SENATE
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03/14/2022	5317	Introduction and first reading Referred to Health and Human Services Finance and Policy
03/16/2022	5371	Authors added Lopez Franzen; Wiklund; Port

A bill for an act

relating to health; requiring hospital core staffing plans; creating a presumption of workers' compensation eligibility for licensed registered nurses providing direct care in hospitals who receive a diagnosis of post-traumatic stress disorder; modifying the health professional education loan forgiveness program; establishing the hospital nursing education loan forgiveness program; appropriating money; amending Minnesota Statutes 2020, sections 144.1501, subdivision 4; 144.55, subdivision 6; 144.653, subdivision 5; 144.7055; 144.7067, by adding a subdivision; 144A.53, subdivision 2; 256R.02, subdivision 22; Minnesota Statutes 2021 Supplement, sections 144.1501, subdivision 3; 176.011, subdivision 15; proposing coding for new law in Minnesota Statutes, chapter 144.

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

Section 1. **TITLE.**

This act shall be known as the "Keeping Nurses at the Bedside Act."

Sec. 2. Minnesota Statutes 2021 Supplement, section 144.1501, subdivision 3, is amended to read:

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

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

(2) submit an application to the commissioner of health.

(b) Except as specified in paragraph (c), an applicant selected to participate must sign a contract to agree to serve a minimum three-year full-time service obligation according to subdivision 2, which shall begin no later than March 31 following completion of required training, with the exception of a nurse, who must agree to serve a minimum two-year full-time service obligation according to subdivision 2, which shall begin no later than March 31 following completion of required training.

(c) An applicant selected to participate who is a nurse and who agrees to teach according to subdivision 2, paragraph (a), clause (3), must sign a contract to agree to teach for a minimum of two years.

Sec. 3. Minnesota Statutes 2020, section 144.1501, subdivision 4, is amended to read:

Subd. 4. **Loan forgiveness.** (a) The commissioner of health may select applicants each year for participation in the loan forgiveness program, within the limits of available funding. In considering applications, the commissioner shall give preference to applicants who document diverse cultural competencies. The commissioner shall distribute available funds for loan forgiveness proportionally among the eligible professions according to the vacancy rate for each profession in the required geographic area, facility type, teaching area, patient group, or specialty type specified in subdivision 2. The commissioner shall allocate funds for physician loan forgiveness so that 75 percent of the funds available are used for rural physician loan forgiveness and 25 percent of the funds available are used for underserved urban communities and pediatric psychiatry loan forgiveness. If the commissioner does not receive enough qualified applicants each year to use the entire allocation of funds for any eligible profession, the remaining funds may be allocated proportionally among the other eligible professions according to the vacancy rate for each profession in the required geographic area, patient group, or facility type specified in subdivision 2. Applicants are responsible for securing their own qualified educational loans. The commissioner shall select participants based on their suitability for practice serving the required geographic area or facility type specified in subdivision 2, as indicated by experience or training. The commissioner shall give preference to applicants closest to completing their training. Except as specified in paragraph (b), for each year that a participant meets the service obligation required under subdivision 3, up to a maximum of four years, the commissioner shall make annual disbursements directly to the participant equivalent to 15 percent of the average educational debt for indebted graduates in their profession in the year closest to the applicant's selection for which information is available, not to exceed the balance of the participant's

qualifying educational loans. Before receiving loan repayment disbursements and as requested, the participant must complete and return to the commissioner a confirmation of practice form provided by the commissioner verifying that the participant is practicing as required under subdivisions 2 and 3. The participant must provide the commissioner with verification that the full amount of loan repayment disbursement received by the participant has been applied toward the designated loans. After each disbursement, verification must be received by the commissioner and approved before the next loan repayment disbursement is made. Participants who move their practice remain eligible for loan repayment as long as they practice as required under subdivision 2.

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

Sec. 4. **[144.1507] HOSPITAL NURSING EDUCATION LOAN FORGIVENESS PROGRAM.**

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

(b) "Nurse" means an individual who is licensed as a registered nurse and who is providing direct patient care in a nonprofit hospital setting.

(c) "PSLF program" means the federal Public Service Loan Forgiveness program established under Code of Federal Regulations, title 34, section 685.219.

Subd. 2. **Eligibility.** (a) To be eligible to participate in the hospital nursing education loan forgiveness program, a nurse must be:

(1) enrolled in the PSLF program;

(2) employed full time as a registered nurse by a nonprofit hospital that is an eligible employer under the PSLF program; and

(3) providing direct care to patients at the nonprofit hospital.

(b) An applicant must submit to the commissioner of health:

(1) a completed application on forms provided by the commissioner;

(2) proof that the applicant is enrolled in the PSLF program; and

(3) confirmation that the applicant is employed full time as a registered nurse by a nonprofit hospital and is providing direct patient care.

(c) The applicant selected to participate must sign a contract to agree to continue to provide direct patient care as a registered nurse at a nonprofit hospital for the repayment period of the participant's eligible loan under the PSLF program.

Subd. 3. **Loan forgiveness.** (a) The commissioner of health shall select applicants each year for participation in the hospital nursing education loan forgiveness program, within limits of available funding. Applicants are responsible for applying for and maintaining eligibility for the PSLF program.

