

SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 1384

(SENATE AUTHORS: MURPHY, McEwen, Mann and Mohamed)

Table with 3 columns: DATE, D-PG, OFFICIAL STATUS. Contains legislative history entries from 02/08/2023 to 07/01/2023.

1.1 A bill for an act
1.2 relating to health; enacting the Nurse and Patient Safety Act; modifying
1.3 requirements related to hospital preparedness and incident response action plans
1.4 to acts of violence; modifying eligibility for nursing facility employee scholarships;
1.5 modifying eligibility for the health professional education loan forgiveness program;
1.6 requiring the commissioner of health to study hospital staffing; requiring a report;
1.7 modifying appropriations; amending Minnesota Statutes 2022, sections 144.1501,
1.8 subdivisions 1, 2, 3, 4; 144.566; 144.608, subdivision 1, as amended; 147A.08;
1.9 2023 S.F. 2995, article 20, sections 12, if enacted; 15, if enacted; 2, subdivision
1.10 31, if enacted.

1.11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.12 Section 1. TITLE.

1.13 This act shall be known as the Nurse and Patient Safety Act.

1.14 Sec. 2. Minnesota Statutes 2022, section 144.1501, subdivision 1, is amended to read:

1.15 Subdivision 1. Definitions. (a) For purposes of this section, the following definitions
1.16 apply.

1.17 (b) "Advanced dental therapist" means an individual who is licensed as a dental therapist
1.18 under section 150A.06, and who is certified as an advanced dental therapist under section
1.19 150A.106.

1.20 (c) "Alcohol and drug counselor" means an individual who is licensed as an alcohol and
1.21 drug counselor under chapter 148F.

1.22 (d) "Dental therapist" means an individual who is licensed as a dental therapist under
1.23 section 150A.06.

2.1 (e) "Dentist" means an individual who is licensed to practice dentistry.

2.2 (f) "Designated rural area" means a statutory and home rule charter city or township that
2.3 is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2,
2.4 excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

2.5 (g) "Emergency circumstances" means those conditions that make it impossible for the
2.6 participant to fulfill the service commitment, including death, total and permanent disability,
2.7 or temporary disability lasting more than two years.

2.8 (h) "Hospital nurse" means an individual who is licensed as a registered nurse and who
2.9 is providing direct patient care in a nonprofit hospital setting.

2.10 (i) "Mental health professional" means an individual providing clinical services in the
2.11 treatment of mental illness who is qualified in at least one of the ways specified in section
2.12 245.462, subdivision 18.

2.13 ~~(j)~~ (j) "Medical resident" means an individual participating in a medical residency in
2.14 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

2.15 ~~(k)~~ (k) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse
2.16 anesthetist, advanced clinical nurse specialist, or physician assistant.

2.17 ~~(l)~~ (l) "Nurse" means an individual who has completed training and received all licensing
2.18 or certification necessary to perform duties as a licensed practical nurse or registered nurse.

2.19 ~~(m)~~ (m) "Nurse-midwife" means a registered nurse who has graduated from a program
2.20 of study designed to prepare registered nurses for advanced practice as nurse-midwives.

2.21 ~~(n)~~ (n) "Nurse practitioner" means a registered nurse who has graduated from a program
2.22 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

2.23 ~~(o)~~ (o) "Pharmacist" means an individual with a valid license issued under chapter 151.

2.24 ~~(p)~~ (p) "Physician" means an individual who is licensed to practice medicine in the areas
2.25 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

2.26 ~~(q)~~ (q) "Physician assistant" means a person licensed under chapter 147A.

2.27 ~~(r)~~ (r) "Public health nurse" means a registered nurse licensed in Minnesota who has
2.28 obtained a registration certificate as a public health nurse from the Board of Nursing in
2.29 accordance with Minnesota Rules, chapter 6316.

3.1 ~~(s)~~ (s) "Qualified educational loan" means a government, commercial, or foundation
 3.2 loan for actual costs paid for tuition, reasonable education expenses, and reasonable living
 3.3 expenses related to the graduate or undergraduate education of a health care professional.

3.4 ~~(s)~~ (t) "Underserved urban community" means a Minnesota urban area or population
 3.5 included in the list of designated primary medical care health professional shortage areas
 3.6 (HPSAs), medically underserved areas (MUAs), or medically underserved populations
 3.7 (MUPs) maintained and updated by the United States Department of Health and Human
 3.8 Services.

