

**SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION**

**S.F. No. 3623**

(SENATE AUTHORS: DIBBLE)

DATE  
03/19/2018

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OFFICIAL STATUS  
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; requiring a report on strategies to achieve health equity and
- 1.3 ending the HIV epidemic.
- 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.5 Section 1. **DIRECTION TO MINNESOTA HIV STRATEGY ADVISORY BOARD.**
- 1.6 By January 1, 2019, the Minnesota HIV Strategy Advisory Board shall submit a report
- 1.7 on strategies to achieve health equity and ending the HIV epidemic to the legislative
- 1.8 committees with jurisdiction over health. The report shall evaluate resource needs, identify
- 1.9 specific strategies and administrative actions, and propose necessary legislative changes on
- 1.10 the following:
- 1.11 (1) preventing new HIV infections by:
- 1.12 (i) increasing HIV education and awareness for all Minnesotans, especially health-related
- 1.13 professionals, students, and high-risk populations;
- 1.14 (ii) increasing routine opt-out HIV testing and early intervention services;
- 1.15 (iii) immediately linking newly diagnosed people to person-centered HIV care and
- 1.16 treatments; and
- 1.17 (iv) increasing availability, access, and use of evidence-based interventions that prevent
- 1.18 HIV infections, including post-exposure prophylaxis (PrEP), pre-exposure prophylaxis
- 1.19 (PEP), syringe services programs, and partner services;
- 1.20 (2) reducing HIV-related health disparities and promoting health equity by:

(i) protecting and enhancing advancements in health care policies, including Minnesota health care programs expansion, coverage for people with preexisting conditions, and access to preventative treatments without cost sharing;

(ii) engaging community leaders, nonprofit agencies, people living with HIV, and other community members to identify and to address barriers that prevent testing and person-centered care;

(iii) dedicating adequate resources to populations of color hardest hit by HIV to eliminate health inequities; and

(iv) reducing HIV-related stigma, systemic racism, and other forms of structural discrimination that prevent people from accessing HIV care and prevention services;

(3) increasing retention in care for people living with HIV/AIDS by:

(i) employing high-impact public health approaches to identify and to re-engage people who are out of HIV care and treatment;

(ii) ensuring person-centered strategies that support long-term retention in care;

(iii) providing culturally and linguistically appropriate services, as well as gender appropriate and sexual orientation appropriate services in clinical or community support settings;

(iv) identifying and reducing barriers to accessing mental health and substance use services and care; and

(v) ensuring access to services that meet the basic needs of people living with HIV; and

(4) ensuring stable housing for people living with HIV and people at high risk for HIV infection by:

(i) identifying gaps in affordable housing statewide;

(ii) building partnerships that increase the supply of safe, affordable housing units for people living with HIV and those at high risk of HIV infection; and

(iii) ensuring that people living with HIV and those at high risk of HIV infection have access to necessary supports to maintain housing stability.