(b) For each year that a participant meets the eligibility requirements described in subdivision 2, the commissioner shall make an annual disbursement directly to the participant in an amount equal to the minimum loan payments required to be paid by the participant under the participant's repayment plan established for the participant under the PSLF program for the previous loan year. Before receiving the annual loan repayment disbursement, the participant must complete and return to the commissioner a confirmation of practice form provided by the commissioner, verifying that the participant continues to meet the eligibility requirements under subdivision 2.

(c) The participant must provide the commissioner with verification that the full amount of loan repayment disbursement received by the participant has been applied toward the loan for which forgiveness is sought under the PSLF program.

Subd. 4. **Penalty for nonfulfillment.** If a participant does not fulfill the required minimum commitment of service as required under subdivision 2, or the secretary of education determines that the participant does not meet eligibility requirements for the PSLF program, the commissioner shall collect from the participant the total amount paid to the participant under the hospital nursing education loan forgiveness program plus interest at a rate established according to section 270C.40. The commissioner shall deposit the money collected in the health care access fund to be credited to the health professional education loan forgiveness program account established in section 144.1501, subdivision 2. The commissioner shall allow waivers of all or part of the money owed to the commissioner as a result of a nonfulfillment penalty if emergency circumstances prevent fulfillment of the service commitment or if the PSLF program is discontinued before the participant's service commitment is fulfilled.

Sec. 5. Minnesota Statutes 2020, section 144.55, subdivision 6, is amended to read:

Subd. 6. **Suspension, revocation, and refusal to renew.** (a) The commissioner may refuse to grant or renew, or may suspend or revoke, a license on any of the following grounds:

(1) violation of any of the provisions of sections 144.50 to 144.56 or the rules or standards issued pursuant thereto, or Minnesota Rules, chapters 4650 and 4675;

(2) permitting, aiding, or abetting the commission of any illegal act in the institution;

(3) conduct or practices detrimental to the welfare of the patient; ~~or~~

(4) obtaining or attempting to obtain a license by fraud or misrepresentation; ~~or~~

(5) with respect to hospitals and outpatient surgical centers, if the commissioner determines that there is a pattern of conduct that one or more physicians or advanced practice registered nurses who have a "financial or economic interest," as defined in section 144.6521, subdivision 3, in the hospital or outpatient surgical center, have not provided the notice and disclosure of the financial or economic interest required by section 144.6521~~.~~; or

(6) with respect to hospitals, if, after a recommendation from the director of the Office of Health Facility Complaints, the commissioner determines that there is a pattern of the hospital failing to comply with the hospital's core staffing plans as required under sections 144.7051 to 144.7059.

(b) The commissioner shall not renew a license for a boarding care bed in a resident room with more than four beds.

Sec. 6. Minnesota Statutes 2020, section 144.653, subdivision 5, is amended to read:

Subd. 5. **Correction orders.** Whenever a duly authorized representative of the state commissioner of health finds upon inspection of a facility required to be licensed under the provisions of sections 144.50 to 144.58 that the licensee of such facility is not in compliance with sections 144.411 to 144.417, 144.50 to 144.58, 144.651, 144.7051 to 144.7059, or 626.557, or the applicable rules promulgated under those sections, a correction order shall be issued to the licensee. The correction order shall state the deficiency, cite the specific rule violated, and specify the time allowed for correction.

Sec. 7. **[144.7051] DEFINITIONS.**

Subdivision 1. **Applicability.** For the purposes of sections 144.7051 to 144.7059, the terms defined in this section have the meanings given them.

Subd. 2. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 3. **Daily staffing schedule.** "Daily staffing schedule" means the actual number of full-time equivalent nonmanagerial care staff assigned to an inpatient care unit and providing care in that unit during a 24-hour period and the actual number of patients assigned to each direct care registered nurse present and providing care in the unit.

Subd. 4. **Direct care registered nurse.** "Direct care registered nurse" means a registered nurse as defined in section 148.171, subdivision 20, who is nonsupervisory and nonmanagerial and who directly provides nursing care to patients more than 60 percent of the time.

Subd. 5. **Hospital.** "Hospital" means any setting that is licensed under this chapter as a hospital.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 8. **[144.7053] HOSPITAL NURSE STAFFING COMMITTEES.**

Subdivision 1. **Hospital nurse staffing committee required.** Each hospital must establish and maintain a functioning hospital nurse staffing committee. A hospital may assign the functions and duties of a hospital nurse staffing committee to an existing committee provided the existing committee meets the membership requirements applicable to a hospital nurse staffing committee.

Subd. 2. **Committee membership.** (a) At least 60 percent of the committee's membership must be direct care registered nurses. Direct care registered nurses who are members of a collective bargaining unit shall be appointed or elected to the committee according to the guidelines of the applicable collective bargaining agreement. If there is no collective bargaining agreement, direct care registered nurses shall be elected to the committee by direct care registered nurses employed by the hospital.

(b) The hospital shall appoint no more than 40 percent of the committee's membership.

Subd. 3. **Compensation.** A hospital must treat participation in committee meetings by any hospital employee as scheduled work time and compensate each committee member at the employee's existing rate of pay. A hospital must relieve all direct care registered nurse members of the hospital nurse staffing committee of other work duties during the times at which the committee meets.

