

1.1 Senator moves to amend S.F. No. 2995 as follows:

1.2 Page 60, delete section 38 and insert:

1.3 "Sec. 38. [144.0551] SENTINEL EVENT REVIEWS.

1.4 Subdivision 1. Definitions. (a) For purposes of this section and section 144.0552, the
1.5 following terms have the meanings given.

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

1.7 (c) "Death associated with a law enforcement encounter" means a death that occurred
1.8 in the presence of a law enforcement officer or where an officer uses force that results in
1.9 an individual's death when:

1.10 (1) the death occurred during a law enforcement encounter while the officer is on-duty
1.11 or is off-duty but performing activities that are within the scope of the officer's law
1.12 enforcement duties; and

1.13 (2) the injury leading to death took place outside a jail or prison setting in the state.

1.14 (d) "Social determinants of health" means the nonmedical factors that influence health
1.15 outcomes, including conditions in which people are born, grow, work, live, and age, and
1.16 the wider set of forces and systems that shape the conditions of daily life.

1.17 Subd. 2. Sentinel Event Review Committee. (a) The commissioner shall convene a
1.18 Sentinel Event Review Committee (SERC) with representation from the following:

1.19 (1) Bureau of Criminal Apprehension;

1.20 (2) Department of Health;

1.21 (3) Department of Human Rights;

1.22 (4) Department of Human Services;

1.23 (5) a Minnesota medical examiner or coroner;

1.24 (6) at least one academic member with experience studying health equity issues;

1.25 (7) at least one member with social work experience; and

1.26 (8) two appointed at-large members.

1.27 (b) The Sentinel Event Review Committee may invite other relevant persons to serve
1.28 on an ad hoc basis and participate as full members of the review team for a particular review.

1.29 These persons may include, but are not limited to:

2.1 (1) individuals with expertise that would be helpful to the review panel; or
2.2 (2) representatives of organizations or agencies that had contact with or provided services
2.3 to the decedent.

2.4 (c) Members shall be appointed to two-year terms, with up to two consecutive
2.5 reappointments but not more than six years served consecutively. Local jurisdiction
2.6 participation shall be determined by the commissioner in consultation with local officials
2.7 where the event occurred and organizations having provided services to the decedent, with
2.8 up to five participants appointed per case. Local jurisdiction participants shall include, but
2.9 not be limited to, law enforcement, public health officials, medical and social service
2.10 providers, and community members. A member may not be a current or former employee
2.11 of the agency that is the subject of the team's review.

2.12 (d) The commissioner shall convene the Sentinel Event Review Committee by June 30,
2.13 2024, and at least annually thereafter and shall provide meeting space and administrative
2.14 assistance necessary for the committee to conduct its work, including documentation of
2.15 convenings and findings in collaboration and coordination with committee members and
2.16 submission of required reports. The commissioner must facilitate the convenings and establish
2.17 the sentinel event review process.

2.18 Subd. 3. **Sentinel event review.** (a) On an annual basis, the commissioner shall use
2.19 public health data practices to identify deaths associated with law enforcement encounters
2.20 from the previous calendar year and establish a timeline for review by the full the Sentinel
2.21 Event Review Committee.

2.22 (b) The Sentinel Event Review Committee is charged with identifying and analyzing
2.23 how deaths are shaped by social-ecologic factors at the individual, family, community, and
2.24 organizational levels, by social determinants of health, and by other factors which aid in
2.25 understanding the causes of the incident. Following the analysis, the committee must prepare
2.26 a report that recommends policy and system changes to reduce and prevent future incidents
2.27 across jurisdictions, agencies, and systems.

2.28 (c) Each year, the committee shall report to the chairs and ranking minority members
2.29 of the legislative committees and divisions with jurisdiction over public safety on the number
2.30 of reviews performed under this subdivision, results from aggregate data analysis, and a
2.31 description of any public health recommendations regarding systems changes or legislative
2.32 actions that might prevent deaths. This report must comply with chapter 13, and must not
2.33 contain any data that is not public. This report must also be posted on the Department of
2.34 Health public website.