3.9 Sec. 3. Minnesota Statutes 2022, section 144.1501, subdivision 2, is amended to read:

3.10 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness
 3.11 program account is established. The commissioner of health shall use money from the
 3.12 account to establish a loan forgiveness program:

3.13 (1) for medical residents, mental health professionals, and alcohol and drug counselors
 3.14 agreeing to practice in designated rural areas or underserved urban communities or
 3.15 specializing in the area of pediatric psychiatry;

3.16 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach
 3.17 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program
 3.18 at the undergraduate level or the equivalent at the graduate level;

3.19 (3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care
 3.20 facility for persons with developmental disability; a hospital if the hospital owns and operates
 3.21 a Minnesota nursing home and a minimum of 50 percent of the hours worked by the nurse
 3.22 is in the nursing home; a housing with services establishment as defined in section 144D.01,
 3.23 subdivision 4; or for a home care provider as defined in section 144A.43, subdivision 4; or
 3.24 agree to teach at least 12 credit hours, or 720 hours per year in the nursing field in a
 3.25 postsecondary program at the undergraduate level or the equivalent at the graduate level;

3.26 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
 3.27 hours per year in their designated field in a postsecondary program at the undergraduate
 3.28 level or the equivalent at the graduate level. The commissioner, in consultation with the
 3.29 Healthcare Education-Industry Partnership, shall determine the health care fields where the
 3.30 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
 3.31 technology, radiologic technology, and surgical technology;

3.32 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses
 3.33 who agree to practice in designated rural areas; ~~and~~

4.1 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient
 4.2 encounters to state public program enrollees or patients receiving sliding fee schedule
 4.3 discounts through a formal sliding fee schedule meeting the standards established by the
 4.4 United States Department of Health and Human Services under Code of Federal Regulations,
 4.5 title 42, section 51, chapter 303; and

4.6 (7) for nurses employed as a hospital nurse by a nonprofit hospital and providing direct
 4.7 care to patients at the nonprofit hospital.

4.8 (b) Appropriations made to the account do not cancel and are available until expended,
 4.9 except that at the end of each biennium, any remaining balance in the account that is not
 4.10 committed by contract and not needed to fulfill existing commitments shall cancel to the
 4.11 fund.

4.12 Sec. 4. Minnesota Statutes 2022, section 144.1501, subdivision 3, is amended to read:

4.13 Subd. 3. **Eligibility.** (a) To be eligible to participate in the loan forgiveness program, an
 4.14 individual must:

4.15 (1) be a medical or dental resident; a licensed pharmacist; or be enrolled in a training or
 4.16 education program to become a dentist, dental therapist, advanced dental therapist, mental
 4.17 health professional, alcohol and drug counselor, pharmacist, public health nurse, midlevel
 4.18 practitioner, registered nurse, or a licensed practical nurse. The commissioner may also
 4.19 consider applications submitted by graduates in eligible professions who are licensed and
 4.20 in practice; and

4.21 (2) submit an application to the commissioner of health. A nurse applying under
 4.22 subdivision 2, paragraph (a), clause (7), must also include proof that the applicant is employed
 4.23 as a hospital nurse.

4.24 (b) An applicant selected to participate must sign a contract to agree to serve a minimum
 4.25 three-year full-time service obligation according to subdivision 2, which shall begin no later
 4.26 than March 31 following completion of required training, with the exception of:

4.27 (1) a nurse, who must agree to serve a minimum two-year full-time service obligation
 4.28 according to subdivision 2, which shall begin no later than March 31 following completion
 4.29 of required training;

4.30 (2) a nurse selected under subdivision 2, paragraph (a), clause (7), who must agree to
 4.31 continue as a hospital nurse for a minimum two-year service obligation; and

5.1 (3) a nurse who agrees to teach according to subdivision 2, paragraph (a), clause (3),
5.2 who must sign a contract to agree to teach for a minimum of two years.