Subd. 4. **Meeting frequency.** Each hospital nurse staffing committee must meet at least quarterly.

Subd. 5. **Committee duties.** (a) Each hospital nurse staffing committee shall create, implement, continuously evaluate, and update as needed evidence-based written core staffing plans to guide the creation of daily staffing schedules for each inpatient care unit of the hospital.

(b) Each hospital nurse staffing committee must:

(1) establish a secure and anonymous method for any hospital employee or patient to submit directly to the committee any concerns related to safe staffing;

(2) review each concern related to safe staffing submitted directly to the committee;

(3) review the documentation of compliance maintained by the hospital under section 144.7056, subdivision 5;

(4) review each concern for safe staffing form forwarded to the committee by the commissioner;

(5) conduct a trend analysis of the data related to all reported concerns regarding safe staffing;

(6) develop a mechanism for tracking and analyzing staffing trends within the hospital;

(7) submit to the Office of Health Facility Complaints a nurse staffing report;

(8) assist the commissioner in conducting surveys of nonmanagerial care staff by facilitating and encouraging participation in the surveys of a representative sample of direct care registered nurses employed by the hospital; and

(9) record in the committee minutes for each meeting a summary of the discussions and recommendations of the committee. Each committee must maintain the minutes, records, and distributed materials for five years.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 9. Minnesota Statutes 2020, section 144.7055, is amended to read:

144.7055 HOSPITAL CORE STAFFING PLAN ~~REPORTS~~.

Subdivision 1. **Definitions.** ~~(a) For the purposes of this section, the following terms have the meanings given.~~

~~(b)~~ (a) "Core staffing plan" means ~~the projected number of full-time equivalent nonmanagerial care staff that will be assigned in a 24-hour period to an inpatient care unit~~ a plan described in subdivision 2.

~~(c)~~ (b) "Nonmanagerial care staff" means registered nurses, licensed practical nurses, and other health care workers, which may include but is not limited to nursing assistants, nursing aides, patient care technicians, and patient care assistants, who perform nonmanagerial direct patient care functions for more than 50 percent of their scheduled hours on a given patient care unit.

~~(d)~~ (c) "Inpatient care unit" or "unit" means a designated inpatient area for assigning patients and staff for which a ~~distinct staffing plan~~ daily staffing schedule exists and that operates 24 hours per day, seven days per week in a hospital setting. Inpatient care unit does not include any hospital-based clinic, long-term care facility, or outpatient hospital department.

~~(e)~~ (d) "Staffing hours per patient day" means the number of full-time equivalent nonmanagerial care staff who will ordinarily be assigned to provide direct patient care divided by the expected average number of patients upon which such assignments are based.

~~(f) "Patient acuity tool" means a system for measuring an individual patient's need for nursing care. This includes utilizing a professional registered nursing assessment of patient condition to assess staffing need.~~

Subd. 2. **Hospital core staffing ~~report~~ plans.** (a) The ~~chief nursing executive or nursing designee~~ hospital nurse staffing committee of every ~~reporting~~ hospital ~~in Minnesota under section 144.50 will~~ must develop a core staffing plan for each ~~patient~~ inpatient care unit.

(b) Core staffing plans ~~shall~~ must specify all of the following:

(1) the projected number of full-time equivalent ~~for~~ nonmanagerial care staff that will be assigned in a 24-hour period to each ~~patient~~ inpatient care unit ~~for each 24-hour period.~~;

(2) the maximum number of patients on each inpatient care unit for whom a direct care nurse can typically safely care;

(3) criteria for determining when circumstances exist on each inpatient care unit such that a direct care nurse cannot safely care for the typical number of patients and when assigning a lower number of patients to each nurse on the inpatient unit would be appropriate;

(4) a procedure for each inpatient care unit to make shift-to-shift adjustments in staffing levels when such adjustments are required by patient acuity and nursing intensity in the unit;

(5) a contingency plan for each inpatient unit to safely address circumstances in which patient care needs unexpectedly exceed the staffing resources provided for in a daily staffing schedule. A contingency plan must include a method to quickly identify for each daily

staffing schedule additional direct care registered nurses who are available to provide direct care on the inpatient care unit; and

(6) strategies to enable direct care registered nurses to take breaks to which they are entitled under law or under an applicable collective bargaining agreement.

(c) Core staffing plans must ensure that:

(1) the person creating a daily staffing schedule has sufficiently detailed information to create a daily staffing schedule that meets the requirements of the plan;

(2) daily staffing nurse schedules do not rely on assigning individual nonmanagerial care staff to work overtime hours in excess of 16 hours in a 24-hour period or to work consecutive 24-hour periods requiring 16 or more hours;

(3) a direct care registered nurse is not required or expected to perform functions outside the nurse's professional license;

(4) light duty direct care registered nurses are given appropriate assignments; and

(5) daily staffing schedules do not interfere with applicable collective bargaining agreements.

Subd. 2a. **Development of hospital core staffing plans.** (a) Prior to ~~submitting~~ completing or updating the core staffing plan, ~~as required in subdivision 3, hospitals shall~~ a hospital nurse staffing committee must consult with representatives of the hospital medical staff, managerial and nonmanagerial care staff, and other relevant hospital personnel about the core staffing plan and the expected average number of patients upon which the core staffing plan is based.