3.1 Subd. 4. **Access to data.** (a) The commissioner has access to the following data for
3.2 specific case review under this section: police investigative data; autopsy records and coroner
3.3 or medical examiner investigative data; death certificates; records of social services provided
3.4 to the victim, alleged perpetrator, or another victim who was threatened by the law
3.5 enforcement officer; medical records of the decedent; employment records of the law
3.6 enforcement officer; corrections and detention data relating to the decedent; the law
3.7 enforcement agency's standard operating procedures and other pertinent information about
3.8 the law enforcement officer and law enforcement agency; and survivor interviews and
3.9 surveys, witness accounts of the incident, and other pertinent information about decedent's
3.10 life and access to services. The data to which the commissioner has access includes data
3.11 classified as not public. A state agency, statewide system, political subdivision, or other
3.12 entity with relevant data shall provide the data upon the request of the commissioner.

3.13 (b) It is not a violation of chapter 13 or any other state statute related to the confidentiality
3.14 of data for a person or entity to provide data or information requested by the commissioner
3.15 under this section.

3.16 Subd. 5. **Subpoenas.** (a) In connection with any case review under this section, the
3.17 commissioner may compel the production of records listed in subdivision 4 by issuing a
3.18 subpoena. If a person to whom a subpoena is issued does not comply with the subpoena,
3.19 the commissioner may apply to the district court in any district requesting an order for the
3.20 person to comply with the subpoena. Failure to obey the order of the court may be punished
3.21 by the court as contempt of court. This subdivision does not preclude the commissioner
3.22 from using enforcement authority in other law.

3.23 (b) A subpoena issued under paragraph (a) must be served personally or by mailing a
3.24 copy of the subpoena, by first class mail, postage prepaid, to the person to be served. The
3.25 subpoena must include two copies of a notice and acknowledgment of service on a form to
3.26 be provided by the commissioner, and a return envelope, postage prepaid, addressed to the
3.27 sender. If acknowledgment of service is not received by the commissioner within 20 days,
3.28 service is not effective. Unless good cause is shown for not doing so, a court shall order the
3.29 payment of the costs of personal service by the person served if the person does not complete
3.30 and return the notice and acknowledgment of receipt of the subpoena within the time allowed.

3.31 Subd. 6. **Management of data.** After the commissioner has collected all data needed
3.32 for a case review under this section, the data from source records shall be transferred to
3.33 separate records to be maintained by the commissioner and shared with the Sentinel Event
3.34 Review Committee. Notwithstanding section 138.17, after the data has been transferred, all

4.1 source records obtained under subdivision 4 possessed by the commissioner must be
4.2 destroyed.

4.3 Subd. 7. **Confidentiality and data privacy.** (a) All data about individuals provided to
4.4 the commissioner from source records under subdivision 4 for the purpose of carrying out
4.5 sentinel event reviews, are classified as confidential data on individuals or confidential data
4.6 on decedents, as defined in sections 13.02, subdivision 3, and 13.10, subdivision 1, paragraph
4.7 (a).

4.8 (b) Information classified under paragraph (a) shall not be subject to discovery or
4.9 introduction into evidence in any administrative, civil, or criminal proceeding. Such
4.10 information otherwise available from an original source shall not be immune from discovery
4.11 or barred from introduction into evidence merely because it was utilized by the commissioner
4.12 and the Sentinel Event Review Committee in carrying out reviews under this section.

4.13 (c) Summary data on reviews of deaths associated with law enforcement encounters
4.14 created by the commissioner or Sentinel Event Review Committee, which does not identify
4.15 individual data subjects, shall be public in accordance with section 13.05, subdivision 7.