5.3 Sec. 5. Minnesota Statutes 2022, section 144.1501, subdivision 4, is amended to read:

5.4 Subd. 4. **Loan forgiveness.** (a) The commissioner of health may select applicants each
5.5 year for participation in the loan forgiveness program, within the limits of available funding.
5.6 In considering applications, the commissioner shall give preference to applicants who
5.7 document diverse cultural competencies. The commissioner shall distribute available funds
5.8 for loan forgiveness proportionally among the eligible professions according to the vacancy
5.9 rate for each profession in the required geographic area, facility type, teaching area, patient
5.10 group, or specialty type specified in subdivision 2, except for hospital nurses. The
5.11 commissioner shall allocate funds for physician loan forgiveness so that 75 percent of the
5.12 funds available are used for rural physician loan forgiveness and 25 percent of the funds
5.13 available are used for underserved urban communities and pediatric psychiatry loan
5.14 forgiveness. If the commissioner does not receive enough qualified applicants each year to
5.15 use the entire allocation of funds for any eligible profession, the remaining funds may be
5.16 allocated proportionally among the other eligible professions according to the vacancy rate
5.17 for each profession in the required geographic area, patient group, or facility type specified
5.18 in subdivision 2. Applicants are responsible for securing their own qualified educational
5.19 loans. The commissioner shall select participants based on their suitability for practice
5.20 serving the required geographic area or facility type specified in subdivision 2, as indicated
5.21 by experience or training. The commissioner shall give preference to applicants closest to
5.22 completing their training. Except as specified in paragraph (c), for each year that a participant
5.23 meets the service obligation required under subdivision 3, up to a maximum of four years,
5.24 the commissioner shall make annual disbursements directly to the participant equivalent to
5.25 15 percent of the average educational debt for indebted graduates in their profession in the
5.26 year closest to the applicant's selection for which information is available, not to exceed the
5.27 balance of the participant's qualifying educational loans. Before receiving loan repayment
5.28 disbursements and as requested, the participant must complete and return to the commissioner
5.29 a confirmation of practice form provided by the commissioner verifying that the participant
5.30 is practicing as required under subdivisions 2 and 3. The participant must provide the
5.31 commissioner with verification that the full amount of loan repayment disbursement received
5.32 by the participant has been applied toward the designated loans. After each disbursement,
5.33 verification must be received by the commissioner and approved before the next loan
5.34 repayment disbursement is made. Participants who move their practice remain eligible for
5.35 loan repayment as long as they practice as required under subdivision 2.

6.1 (b) For hospital nurses, the commissioner of health shall select applicants each year for
6.2 participation in the hospital nursing education loan forgiveness program, within limits of
6.3 available funding for hospital nurses. Before receiving the annual loan repayment
6.4 disbursement, the participant must complete and return to the commissioner a confirmation
6.5 of practice form provided by the commissioner, verifying that the participant continues to
6.6 meet the eligibility requirements under subdivision 3. The participant must provide the
6.7 commissioner with verification that the full amount of loan repayment disbursement received
6.8 by the participant has been applied toward the designated loans.

6.9 (c) For each year that a participant who is a nurse and who has agreed to teach according
6.10 to subdivision 2 meets the teaching obligation required in subdivision 3, the commissioner
6.11 shall make annual disbursements directly to the participant equivalent to 15 percent of the
6.12 average annual educational debt for indebted graduates in the nursing profession in the year
6.13 closest to the participant's selection for which information is available, not to exceed the
6.14 balance of the participant's qualifying educational loans.

6.15 Sec. 6. Minnesota Statutes 2022, section 144.566, is amended to read:

6.16 **144.566 VIOLENCE AGAINST HEALTH CARE WORKERS.**

6.17 Subdivision 1. **Definitions.** (a) The following definitions apply to this section and have
6.18 the meanings given.

6.19 (b) "Act of violence" means an act by a patient or visitor against a health care worker
6.20 that includes kicking, scratching, urinating, sexually harassing, or any act defined in sections
6.21 609.221 to 609.2241.

6.22 (c) "Commissioner" means the commissioner of health.

6.23 (d) "Health care worker" means any person, whether licensed or unlicensed, employed
6.24 by, volunteering in, or under contract with a hospital, who has direct contact with a patient
6.25 of the hospital for purposes of either medical care or emergency response to situations
6.26 potentially involving violence.

6.27 (e) "Hospital" means any facility licensed as a hospital under section 144.55.

6.28 (f) "Incident response" means the actions taken by hospital administration and health
6.29 care workers during and following an act of violence.

6.30 (g) "Interfere" means to prevent, impede, discourage, or delay a health care worker's
6.31 ability to report acts of violence, including by retaliating or threatening to retaliate against
6.32 a health care worker.

7.1 (h) "Preparedness" means the actions taken by hospital administration and health care
7.2 workers to prevent a single act of violence or acts of violence generally.

7.3 (i) "Retaliate" means to discharge, discipline, threaten, otherwise discriminate against,
7.4 or penalize a health care worker regarding the health care worker's compensation, terms,
7.5 conditions, location, or privileges of employment.

