

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 744

02/02/2017 Authored by Albright
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
02/20/2017 Adoption of Report: Re-referred to the Committee on Government Operations and Elections Policy

1.1 A bill for an act
1.2 relating to health; creating a comprehensive health care workforce council and
1.3 workforce plan; appropriating money; proposing coding for new law in Minnesota
1.4 Statutes, chapter 144.

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

1.6 Section 1. [144.1504] COMPREHENSIVE HEALTH CARE WORKFORCE
1.7 PLANNING.

1.8 Subdivision 1. Establishment. The Minnesota Health Care Workforce Council is
1.9 established to: (1) provide ongoing policy and program monitoring and coordination; (2)
1.10 gather and analyze health care workforce education and training, trends, changes in health
1.11 care delivery, practice, and financing; and (3) recommend appropriate public and private
1.12 sector efforts to address identified workforce needs. The council shall focus on health care
1.13 workforce supply, demand, and distribution; cultural competence and diversity in health
1.14 professions education; oral health, mental health, and primary care training and practice;
1.15 and data evaluation and analysis. The council shall collaborate with other workforce and
1.16 educational planning entities.

1.17 Subd. 2. Terms of public members. The terms of members appointed under subdivision
1.18 3, paragraph (a), clauses (3) to (9), shall be four years. Members may serve until their
1.19 successors are appointed and qualify. If a successor is not appointed by the July 1 after the
1.20 scheduled end of a member's term, the term of the member for whom a successor has not
1.21 been appointed shall be extended until the first Monday in January four years after the
1.22 scheduled end of the term.

2.1 Subd. 3. **Membership.** (a) The Minnesota Health Care Workforce Council shall consist
2.2 of 29 members appointed as follows:

2.3 (1) two members of the senate, one appointed by the majority leader and one appointed
2.4 by the minority leader;

2.5 (2) two members of the house of representatives, one appointed by the speaker of the
2.6 house and one appointed by the minority leader;

2.7 (3) eleven members appointed by the governor who are health care workforce experts
2.8 as follows: (i) at least five members must represent health care employers or education
2.9 institutions outside the seven-county metropolitan area as defined in section 473.121,
2.10 subdivision 2; (ii) one member must represent teaching hospitals; (iii) one member must
2.11 represent oral health practice or education; (iv) one member must represent mental health
2.12 practice or education; and (v) one member must represent pharmacy practice or education;

2.13 (4) one member appointed by the Minnesota Hospital Association;

2.14 (5) one member appointed by the Minnesota Medical Association;

2.15 (6) one member appointed by the Minnesota Chamber of Commerce;

2.16 (7) one member appointed by the University of Minnesota;

2.17 (8) one member appointed by the Minnesota State Colleges and Universities system;

2.18 (9) one member appointed by the Minnesota Private College Council;

2.19 (10) one member appointed by HealthForce Minnesota;

2.20 (11) one member appointed by the governor representing a nonphysician health care
2.21 provider, such as a physician assistant or an advanced practice registered nurse;

2.22 (12) the commissioner of human services or a designee;

2.23 (13) the commissioner of employment and economic development or a designee;

2.24 (14) the commissioner of education or a designee;

2.25 (15) one member representing the governor's office;

2.26 (16) the commissioner of health or a designee; and

2.27 (17) the commissioner of the Office of Higher Education or a designee.

2.28 (b) Appointments must be made by September 1, 2017. The commissioner of health
2.29 shall convene the first meeting no later than October 1, 2017. Members of the council shall
2.30 elect a chair at the first meeting.

3.1 (c) Except for section 15.059, subdivisions 2 and 3, section 15.059 shall apply to the
3.2 council and to all council member appointments, except those members who are
3.3 commissioners or their designees. The members of the council shall receive no compensation
3.4 other than reimbursement for expenses. Notwithstanding section 15.059, subdivision 6, the
3.5 council shall not expire.

3.6 Subd. 4. **Comprehensive health care workforce plan.** (a) By September 30, 2018, the
3.7 commissioner of health, in consultation with the Minnesota Health Care Workforce Council,
3.8 shall submit a preliminary report to the governor and legislature that includes base-level
3.9 data on the current supply and distribution of health care providers in the state, current
3.10 projections of the demand for health professionals, and other data and analysis the
3.11 commissioner and the council are able to complete.

3.12 (b) The commissioner of health, in consultation with the Minnesota Health Care
3.13 Workforce Council, shall prepare a comprehensive health care workforce plan every five
3.14 years. The first plan must be submitted to the legislature by September 30, 2019, and every
3.15 five years thereafter.

3.16 (c) The comprehensive health care workforce plan must include, but is not limited to,
3.17 the following:

3.18 (1) an assessment of the current supply and distribution of health care providers in the
3.19 state, trends in health care delivery and reform, and the effects of such trends on workforce
3.20 needs;

3.21 (2) an analysis of the effects of changing models of health care delivery, including team
3.22 models of care and emerging professions, on the demand for health professionals;

3.23 (3) five-year projections of the demand and supply of health professionals to meet the
3.24 needs of health care within the state;

3.25 (4) identification of all funding sources for which the state has administrative control
3.26 that are available for health professions training;

3.27 (5) recommendations on how to improve and coordinate the state-supported programs
3.28 for health professions education and training; and

3.29 (6) recommendations on actions needed to meet the projected demand for health
3.30 professionals over the five years of the plan.

3.31 (d) Beginning September 30, 2020, and each year in which a comprehensive health care
3.32 workforce plan is not due, the commissioner of health, in consultation with the Minnesota
3.33 Health Care Workforce Council, shall submit a report to the governor and legislature on

4.1 the progress made toward achieving the projected goals of the current comprehensive health
4.2 care workforce plan during the previous year.

4.3 Subd. 5. **Staff.** The commissioner of health shall provide staff and administrative,
4.4 research, and planning services to the Minnesota Health Care Workforce Council.

4.5 Sec. 2. **APPROPRIATION.**

4.6 \$..... in fiscal year 2018 is appropriated from the general fund to the commissioner of
4.7 health to provide administrative, planning, and research support to the Minnesota Health
4.8 Care Workforce Council established under Minnesota Statutes, section 144.1504, and the
4.9 comprehensive health care workforce plan required under Minnesota Statutes, section
4.10 144.1504, subdivision 4.