

SENATE
STATE OF MINNESOTA
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S.F. No. 2051

(SENATE AUTHORS: KLEIN, Murphy, López Franzen, Bigham and Kunes)		
DATE	D-PG	OFFICIAL STATUS
03/15/2021	905	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
03/17/2021	962	Authors added Murphy; Franzen; Bigham; Kunes

1.1

A bill for an act

1.2

relating to health; establishing requirements for distribution of COVID-19 vaccines;

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providing for equitable COVID-19 vaccine distribution; requiring reporting and

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provision of certain data; proposing coding for new law in Minnesota Statutes,

1.5

chapter 144.

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

1.7

Section 1. [144.066] DISTRIBUTION OF COVID-19 VACCINES.

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Subdivision 1. Definitions. (a) The terms defined in this subdivision apply to this section

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and sections 144.067 to 144.069.

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(b) "Commissioner" means the commissioner of health.

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(c) "COVID-19 vaccine" means a vaccine against severe acute respiratory syndrome

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coronavirus 2 (SARS-CoV-2).

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(d) "Department" means the Department of Health.

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(e) "Director" means the director of COVID-19 vaccination equity and outreach.

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(f) "Disproportionately impacted community" means a community or population that

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has been disproportionately and negatively impacted by the COVID-19 pandemic and

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includes communities of color; indigenous people; people who are lesbian, gay, bisexual,

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transgender, or queer; recent immigrants; people with disabilities; and people with limited

1.19

English proficiency.

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(g) "Local health department" has the meaning given in section 145A.02, subdivision

1.21

8b.

(h) "Mobile vaccination vehicle" means a vehicle-mounted unit that is either motorized or trailered, that is readily movable without disassembling, and at which vaccines are provided in more than one geographic location.

Subd. 2. **Distribution.** The commissioner shall immediately enter into partnerships or agreements with local health departments; local health care providers, including community health centers and primary care providers; and local pharmacies to administer COVID-19 vaccines throughout the state. COVID-19 vaccines may also be administered via mobile vaccination vehicles authorized under section 144.068.

Subd. 3. **Second dose or booster.** For all COVID-19 vaccines for which a second dose or booster is required, during the first vaccine appointment the vaccine provider must assist vaccine recipients with scheduling an appointment for the second dose or booster. This assistance may be provided during the observation period following vaccine administration.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 2. **[144.067] EQUITABLE COVID-19 VACCINE DISTRIBUTION.**

Subdivision 1. **Director of COVID-19 vaccination equity and outreach.** The commissioner shall establish the position of director of COVID-19 vaccination equity and outreach at the department to plan and implement actions and programs to overcome disparities in COVID-19 vaccination rates that are rooted in historic and current racism; biases based on ethnicity, income, primary language, immigration status, or disability; geography; or transportation access, language access, or Internet access. The duties of the director shall include but are not limited to those specified in this section. The director shall serve in a leadership role in the department's COVID-19 response activities and must have: (1) significant expertise in public health; and (2) experience and knowledge relating to the ethical and equitable distribution of scarce medical resources, experience with a statewide campaign in this or another state, or extensive connections with multiple socially and economically disadvantaged communities in this state.

Subd. 2. **Vaccine education and outreach campaign; direct delivery of information.** (a) The director shall administer a COVID-19 vaccine education and outreach campaign that engages in direct delivery of information to members of disproportionately impacted communities. In this campaign, the director shall contract with community-based organizations including community faith-based organizations, tribal governments, local health departments, and local health care providers, including community health centers and primary care providers, to deliver the following information in a culturally relevant and linguistically appropriate manner:

3.1 (1) medically and scientifically accurate information on the safety, efficacy, science,
3.2 and benefits of vaccines generally and COVID-19 vaccines in particular;

3.3 (2) information on how members of disproportionately impacted communities may
3.4 obtain a COVID-19 vaccine including, if applicable, obtaining a vaccine from a mobile
3.5 vaccination vehicle; and

3.6 (3) measures to prevent transmission of COVID-19, including adequate indoor ventilation,
3.7 wearing face coverings, and physical distancing from individuals outside the household.

3.8 (b) This information must be delivered directly by methods that include phone calls,
3.9 text messages, physically distanced door-to-door and street canvassing, and digital
3.10 event-based communication involving live and interactive messengers. For purposes of this
3.11 subdivision, direct delivery shall not include delivery by television, radio, newspaper, or
3.12 other forms of mass media.