(b) When developing a core staffing plan, a hospital nurse staffing committee must consider all of the following:

(1) the individual needs and expected census of each inpatient care unit;

(2) unit-specific patient acuity, including fall risk and behaviors requiring intervention, such as physical aggression toward self or others or destruction of property;

(3) unit-specific demands on direct care registered nurses' time, including:

(i) frequency of admissions, discharges, and transfers;

(ii) frequency and complexity of patient evaluations and assessments;

(iii) frequency and complexity of nursing care planning;

(iv) planning for patient discharge;

(v) assessing for patient referral;

(vi) patient education; and

(vii) implementing infectious disease protocols;

(4) the architecture and geography of the inpatient care unit, including the placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;

(5) mechanisms and procedures to provide for one-to-one patient observation for patients on psychiatric or other units;

(6) the stress under which direct care nurses are placed when required to work extreme amounts of overtime, such as shifts in excess of 12 hours or multiple consecutive double shifts;

(7) the need for specialized equipment and technology on the unit;

(8) other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social and socioeconomic factors;

(9) the skill mix of personnel other than direct care registered nurses providing or supporting direct patient care on the unit;

(10) mechanisms and procedures for identifying additional registered nurses who are available for direct patient care when patients' unexpected needs exceed the planned workload for direct care staff; and

(11) demands on direct care registered nurses' time not directly related to providing direct care on a unit, such as involvement in quality improvement activities, professional development, service to the hospital, including serving on the hospital nurse staffing committee, and service to the profession.

Subd. 3. **Standard electronic reporting ~~developed~~ of core staffing plans.** ~~(a) Hospitals~~ Each hospital must submit the core staffing plans approved by the hospital's nurse staffing committee to the Minnesota Hospital Association ~~by January 1, 2014~~. The Minnesota Hospital Association shall include each ~~reporting~~ hospital's core staffing ~~plan~~ plans on the Minnesota Hospital Association's Minnesota Hospital Quality Report website ~~by April 1, 2014~~. Hospitals shall submit to the Minnesota Hospital Association any substantial ~~changes~~ updates to ~~the~~ a core staffing plan ~~shall be updated~~ within 30 days of the approval of the updates by the hospital's nurse staffing committee or of amendment through arbitration.

The Minnesota Hospital Association shall update the Minnesota Hospital Quality Report website with the updated core staffing plans within 30 days of receipt of the updated plan.

Subd. 4. **Standard electronic reporting of direct patient care report.** ~~(b)~~ The Minnesota Hospital Association shall include on its website for each reporting hospital on a quarterly basis the actual direct patient care hours per patient and per unit. Hospitals must submit the direct patient care report to the Minnesota Hospital Association ~~by July 1, 2014, and~~ quarterly ~~thereafter~~.

Subd. 5. **Standard electronic reporting of licensing actions.** The Minnesota Hospital Association shall include on its website for public inspection a list prepared by the reporting hospital of any civil penalties, administrative actions, license suspensions, or license revocations imposed by the commissioner for violations of a requirement under sections 144.7051 to 144.7059.

Subd. 6. **Mandatory submission of core staffing plan to commissioner.** Each hospital must submit the core staffing plans and any updates to the commissioner on the same schedule described in subdivision 3.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 10. **[144.7056] IMPLEMENTATION OF HOSPITAL CORE STAFFING PLANS.**

Subdivision 1. **Plan implementation required.** A hospital must implement the core staffing plans approved by a majority vote of the hospital nurse staffing committee.

Subd. 2. **Public posting of core staffing plans.** A hospital must post the core staffing plan for the inpatient care unit in a public area on the unit.

Subd. 3. **Public posting of compliance with plan.** For each publicly posted core staffing plan, a hospital must post a notice stating whether the current staffing on the unit complies with the hospital's core staffing plan for that unit. The public notice of compliance must include a list of the number of nonmanagerial care staff working on the unit during the current shift and the number of patients assigned to each direct care registered nurse working on the unit during the current shift. The list must enumerate the nonmanagerial care staff by health care worker type. The public notice of compliance must be posted immediately adjacent to the publicly posted core staffing plan.

Subd. 4. **Public distribution of core staffing plan and notice of compliance.** (a) A hospital must include with the posted materials described in subdivisions 2 and 3 a statement that individual copies of the posted materials are available upon request to any patient on

the unit or to any visitor of a patient on the unit. The statement must include specific instructions for obtaining copies of the posted materials.

(b) A hospital must, within four hours after the request, provide individual copies of all the posted materials described in subdivisions 2 and 3 to any patient on the unit or to any visitor of a patient on the unit who requests the materials.

Subd. 5. **Documentation of compliance.** Each hospital must document compliance with its core nursing plans and maintain records demonstrating compliance for each inpatient care unit for five years. Each hospital must provide to its nurse staffing committee access to all documentation required under this subdivision.

Subd. 6. **Dispute resolution.** (a) If hospital management objects to a core staffing plan approved by a majority vote of the hospital nurse staffing committee, the hospital may elect to attempt to amend the core staffing plan through arbitration. The arbitration process must include testimony on the potential impact of changes to the core staffing plan from a representative of the Minnesota Department of Health who has experience with licensing and compliance survey inspections of health care facilities and from a representative of the Board of Nursing with expertise in nurse licensure who can describe the circumstances under which a nurse's license can be put at risk when a nurse accepts a patient assignment that the nurse believes is unsafe.

