

## S.F. No. 1703 – Health and Human Services Finance Policy Provisions (As amended by the A-3 Amendment)

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### Article 1: Health and Human Services Finance Policy

**Sections 1 and 21** require money received by the state as a result of litigation related to consumer fraud laws and electronic nicotine delivery systems must be deposited in the tobacco use prevention account. Money in the account must be used for tobacco use prevention purposes.

**Sections 2 to 15** amend definitions in Prescription drug price transparency act. Amends requirements relating to reporting on prescription drug prices. Requires reporting of prescription drugs of substantial public interest. **Section 15** allows the commissioner of health to adopt rules using the expedited rulemaking process to implement the provisions of these sections.

**Section 16** establishes the Minnesota One Health Antimicrobial Stewardship Collaborative to lead antimicrobial stewardship initiatives across human, animal, and environmental health.

**Section 17** requires the commissioner of health to establish a cultural communications program to advance culturally and linguistically appropriate communication services for communities most impacted by health disparities. Specifies eligible organizations to receive contract funding.

**Section 18** requires the commissioner of health to establish the Office of African American Health to address the unique needs of African American Minnesotans. The office must work closely with the African American Health State Advisory Council and coordinate engagement across various systems and communities. The office must award grants.

**Section 19** establishes the African American Health State Advisory Council to advise the commissioner on how to reduce health inequities and disparities that particularly affect African American Minnesotans.

**Section 20** establishes the Office of American Indian Health within the Department of Health. The office is to address unique public health needs of American Indian Tribal communities in Minnesota.

**Section 22** requires the commissioner of health to designate and oversee a lifeline center or network of lifeline centers to answer 988 contacts from people in Minnesota accessing the Suicide and Crisis Lifeline. Requires a monthly fee to be collected on cellphones and landlines to fund the lifeline.

**Section 23** requires the commissioner of health to establish the health equity advisory and leadership (HEAL) council to provide guidance to the commissioner on how to strengthen and improve the health in communities most impacted by health inequities.

**Section 24** amends the membership of the Formulary Committee, requires the members to select a chair from their membership, and specifies the Committee is subject to the Open Meeting Law.

**Section 25** establishes the foster children benefits trust for cash benefits received by financially responsible agencies on behalf of children in the custody of child placing agencies or responsible social services agencies. Authorizes rulemaking for the Office of the Foster Youth Ombudsperson.

**Section 26** establishes the Recognizing Comparable Competencies to Achieve Comparable Compensation Task Force to develop methods for incorporating competencies, experiences, and educational attainment into a compensation model for the early childhood workforce.

**Section 27** requires the commissioner of health to establish an equitable health care task force to examine inequities in accessing and receiving health care.

## **Article 2: Health Care Affordability and Delivery**

**Section 1** provides definitions for the article.

**Section 2** requires the Legislative Coordinating Commission to establish the Health Care Advisory Board to protect consumers, state and local governments, health plan companies, providers, and other stakeholders from unaffordable health care costs.

**Section 3** requires the governor to appoint a Health Care Affordability Advisory Council to advise the Health Care Advisory Board about health care costs and access to healthcare.

**Sections 4 to 7 and 9** require the Health Care Advisory Board to: monitor the administration and reform of health care delivery and payment systems in the state; establish an Office of Patient Protection to assist consumers with issues related to access and quality of health care and advise the legislature; establish and administer the health care spending growth target program to limit health care spending growth; provide notice to health care entities that exceed the spending growth targets; establish and implement procedures to assist health care entities to improve efficiency and reduce cost growth; and report to the legislature on the board's progress and health care spending trends. Allows use of data in the all-payer claims database to be used to provide technical assistance to the board.

**Sections 8 and 10 to 13** require the MNSure Board of Directors, in cooperation with the commissioner of revenue, to establish the easy enrollment health insurance outreach program. The program facilitates sharing of information between MNSure and the Department of Revenue to assist individuals in enrolling in MNSure. Health carriers offering individual plans through MNSure

must provide a special enrollment period for easy enrollment. Allows an individual who files an income tax return to designate a request that the commissioner of revenue provide their return information to the MNsure board so the filer receives information from MNsure.

**Section 14** requires the commissioners of human services, health, and commerce, and the MNsure board to submit to the health care affordability board and the legislature a report on the organization and duties of the Office of Patient Protection.