3.13 Subd. 3. **Vaccine education and outreach campaign; mass media.** The director shall
3.14 administer a mass media campaign to provide COVID-19 vaccine education and outreach
3.15 to members of disproportionately impacted communities. In this campaign, the director
3.16 shall contract with media vendors to provide the following information to members of
3.17 disproportionately impacted communities in a manner that is culturally relevant and
3.18 linguistically appropriate:

3.19 (1) medically and scientifically accurate information on the safety, efficacy, science,
3.20 and benefits of COVID-19 vaccines; and

3.21 (2) information on how members of disproportionately impacted communities may
3.22 obtain a COVID-19 vaccine.

3.23 Subd. 4. **Community assistance.** The director shall administer a program to help
3.24 members of disproportionately impacted communities arrange for and prepare to obtain a
3.25 COVID-19 vaccine and to support transportation-limited members of these communities
3.26 with transportation to vaccination appointments or otherwise arrange for vaccine providers
3.27 to reach members of these communities.

3.28 Subd. 5. **Equitable distribution of COVID-19 vaccines.** The director shall establish
3.29 an equity metric or set of metrics to measure the equitable distribution of COVID-19 vaccines
3.30 in the state, and shall set and periodically update goals for COVID-19 vaccine distribution
3.31 in the state that are focused on equity.

3.32 Subd. 6. **Expiration of programs.** The vaccine education and outreach programs in
3.33 subdivisions 2 and 3 and the community assistance program in subdivision 4 shall operate

until parity is achieved and maintained between COVID-19 vaccination rates in disproportionately impacted communities and the statewide average COVID-19 vaccination rate, or until the peacetime emergency declared under section 12.31, subdivision 2, due to the COVID-19 pandemic is terminated or rescinded by proper authority, whichever occurs first.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 3. **[144.068] MOBILE VACCINATION PROGRAM.**

Subdivision 1. Program established. The commissioner, in partnership with local health departments and the regional health care coalitions, shall establish a mobile vaccination program in which mobile vaccination vehicles are deployed to communities around the state to provide COVID-19 vaccines to residents of those communities. At least ... mobile vaccination vehicles shall be deployed under this program. At least one mobile vaccination vehicle shall be deployed to the jurisdictions of each of the eight regional health care coalitions in the state, and within each jurisdiction the commissioner shall deploy the mobile vaccination vehicle to the communities in the jurisdiction with the highest COVID-19 case positivity rate for the most recent two-week period for which such data is available. The commissioner shall deploy the remaining mobile vaccination vehicles to other communities in the state with high COVID-19 case positivity rates or to locations to serve disproportionately impacted communities.

Subd. 2. Eligibility. Notwithstanding the phases and priorities of the state's COVID-19 allocation and prioritization plan or guidance, all residents of a community to which a mobile vaccination vehicle is deployed shall be eligible to receive COVID-19 vaccines from the vehicle. An individual may establish residency in a community by self-attestation.

Subd. 3. Staffing; interpretation services. Each mobile vaccination vehicle must be staffed by at least one health care provider authorized under the provider's license to administer vaccines and deliver basic life support, one medical assistant, one patient services coordinator, and two community health workers. A mobile vaccination vehicle providing vaccines in a community with a large number of residents with limited English proficiency must also be staffed by interpreters for the needed languages. All mobile vaccination vehicles must have access to telephonic language interpretation services.

Subd. 4. Second doses. For vaccine recipients who receive a first dose of a COVID-19 vaccine from a mobile vaccination vehicle, vehicle staff shall provide assistance in scheduling an appointment with a mobile vaccination vehicle or with another vaccine provider for any needed second dose or booster. The commissioner shall, to the extent possible, deploy

5.1 mobile vaccination vehicles in a manner that allows vaccine recipients to receive second
5.2 doses or boosters from a mobile vaccination vehicle.

5.3 Subd. 5. **Expiration.** The commissioner shall operate the mobile vaccination vehicle
5.4 program until a sufficient percentage of state residents have received COVID-19 vaccines
5.5 to protect the public from the spread of COVID-19.