(b) During an ongoing dispute resolution process, a hospital must continue to implement the core staffing plan as written and approved by the hospital nurse staffing committee.

(c) If the dispute resolution process results in an amendment to the core staffing plan, the hospital must implement the amended core staffing plan.

EFFECTIVE DATE. This section is effective October 1, 2024.

Sec. 11. **[144.7057] ENFORCEMENT OF COMPLIANCE WITH HOSPITAL CORE STAFFING PLANS.**

Subdivision 1. **Failure to submit nurse staffing reports.** If a hospital fails to submit to the commissioner a substantially complete nurse staffing report within 60 days of the end of a quarter, the Office of Health Facility Complaints shall impose a fine of $5,000.

Subd. 2. **Receipt of reports of unsafe staffing conditions.** (a) The commissioner must maintain a secure online portal for the submission by hospital employees of anonymous reports of unsafe staffing conditions in any hospital.

(b) Upon receipt of a report of unsafe staffing conditions, the commissioner shall forward the report to the Office of Health Facility Complaints for investigation, to the hospital nurse staffing committee of the hospital that is the subject of the report, and to any collective bargaining agent representing the licensed registered nurses employed by the hospital that is the subject of the report.

Subd. 3. **Investigation of reports of unsafe staffing conditions.** (a) The director of the Office of Health Facility Complaints shall investigate under section 144A.53 all reports of unsafe staffing conditions. If the director determines that an inpatient care unit identified in a complaint was not in compliance with its core staffing plan on the date identified in the complaint or is not in compliance during an on-site investigation, the director must issue a correction order under section 144.653.

(b) If upon reinspection the director finds that the hospital has not corrected deficiencies specified in the correction order, a notice of noncompliance with a correction order shall be issued stating all deficiencies not corrected. Notwithstanding section 144.653, subdivision 6, unless a hearing is requested under section 144.653, subdivision 8, the hospital shall forfeit to the state, within 15 days after receipt by the hospital of a notice of noncompliance with a correction order, $1,000 for each inpatient care unit out of compliance with its core staffing plan for that unit.

(c) If after a second reinspection the director finds that the hospital has not brought an inpatient care unit into compliance with its core staffing plan, the hospital must forfeit to the state $5,000 per day since the previous reinspection for each inpatient care unit that remains out of compliance with its core staffing plan.

(d) If after a third reinspection the director finds that the hospital has not brought an inpatient care unit into compliance with its core staffing plan, the director shall recommend to the commissioner that the commissioner suspend the license of the hospital under section 144.55.

(e) All forfeitures under this section shall be paid into the general fund.

Subd. 4. **Investigations arising from nurse staffing reports.** If, upon review of quarterly nurse staffing reports submitted to the Office of Health Facility Complaints under section 144.7058, the director determines that there is a pattern of the hospital failing to comply with the hospital's core staffing plans, the director may open an investigation. An investigation under this subdivision is subject to the requirements of subdivision 3.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 12. **[144.7058] HOSPITAL NURSE STAFFING COMMITTEE REPORTS.**

Subdivision 1. **Nurse staffing report required.** Each hospital nurse staffing committee must submit quarterly nurse staffing reports to the Office of Health Facility Complaints. Reports must be submitted within 60 days of the end of the quarter.

Subd. 2. **Nurse staffing report.** Nurse staffing reports submitted to the Office of Health Facility Complaints by a hospital nurse staffing committee must:

(1) identify any suspected incidents of the hospital failing during the reporting quarter to meet the standards of one of its core staffing plans;

(2) identify problems of insufficient staffing, including but not limited to inappropriate number of direct care registered nurses scheduled in a unit, inappropriate number of direct care registered nurses present and delivering care in a unit, inappropriately experienced direct care registered nurses scheduled for a particular unit, inappropriately experienced direct care registered nurses present and delivering care in a unit, inability for nurse supervisors to adjust daily nursing schedules for increased patient acuity or nursing intensity in a unit, and chronically unfilled direct care positions within the hospital;

(3) identify any units that pose a risk to patient safety due to inadequate staffing;

(4) propose solutions to solve insufficient staffing;

(5) propose solutions to reduce risks to patient safety in inadequately staffed units; and

(6) describe staffing trends within the hospital.

Subd. 3. **Public posting of nurse staffing reports.** The Office of Health Facility Complaints shall include on its website each quarterly nurse staffing report submitted to the office under subdivision 1.

Subd. 4. **Public posting of licensing actions.** The Office of Health Facility Complaints shall include on its website for public inspection a list prepared by the reporting hospital of any civil penalties, administrative actions, license suspensions, or license revocations imposed by the commissioner for violations of a requirement under sections 144.7051 to 144.7059.

Subd. 5. **Standardized reporting.** The commissioner shall develop and provide to each hospital nurse staffing committee a uniform format or standard form the committee must use to comply with the nurse staffing reporting requirements under this section. The format or form developed by the commissioner must present the reported information in a manner allowing patients and the public to clearly understand and compare staffing patterns and

actual levels of staffing across reporting hospitals. The commissioner must include in the uniform format or on the standardized form space to allow the reporting hospital to include a description of additional resources available to support unit-level patient care and a description of the hospital.

