

HOUSE RESEARCH

Bill Summary

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Overview

This bill creates the Minnesota Health Care Workforce Council and various grant programs to address health care workforce shortages. The bill appropriates money to the commissioner of health for the council and the grant programs.

Section

1 Comprehensive health care workforce planning. Adds § 144.1504.

Subd. 1. Establishment. Established the Minnesota Health Care Workforce Council and states purposes of the council.

Subd. 2. Membership. States the required membership of the 26 member council, when appointments must be made, and the rules governing the council.

Subd. 3. Terms of public members. States term limits for certain members and a limited extension process.

Subd. 4. Comprehensive health care workforce plan. (a) Requires the commissioner of health, in consultation with the council, to prepare a comprehensive health care workforce plan every five years and requires the first plan be submitted to the legislature by January 15, 2017.

(b) States what the workforce plan must include, including, but not limited to, projections of the demand supply of health professions and recommendations on how to meet project demand.

Section

(c) Requires the commissioner of health, in consultation with the council, to submit a progress report to the governor and legislature in years when the workforce plan is not due, beginning July 1, 2018.

Subd. 5. Staff. Requires the commissioner of health to provide staff and administrative, research, and planning services to the council.

2 Primary care and mental health professions clinical training expansion grant program. Adds § 144.1505.

Subd. 1. Definitions. Defines terms.

Subd. 2. Program. (a) Requires the commissioner of health to award health professional training site grants to eligible health care profession programs to plan and implement expanded clinical training. Caps grant amounts for certain activities.

(b) Lists what the grant funds may be used for, including, but not limited to, establishing or expanding certain clinical training programs, recruitment, and development and implementation of cultural competency training.

Subd. 3. Applications. States requirements for the grant applications for eligible applicants.

Subd. 4. Consideration of applications. Requires the commissioner to review each application and lists certain factors the commissioner shall use to score the application.

Subd. 5. Program oversight. Requires the commissioner to determine the appropriate amount of funds to give to an eligible program based on certain factors. States appropriations made to the program do not cancel and are available until expended. Allows the commissioner to require grantees to submit information during the grant period for evaluation of the program.

3 Primary care residency expansion grant program. Adds § 144.1506.

Subd. 1. Definitions. Defines terms.

Subd. 2. Expansion grant program. (a) Requires the commissioner of health to award primary care residency expansions grants to eligible programs to plan and implement new residency slots. Caps grant amount for certain activities.

(b) Lists what the grant funds may be used for, including, but not limited to, planning related to establishing an accredited primary care residency program, recruitment, and training site improvements.

Subd. 3. Applications for expansion grants. States requirements for the grant applications for eligible applicants.

Subd. 4. Consideration of expansion grant applications. Requires the commissioner to review each application and requires specific awards for certain practices.

Subd. 5. Program oversight. Allows the commissioner to require grantees to submit information during the grant period for evaluation of the program.

Section

4 Health professions preceptor incentive grant program. Adds § 144.1507.

Subd. 1. Definitions. Defines terms.

Subd. 2. Program. Requires the commissioner of health to award grants to sponsoring institutions on behalf of eligible preceptors and requires the institution to distribute the funds directly to the eligible preceptors.

Subd. 3. Preceptor eligibility. Requires a preceptor to have served as a health professions student preceptor or medical resident preceptor for at least 12 weeks or 480 hours during the preceding year and received no compensation for preceptor services.

Subd. 4. Applications. Requires eligible preceptors to submit an application and states application requirements.

Subd. 5. Consideration of applications. Requires sponsoring institutions to compile all eligible preceptor applications and submit the applications to the commissioner. Allows the commissioner to request additional information.

Subd. 6. Distribution of funds. Requires the commissioner to set a per-preceptor award amount each year by dividing the available funds by the number of eligible preceptors and to proportionately distribute the funds to all eligible sponsoring institutions. States the maximum award to a preceptor is \$1,500.

Subd. 7. Program oversight. Allows the commissioner to require grantees to submit information during the grant period for evaluation of the program.

5 Appropriation.

(a) Appropriates \$2,100,000 in fiscal year 2016 and 2017 to the commissioner of health from the general fund for primary care and mental health professions clinical training expansion grants (section 2 of this bill).

(b) Appropriates \$4,200,000 in fiscal years 2016 and 2017 to the commissioner from the general fund for primary care residency expansions grants (section 3 of this bill).

(c) Appropriates \$4,500,000 in fiscal years 2016 and 2017 to the commissioner from the general fund for primary care residency grants (should be health professions preceptor incentive grant program, section 4 of this bill)

(d) Appropriates an unspecified amount of money in fiscal years 2016 and 2017 to the commissioner from the general fund for the Minnesota Health Care Workforce Council and comprehensive health care workforce plan.