5.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

5.7 Sec. 4. **[144.069] COVID-19 VACCINATION PLAN AND DATA; REPORTS.**

5.8 Subdivision 1. **COVID-19 vaccination plan; implementation protocols.** The
5.9 commissioner shall:

5.10 (1) immediately publish updates to the COVID-19 vaccination plan previously submitted
5.11 to the Centers for Disease Control and Prevention to reflect the current content of the plan,
5.12 and shall publish any subsequent modifications to the plan within 24 hours after the
5.13 modification is made;

5.14 (2) publish the equity metric or set of metrics and goals for equitable COVID-19 vaccine
5.15 distribution established by the director under section 144.067, subdivision 5; and

5.16 (3) publish implementation protocols to address the disparities in COVID-19 vaccination
5.17 rates in certain communities and ensure that members of disproportionately impacted
5.18 communities are given adequate access to COVID-19 vaccines.

5.19 Subd. 2. **Data on COVID-19 vaccines.** On at least a weekly basis, the commissioner
5.20 shall publish on the department website:

5.21 (1) the number of unused vaccine doses in the state, an explanation for why the doses
5.22 remain unused, and a plan to redistribute the unused doses;

5.23 (2) the number of vaccine doses throughout the state, broken out by vaccination location;

5.24 (3) data measuring compliance with the equity metric or set of metrics and goals for
5.25 equitable COVID-19 vaccine distribution established by the director under section 144.067,
5.26 subdivision 5; and

5.27 (4) summary data on individuals who have received one or two doses of a COVID-19
5.28 vaccine, broken out by race, gender, ethnicity, age within an age range, disability status,
5.29 sexual orientation, gender identity, primary language, household income, occupation,
5.30 residence in a long-term care facility or other congregate care setting, housing status, and
5.31 zip code.

6.1 Subd. 3. **Monthly reports.** (a) On at least a monthly basis, the commissioner shall report
6.2 to the chairs and ranking minority members of the legislative committees with jurisdiction
6.3 over finance, ways and means, and health care:

6.4 (1) funds expended on COVID-19 vaccination activities, broken out by spending item
6.5 and region of the state where the activity took place;

6.6 (2) a detailed accounting of all funds distributed to local health departments for
6.7 COVID-19 response activities and the sources of such funds and a budget plan detailing
6.8 planned or anticipated distribution of funds to local health departments for COVID-19
6.9 response activities and the sources of funds; and

6.10 (3) additional financial information relevant to the implementation of sections 144.066
6.11 to 144.069.

6.12 (b) On at least a monthly basis, the governor shall provide a comprehensive report to
6.13 the legislature on how disproportionately impacted communities have been and are being
6.14 affected by the COVID-19 pandemic. In this report the governor must at least provide data
6.15 on the following topics, broken out by race or ethnicity, sexual orientation, disability status,
6.16 recent immigrant status, and limited English proficiency status, to the extent such data is
6.17 available:

6.18 (1) case and vaccine data, including positive COVID-19 cases, hospitalizations due to
6.19 COVID-19, patients admitted to an intensive care unit due to COVID-19, deaths due to
6.20 COVID-19, and individuals who have received one or two doses of a COVID-19 vaccine;

6.21 (2) data related to unemployment, including data on individuals filing for continued
6.22 unemployment benefits and persons filing for new or reactivated benefits;

6.23 (3) workforce data, including data on workers in essential industries, in occupations
6.24 placing them at higher risk to COVID-19 exposure, and in occupations vulnerable to layoffs;
6.25 and

6.26 (4) data on students, including data on elementary and secondary school students receiving
6.27 instruction in person, through a hybrid learning model, or through distance learning.

6.28 **EFFECTIVE DATE.** This section is effective the day following final enactment.

7.1 Sec. 5. **DESIGNATION OF DIRECTOR OF COVID-19 VACCINE EQUITY AND**
7.2 **OUTREACH.**

7.3 The commissioner of health shall designate an individual to serve as director of
7.4 COVID-19 vaccination equity and outreach under Minnesota Statutes, section 144.067, no
7.5 later than

7.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

7.7 Sec. 6. **ADDITIONAL MEMBER TO COVID-19 VACCINE ALLOCATION**
7.8 **ADVISORY GROUP.**

7.9 The commissioner of health shall appoint an individual who is an expert on vaccine
7.10 disinformation to the state COVID-19 Vaccine Allocation Advisory Group no later than
7.11

7.12 **EFFECTIVE DATE.** This section is effective the day following final enactment.