SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 248

1.1   A bill for an act

1.2   relating to health; requesting the Board of Regents of the University of Minnesota
1.3   establish a pharmacogenomics (PGx) task force; requiring a report; appropriating
1.4   money.

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

1.6   Section 1. **PHARMACOGENOMICS (PGX) TASK FORCE.**

1.7   Subdivision 1. **Establishment.** The University of Minnesota is requested to establish a

1.8 pharmacogenomics (PGx) task force to evaluate and assess the current availability of

1.9 pharmacogenomics statewide and to develop recommendations for making

1.10 pharmacogenomics available statewide. For purposes of this section, "pharmacogenomics"

1.11 means the determination of how variation in an individual's genomic information influences

1.12 whether a medication and dose is most suitable for that patient.

1.13   Subd. 2. **Membership.** (a) The PGx task force may consist of public members appointed

1.14 by the Board of Regents or a designee according to paragraph (c) and four members of the

1.15 legislature appointed according to paragraph (e).

1.16   (b) The Board of Regents shall appoint a chair and the members of the PGx task force

1.17 shall elect a co-chair and other officers as the members deem necessary.

1.18   (c) The Board of Regents or a designee is requested to appoint the following public

1.19 members:

1.20   (1) at least two pharmacists with expertise in pharmacogenomics from the state;

1.21   (2) at least two physicians licensed and practicing in the state;

1.22   (3) at least two health system or clinic administrators, or their designees, from the state;

2.1   (4) a representative of a patient organization that operates in the state;

2.2   (5) a patient or caregiver with an interest in pharmacogenomics;

2.3   (6) a patient, caregiver, or provider who is a member of a diverse and underrepresented

2.4   community;

2.5   (7) a representative of the biotechnology industry;

2.6   (8) a representative of payers, health plans, or insurers;

2.7   (9) an expert in health informatics;

2.8   (10) an expert in data management and security;

2.9   (11) an expert in ethical, legal, and social implications of genomics;

2.10   (12) an expert in regulatory affairs from the state; and

2.11   (13) a genetic counselor.

2.12   (d) Members appointed according to paragraph (c) shall reflect an equitable statewide

2.13   geographical representation and representation from diverse groups within the state.

2.14   (e) The PGx task force shall include two members of the senate, one appointed by the

2.15   majority leader and one appointed by the minority leader, and two members of the house

2.16   of representatives, one appointed by the speaker of the house and one appointed by the

2.17   minority leader.

2.18   (f) The commissioner of health or a designee shall serve as an ex officio, nonvoting

2.19   member of the PGx task force.

2.20   (g) Initial appointments to the PGx task force shall be made no later than September 1,

2.21   2020. Members appointed according to paragraph (c) shall serve for a term of one year.

2.22   Subd. 3. **Meetings.** The Board of Regents or a designee is requested to convene the first

2.23   meeting of the PGx task force no later than October 1, 2021. The PGx task force shall meet

2.24   at the call of the chairperson or at the request of a majority of PGx task force members.

2.25   Subd. 4. **Duties.** The PGx task force's duties may include, but are not limited to:

2.26   (1) conducting a comprehensive analysis of strategies that could be undertaken to

2.27   implement pharmacogenomics across the state;

2.28   (2) determining what education in pharmacogenomics is needed by the health care

2.29   workforce to improve effectiveness of and reduce adverse reactions to medications through

2.30   the use of pharmacogenomics;

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3.1   (3) soliciting input from the public on readiness for adoption of pharmacogenomics;

3.2   (4) considering the needs and perspectives of diverse and underrepresented communities;

3.3   and

3.4   (5) developing recommendations for:

3.5   (i) diffusion of pharmacogenomics services into practice across the state;

3.6   (ii) necessary education;

3.7   (iii) evaluation of the benefits and value to health of pharmacogenomics; and

3.8   (iv) building capacity for research on pharmacogenomics needs and capabilities across

3.9   the state.

3.10   Subd. 5. **Conflict of interest.** PGx task force members are subject to the Board of Regents

3.11   policy on conflicts of interest.

3.12   Subd. 6. **Report required.** By June 30, 2022, the PGx task force shall report to the

3.13   chairs and ranking minority members of the legislative committees with jurisdiction over

3.14   higher education and health care policy on the activities of the PGx task force under

3.15   subdivision 4 and any other issues the PGx task force may choose to report on. At a

3.16   minimum, the report must include:

3.17   (1) a description of the PGx task force's goals; and

3.18   (2) a description of the outcomes the PGx task force achieved.

3.19   Subd. 7. **Expiration.** The PGx task force expires June 30, 2022.

3.20   Sec. 2. **APPROPRIATION.**

3.21 $250,000 in fiscal year 2022 is appropriated from the general fund to the Board of

3.22   Regents of the University of Minnesota for the pharmacogenomics (PGx) task force under

3.23   section 1. This is a onetime appropriation. This appropriation is available until expended.