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## State of Minnesota

## HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 2361

02/25/2014 Authored by Moran, Slocum and Loeffler

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

03/13/2014 Adoption of Report: Amended and re-referred to the Committee on Government Operations

03/26/2014 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to health; adding requirements addressing health disparities in minority  
1.3 populations and identifying health priorities of minority populations; creating  
1.4 health disparities task force; appropriating money; amending Minnesota Statutes  
1.5 2012, section 145.928, by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2012, section 145.928, is amended by adding a  
1.8 subdivision to read:

1.9 Subd. 7a. **Minority run health care professional associations.** The commissioner  
1.10 shall award grants to minority run health care professional associations to achieve the  
1.11 following:

1.12 (1) provide collaborative mental health services to minority residents;

1.13 (2) provide collaborative, holistic, and culturally competent health care services in  
1.14 communities with high concentrations of minority residents; and

1.15 (3) collaborate on recruitment, training, and placement of minorities with health  
1.16 care providers.

1.17 Sec. 2. **HEALTH CARE DISPARITIES TASK FORCE.**

1.18 (a) The commissioner of health shall appoint members to an advisory task force by  
1.19 July 1, 2014, to research ways to eradicate health care disparities by increasing diversity  
1.20 among medical providers that reflects a representation of current and future predicted  
1.21 immigrant populations in the state. The task force shall include representatives from the  
1.22 Department of Health, the Office of Rural Health and Primary Care, up to three foreign  
1.23 trained physicians, a representative from a residency program in the state, a representative

from an insurance company in the state, and representatives from nonprofit organizations with experience integrating foreign trained physicians. The task force shall:

(1) analyze demographic information of current medical providers;

(2) compile a database of Educational Commission for Foreign Medical Graduates (ECFMG) certified foreign-trained doctors who are residents of the state;

(3) provide expenditure estimates for integrating foreign-trained doctors into the state workforce; and

(4) identify possible funding sources.

(b) By December 20, 2014, the task force must submit recommendations to the commissioner of health. The commissioner shall report findings and recommendations to the legislative committees with jurisdiction over health care by December 31, 2014.

Sec. 3. **HEALTH PRIORITIES OF MINORITY COMMUNITIES TASK FORCE.**

(a) The commissioner of health shall appoint an advisory task force by July 1, 2014, to research the current health care needs of minority communities and set priorities for meeting those needs. The task force shall:

(1) review data from medical providers, minority-run health care professional associations, and other nonprofit groups serving minority communities; and

(2) conduct listening sessions with minority community members to determine the health care needs of the community.

(b) By December 20, 2014, the task force must submit recommendations to the commissioner of health. The commissioner shall report findings and recommendations to the legislative committees with jurisdiction over health care by December 31, 2014.

Sec. 4. **APPROPRIATION; WOMEN'S HEALTH EQUITY.**

(a) \$250,000 in fiscal year 2015 is appropriated from the general fund to the commissioner of health for competitive grants to community organizations including but not limited to a Somali women-led prevention health care agency located in Minnesota to address women's health inequities. Grantees must use community-based participatory research to address women's health inequities experienced by minority women and provide services through culturally specific, women-centered programs in order to: (1) improve and increase women's access to maternal health programs, access to preventive care, reduce infant mortality, and increase health literacy; and (2) allow communities of color to address specific health issues affecting their communities that will improve health outcomes for women. The commissioner, in consultation with the grantees, must develop a methodology to measure program outcomes.

3.1 (b) Interested organizations must apply to the commissioner on the forms and  
3.2 according to the timelines established by the commissioner.

3.3 (c) The commissioner must report to the chairs and ranking minority members of the  
3.4 legislative committees with jurisdiction over health and human services policy and finance  
3.5 on the program outcomes by January 15, 2016.

3.6 (d) Notwithstanding any other law or rule to the contrary, this is a onetime  
3.7 appropriation and is available until expended.

3.8 Sec. 5. **APPROPRIATION.**

3.9 \$75,000 in fiscal year 2015 is appropriated from the general fund to the commissioner  
3.10 of health for planning and conducting a training conference on immigrant and refugee  
3.11 mental health issues. The training conference shall include a special emphasis on mental  
3.12 health concerns in the Somali immigrant community. The input of Somali and other  
3.13 immigrant community representatives, mental health advocates, and other stakeholders  
3.14 shall be sought during the planning of the training conference for identifying issues,  
3.15 research findings, and potential speakers.