

SENATE
STATE OF MINNESOTA
NINETIETH SESSION

S.F. No. 742

(SENATE AUTHORS: LOUREY, Benson, Dibble and Hayden)

DATE	D-PG	OFFICIAL STATUS
02/09/2017	543	Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to health; establishing a program requiring the commissioner of health to

1.3 conduct health impact assessments on topics selected by the Legislative Audit

1.4 Commission; appropriating money; amending Minnesota Statutes 2016, section

1.5 3.97, by adding a subdivision; proposing coding for new law in Minnesota Statutes,

1.6 chapter 144.

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

1.8 Section 1. Minnesota Statutes 2016, section 3.97, is amended by adding a subdivision to

1.9 read:

1.10 Subd. 3c. **Health impact assessments.** (a) The commission shall select up to five topics

1.11 per year in which the commissioner of health shall prepare a health impact assessment

1.12 according to section 144.9991. Legislators and legislative committees may suggest topics

1.13 for assessment, including a proposed policy, plan, program, or project, or a proposed

1.14 legislative or budgetary change. The commission shall give priority to topics that are likely,

1.15 upon evaluation, to identify factors that could affect the public's overall health, health care

1.16 costs, or the risk of specific illnesses.

1.17 (b) Upon request of the commission, the commissioner of health shall conduct an

1.18 evaluation of a proposed topic according to section 144.9991, subdivision 2. The

1.19 commissioner shall report the results of the evaluation to the commission and to the legislator

1.20 or chair of the legislative committee who submitted the proposed topic.

1.21 (c) The commission shall determine within 30 days of receiving the commissioner of

1.22 health's evaluation of the proposed topic, whether to require the commissioner to prepare

1.23 a health impact assessment. The commission must convey its decision to the commissioner

1.24 of health and to the legislator or chair of the legislative committee who proposed the topic

2.1 to be assessed, including the reasons for its decision. If the decision is to proceed, the
2.2 commissioner of health shall conduct the health impact assessment according to section
2.3 144.9991.

2.4 **Sec. 2. [144.9991] HEALTH IMPACT ASSESSMENTS.**

2.5 Subdivision 1. **General; goals.** (a) For purposes of this section, "health impact
2.6 assessment" means a systematic process that uses an array of data sources and analytic
2.7 methods, as well as input from stakeholders to determine potential health effects of a
2.8 proposed policy, plan, program, or project on the health of a population and the distribution
2.9 of those effects within the population.

2.10 (b) In preparing a health impact assessment, the commissioner shall:

2.11 (1) investigate the health implications of a proposed project, program, or policy to
2.12 improve health in areas where health may otherwise not be considered;

2.13 (2) proactively identify and provide recommendations to mitigate potential risks, address
2.14 community concerns, and focus on high-priority community health issues;

2.15 (3) systematically examine the physical, economic, social, and cultural attributes of a
2.16 proposed project, program, or policy to identify factors that could affect both the public's
2.17 health overall and the risk of specific illnesses;

2.18 (4) identify and evaluate the impact on state, local, and private health care costs to the
2.19 extent permitted under existing authority; and

2.20 (5) provide policy makers at the state and local level with clear, transparent information
2.21 to balance health effects with other considerations.

2.22 Subd. 2. **Evaluation.** (a) The commissioner shall conduct an evaluation of the proposed
2.23 topics received from the Legislative Audit Commission under section 3.97, subdivision 3c.
2.24 The evaluation shall assess the scope and cost of conducting the health impact assessment
2.25 and whether the assessment would provide important health information and further the
2.26 goals described in subdivision 1.

2.27 (b) In conducting the evaluation, the commissioner shall also consider:

2.28 (1) the geographic boundaries of the topic area;

2.29 (2) the prevailing health-related challenges and needs;

2.30 (3) the impacts on health disparities;

2.31 (4) economic and business factors; and

3.1 (5) stakeholder interest and the capacity to involve stakeholders in the process.

3.2 (c) The commissioner may consult with the University of Minnesota School of Public
3.3 Health as part of the evaluation of a proposed topic to assist with issues of scope and
3.4 scalability.

3.5 (d) The commissioner shall submit the completed evaluation to the Legislative Audit
3.6 Commission within 30 days of receipt of the topic for evaluation from the Legislative Audit
3.7 Commission.

3.8 Subd. 3. **Health impact assessments.** (a) Within available appropriations, the
3.9 commissioner shall prepare a health impact assessment as directed by the Legislative Audit
3.10 Commission under section 3.97, subdivision 3c.

3.11 (b) The health impact assessment must include:

3.12 (1) a description of the baseline health status of the affected community using the most
3.13 current available data; and

3.14 (2) an analysis of potential health risks and benefits that relies on a broad range of existing
3.15 data sources, stakeholder input, and when necessary other publicly available data.

3.16 (c) The commissioner shall provide the completed health impact assessment report to
3.17 the Legislative Audit Commission and the chairs and ranking minority members of the
3.18 relevant legislative committees. The commissioner shall also provide a copy of the completed
3.19 assessment to the Legislative Reference Library and access to it through the department's
3.20 Web site.

3.21 (d) The completed assessment report must include the cost of evaluating, conducting,
3.22 and preparing the health impact assessment.

3.23 Subd. 4. **Monitoring.** Within available appropriations, the commissioner shall monitor
3.24 for a period of at least 24 months the health or health risk factors identified in each completed
3.25 health impact assessment and evaluate the outcome of the measures that are implemented
3.26 to address these factors. The commissioner shall report the results to the chairs and ranking
3.27 minority members of the relevant legislative committees. Monitoring may continue past
3.28 the 24-month time period within available appropriations.

3.29 Sec. 3. **APPROPRIATIONS.**

3.30 \$..... is appropriated in the 2018-2019 biennium from the general fund to the
3.31 commissioner of health for the cost of evaluating, conducting, and preparing health impact
3.32 assessments under Minnesota Statutes, section 144.9991.