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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 3271

04/19/2023 Authored by Daniels, Johnson, Burkel, Bliss, Baker and others
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; establishing the William Shegstad Healthcare Advocates Act;
1.3 providing civil penalties; proposing coding for new law in Minnesota Statutes,
1.4 chapter 144.

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

1.6 Section 1. [144.6511] WILLIAM SHEGSTAD HEALTHCARE ADVOCATES ACT.

1.7 Subdivision 1. Short title. This section may be cited as the "William Shegstad Healthcare
1.8 Advocates Act."

1.9 Subd. 2. Right to patient advocate. (a) Each patient has a right to have a patient advocate
1.10 present while the patient is receiving treatment in a clinic or hospital setting. The patient
1.11 advocate may be an immediate family member, a patient representative authorized by the
1.12 patient, or the patient's power of attorney. This requirement applies 24 hours per day as
1.13 determined by the patient or patient advocate.

1.14 (b) This subdivision does not apply to outpatient surgical centers. A facility under this
1.15 section is not required to allow a patient advocate to enter an operating room, isolation
1.16 room, isolation unit, behavioral health setting, or other restricted area or to remain present
1.17 during emergency care during a critical health care event. For patients in a behavioral health
1.18 setting, the patient advocate shall not be denied at least one visit a day. The patient advocate
1.19 shall not be denied access to the patient due to the patient advocate's vaccination status. A
1.20 patient admitted to a facility for COVID-19, along with the patient's advocate, must be given
1.21 the facility's COVID-19 protocol in writing.

1.22 Subd. 3. Compliance with the Americans with Disability Act (ADA). Health care
1.23 providers must follow all provisions of the ADA under United States Code, title 42, section

2.1 12101, as well as ensuring that patients who are confused or hard of hearing are able to  
2.2 view the provider's mouth if the provider is wearing personal protective equipment or a  
2.3 powered air-purifying respirator to ensure reorientation for a patient who is confused and  
2.4 to aid communication for a patient who is hard of hearing.

2.5 Subd. 4. **Right to try.** (a) Notwithstanding a facility's or clinic's policies and procedures,  
2.6 a patient with recommendations from the patient's health care provider has the right to try  
2.7 alternative early treatment and procedures for a medical condition. The right to try includes  
2.8 electing early treatment options even if the medications or procedures the patient elects to  
2.9 try are not FDA approved, but may be considered off-label use. For purposes of this  
2.10 subdivision, "off label" means prescribing a drug or treatment for a medical condition other  
2.11 than for one which the medication or treatment has been officially approved. A patient has  
2.12 the right to try regardless of immunity or vaccination status, social or economic status, or  
2.13 political affiliations.

2.14 (b) Unless privately owned, a medical practice that receives Medicare or Medicaid shall  
2.15 not deny a patient health care, medical treatment, surgery, office visits, and laboratory or  
2.16 x-ray screening based on vaccination status.

2.17 (c) A patient must be given options if the patient requests to complete the patient's care  
2.18 at home and hospice must be offered as an alternative to a hospital death.

2.19 Subd. 5. **Vaccination status; staffing.** (a) Unlawful vaccination status mandates for  
2.20 hospital employees and health care workers that create a shortage of health care staff,  
2.21 including but not limited to providers and ancillary staff, and that interfere with providing  
2.22 patient care is prohibited.

2.23 (b) Health care facilities and health care systems shall make a daily bed count available  
2.24 determined by the facility's ability to house patients for health care treatment and must also  
2.25 make available the correlating staffing numbers to care for patients.

2.26 Subd. 6. **Liability of provider.** Unless expressly required by federal law or regulation,  
2.27 no disciplinary action shall be taken by a facility or licensing body against a provider who  
2.28 prescribes off-label medications or treatments in cooperation with the patient or patient's  
2.29 advocate's request for off-label medication and treatment.

2.30 Subd. 7. **Penalties.** (a) Health facilities with staff shortages created by mandatory  
2.31 immunization mandates for staff shall be imposed a civil penalty of \$..... per daily violation.

2.32 (b) A health care facility that terminates an employee based on vaccination status or  
2.33 segregates or singles out employees or patients based on vaccination status, including but

- 3.1 not limited to badge clips, weekly testing, and mandatory or compulsory PPE use that is
- 3.2 not required for all employees or patients regardless of vaccination status, shall be fined a
- 3.3 civil penalty of \$..... for each violation. Facility administration and state government
- 3.4 agencies shall not impose penalties on health care providers or patients for the providers'
- 3.5 or patients' freedom of choice regarding vaccination.