7.6 (j) "Workplace violence hazards" means locations and situations where violent incidents
7.7 are more likely to occur, including, as applicable, but not limited to locations isolated from
7.8 other health care workers; health care workers working alone; health care workers working
7.9 in remote locations; health care workers working late night or early morning hours; locations
7.10 where an assailant could prevent entry of responders or other health care workers into a
7.11 work area; locations with poor illumination; locations with poor visibility; lack of effective
7.12 escape routes; obstacles and impediments to accessing alarm systems; locations within the
7.13 facility where alarm systems are not operational; entryways where unauthorized entrance
7.14 may occur, such as doors designated for staff entrance or emergency exits; presence, in the
7.15 areas where patient contact activities are performed, of furnishings or objects that could be
7.16 used as weapons; and locations where high-value items, currency, or pharmaceuticals are
7.17 stored.

7.18 Subd. 2. ~~Hospital duties~~ **Action plans and action plan reviews required.** (a) All
7.19 hospitals must design and implement preparedness and incident response action plans to
7.20 acts of violence by January 15, 2016, and review and update the plan at least annually
7.21 thereafter. The plan must be in writing; specific to the workplace violence hazards and
7.22 corrective measures for the units, services, or operations of the hospital; and available to
7.23 health care workers at all times.

7.24 Subd. 3. **Action plan committees.** (b) A hospital shall designate a committee of
7.25 representatives of health care workers employed by the hospital, including nonmanagerial
7.26 health care workers, nonclinical staff, administrators, patient safety experts, and other
7.27 appropriate personnel to develop preparedness and incident response action plans to acts
7.28 of violence. The hospital shall, in consultation with the designated committee, implement
7.29 the plans under ~~paragraph (a)~~ subdivision 2. Nothing in this ~~paragraph~~ subdivision shall
7.30 require the establishment of a separate committee solely for the purpose required by this
7.31 subdivision.

7.32 Subd. 4. **Required elements of action plans; generally.** The preparedness and incident
7.33 response action plans to acts of violence must include:

8.1 (1) effective procedures to obtain the active involvement of health care workers and
8.2 their representatives in developing, implementing, and reviewing the plan, including their
8.3 participation in identifying, evaluating, and correcting workplace violence hazards, designing
8.4 and implementing training, and reporting and investigating incidents of workplace violence;

8.5 (2) names or job titles of the persons responsible for implementing the plan; and

8.6 (3) effective procedures to ensure that supervisory and nonsupervisory health care
8.7 workers comply with the plan.

8.8 **Subd. 5. Required elements of action plans; evaluation of risk factors.** (a) The
8.9 preparedness and incident response action plans to acts of violence must include assessment
8.10 procedures to identify and evaluate workplace violence hazards for each facility, unit,
8.11 service, or operation, including community-based risk factors and areas surrounding the
8.12 facility, such as employee parking areas and other outdoor areas. Procedures shall specify
8.13 the frequency that environmental assessments take place.

8.14 (b) The preparedness and incident response action plans to acts of violence must include
8.15 assessment tools, environmental checklists, or other effective means to identify workplace
8.16 violence hazards.

8.17 **Subd. 6. Required elements of action plans; review of workplace violence**
8.18 **incidents.** The preparedness and incident response action plans to acts of violence must
8.19 include procedures for reviewing all workplace violence incidents that occurred in the
8.20 facility, unit, service, or operation within the previous year, whether or not an injury occurred.

8.21 **Subd. 7. Required elements of action plans; reporting workplace violence.** The
8.22 preparedness and incident response action plans to acts of violence must include:

8.23 (1) effective procedures for health care workers to document information regarding
8.24 conditions that may increase the potential for workplace violence incidents and communicate
8.25 that information without fear of reprisal to other health care workers, shifts, or units;

8.26 (2) effective procedures for health care workers to report a violent incident, threat, or
8.27 other workplace violence concern without fear of reprisal;

8.28 (3) effective procedures for the hospital to accept and respond to reports of workplace
8.29 violence and to prohibit retaliation against a health care worker who makes such a report;

8.30 (4) a policy statement stating the hospital will not prevent a health care worker from
8.31 reporting workplace violence or take punitive or retaliatory action against a health care
8.32 worker for doing so;

9.1 (5) effective procedures for investigating health care worker concerns regarding workplace
 9.2 violence or workplace violence hazards;

9.3 (6) procedures for informing health care workers of the results of the investigation arising
 9.4 from a report of workplace violence or from a concern about a workplace violence hazard
 9.5 and of any corrective actions taken;

9.6 (7) effective procedures for obtaining assistance from the appropriate law enforcement
 9.7 agency or social service agency during all work shifts. The procedure may establish a central
 9.8 coordination procedure; and

9.9 (8) a policy statement stating the hospital will not prevent a health care worker from
 9.10 seeking assistance and intervention from local emergency services or law enforcement when
 9.11 a violent incident occurs or take punitive or retaliatory action against a health care worker
 9.12 for doing so.

