

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 3226

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DATE	D-PG	OFFICIAL STATUS
04/04/2023	3417	Introduction and first reading Referred to Health and Human Services
04/11/2023	4249	Author added Boldon See SF2995

1.1 A bill for an act

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

1.3 monitor and assess the impact of long COVID; making appropriations for

1.4 community health workers, pandemic delayed preventative care, and long COVID;

1.5 proposing coding for new law in Minnesota Statutes, chapter 145.

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

1.7 Section 1. [145.361] LONG COVID.

1.8 Subdivision 1. Definition. For the purposes of this section, "long COVID" means health

1.9 problems that people experience four or more weeks after being infected with SARS-CoV-2,

1.10 the virus that causes COVID-19. Long COVID is also called post-COVID conditions,

1.11 long-haul COVID, chronic COVID, post-acute COVID, or post-acute sequelae of COVID-19

1.12 (PASC).

1.13 Subd. 2. Establishment. The commissioner of health shall establish a program to conduct

1.14 community assessments and epidemiologic investigations to monitor and address impacts

1.15 of long COVID. The purposes of these activities are to:

1.16 (1) monitor trends in: incidence, prevalence, mortality, and health outcomes; care

1.17 management and costs; changes in disability status, employment, and quality of life; and

1.18 service needs of individuals with long COVID and to detect potential public health problems,

1.19 predict risks, and assist in investigating long COVID health inequities;

1.20 (2) more accurately target information and resources for communities and patients and

1.21 their families;

1.22 (3) inform health professionals and citizens about risks, early detection, and treatment

1.23 of long COVID known to be elevated in their communities; and

2.1 (4) promote evidence-based practices around long COVID prevention and management
2.2 and to address public concerns and questions about long COVID.

2.3 Subd. 3. **Partnerships.** The commissioner of health shall, in consultation with health
2.4 care professionals, the Department of Human Services, local public health agencies, health
2.5 insurers, employers, schools, long COVID survivors, and community organizations serving
2.6 people at high risk of long COVID, identify priority actions and activities to address the
2.7 needs for communication, services, resources, tools, strategies, and policies to support long
2.8 COVID survivors and their families.

2.9 Subd. 4. **Grants and contracts.** The commissioner of health shall coordinate and
2.10 collaborate with community and organizational partners to implement evidence-informed
2.11 priority actions through community-based grants and contracts. The commissioner of health
2.12 shall award contracts and grants to organizations that serve communities disproportionately
2.13 impacted by COVID-19 and long COVID, including but not limited to rural and low-income
2.14 areas, Black and African Americans, African immigrants, American Indians, Asian
2.15 American-Pacific Islanders, Latino(a), LGBTQ+, and persons with disabilities. Organizations
2.16 may also address intersectionality within the groups. The commissioner shall award grants
2.17 and contracts to eligible organizations to plan, construct, and disseminate resources and
2.18 information to support survivors of long COVID, including caregivers, health care providers,
2.19 ancillary health care workers, workplaces, schools, communities, and local and Tribal public
2.20 health agencies.

2.21 Sec. 2. **COMMUNITY HEALTH WORKERS; APPROPRIATION.**

2.22 \$971,000 in fiscal year 2024 and \$971,000 in fiscal year 2025 are to expand and
2.23 strengthen the community health workforce across Minnesota under Minnesota Statutes,
2.24 section 144.1462, as added by 2023 S. F. No. 2995, if enacted.

2.25 Sec. 3. **COVID-19 PANDEMIC DELAYED PREVENTIVE CARE;**
2.26 **APPROPRIATION.**

2.27 \$7,500,000 in fiscal year 2024 and \$7,500,000 in fiscal year 2025 are from the general
2.28 fund to support community-based organizations and health care to increase access to
2.29 preventive and chronic disease management services for communities disproportionately
2.30 impacted by COVID-19. Of the total appropriation each year, \$6,100,000 is for grants and
2.31 \$1,400,000 is for administration. This is a onetime appropriation.

3.1 Sec. 4. **LONG COVID; APPROPRIATION.**

3.2 \$3,146,000 in fiscal year 2024 and \$3,146,000 in fiscal year 2025 are from the general
3.3 fund to address long COVID and post-COVID conditions under Minnesota Statutes, section
3.4 145.361, as added by 2023 S. F. No. 2995, if enacted. Of the total appropriation each year,
3.5 \$900,000 is for grants and \$2,246,000 is for administration.