4.16 Subd. 8. **Proceedings and records.** Section 13D.01 subdivisions 1, 2, 4, 5, and 6 do not
4.17 apply to a meeting held by the Sentinel Event Review Committee under this section. A
4.18 person attending a Sentinel Event Review Committee meeting may not disclose what
4.19 transpired at the meeting, except to carry out the purposes of the review or as otherwise
4.20 provided in this subdivision. The Sentinel Event Review Committee may disclose the names
4.21 of the victims in the cases it reviewed. The proceedings and records of the Sentinel Event
4.22 Review Committee are confidential data as defined in section 13.02, subdivision 3, or
4.23 protected nonpublic data as defined in section 13.02, subdivision 13, regardless of their
4.24 classification in the hands of the person or entity who provided the data, and are not subject
4.25 to discovery or introduction into evidence in a civil or criminal action against a professional,
4.26 the state, or a county agency, arising out of the matters the team is reviewing. Information,
4.27 documents, and records otherwise available from other sources are not immune from
4.28 discovery or use in a civil or criminal action solely because they were presented during
4.29 proceedings of the Sentinel Event Review Committee. This subdivision does not limit a
4.30 person who presented information before the Sentinel Event Review Committee or who is
4.31 a member of the committee from testifying about matters within the person's knowledge.
4.32 However, in a civil or criminal proceeding, a person may not be questioned about the person's
4.33 good faith presentation of information to the Sentinel Event Review Committee or opinions
4.34 formed by the person as a result of the Sentinel Event Review Committee meetings.

5.1 Subd. 9. **Violation a misdemeanor.** Any data disclosure other than is provided for in
5.2 this section is hereby declared to be a misdemeanor and punishable as such.

5.3 Subd. 10. **Immunity.** Members of the Sentinel Event Review Committee are immune
5.4 from claims and are not subject to any suits, liability, damages, or any other civil or criminal
5.5 recourse arising from any act, proceeding, decision, or determination undertaken or performed
5.6 or recommendation made by the Sentinel Event Review Committee, provided they acted
5.7 in good faith and without malice in carrying out their responsibilities. Good faith is presumed
5.8 unless proven otherwise, and the complainant has the burden of proving malice or a lack
5.9 of good faith. No organization, institution, or person furnishing information, data, testimony,
5.10 reports, or records to the Sentinel Event Review Committee as part of an investigation is
5.11 civilly or criminally liable or subject to any other recourse for providing the information.

5.12 Subd. 11. **Community-based programs.** The commissioner shall establish a grant
5.13 program to fund community grants to implement actionable recommendations developed
5.14 by the Sentinel Event Review Committee."

5.15 Page 64, delete section 39 and insert:

5.16 "Sec. 39. **[144.0552] DEATHS ASSOCIATED WITH LAW ENFORCEMENT**
5.17 **ENCOUNTERS COMMUNITY ADVISORY COMMITTEE.**

5.18 Subdivision 1. **Establishment.** The commissioner shall establish an 18-member Deaths
5.19 Associated with Law Enforcement Encounters Community Advisory Committee. The
5.20 commissioner shall provide the advisory committee with staff support, office space, and
5.21 access to office equipment and services. Members appointed by the commissioner shall
5.22 serve a term of three years and may be reappointed. Nonstate employee members of the
5.23 advisory committee shall be compensated at the rate of \$55 per day spent on committee
5.24 activities, plus expenses, when authorized by the committee as described in section 15.059,
5.25 subdivision 3. Meetings shall be held twice per year, with additional meetings scheduled
5.26 as necessary.

5.27 Subd. 2. **Membership.** (a) The commissioner shall appoint up to 18 members to the
5.28 advisory committee. Membership shall consist of:

5.29 (1) at least nine members from Minnesota-based nongovernmental organizations that
5.30 advocate on behalf of relevant community groups in Minnesota;

5.31 (2) at least one academic partner with experience studying health equity issues; and

5.32 (3) up to eight representatives of relevant state agencies.