EFFECTIVE DATE. This section is effective October 1, 2024.

Sec. 13. **[144.7059] RETALIATION PROHIBITED.**

A hospital or the Board of Nursing may not retaliate against or discipline a direct care registered nurse, either formally or informally, for:

(1) challenging the process by which a hospital nurse staffing committee is formed or conducts its business;

(2) challenging a core staffing plan approved by a hospital nurse staffing committee;

(3) objecting to or submitting a grievance related to a patient assignment that leads to a direct care registered nurse violating medical restrictions recommended by the nurse's medical provider; or

(4) submitting a report of unsafe staffing conditions.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 14. Minnesota Statutes 2020, section 144.7067, is amended by adding a subdivision to read:

Subd. 4. **Duty to analyze hospital staffing.** The commissioner shall:

(1) analyze adverse event reports, nurse staffing reports submitted to the Office of Health Facility Complaints under section 144.7058, and reports of unsafe staffing conditions submitted to the Office of Health Facility Complaints under section 144.7057 to determine correlations between demonstrable understaffing and adverse events and to identify patterns of systemic understaffing in hospitals;

(2) communicate to individual hospitals the commissioner's conclusions, if any, regarding a correlation between adverse events reported in the hospital and understaffing demonstrated by submitted nurse staffing reports or investigations by the director of the Office of Health Facility Complaints;

(3) communicate with relevant hospitals any recommendations for corrective action resulting from the commissioner's analysis conducted under clause (1); and

(4) publish an annual report:

(i) describing, by hospital, correlations between adverse events and demonstrable understaffing;

(ii) outlining, in aggregate, corrective action plans and the findings of root cause analyses regarding understaffing in hospitals; and

(iii) making recommendations for modifications of the regulation of care provided in hospitals.

EFFECTIVE DATE. This section is effective January 1, 2026.

Sec. 15. Minnesota Statutes 2020, section 144A.53, subdivision 2, is amended to read:

Subd. 2. **Complaints.** (a) The director may receive a complaint from any source concerning an action of an administrative agency, a health care provider, a home care provider, a residential care home, or a health facility. The director may require a complainant to pursue other remedies or channels of complaint open to the complainant before accepting or investigating the complaint. Investigators are required to interview at least one family member of the vulnerable adult identified in the complaint. If the vulnerable adult is directing his or her own care and does not want the investigator to contact the family, this information must be documented in the investigative file.

(b) The director shall keep written records of all complaints and any action upon them. After completing an investigation of a complaint, the director shall inform the complainant, the administrative agency having jurisdiction over the subject matter, the health care provider, the home care provider, the residential care home, and the health facility of the action taken. Complainants must be provided a copy of the public report upon completion of the investigation.

(c) Notwithstanding paragraph (a), for complaints arising from a report of unsafe staffing conditions in a hospital under section 144.7057, the director must not require a complainant to pursue other remedies or channels of complaint open to the complainant before accepting or investigating the complaint and investigators are not required to interview at least one family member of a vulnerable adult identified in the complaint. Within 30 days of receipt of a report of unsafe staffing conditions in a hospital under section 144.7057, the director must conduct an on-site complaint investigation to determine if the inpatient care unit identified in the complaint was in compliance with its core staffing plan on the date identified in the complaint and whether the unit is in compliance during the on-site investigation.

Sec. 16. Minnesota Statutes 2021 Supplement, section 176.011, subdivision 15, is amended to read:

Subd. 15. **Occupational disease.** (a) "Occupational disease" means a mental impairment as defined in paragraph (d) or physical disease arising out of and in the course of employment peculiar to the occupation in which the employee is engaged and due to causes in excess of the hazards ordinary of employment and shall include undulant fever. Physical stimulus resulting in mental injury and mental stimulus resulting in physical injury shall remain compensable. Mental impairment is not considered a disease if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement, or similar action taken in good faith by the employer. Ordinary diseases of life to which the general public is equally exposed outside of employment are not compensable, except where the diseases follow as an incident of an occupational disease, or where the exposure peculiar to the occupation makes the disease an occupational disease hazard. A disease arises out of the employment only if there be a direct causal connection between the conditions under which the work is performed and if the occupational disease follows as a natural incident of the work as a result of the exposure occasioned by the nature of the employment. An employer is not liable for compensation for any occupational disease which cannot be traced to the employment as a direct and proximate cause and is not recognized as a hazard characteristic of and peculiar to the trade, occupation, process, or employment or which results from a hazard to which the worker would have been equally exposed outside of the employment.