9.13 Subd. 8. **Required elements of action plans; coordination with other employers.** The
 9.14 preparedness and incident response action plans to acts of violence must include methods
 9.15 the hospital will use to coordinate implementation of the plan with other employers whose
 9.16 employees work in the same health care facility, unit, service, or operation and to ensure
 9.17 that those employers and their employees understand their respective roles as provided in
 9.18 the plan. These methods must ensure that all employees working in the facility, unit, service,
 9.19 or operation are provided the training required by subdivision 10 and that workplace violence
 9.20 incidents involving any employee are reported, investigated, and recorded.

9.21 Subd. 9. **Required elements of action plans; training.** (a) The preparedness and incident
 9.22 response action plans to acts of violence must include:

9.23 (1) procedures for developing and providing the training required in subdivision 10 that
 9.24 permits health care workers and their representatives to participate in developing the training;
 9.25 and

9.26 (2) a requirement for cultural competency training and equity, diversity, and inclusion
 9.27 training.

9.28 (b) The preparedness and incident response action plans to acts of violence must include
 9.29 procedures to communicate with health care workers regarding workplace violence matters,
 9.30 including:

9.31 (1) how health care workers will document and communicate to other health care workers
 9.32 and between shifts and units information regarding conditions that may increase the potential
 9.33 for workplace violence incidents;

10.1 (2) how health care workers can report a violent incident, threat, or other workplace
 10.2 violence concern;

10.3 (3) how health care workers can communicate workplace violence concerns without
 10.4 fear of reprisal; and

10.5 (4) how health care worker concerns will be investigated, and how health care workers
 10.6 will be informed of the results of the investigation and any corrective actions to be taken.

10.7 Subd. 10. **Training required.** (e) A hospital ~~shall~~ must provide training to all health
 10.8 care workers employed or contracted with the hospital on safety during acts of violence.
 10.9 Each health care worker must receive safety training ~~annually and upon hire~~ during the
 10.10 health care worker's orientation and before the health care worker completes a shift
 10.11 independently, and annually thereafter. Training must, at a minimum, include:

10.12 (1) safety guidelines for response to and de-escalation of an act of violence;

10.13 (2) ways to identify potentially violent or abusive situations, including aggression and
 10.14 violence predicting factors; ~~and~~

10.15 (3) the hospital's ~~incident response reaction plan and violence prevention plan~~
 10.16 preparedness and incident response action plans for acts of violence, including how the
 10.17 health care worker may report concerns about workplace violence within each hospital's
 10.18 reporting structure without fear of reprisal, how the hospital will address workplace violence
 10.19 incidents, and how the health care worker can participate in reviewing and revising the plan;
 10.20 and

10.21 (4) any resources available to health care workers for coping with incidents of violence,
 10.22 including but not limited to critical incident stress debriefing or employee assistance
 10.23 programs.

10.24 Subd. 11. **Annual review and update of action plans.** (d) (a) As part of its annual
 10.25 review ~~of preparedness and incident response action plans~~ required under ~~paragraph (a)~~
 10.26 subdivision 2, the hospital must review with the designated committee:

10.27 (1) the effectiveness of its preparedness and incident response action plans, including
 10.28 the sufficiency of security systems, alarms, emergency responses, and security personnel
 10.29 availability;

10.30 (2) security risks associated with specific units, areas of the facility with uncontrolled
 10.31 access, late night shifts, early morning shifts, and areas surrounding the facility such as
 10.32 employee parking areas and other outdoor areas;

- 11.1 (3) the most recent gap analysis as provided by the commissioner; and
- 11.2 (3) (4) the number of acts of violence that occurred in the hospital during the previous
- 11.3 year, including injuries sustained, if any, and the unit in which the incident occurred;
- 11.4 (5) evaluations of staffing, including staffing patterns and patient classification systems
- 11.5 that contribute to, or are insufficient to address, the risk of violence; and
- 11.6 (6) any reports of discrimination or abuse that arise from security resources, including
- 11.7 from the behavior of security personnel.

11.8 (b) As part of the annual update of preparedness and incident response action plans

11.9 required under subdivision 2, the hospital must incorporate corrective actions into the action

11.10 plan to address workplace violence hazards identified during the annual action plan review,

11.11 reports of workplace violence, reports of workplace violence hazards, and reports of

11.12 discrimination or abuse that arise from the security resources.

11.13 Subd. 12. **Action plan updates.** Following the annual review of the action plan, a hospital

11.14 must update the action plans to reflect the corrective actions the hospital will implement to

11.15 mitigate the hazards and vulnerabilities identified during the annual review.

