

1.1 Senator moves to amend S.F. No. 2322 as follows:

1.2 Page 2, line 27, after the first "members" insert "; chair; compensation"

1.3 Page 2, line 28, delete "where the appointing" and insert "of the members appointed
1.4 under subdivision 2, clause (5), for which the governor shall appoint five"

1.5 Page 2, line 29, delete everything before "members" and before "to" insert "appointed
1.6 under subdivision 2, clause (5),"

1.7 Page 3, line 2, delete "no later than" and insert "by" and delete "Appointees to"

1.8 Page 3, line 3, delete everything after "chair" and insert "from among its members."

1.9 Page 3, line 4, delete everything after "(c)" and insert "Members other than the
1.10 commissioners or designees may be removed according to section 15.059, subdivision 4"

1.11 Page 3, delete line 5

1.12 Page 3, line 6, delete everything before the period

1.13 Page 3, line 7, delete everything after the period and insert "Legislative members may
1.14 receive per diem and be reimbursed for expenses according to the rules of their respective
1.15 bodies."

1.16 Page 3, delete line 8

1.17 Page 6, delete subdivision 8 and insert:

1.18 "Subd. 8. **Topics for recommendations.** The council must develop actionable
1.19 recommendations regarding the following:

1.20 (1) health care workforce supply and demand, including:

1.21 (i) employment trends and demand across all professions, including but not limited to
1.22 primary care, behavioral health, and oral health;

1.23 (ii) strategies that entities in Minnesota or other states are using or may use to address
1.24 health care workforce shortages, recruitment, and retention; and

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

1.27 (2) options for training and educating the health care workforce, including:

1.28 (i) increasing the diversity of health care workers to reflect Minnesota's communities;

1.29 (ii) addressing the maldistribution of primary care, behavioral health, nursing, oral, and
1.30 other providers in greater Minnesota and in underserved communities;

- 2.1 (iii) increasing interprofessional training and clinical practice;
- 2.2 (iv) addressing the need for sufficient quality faculty, preceptors, and supervisors to
- 2.3 train a growing workforce; and
- 2.4 (v) developing advancement paths or career ladders for health care workers;
- 2.5 (3) funding for strategies to diversify and address gaps in the health care workforce,
- 2.6 including but not limited to:
- 2.7 (i) increasing access to financing for graduate medical education that is responsive to
- 2.8 state workforce needs;
- 2.9 (ii) changes in practice scopes to address gaps in care;
- 2.10 (iii) identifying future models of care delivery and future roles within the care delivery
- 2.11 team that impact the workforce;
- 2.12 (iv) expanding pathway programs and engaging the current health care workforce to
- 2.13 increase awareness of health care professions among middle and high school, undergraduate,
- 2.14 and community college students, particularly from communities that are underrepresented
- 2.15 in the health care workforce;
- 2.16 (v) reducing or eliminating tuition for entry-level health care positions in high-demand
- 2.17 settings; expanding other existing financial support programs such as loan forgiveness and
- 2.18 scholarship programs, especially for underrepresented communities; and consider awarding
- 2.19 credit for prior and noncredit learning;
- 2.20 (vi) incentivizing recruitment into the health care field from greater Minnesota and
- 2.21 underrepresented communities;
- 2.22 (vii) incentivizing recruitment and retention for providers practicing in greater Minnesota
- 2.23 and in underserved communities; and
- 2.24 (viii) expanding existing programs, or investing in new programs, that provide
- 2.25 wraparound support services to the existing health care workforce, especially People of
- 2.26 Color and professionals from other underrepresented identities, to acquire training and
- 2.27 advance within the health care workforce; and
- 2.28 (4) other Minnesota health care workforce priorities as determined by the council.
- 2.29 Subd. 9. **Meetings.** Meetings of the council and its committees are subject to the open
- 2.30 meeting law in chapter 13D.
- 2.31 Subd. 10. **Expiration.** The council does not expire."