(b) If immediately preceding the date of disablement or death, an employee was employed on active duty with an organized fire or police department of any municipality, as a member of the Minnesota State Patrol, conservation officer service, state crime bureau, as a forest officer by the Department of Natural Resources, correctional officer or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility, or sheriff or full-time deputy sheriff of any county, and the disease is that of myocarditis, coronary sclerosis, pneumonia or its sequel, and at the time of employment such employee was given a thorough physical examination by a licensed doctor of medicine, and a written report thereof has been made and filed with such organized fire or police department, with the Minnesota State Patrol, conservation officer service, state crime bureau, Department of Natural Resources, Department of Corrections, or sheriff's department of any county, which examination and report negatived any evidence of myocarditis, coronary sclerosis, pneumonia or its sequel, the disease is presumptively an occupational disease and shall be presumed to have been due to the nature of employment. If immediately preceding

the date of disablement or death, any individual who by nature of their position provides emergency medical care, or an employee who was employed as a licensed police officer under section 626.84, subdivision 1; firefighter; paramedic; correctional officer or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; emergency medical technician; or licensed nurse providing emergency medical care; and who contracts an infectious or communicable disease to which the employee was exposed in the course of employment outside of a hospital, then the disease is presumptively an occupational disease and shall be presumed to have been due to the nature of employment and the presumption may be rebutted by substantial factors brought by the employer or insurer. Any substantial factors which shall be used to rebut this presumption and which are known to the employer or insurer at the time of the denial of liability shall be communicated to the employee on the denial of liability.

(c) A firefighter on active duty with an organized fire department who is unable to perform duties in the department by reason of a disabling cancer of a type caused by exposure to heat, radiation, or a known or suspected carcinogen, as defined by the International Agency for Research on Cancer, and the carcinogen is reasonably linked to the disabling cancer, is presumed to have an occupational disease under paragraph (a). If a firefighter who enters the service after August 1, 1988, is examined by a physician prior to being hired and the examination discloses the existence of a cancer of a type described in this paragraph, the firefighter is not entitled to the presumption unless a subsequent medical determination is made that the firefighter no longer has the cancer.

(d) For the purposes of this chapter, "mental impairment" means a diagnosis of post-traumatic stress disorder by a licensed psychiatrist or psychologist. For the purposes of this chapter, "post-traumatic stress disorder" means the condition as described in the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association. For purposes of section 79.34, subdivision 2, one or more compensable mental impairment claims arising out of a single event or occurrence shall constitute a single loss occurrence.

(e) If, preceding the date of disablement or death, an employee who was employed on active duty as: a licensed police officer; a firefighter; a paramedic; an emergency medical technician; a licensed nurse employed to provide emergency medical services outside of a medical facility; a licensed registered nurse employed to provide direct care in a licensed hospital; a public safety dispatcher; a correctional officer or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; a sheriff or full-time deputy sheriff of any county; or a member of the Minnesota State Patrol

is diagnosed with a mental impairment as defined in paragraph (d), and had not been diagnosed with the mental impairment previously, then the mental impairment is presumptively an occupational disease and shall be presumed to have been due to the nature of employment. This presumption may be rebutted by substantial factors brought by the employer or insurer. Any substantial factors that are used to rebut this presumption and that are known to the employer or insurer at the time of the denial of liability shall be communicated to the employee on the denial of liability. The mental impairment is not considered an occupational disease if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement, or similar action taken in good faith by the employer.

(f) Notwithstanding paragraph (a) and the rebuttable presumption for infectious or communicable diseases in paragraph (b), an employee who contracts COVID-19 is presumed to have an occupational disease arising out of and in the course of employment if the employee satisfies the requirements of clauses (1) and (2).

(1) The employee was employed as a licensed peace officer under section 626.84, subdivision 1; firefighter; paramedic; nurse or health care worker, correctional officer, or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; emergency medical technician; a health care provider, nurse, or assistive employee employed in a health care, home care, or long-term care setting, with direct COVID-19 patient care or ancillary work in COVID-19 patient units; and workers required to provide child care to first responders and health care workers under Executive Order 20-02 and Executive Order 20-19.

(2) The employee's contraction of COVID-19 must be confirmed by a positive laboratory test or, if a laboratory test was not available for the employee, as diagnosed and documented by the employee's licensed physician, licensed physician's assistant, or licensed advanced practice registered nurse (APRN), based on the employee's symptoms. A copy of the positive laboratory test or the written documentation of the physician's, physician assistant's, or APRN's diagnosis shall be provided to the employer or insurer.

(3) Once the employee has satisfied the requirements of clauses (1) and (2), the presumption shall only be rebutted if the employer or insurer shows the employment was not a direct cause of the disease. A denial of liability under this paragraph must meet the requirements for a denial under section 176.221, subdivision 1.

(4) The date of injury for an employee who has contracted COVID-19 under this paragraph shall be the date that the employee was unable to work due to a diagnosis of

COVID-19, or due to symptoms that were later diagnosed as COVID-19, whichever occurred first.

(5) An employee who has contracted COVID-19 but who is not entitled to the presumption under this paragraph is not precluded from claiming an occupational disease as provided in other paragraphs of this subdivision or from claiming a personal injury under subdivision 16.

(6) The commissioner shall provide a detailed report on COVID-19 workers' compensation claims under this paragraph to the Workers' Compensation Advisory Council, and chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over workers' compensation, by January 15, 2021.

Sec. 17. Minnesota Statutes 2020, section 256R.02, subdivision 22, is amended to read:

Subd. 22. **Fringe benefit costs.** "Fringe benefit costs" means the costs for group life, dental, workers' compensation, short- and long-term disability, long-term care insurance, accident insurance, supplemental insurance, legal assistance insurance, profit sharing, child care costs, health insurance costs not covered under subdivision 18, including costs associated with part-time employee family members or retirees, and pension and retirement plan contributions, except for the Public Employees Retirement Association costs.