6.1 (b) The advisory committee may also invite other relevant persons to serve on an ad hoc
6.2 basis and participate as full members of the advisory committee. These persons may include,
6.3 but are not limited to:

6.4 (1) individuals with expertise that would be helpful to the review panel; or

6.5 (2) representatives of organizations or agencies that had contact with or provided services
6.6 to a person who died following a law enforcement encounter.

6.7 Subd. 3. **Duties.** The advisory committee shall:

6.8 (1) advise the commissioner and other state agencies on health outcomes related to deaths
6.9 associated with law enforcement encounters, priorities for data collection and public health
6.10 research, specific communities and geographic areas on which to focus prevention efforts,
6.11 and opportunities for community partnerships and sources of additional funding;

6.12 (2) review and discuss reports and recommendations drafted by the Sentinel Event
6.13 Review Committee; and

6.14 (3) review applications for community-based grants as described in section 144.0551,
6.15 subdivision 11, and advise the commissioner about which should be funded.

6.16 Sec. 40. **[144.063] VACCINES FOR UNINSURED AND UNDERINSURED ADULTS.**

6.17 The commissioner of health shall administer a program to provide vaccines to uninsured
6.18 and underinsured adults. The commissioner shall determine adult eligibility for free or
6.19 low-cost vaccines under this program and shall enroll clinics to participate in the program
6.20 and administer vaccines recommended by the Centers for Disease Control and Prevention.
6.21 In administering the program, the commissioner shall address racial and ethnic disparities
6.22 in vaccine coverage rates. State money appropriated for purposes of this section shall be
6.23 used to supplement, but not supplant, available federal funding for purposes of this section."

6.24 Page 89, after line 20, insert:

6.25 "Sec. 57. **[144.1913] CLINICAL DENTAL EDUCATION INNOVATION GRANTS.**

6.26 (a) The commissioner of health shall award grants to teaching institutions and clinical
6.27 training sites for projects that increase dental access for underserved populations and promote
6.28 innovative clinical training of dental professionals. In awarding the grants, the commissioner
6.29 shall consider the following:

6.30 (1) potential to successfully increase access to dental services for an underserved
6.31 population;

7.1 (2) the long-term viability of the project to improve access to dental services beyond
7.2 the period of initial funding;

7.3 (3) evidence of collaboration between the applicant and local communities;

7.4 (4) efficiency in the use of grant funding; and

7.5 (5) the priority level of the project in relation to state clinical education, access, and
7.6 workforce goals.

7.7 (b) The commissioner shall periodically evaluate the priorities in awarding innovation
7.8 grants under this section to ensure that the priorities meet the changing workforce needs of
7.9 the state."

7.10 Page 103, after line 23, insert:

7.11 "Sec. 71. Minnesota Statutes 2022, section 145.87, subdivision 4, is amended to read:

7.12 Subd. 4. ~~Administrative costs~~ **Administration.** The commissioner may use up to seven
7.13 percent of the annual appropriation under this section to provide training and technical
7.14 assistance and to administer and evaluate the program. The commissioner may contract for
7.15 training, capacity-building support for grantees or potential grantees, technical assistance,
7.16 and evaluation support.

7.17 Sec. 72. **[145.9011] FETAL AND INFANT DEATH STUDIES.**

7.18 Subdivision 1. Purpose. The commissioner of health may conduct fetal and infant death
7.19 studies to assist the planning, implementation, and evaluation of medical, health, and social
7.20 service systems and to reduce the numbers of preventable fetal and infant deaths in
7.21 Minnesota.

7.22 Subd. 2. Access to data. (a) For purposes of this section, "subject of the data" means:

7.23 (1) a live born infant who died within the first year of life;

7.24 (2) a fetal death that meets the criteria required for reporting as defined in section 144.222;

7.25 or

7.26 (3) the biological mother of a fetus or infant as described in clause (1) or (2).

