

1.1 Senator ..... moves to amend S.F. No. 4912 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **[137.095] EVIDENCE IN SUPPORT OF APPROPRIATION.**

1.4 **Subdivision 1. Written report.** Prior to the introduction of a bill proposing to appropriate  
1.5 money to the Board of Regents of the University of Minnesota to benefit the University of  
1.6 Minnesota's health sciences programs, the proponents of the bill must submit a written  
1.7 report to the chairs and ranking minority members of the legislative committees with  
1.8 jurisdiction over higher education and health and human services policy and finance setting  
1.9 out the information required by this section. The University of Minnesota's health sciences  
1.10 programs include the schools of medicine, nursing, public health, pharmacy, dentistry, and  
1.11 veterinary medicine.

1.12 **Subd. 2. Contents of report.** The report required under this section must include the  
1.13 following information as specifically as possible:

1.14 (1) the dollar amount requested;

1.15 (2) how the requested dollar amount was calculated;

1.16 (3) the necessity for the appropriation's purpose to be funded by public funds;

1.17 (4) a funds flow analysis supporting the necessity analysis required by clause (3);

1.18 (5) University of Minnesota budgeting considerations and decisions impacting the  
1.19 necessity analysis required by clause (3);

1.20 (6) all goals, outcomes, and purposes of the appropriation;

1.21 (7) performance measures the University of Minnesota will utilize to ensure the funds  
1.22 are dedicated to the successful achievement of the goals, outcomes, and purposes identified  
1.23 in clause (6); and

1.24 (8) the extent to which the appropriation advances recruitment from, and training for,  
1.25 health professionals in greater Minnesota and from underserved communities in metropolitan  
1.26 areas.

1.27 **Subd. 3. Certifications for academic health.** A report submitted under this section  
1.28 must include, in addition to the information listed in subdivision 2, a certification, by a duly  
1.29 authorized agent of the University of Minnesota who is anticipated to exercise control over  
1.30 the appropriation, that:

1.31 (1) the appropriation will not be used to cover academic health clinical revenue deficits;

(2) the goals, outcomes, and purposes of the appropriation are aligned with state goals for population health improvement; and

(3) the appropriation is aligned with the University of Minnesota's strategic plan for its health sciences programs, including but not limited to shared goals and strategies for the health professional schools.

Subd. 4. **Right to request.** The chair of a standing committee in either house of the legislature may request and obtain the reports required under this section from the chair of a legislative committee with jurisdiction over higher education or health and human services policy and finance.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

**Sec. 2. ANNUAL REPORT TO LEGISLATURE; USE OF APPROPRIATION FUNDS.**

By December 15, 2025, and every year thereafter, the Board of Regents of the University of Minnesota must submit a report to the chairs and ranking minority members of the legislative committees with primary jurisdiction over higher education and health and human services policy and finance on the use of all appropriations for the benefit of the University of Minnesota's health sciences programs, including:

(1) material changes to the funds flow analysis required by Minnesota Statutes, section 137.095, subdivision 2, clause (4);

(2) changes to the University of Minnesota's anticipated uses of each appropriation;

(3) the results of the performance measures required by Minnesota Statutes, section 137.095, subdivision 2, clause (7); and

(4) current and anticipated achievement of the goals, outcomes, and purposes of each appropriation.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

**Sec. 3. DIRECTION TO THE COMMISSIONER OF HEALTH; HEALTH PROFESSIONS WORKFORCE ADVISORY COUNCIL.**

Subdivision 1. **Health professions workforce advisory council.** (a) The commissioner of health, in consultation with the University of Minnesota and the Minnesota State HealthForce Center of Excellence, shall provide recommendations to the legislature for the creation of a health professions workforce advisory council to:

(1) research and advise the legislature and Minnesota Office of Higher Education on the status and needs of the health workforce who are in training;

(2) provide information and analysis on health workforce issues, upon request, to the legislature, any state department, or any other entity the advisory council deems appropriate;

(3) review and comment on legislation relevant to Minnesota's health workforce; and

(4) study and provide recommendations regarding the following:

(i) health workforce supply, including:

(A) employment trends and demand;

(B) strategies that entities in Minnesota are using or may use to address health workforce shortages, recruitment, and retention; and

(C) future investments to increase the supply of health care professionals, with particular focus on critical areas of need within Minnesota;

(ii) options for training and educating the health workforce, including:

(A) increasing the diversity of health professions workers to reflect Minnesota's communities;

(B) addressing the maldistribution of primary, mental health, nursing, and dental providers in greater Minnesota and in underserved communities in metropolitan areas;

(C) increasing interprofessional training and clinical practice; and

(D) addressing the need for increased quality faculty to train an increased workforce;

(iii) increasing funding for strategies to diversify and address gaps in the health workforce, including:

(A) increasing access to financing for graduate medical education;

(B) expanding pathway programs to increase awareness of the health care professions among high school, undergraduate, and community college students, and engaging the current health workforce in those programs;

(C) reducing or eliminating tuition for entry-level health care positions that offer opportunities for future advancement in high-demand settings, and expanding other existing financial support programs such as loan forgiveness and scholarship programs;

(D) incentivizing recruitment from greater Minnesota, and recruitment and retention for providers practicing in greater Minnesota and in underserved communities in metropolitan areas; and

(E) expanding existing programs, or investing in new programs, that provide wraparound support services to existing health care workforce, especially people of color and professionals from other underrepresented identities, to acquire training and advance within the care workforce; and

(iv) other Minnesota health workforce priorities as determined by the advisory council.