11.16 Subd. 13. **Requests for additional staffing.** A hospital shall create and implement a

11.17 procedure for a health care worker to officially request of hospital supervisors or

11.18 administration that additional staffing be provided. The hospital must document all requests

11.19 for additional staffing made because of a health care worker's concern over a risk of an act

11.20 of violence. If the request for additional staffing to reduce the risk of violence is denied,

11.21 the hospital must provide the health care worker who made the request a written reason for

11.22 the denial and must maintain documentation of that communication with the documentation

11.23 of requests for additional staffing. A hospital must make documentation regarding staffing

11.24 requests available to the commissioner for inspection at the commissioner's request. The

11.25 commissioner may use documentation regarding staffing requests to inform the

11.26 commissioner's determination on whether the hospital is providing adequate staffing and

11.27 security to address acts of violence, and may use documentation regarding staffing requests

11.28 if the commissioner imposes a penalty under subdivision 17.

11.29 Subd. 14. **Disclosure of action plans.** (e) (a) A hospital shall must make its most recent

11.30 action plans and the information listed in paragraph (d) most recent action plan reviews

11.31 available to local law enforcement, all direct care staff and, if any of its workers are

11.32 represented by a collective bargaining unit, to the exclusive bargaining representatives of

11.33 those collective bargaining units.

12.1 (b) Beginning January 1, 2025, a hospital must annually submit to the commissioner its
 12.2 most recent action plan and the results of the most recent annual review conducted under
 12.3 subdivision 11.

12.4 Subd. 15. **Legislative report required.** (a) Beginning January 15, 2026, the commissioner
 12.5 must compile the information into a single annual report and submit the report to the chairs
 12.6 and ranking minority members of the legislative committees with jurisdiction over health
 12.7 care by January 15 of each year.

12.8 (b) This subdivision does not expire.

12.9 Subd. 16. **Interference prohibited.** (f) A hospital, including any individual, partner,
 12.10 association, or any person or group of persons acting directly or indirectly in the interest of
 12.11 the hospital, shall must not interfere with or discourage a health care worker if the health
 12.12 care worker wishes to contact law enforcement or the commissioner regarding an act of
 12.13 violence.

12.14 Subd. 17. **Penalties.** (g) Notwithstanding section 144.653, subdivision 6, the
 12.15 commissioner may impose an administrative a fine of up to \$250 \$10,000 for failure to
 12.16 comply with the requirements of this ~~subdivision~~ section. The commissioner must allow
 12.17 the hospital at least 30 calendar days to correct a violation of this section before assessing
 12.18 a fine.

12.19 Sec. 7. Minnesota Statutes 2022, section 144.608, subdivision 1, as amended by Laws
 12.20 2023, chapter 25, section 47, is amended to read:

12.21 Subdivision 1. **Trauma Advisory Council established.** (a) A Trauma Advisory Council
 12.22 is established to advise, consult with, and make recommendations to the commissioner on
 12.23 the development, maintenance, and improvement of a statewide trauma system.

12.24 (b) The council shall consist of the following members:

12.25 (1) a trauma surgeon certified by the American Board of Surgery or the American
 12.26 Osteopathic Board of Surgery who practices in a level I or II trauma hospital;

12.27 (2) a general surgeon certified by the American Board of Surgery or the American
 12.28 Osteopathic Board of Surgery whose practice includes trauma and who practices in a
 12.29 designated rural area as defined under section 144.1501, subdivision 1, ~~paragraph (f);~~

12.30 (3) a neurosurgeon certified by the American Board of Neurological Surgery who
 12.31 practices in a level I or II trauma hospital;

13.1 (4) a trauma program nurse manager or coordinator practicing in a level I or II trauma
13.2 hospital;

13.3 (5) an emergency physician certified by the American Board of Emergency Medicine
13.4 or the American Osteopathic Board of Emergency Medicine whose practice includes
13.5 emergency room care in a level I, II, III, or IV trauma hospital;

13.6 (6) a trauma program manager or coordinator who practices in a level III or IV trauma
13.7 hospital;

13.8 (7) a physician certified by the American Board of Family Medicine or the American
13.9 Osteopathic Board of Family Practice whose practice includes emergency department care
13.10 in a level III or IV trauma hospital located in a designated rural area as defined under section
13.11 144.1501, subdivision 1, ~~paragraph (f)~~;