7.27 (b) To conduct fetal and infant death studies, the commissioner of health shall have
7.28 access to medical data as defined in section 13.384, subdivision 1, paragraph (b), medical
7.29 examiner data as defined in section 13.83, subdivision 1, and health records created,

8.1 maintained, or stored by providers as defined in section 144.291, subdivision 2, paragraph
8.2 (i), on the subject of the data.

8.3 (c) The commissioner shall also have access to data on health and social support services
8.4 provided to the subject of the data, including but not limited to data from family home
8.5 visiting programs and the Women, Infants, and Children (WIC) program, and access to
8.6 prescription monitoring programs data for the subject of the data and data on behavioral
8.7 health services provided to the subject of the data.

8.8 (d) The commissioner shall also have access to and receive from a coroner or medical
8.9 examiner the names of the health care providers that provided prenatal, postpartum, pediatric,
8.10 or other health services to the subject of the data. The commissioner shall not have access
8.11 to coroner or medical examiner data that is part of an active investigation as described in
8.12 section 13.83.

8.13 (e) The commissioner shall also have access to data held by the Minnesota Department
8.14 of Human Services and other state agencies to identify and receive information on the types
8.15 and nature of other sources of care and social support received by the subject of the data,
8.16 and by parents and guardians of the subject of the data, to assist with evaluation of social
8.17 service systems.

8.18 (f) To conduct fetal and infant death studies, the commissioner shall have access to and
8.19 receive law enforcement reports or incident reports related to the subject of the data.

8.20 (g) The commissioner shall have access to all data specified in this subdivision without
8.21 the consent of the subject of the data and without the consent of the parent, other guardian,
8.22 or legal representative of the subject of the data. The commissioner shall make a good faith,
8.23 reasonable effort to notify the subject of the data, or the parent, spouse, other guardian, or
8.24 legal representative of the subject of the data, before collecting data on the subject of the
8.25 data. For purposes of this paragraph, "reasonable effort" means one notice is sent by certified
8.26 mail to the last known address of the subject of the data, or of the parent, spouse, other
8.27 guardian, or legal representative, informing of the data collection and offering a public
8.28 health nurse support visit if desired.

8.29 (h) The commissioner shall have access to the data specified in this subdivision to study
8.30 fetal or infant deaths that occur on or after July 1, 2021, and shall have access to data
8.31 specified in this subdivision relevant to fetal and infant death studies from before, during,
8.32 and after pregnancy or birth for the subject of the data.

8.33 Subd. 3. **Management of records.** After the commissioner has collected all data on a
8.34 subject of a fetal or infant death study that is needed to perform the study, the data from

9.1 source records obtained under subdivision 2, other than data identifying the subject of the
9.2 data, must be transferred to separate records to be maintained by the commissioner.
9.3 Notwithstanding section 138.17, after the data has been transferred, all source records
9.4 obtained under subdivision 2 possessed by the commissioner must be destroyed.

9.5 Subd. 4. **Classification of data.** (a) Data provided to the commissioner from source
9.6 records under subdivision 2, including identifying information on individual providers,
9.7 subjects of the data, or the family or guardian of the subject of the data, and data derived
9.8 by the commissioner under subdivision 3 for the purpose of carrying out fetal or infant death
9.9 studies, are classified as confidential data on individuals or confidential data on decedents,
9.10 as defined in sections 13.02, subdivision 3; and 13.10, subdivision 1, paragraph (a).

9.11 (b) Data classified under paragraph (a) shall not be subject to discovery or introduction
9.12 into evidence in any administrative, civil, or criminal proceeding. Such information otherwise
9.13 available from an original source shall not be immune from discovery or barred from
9.14 introduction into evidence merely because it was utilized by the commissioner in carrying
9.15 out fetal or infant death studies.

9.16 (c) Summary data on fetal and infant death studies created by the commissioner, which
9.17 does not identify individual data subjects, their families or guardians, or individual providers,
9.18 shall be public in accordance with section 13.05, subdivision 7.