Sec. 18. **DIRECTION TO THE COMMISSIONER OF HEALTH; EXPANSION OF THE NURSING WORKFORCE REPORT.**

The commissioner of health shall expand the commissioner's existing license renewal questionnaires authorized under Minnesota Statutes, sections 144.051 and 144.052, to include the collection, analysis, and reporting of data on the following topics:

(1) Minnesota's supply of active licensed registered nurses;

(2) trends in Minnesota regarding retention by hospitals of licensed registered nurses;

(3) reasons licensed registered nurses are leaving direct care positions at hospitals; and

(4) reasons licensed registered nurses are choosing not to renew their licenses and leaving the profession.

Sec. 19. **INITIAL IMPLEMENTATION OF THE KEEPING NURSES AT THE BEDSIDE ACT.**

(a) By July 1, 2024, each hospital must establish and convene a hospital nurse staffing committee as described under Minnesota Statutes, section 144.7053.

(b) By October 1, 2024, each hospital must implement core staffing plans developed by its hospital nurse staffing committee and satisfy the plan posting requirements under Minnesota Statutes, section 144.7056.

(c) By October 1, 2024, each hospital must submit to the Office of Health Facility Complaints core staffing plans meeting the requirements of Minnesota Statutes, section 144.7055. The commissioner of health must not renew the hospital license of any hospital that does not submit its core staffing plans by October 1, 2024, until the hospital submits the plan.

(d) By October 1, 2024, the commissioner of health must develop and deploy a secure online portal for the submission by hospital employees of anonymous reports of unsafe staffing conditions. The commissioner must model the report form available through the portal on the Minnesota Nurses Association's concern for unsafe staffing form.

(e) By December 31, 2024, the commissioner of health must provide electronic access to the uniform format or standard form for nurse staffing reporting described under Minnesota Statutes, section 144.7058, subdivision 5.

Sec. 20. **APPROPRIATION; LOAN FORGIVENESS FOR NURSING INSTRUCTORS.**

Notwithstanding the priorities and distribution requirements under Minnesota Statutes, section 144.1501, $50,000 in fiscal year 2023 is appropriated from the general fund to the commissioner of health for the health professional education loan forgiveness program under Minnesota Statutes, section 144.1501, to be distributed in accordance with the program to eligible nurses who have agreed to teach in accordance with Minnesota Statutes, section 144.1501, subdivision 2. This is a onetime appropriation and is available until June 30, 2024.

Sec. 21. **APPROPRIATION; HOSPITAL NURSING LOAN FORGIVENESS.**

$..... in fiscal year 2023 is appropriated from the general fund to the commissioner of health for the hospital nursing education loan forgiveness program under Minnesota Statutes, section 144.1507.

Sec. 22. **APPROPRIATION; UNSAFE HOSPITAL NURSE STAFFING REPORTING PORTAL.**

$..... in fiscal year 2023 is appropriated from the general fund to the commissioner of health for the development and implementation of an online portal for the submission by

hospital employees of anonymous reports of unsafe staffing conditions in licensed hospitals. This is a onetime appropriation and is available until June 30, 2025.

Sec. 23. **APPROPRIATION; OFFICE OF HEALTH FACILITY COMPLAINTS INVESTIGATIVE DUTIES.**

$..... in fiscal year 2023 is appropriated from the general fund to the commissioner of health for the investigative duties described in Minnesota Statutes, section 144A.53, subdivision 2, paragraph (c). The general fund base for this appropriation is $..... in fiscal year 2024 and $..... in fiscal year 2025.

Sec. 24. **APPROPRIATION; IMPROVING MENTAL HEALTH OF HEALTH CARE WORKERS.**

$1,000,000 in fiscal year 2023 is appropriated from the general fund to the commissioner of health for competitive grants to hospitals, community health centers, rural health clinics, and medical professional associations to establish or enhance evidence-based or evidence-informed programs dedicated to improving the mental health of health care professionals. The general fund base for this appropriation is $1,000,000 in fiscal year 2024 and $1,000,000 in fiscal year 2025.

Sec. 25. **APPROPRIATION; PREVENTION OF VIOLENCE IN HEALTH CARE.**

$50,000 in fiscal year 2023 is appropriated to the commissioner of health to continue the prevention of violence in health care programs and to create violence prevention resources for hospitals and other health care providers to use to train their staff on violence prevention. The general fund base for this appropriation is $50,000 in fiscal year 2024 and $50,000 in fiscal year 2025.

Sec. 26. **APPROPRIATION; HOSPITAL STAFFING STUDY.**

$..... in fiscal year 2023 is appropriated to the commissioner of health for the hospital staffing study authorized under Minnesota Statutes, section 144.7067, subdivision 4. The general fund base for this appropriation is $..... in fiscal year 2024 and $..... in fiscal year 2025.

Sec. 27. **REVISOR INSTRUCTION.**

In Minnesota Statutes, section 144.7055, the revisor shall renumber paragraphs (b) to (e) alphabetically as individual subdivisions under Minnesota Statutes, section 144.7051.

The revisor shall make any necessary changes to sentence structure for this renumbering while preserving the meaning of the text. The revisor shall also make necessary cross-reference changes in Minnesota Statutes and Minnesota Rules consistent with the renumbering.