13.12 (8) a nurse practitioner, as defined under section 144.1501, subdivision 1, ~~paragraph~~
13.13 ~~(m)~~, or a physician assistant, as defined under section 144.1501, subdivision 1, ~~paragraph~~
13.14 ~~(p)~~, whose practice includes emergency room care in a level IV trauma hospital located in
13.15 a designated rural area as defined under section 144.1501, subdivision 1, ~~paragraph (f)~~;

13.16 (9) a physician certified in pediatric emergency medicine by the American Board of
13.17 Pediatrics or certified in pediatric emergency medicine by the American Board of Emergency
13.18 Medicine or certified by the American Osteopathic Board of Pediatrics whose practice
13.19 primarily includes emergency department medical care in a level I, II, III, or IV trauma
13.20 hospital, or a surgeon certified in pediatric surgery by the American Board of Surgery whose
13.21 practice involves the care of pediatric trauma patients in a trauma hospital;

13.22 (10) an orthopedic surgeon certified by the American Board of Orthopaedic Surgery or
13.23 the American Osteopathic Board of Orthopedic Surgery whose practice includes trauma
13.24 and who practices in a level I, II, or III trauma hospital;

13.25 (11) the state emergency medical services medical director appointed by the Emergency
13.26 Medical Services Regulatory Board;

13.27 (12) a hospital administrator of a level III or IV trauma hospital located in a designated
13.28 rural area as defined under section 144.1501, subdivision 1, ~~paragraph (f)~~;

13.29 (13) a rehabilitation specialist whose practice includes rehabilitation of patients with
13.30 major trauma injuries or traumatic brain injuries and spinal cord injuries as defined under
13.31 section 144.661;

13.32 (14) an attendant or ambulance director who is an EMT, AEMT, or paramedic within
13.33 the meaning of section 144E.001 and who actively practices with a licensed ambulance

14.1 service in a primary service area located in a designated rural area as defined under section
 14.2 144.1501, subdivision 1, ~~paragraph (f)~~; and
 14.3 (15) the commissioner of public safety or the commissioner's designee.

14.4 Sec. 8. Minnesota Statutes 2022, section 147A.08, is amended to read:

14.5 **147A.08 EXEMPTIONS.**

14.6 (a) This chapter does not apply to, control, prevent, or restrict the practice, service, or
 14.7 activities of persons listed in section 147.09, clauses (1) to (6) and (8) to (13);² persons
 14.8 regulated under section 214.01, subdivision 2;² or ~~persons~~ midlevel practitioners, nurses,
 14.9 or nurse-midwives as defined in section 144.1501, subdivision 1, ~~paragraphs (i), (k), and~~
 14.10 ~~(l)~~.

14.11 (b) Nothing in this chapter shall be construed to require licensure of:

14.12 (1) a physician assistant student enrolled in a physician assistant educational program
 14.13 accredited by the Accreditation Review Commission on Education for the Physician Assistant
 14.14 or by its successor agency approved by the board;

14.15 (2) a physician assistant employed in the service of the federal government while
 14.16 performing duties incident to that employment; or

14.17 (3) technicians, other assistants, or employees of physicians who perform delegated
 14.18 tasks in the office of a physician but who do not identify themselves as a physician assistant.

14.19 Sec. 9. **DIRECTION TO COMMISSIONER OF HEALTH; NURSING**
 14.20 **WORKFORCE REPORT.**

14.21 (a) The commissioner of health must publish a public report on the current status of the
 14.22 state's nursing workforce employed by hospitals. In preparing the report, the commissioner
 14.23 shall utilize information collected in collaboration with the Board of Nursing as directed
 14.24 under Minnesota Statutes, sections 144.051 and 144.052, on Minnesota's supply of active
 14.25 licensed nurses and reasons licensed nurses are leaving direct care positions at hospitals;
 14.26 information collected and shared by the Minnesota Hospital Association on retention by
 14.27 hospitals of licensed nurses; information collected through an independent study on reasons
 14.28 licensed nurses are choosing not to renew their licenses and leaving the profession; and
 14.29 other publicly available data the commissioner deems useful. The commissioner may require
 14.30 hospitals to submit to the commissioner, or to the commissioner's designee, nurse staffing
 14.31 data for purposes of the independent study.

15.1 (b) The commissioner may impose a fine of up to \$1,000 on any hospital that fails to
 15.2 provide information required by the commissioner for purposes of the independent study
 15.3 under paragraph (a). A hospital is entitled to a hearing under Minnesota Statutes, section
 15.4 144.653, subdivision 8, on any fine imposed under this section.

15.5 (c) The commissioner must publish the report by January 1, 2026.

