire under
2.31 the program established under this section, during a period of two days or more that the
2.32 employee is furloughed or on unpaid leave of absence, provided such work for hire does

3.1 not violate the terms of the employee's collective bargaining agreement. An employee who
3.2 performs contact tracing, case investigation, and follow-up services under the program
3.3 established under this section shall notify the employer from which the employee has been
3.4 furloughed or placed on unpaid leave of absence, and shall be available to return to work
3.5 with that employer upon one week's notice from that employer.

3.6 (b) An employer shall not terminate, retaliate against, or alter the terms, conditions, or
3.7 benefits of employment of an employee who performs contact tracing, case investigation,
3.8 and follow-up services under the program established under this section.

3.9 Subd. 5. **Reporting.** By the 15th and last day of each month, the commissioner must
3.10 report to the members of the legislative committees governing the Department of Health,
3.11 on expenditures made under this section to date and current program staffing levels. The
3.12 report must include:

3.13 (1) the amount of each expenditure;

3.14 (2) the purpose of each expenditure;

3.15 (3) the number of staff engaged in contact tracing, case investigation, and follow-up
3.16 services under the program, broken out by state staff; local health department, community
3.17 health board, and tribal health department staff; and volunteers; and

3.18 (4) any additional information that the commissioner determines may assist the legislature
3.19 in understanding the progress of these efforts.

3.20 Subd. 6. **Expiration.** This section expires February 1, 2021.

3.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.22 Sec. 2. **APPROPRIATION.**

3.23 \$300,000,000 in fiscal year 2020 is appropriated from the coronavirus relief federal fund
3.24 to the commissioner of health for purposes of section 1. This is a onetime appropriation.

3.25 Of this amount:

3.26 (1) up to \$3,000,000 is for short-term staffing to support the current case investigation
3.27 and contact tracing strategy;

3.28 (2) up to \$4,000,000 is for transfer to tribal nations in Minnesota to support contact
3.29 tracing, case investigation, and follow-up efforts;

3.30 (3) up to \$30,000,000 is for transfer to local health departments and community health
3.31 boards to support contact tracing, case investigation, and follow-up efforts conducted in

- 4.1 coordination with the Department of Health and to support community education, outreach,
4.2 and case management efforts within communities;
- 4.3 (4) up to \$5,000,000 is for a public information campaign;
- 4.4 (5) up to \$30,000,000 is for information technology needed to support the new case
4.5 investigation and contact tracing strategy; and
- 4.6 (6) up to \$228,000,000 is to contract for or to hire, train, and support temporary employees
4.7 and volunteers for purposes of this section.
- 4.8 The commissioner may move appropriation amounts among the uses authorized in clauses
4.9 (1) to (6), provided the commissioner reports on any such changes under section 1,
4.10 subdivision 5.