9.19 (d) Data provided by the commissioner of human services or other state agencies to the
9.20 commissioner of health under this section retains the same classification the data held when
9.21 retained by the commissioner of human services or other state agency, as required under
9.22 section 13.03, subdivision 4, paragraph (c).

9.23 Subd. 5. **Fetal and infant mortality reviews.** (a) The commissioner of health must
9.24 convene a Fetal and Infant Mortality Review Committee to conduct death study reviews,
9.25 make recommendations, and publicly share summary information, especially for and about
9.26 racial and ethnic groups, including American Indians and African Americans, that experience
9.27 significantly disparate rates of fetal and infant mortality.

9.28 (b) Membership of the Fetal and Infant Mortality Review Committee may include, but
9.29 is not limited to, medical examiners or coroners, representatives from health care institutions
9.30 that provide care to pregnant people and infants, obstetric and pediatric practitioners,
9.31 Medicaid representatives, state agency Women, Infants, and Children program
9.32 representatives, individuals from the communities that experience disparate rates of fetal
9.33 and infant deaths, and other subject matter experts as necessary.

10.1 (c) The Fetal and Infant Mortality Review Committee shall review data from source
10.2 records obtained under subdivision 2, other than data identifying the subject of the data, the
10.3 subject's family or guardians, or the provider involved in the care of the subject.

10.4 (d) A person attending a Fetal and Infant Mortality Review Committee meeting shall
10.5 not disclose what transpired at the meeting, except as necessary to carry out the purposes
10.6 of the review committee. The proceedings and records of the review committee are protected
10.7 nonpublic data as defined in section 13.02, subdivision 13. Discovery and introduction into
10.8 evidence in legal proceedings of review committee proceedings and records, and testimony
10.9 in legal proceedings by review committee members and persons presenting information to
10.10 the review committee, shall occur in compliance with the requirements in section 256.01,
10.11 subdivision 12, paragraph (e).

10.12 (e) Every three years beginning December 1, 2024, the Fetal and Infant Mortality Review
10.13 Committee shall provide findings and recommendations to the Maternal and Child Health
10.14 Advisory Task Force and the commissioner from the committee's review of fetal and infant
10.15 deaths, and shall provide specific recommendations designed to reduce population-based
10.16 disparities in fetal and infant deaths.

10.17 (f) Notwithstanding any law or policy to the contrary, members of the Fetal and Infant
10.18 Mortality Review Committee shall be compensated by the commissioner of health for actual
10.19 time spent in work on case reviews at a per diem rate established by the commissioner of
10.20 health, according to available funding. Compensable time shall include preparation for case
10.21 reviews; time spent on collaborative review, including subcommittee meetings; committee
10.22 meetings; and other preparation work for the committee review as identified by the
10.23 commissioner. Members shall also be reimbursed for expenses in the same manner and
10.24 amount as provided in the commissioner's plan under section 43A.18, subdivision 2. To
10.25 receive compensation or reimbursement, a committee member must invoice the Department
10.26 of Health on an invoice form provided by the commissioner.

10.27 (g) Notwithstanding any law to the contrary, the Fetal and Infant Mortality Review
10.28 Committee shall not expire."

10.29 Page 105, after line 25, insert:

10.30 "Sec. 74. Minnesota Statutes 2022, section 145.924, is amended to read:

10.31 **145.924 AIDS HIV PREVENTION GRANTS.**

10.32 (a) The commissioner may award grants to community health boards as defined in section
10.33 145A.02, subdivision 5, state agencies, state councils, or nonprofit corporations to provide

11.1 evaluation and counseling services to populations at risk for acquiring human
 11.2 immunodeficiency virus infection, including, but not limited to, ~~minorities~~ communities of
 11.3 color, adolescents, ~~intravenous drug users~~ women, people who inject drugs, and ~~homosexual~~
 11.4 ~~men~~ gay, bisexual, and transgender individuals.