15.6 **Sec. 10. USE OF APPROPRIATION; LOAN FORGIVENESS ADMINISTRATION.**

15.7 The commissioner of health may also use the appropriation in S.F. No. 2995, article 20,
 15.8 section 3, subdivision 2, paragraph (w), clause (3), if enacted during 2023 regular legislative
 15.9 session, for administering sections 2 to 5.

15.10 **Sec. 11. DIRECTION TO COMMISSIONER OF HUMAN SERVICES.**

15.11 The commissioner of human services must define as a direct educational expense the
 15.12 reasonable child care costs incurred by a nursing facility employee scholarship recipient
 15.13 while the recipient is receiving a wage from the scholarship sponsoring facility, provided
 15.14 the scholarship recipient is making reasonable progress, as defined by the commissioner,
 15.15 toward the educational goal for which the scholarship was granted.

15.16 **Sec. 12. 2023 S.F. No. 2995, article 20, section 2, subdivision 31, if enacted, is amended**
 15.17 **to read:**

15.18	Subd. 31. Direct Care and Treatment - Mental		
15.19	Health and Substance Abuse	-0-	6,109,000

15.20 **(a) Keeping Nurses at the Bedside Act;**
 15.21 **contingent appropriation.** The appropriation
 15.22 in this subdivision is contingent upon
 15.23 legislative enactment by the 93rd Legislature
 15.24 of 2023 Senate File 1384 by the 93rd
 15.25 Legislature provisions substantially similar to
 15.26 2023 S.F. No. 1561, the second engrossment,
 15.27 article 2.

15.28 **(b) Base level adjustment.** The general fund
 15.29 base is increased by \$7,566,000 in fiscal year
 15.30 2026 and increased by \$7,566,000 in fiscal
 15.31 year 2027.

16.1 Sec. 13. 2023 S.F. No. 2995, article 20, section 12, if enacted, is amended to read:

16.2 **Sec. 12. COMMISSIONER OF**
 16.3 **MANAGEMENT AND BUDGET** \$ 12,932,000 \$ 3,412,000

16.4 **(a) Outcomes and evaluation consultation.**

16.5 \$450,000 in fiscal year 2024 and \$450,000 in
 16.6 fiscal year 2025 are for outcomes and
 16.7 evaluation consultation requirements.

16.8 **(b) Department of Children, Youth, and**

16.9 **Families.** \$11,931,000 in fiscal year 2024 and
 16.10 \$2,066,000 in fiscal year 2025 are to establish
 16.11 the Department of Children, Youth, and
 16.12 Families. This is a onetime appropriation.

16.13 **(c) Keeping Nurses at the Bedside Act**

16.14 **impact evaluation; contingent**

16.15 **appropriation.** \$232,000 in fiscal year 2025
 16.16 is for the Keeping Nurses at the Bedside Act
 16.17 impact evaluation. This appropriation is
 16.18 contingent upon legislative enactment by the
 16.19 93rd Legislature of 2023 Senate File 1384 by
 16.20 the 93rd Legislature a provision substantially
 16.21 similar to the impact evaluation provision in
 16.22 2023 S.F. No. 2995, the third engrossment,
 16.23 article 3, section 22. This is a onetime
 16.24 appropriation and is available until June 30,
 16.25 2029.

16.26 **(d) Health care subcabinet.** \$551,000 in

16.27 fiscal year 2024 and \$664,000 in fiscal year
 16.28 2025 are to hire an executive director for the
 16.29 health care subcabinet and to provide staffing
 16.30 and administrative support for the health care
 16.31 subcabinet.

16.32 **(e) Base level adjustment.** The general fund

16.33 base is \$1,114,000 in fiscal year 2026 and
 16.34 \$1,114,000 in fiscal year 2027.

17.1 Sec. 14. 2023 S.F. No. 2995, article 20, section 15, if enacted, is amended to read:

17.2 Sec. 15. **COMMISSIONER OF LABOR AND**
17.3 **INDUSTRY.**

\$ ~~68,000~~ -0- \$ 72,000

17.4 ~~This~~ The appropriation for fiscal year 2025 is
17.5 contingent upon legislative enactment ~~of 2023~~
17.6 ~~Senate File 1384~~ by the 93rd Legislature of
17.7 provisions substantially similar to 2023 S.F.
17.8 No. 1561, the second engrossment, article 2,
17.9 sections 6 and 9. This appropriation is
17.10 available until June 30, 2025.

17.11 **Base level adjustment.** The general fund base
17.12 is \$1,793,000 in fiscal year 2026 and
17.13 \$1,790,000 in fiscal year 2027.

17.14 Sec. 15. **EFFECTIVE DATE.**

17.15 This act is effective July 1, 2023.