

MDH Health Policy Minibus

SF4091 A-1 (Wiklund)

Palliative Care Advisory Council Reporting Timeline

The Palliative Care Advisory Council (PCAC), established in 2017, currently submits legislative reports on an annual basis. Given the council's volunteer structure and quarterly meeting schedule, annual reporting takes time away from the council's mission to provide recommendations and guidance on palliative care issues in Minnesota.

This proposal updates Minn. Stat. 144.059 to change the reporting requirement from annual to biennial, which will allow reports to be more substantive, while maintaining the council's ability to develop recommendations in a timely manner.

Streamline Suicide Prevention Reporting

Current statute requires MDH to submit two separate legislative reports related to suicide prevention: a general suicide prevention report and a 988 Suicide and Crisis Lifeline report. These reports often contain overlapping information and are submitted in alternating years.

This combines the two reports into a single biennial report. Consolidating reporting requirements increases clarity by providing legislators and the public with one comprehensive, streamlined update on suicide prevention and 988 activities in Minnesota. The change allows MDH to focus on data analysis, community engagement, and program improvement during non-reporting years.

Exception to the Contract Term Limit for the WIC Program

Minnesota's Women, Infants, and Children (WIC) program relies on complex Management Information Systems (MIS) and Electronic Benefits Transfer (EBT) systems to deliver supplemental nutrition benefits to eligible families. Current state law limits professional and technical contracts to a maximum of five years, requiring near-constant re-procurement of these mission-critical systems.

This bill conforms with federal USDA guidance by providing an exception to the contract term limit for WIC MIS and EBT services, allowing an initial five-year contract with extensions up to a total of ten years. Extending the allowable contract duration also promotes service continuity, reduces administrative burden, and supports more competitive pricing for the state's WIC program while ensuring uninterrupted access to essential nutrition benefits for Minnesotans.

Audiology and Speech-Language Pathology Updates

This proposal clarifies that audiology applicants seeking licensure by reciprocity must pass the required practical examination. While this is already current practice, statutory language does not clearly reflect this requirement.

The proposal also modernizes language related to licensure renewal notices. These updates improve statutory clarity, ensure alignment with existing practice, and support consistent administration of speech-language pathology and audiology licensure in Minnesota.

Option for Tribal Governments to Participate in the State Community Health Services Advisory Committee

Minnesota's governmental public health system is comprised of state, local, and Tribal governments. However, current statute does not allow Tribal Nations to serve as members of the State Community Health Services Advisory Committee (SCHSAC), which advises the Commissioner on matters related to Minnesota's public health system.

This proposal amends Minn. Stat. 145A to allow each federally recognized Tribal Nation in Minnesota the option to appoint a representative and alternate to the advisory committee, should they choose to participate. This change respects Tribal sovereignty, strengthens collaboration across governmental public health partners, and supports a more seamless, responsive statewide public health system while maintaining existing Tribal consultation responsibilities.