Subd. 2. **Report to the legislature.** On or before December 31, 2024, the commissioner of health shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services and higher education finance and policy with recommendations for the creation of a health professions workforce advisory council as described in subdivision 1. The report must include recommendations regarding:

(1) membership of the advisory council;

(2) funding sources and estimated costs for the advisory council;

(3) existing sources of workforce data for the advisory council to perform its duties;

(4) necessity for and options to obtain new data for the advisory council to perform its duties;

(5) additional duties of the advisory council;

(6) proposed legislation to establish the advisory council;

(7) similar health workforce advisory councils in other states; and

(8) advisory council reporting requirements.

**Sec. 4. APPROPRIATION; HEALTH PROFESSIONS WORKFORCE ADVISORY COUNCIL.**

\$..... in fiscal year 2025 is appropriated from the general fund to the commissioner of health to study and provide recommendations to the legislature for a health professions workforce advisory council. This is a onetime appropriation and is available until December 31, 2024.

Sec. 5. **APPROPRIATIONS; UNIVERSITY OF MINNESOTA; ACADEMIC  
HEALTH SYSTEM; REPORT.**

**Subdivision 1. Medical discovery teams.** \$25,000,000 is appropriated in fiscal year 2025 from the general fund to the Board of Regents of the University of Minnesota to establish up to four new medical discovery teams. The medical discovery teams should:

(1) encourage multidisciplinary faculty and discovery in critical areas impacting health care in Minnesota, including mental health, infectious disease, cancer, cardiovascular programs, and population health;

(2) promote faculty, physician, and interdisciplinary recruitments;

(3) achieve significant impacts, including new cures and treatments delivered by world-class providers; and

(4) provide new training and research opportunities for Minnesota students.

**Subd. 2. Underserved communities.** \$20,000,000 is appropriated in fiscal year 2025 from the general fund to the Board of Regents of the University of Minnesota to maintain and expand health care in underserved communities. This expansion of health care should include:

(1) investments in the Community University Hospital Clinic, mobile health partnership with Hennepin County, and University and University of Minnesota Physicians primary care clinics;

(2) serving more patients in underserved areas in culturally appropriate ways; and

(3) training more students in primary care and health equity.

**Subd. 3. Workforce development.** \$15,000,000 is appropriated in fiscal year 2025 from the general fund to the Board of Regents of the University of Minnesota to expand education and workforce development opportunities, including through the development of new career pathways for health care professionals. This expansion should seek to train more health care professionals, and to identify Minnesota-specific needs and targets. The University of Minnesota's six academic health science programs should be utilized to provide unique opportunities to:

(1) develop and expand workforce development opportunities to create additional openings for medical students;

(2) promote new programming in high-need areas such as mental health, respiratory therapy, and advanced dental therapy programs;

(3) expand addiction fellowships, and addiction and mental health tracks in residencies; and

(4) design pathways and partnerships for high-need professions with Minnesota State colleges and private colleges in Minnesota.

Subd. 4. **Primary care transformation.** \$10,000,000 is appropriated in fiscal year 2025 from the general fund to the Board of Regents of the University of Minnesota to transform primary care. The transformation should improve access to primary care and specialists around Minnesota, and increase support for physicians in rural and underserved communities. Such access may be achieved through:

(1) increasing and improving electronic consultations between providers and patients;

(2) increasing and improving online medical consultations for primary care providers to seek a specialist's opinion regarding a patient's diagnosis and treatment;

(3) building physician networks;

(4) promoting continuing medical education; and

(5) providing advanced telehealth.

Subd. 5. **New care model design.** \$5,000,000 is appropriated in fiscal year 2025 from the general fund to the Board of Regents of the University of Minnesota to support the Center for Learning Health Systems Sciences. Such support should be utilized to achieve better outcomes, cost efficiencies, and the ability to share best practices in health care delivery across health systems.

Subd. 6. **All systems innovation.** \$4,750,000 is appropriated in fiscal year 2025 from the general fund to the Board of Regents of the University of Minnesota to develop and implement solutions to common health care challenges across health care systems that include partnership with one or more health care systems. This may be achieved by:

(1) a prehospital care network;

(2) a rural health clinical trials network;

(3) strategies to address clinician burnout; or

(4) addressing other areas identified in consultation with the Minnesota Department of Health.

Subd. 7. **Public health care collaboration; report.** (a) \$250,000 is appropriated in fiscal year 2025 from the general fund to the Board of Regents of the University of Minnesota

7.1 to support an analysis of opportunities for partnership between the state's public health care  
7.2 delivery entities: the University of Minnesota; Hennepin Health; and the Veterans Affairs  
7.3 hospitals. The purpose of this work is to determine the feasibility of shared facilities, common  
7.4 ancillary services, shared research infrastructure, clinical collaboration, and other  
7.5 interventions that drive cost efficiencies and enhance access for Minnesotans. The state  
7.6 requests that the University convene all three organizations to determine the scope of the  
7.7 work, select a vendor for the analysis, and oversee the project.

7.8 (b) On or before December 31, 2024, the University of Minnesota must submit a report  
7.9 to the chair and ranking minority members of the legislative committees with jurisdiction  
7.10 over health and human services finance and policy outlining the findings, the next steps,  
7.11 and the resources necessary to achieve the goals set forth in the report."

7.12 Amend the title accordingly