

Subject Health Department advisory councils and committees

Authors Brand

Analyst Elisabeth Klarqvist

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Overview

This bill modifies membership of the Health Department's e-Health Advisory Committee and eliminates its expiration date, modifies membership of the Rural Health Advisory Committee, and establishes an Advisory Council on Water Supply Systems and Wastewater Treatment Facilities and a Health Equity Advisory and Leadership Council.

Summary

Section	Description
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| 1 | <p>E-Health Advisory Committee.</p> <p>Amends § 62J.495, subd. 2. Adds representatives of tribal nations to membership of the e-Health Advisory Committee; strikes a reference to federal law requiring consultation with specific groups in awarding grants to promote health information technology; and strikes an expiration date for the advisory committee.</p> |
| 2 | <p>Advisory Council on Water Supply Systems and Wastewater Treatment Facilities.</p> <p>Adds § 115.7412. Establishes an Advisory Council on Water Supply Systems and Wastewater Treatment Facilities to advise the commissioners of health and PCA on classification of water supply systems and wastewater treatment facilities, qualifications and competency evaluations of system and facility operators, and other laws and procedures needed to regulate these systems and facilities. Lists membership of the advisory council, requires at least two members to be from outside the seven-county metro area, and requires one member to come from the Metropolitan Council. Provides that terms, compensation, and removal of members are governed by section 15.059. When new members are appointed, requires a chair to be elected at the next meeting, and requires the Health Department representative to serve as secretary.</p> |

Section	Description
3	<p data-bbox="318 264 695 296">Establishment; membership.</p> <p data-bbox="318 310 1406 380">Amends § 144.1481, subd. 1. Modifies the membership of the Rural Health Advisory Committee, by:</p> <ul data-bbox="367 422 1414 909" style="list-style-type: none"><li data-bbox="367 422 1414 491">• requiring one member to be an advanced practice professional, rather than a midlevel practitioner;<li data-bbox="367 533 1414 800">• adding the following six members: an oral health professional, a member of a tribal nation, a representative of a local public health agency or community health board, a health professional or advocate who works with people with mental illness, a representative of a community organization that works with people experiencing health disparities, and a person with expertise in economic development or an employer working outside the seven-county metro; and<li data-bbox="367 842 1414 909">• allowing a consumer member to be from a community experiencing health disparities.
4	<p data-bbox="318 951 1036 982">Health Equity Advisory and Leadership (HEAL) Council.</p> <p data-bbox="318 997 1406 1108">Adds § 145.9231. Establishes the advisory council, specifies membership and duties, establishes requirements for organization of the council and meetings, and requires the advisory council to remain in existence until health inequities are eliminated.</p> <p data-bbox="367 1150 1414 1329">Subd. 1. Establishment; composition of advisory council. Directs the commissioner of health to establish the HEAL Council to advise the commissioner on strengthening and improving the health of communities most impacted by health inequities in the state. Requires the council to consist of 18 members from the listed groups.</p> <p data-bbox="367 1371 1414 1560">Subd. 2. Organizations and meetings. Requires the advisory council to be organized and administered under section 15.059, except members do not receive per diem compensation. Requires meetings to be held at least quarterly and allows subcommittees as necessary. Makes meetings subject to the open meeting law.</p> <p data-bbox="367 1602 1036 1633">Subd. 3. Duties. Lists duties of the advisory council.</p> <p data-bbox="367 1675 1414 1852">Subd. 4. Expiration. Provides that the advisory council shall remain in existence until health inequities in the state are eliminated, specifies how to determine when health inequities are considered eliminated, and requires consideration of the following disparities when determining if health inequities have been eliminated: infant mortality, breast and cervical cancer screening, HIV/AIDS and</p>

Section	Description
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	STIs, immunizations, cardiovascular disease, diabetes, and accidental injuries and violence.
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