

Sec. 9. **LEGISLATIVE HEALTH CARE WORKFORCE COMMISSION.**

Subdivision 1. Legislative oversight. The Legislative Health Care Workforce Commission is created to study and make recommendations to the legislature on how to achieve the goal of strengthening the workforce in health care.

Subd. 2. Membership. The Legislative Health Care Workforce Commission consists of five members of the senate appointed by the Subcommittee on Committees of the Committee on Rules and Administration and five members of the house of representatives appointed by the speaker of the house. The Legislative Health Care Workforce Commission must include three members of the majority party and two members of the minority party in each house.

Subd. 3. Officers. The commission must elect a chair and may elect other officers as it determines are necessary. The chair shall alternate between a member of the senate and a member of the house of representatives in January of each odd-numbered year.

Subd. 4. Initial appointments and meeting. Appointing authorities for the Legislative Health Care Workforce Commission must make initial appointments by June 1, 2014. The speaker of the house of representatives must designate one member of the commission to convene the first meeting of the commission by June 15, 2014.

Subd. 5. Report to the legislature. The Legislative Health Care Workforce Commission must provide a preliminary report making recommendations to the legislature by December 31, 2014. The commissioner must provide a final report to the legislature by December 31, 2016. The final report must:

- (1) identify current and anticipated health care workforce shortages, by both provider type and geography;
- (2) evaluate the effectiveness of incentives currently available to develop, attract, and retain a highly skilled health care workforce;
- (3) study alternative incentives to develop, attract, and retain a highly skilled and diverse health care workforce; and
- (4) identify current causes and potential solutions to barriers related to the primary care workforce, including, but not limited to:
 - (i) training and residency shortages;
 - (ii) disparities in income between primary care and other providers; and
 - (iii) negative perceptions of primary care among students.

Subd. 6. Assistance to the commission. The commissioners of health, human

services, commerce, and other state agencies shall provide assistance and technical support to the commission at the request of the commission. The Minnesota Medical Association and other stakeholder groups shall also provide advice to the commission as needed. The commission may convene subcommittees to provide additional assistance and advice to the commission.

Subd. 7. **Commission member expenses.** Members of the commission may receive per diem and expense reimbursement from money appropriated for the commission in the manner and amount prescribed for per diem and expense payments by the senate Committee on Rules and Administration and the House Committee on Rules and Legislative Administration.

Subd. 8. **Expiration.** The Legislative Health Care Workforce Commission expires on January 1, 2017.

EFFECTIVE DATE. This section is effective the day following final enactment.