11.5 (b) The commissioner may award grants to agencies experienced in providing services
 11.6 to communities of color, for the design of innovative outreach and education programs for
 11.7 targeted groups within the community who may be at risk of acquiring the human
 11.8 immunodeficiency virus infection, including ~~intravenous drug users~~ people who inject drugs
 11.9 and their partners, adolescents, women, and gay and ~~and~~ bisexual, and transgender individuals
 11.10 ~~and women~~. Grants shall be awarded on a request for proposal basis and shall include funds
 11.11 for administrative costs. Priority for grants shall be given to agencies or organizations that
 11.12 have experience in providing service to the particular community which the grantee proposes
 11.13 to serve; that have policy makers representative of the targeted population; that have
 11.14 experience in dealing with issues relating to HIV/AIDS; and that have the capacity to deal
 11.15 effectively with persons of differing sexual orientations. For purposes of this paragraph,
 11.16 the "communities of color" are: the American-Indian community; the Hispanic community;
 11.17 the African-American community; and the Asian-Pacific Islander community.

11.18 (c) All state grants awarded under this section for programs targeted to adolescents shall
 11.19 include the promotion of abstinence from sexual activity and drug use.

11.20 (d) The commissioner shall administer a grant program to provide funds to organizations,
 11.21 including Tribal health agencies, to assist with HIV/AIDS outbreaks."

11.22 Page 109, strike lines 14 to 26

11.23 Page 128, after line 9 insert:

11.24 "Sec. 90. **EQUITABLE HEALTH CARE TASK FORCE.**

11.25 Subdivision 1. Establishment; composition of task force. The commissioner of health
 11.26 shall establish an equitable health care task force consisting of up to 20 members from both
 11.27 metropolitan and greater Minnesota. Members must include representatives of:

11.28 (1) African American and African heritage communities;

11.29 (2) Asian American and Pacific Islander communities;

11.30 (3) Latina/o/x/ communities;

11.31 (4) American Indian communities and Tribal Nations;

11.32 (5) disability communities;

- 12.1 (6) lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities;
 12.2 (7) organizations that advocate for the rights of individuals using the health care system;
 12.3 (8) health care providers of primary care and specialty care; and
 12.4 (9) organizations that provide health coverage in Minnesota.

12.5 Subd. 2. **Organization and meetings.** The task force shall be organized and administered
 12.6 under Minnesota Statutes, section 15.059. Meetings shall be held at least quarterly.
 12.7 Subcommittees or workgroups may be established as necessary. Task force meetings are
 12.8 subject to Minnesota Statutes, chapter 13D. The task force shall expire on June 30, 2025.

12.9 Subd. 3. **Duties of task force.** The task force shall examine inequities in how people
 12.10 access and receive health care based on race, religion, culture, sexual orientation, gender
 12.11 identity, age, or disability and identify strategies to ensure that all Minnesotans can receive
 12.12 care and coverage that is respectful and ensures optimal health outcomes, to include:

12.13 (1) identifying inequities experienced by Minnesotans in interacting with the health care
 12.14 system that originate from or can be attributed to their race, religion, culture, sexual
 12.15 orientation, gender identity, age, or disability status;

12.16 (2) conducting community engagement across multiple systems, sectors, and communities
 12.17 to identify barriers for these population groups that result in diminished standards of care
 12.18 and foregone care;

12.19 (3) identifying promising practices to improve the experience of care and health outcomes
 12.20 for individuals in these population groups; and

12.21 (4) making recommendations for changes in health care system practices or health
 12.22 insurance regulations that would address identified issues."

12.23 Page 128, after line 15, insert:

12.24 "(c) Minnesota Rules, parts 4700.1900; 4700.2000; 4700.2100; 4700.2210; 4700.2300,
 12.25 subparts 1, 3, 4, 4a, and 5; 4700.2410; 4700.2420; and 4700.2500, are repealed."

12.26 Renumber the sections in sequence and correct the internal references

12.27 Amend the title accordingly