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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 4227

03/26/2018 Authored by Schomacker
The bill was read for the first time and referred to the Committee on Civil Law and Data Practices Policy
04/12/2018 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance
Pursuant to Joint Rule 2.03, re-referred to the Committee on Rules and Legislative Administration

1.1 A bill for an act
1.2 relating to health; establishing the Minnesota Health Policy Commission; enacting
1.3 the Nurse Licensure Compact; clarifying the Nurse Licensure Compact to existing
1.4 laws; appropriating money; proposing coding for new law in Minnesota Statutes,
1.5 chapters 62J; 148.

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

1.7 ARTICLE 1

1.8 MINNESOTA HEALTH POLICY COMMISSION

1.9 Section 1. 62J.90 MINNESOTA HEALTH POLICY COMMISSION.

1.10 Subdivision 1. Establishment; purpose. The Minnesota Health Policy Commission is
1.11 created to provide recommendations on improving health care and health outcomes at lower
1.12 costs through commercial and public programs. For purposes of this section, "commission"
1.13 means the Minnesota Health Policy Commission.

1.14 Subd. 2. Commission membership. (a) The commission shall consist of 12 voting
1.15 members, appointed by the Legislative Coordinating Commission as provided in subdivision
1.16 9, as follows:

- 1.17 (1) one member with demonstrated expertise in health care finance;
1.18 (2) one member with demonstrated expertise in health economics;
1.19 (3) one member with demonstrated expertise in actuarial science;
1.20 (4) one member with demonstrated expertise in health plan management and finance;
1.21 (5) one member with demonstrated expertise in health care system management;

2.1 (6) one member with demonstrated expertise as a purchaser, or a representative of a
2.2 purchaser, of employer-sponsored health care services or employer-sponsored health
2.3 insurance;

2.4 (7) one member with demonstrated expertise in the development and utilization of
2.5 innovative medical technologies;

2.6 (8) one member with demonstrated expertise as a health care consumer advocate;

2.7 (9) one member who is a primary care physician;

2.8 (10) one member with demonstrated knowledge and expertise in patient privacy issues;

2.9 (11) one member who provides long-term care services through medical assistance; and

2.10 (12) one member with direct experience as an enrollee, or a parent or caregiver of an
2.11 enrollee, in MinnesotaCare or medical assistance.

2.12 (b) The commission shall have four nonvoting ex officio legislative liaison members as
2.13 follows:

2.14 (1) two members of the senate, including one member from the majority party appointed
2.15 by the majority leader and one member from the minority party appointed by the minority
2.16 leader; and

2.17 (2) two members of the house of representatives, including one member of the majority
2.18 party appointed by the speaker of the house and one member from the minority party
2.19 appointed by the minority leader.

2.20 Subd. 3. **Duties.** The commission shall:

2.21 (1) compare Minnesota's commercial health care costs and public health care program
2.22 spending to that of the other states;

2.23 (2) compare Minnesota's commercial health care costs and public health care program
2.24 spending in any given year to its costs and spending in previous years;

2.25 (3) identify factors that influence and contribute to Minnesota's ranking for commercial
2.26 health care costs and public health care program spending, including the year over year and
2.27 trend line change in total costs and spending in the state;

2.28 (4) continually monitor efforts to reform the health care delivery and payment system
2.29 in Minnesota to understand emerging trends in the commercial health insurance market,
2.30 including large self-insured employers, and the state's public health care programs in order
2.31 to identify opportunities for state action to achieve:

- 3.1 (i) improved patient experience of care, including quality and satisfaction;
3.2 (ii) improved health of all populations; and
3.3 (iii) reduced per capita cost of health care; and
3.4 (5) make recommendations for legislative policy, market, or any other reforms to:
3.5 (i) lower the rate of growth in commercial health care costs and public health care
3.6 program spending in the state;
3.7 (ii) positively impact the state's ranking in the areas listed in this subdivision;
3.8 (iii) improve the quality and value of care for all Minnesotans; and
3.9 (iv) conduct any additional reviews requested by the legislature.

3.10 Subd. 4. **Report.** The commission shall submit a report listing recommendations for
3.11 changes in health care policy and financing by June 15 each year to the chairs and ranking
3.12 minority members of the legislative committees with primary jurisdiction over health care.
3.13 In making recommendations to the legislative committees, the commission shall consider
3.14 how the recommendations might positively impact the cost-shifting interplay between public
3.15 payer reimbursement rates and health insurance premiums. The commission shall also
3.16 consider how public health care programs, where appropriate, may be utilized as a means
3.17 to help prepare enrollees for an eventual transition to private sector coverage. The report
3.18 shall include any draft legislation to implement the commission's recommendations.

3.19 Subd. 5. **Staff.** The commission shall hire a director who may employ or contract for
3.20 professional and technical assistance as the commission determines necessary to perform
3.21 its duties. The commission may also contract with private entities with expertise in health
3.22 economics, health finance, and actuarial science to secure additional information, data,
3.23 research, or modeling that may be necessary for the commission to carry out its duties.

3.24 Subd. 6. **Access to information; reports.** (a) The commission may secure directly from
3.25 a state department or agency de-identified information and de-identified data that are
3.26 necessary for the commission to carry out its duties. For purposes of this section,
3.27 "de-identified" means the deletion of identifiers and the use of a data use agreement as
3.28 required under Code of Federal Regulations, title 45, section 164.514(e).

3.29 (b) By July 1, 2020, and annually thereafter, the commission shall provide the legislative
3.30 committees with jurisdiction over data practices with a report describing the de-identified
3.31 information and data obtained by the commission from state departments and agencies in
3.32 the preceding year. The report must describe the information obtained, including the scope

4.1 of the information obtained, the purpose for which it was obtained, the classification of any
4.2 data obtained, the length of time the information shall be used, and security measures for
4.3 protecting the information in accordance with chapter 13. The report must include a
4.4 notification to the public that although the information obtained by the commission is
4.5 de-identified, de-identified data retains some risk of identification, and that a data use
4.6 agreement must limit the use of the data and prohibit attempts to reidentify the data. The
4.7 commission shall also maintain the reports on the commission's Web site.

4.8 Subd. 7. **Terms; vacancies; compensation.** (a) Public members of the commission shall
4.9 serve four-year terms. The public members may not serve for more than two consecutive
4.10 terms.

4.11 (b) The legislative liaison members shall serve on the commission as long as the member
4.12 or the appointing authority holds office.

4.13 (c) The removal of members and filling of vacancies on the commission are as provided
4.14 in section 15.059.

4.15 (d) Public members may receive compensation and expenses as provided in section
4.16 15.059, subdivision 3.

4.17 Subd. 8. **Chairs; officers.** The commission shall elect a chair annually. The commission
4.18 may elect other officers necessary for the performance of its duties.

4.19 Subd. 9. **Selection of members; advisory council.** The Legislative Coordinating
4.20 Commission shall take applications from members of the public who are qualified and
4.21 interested to serve in one of the listed positions. The applications must be reviewed by a
4.22 health policy commission advisory council comprised of four members as follows: the state
4.23 economist, legislative auditor, state demographer, and the president of the Federal Reserve
4.24 Bank of Minneapolis or a designee of the president. The advisory council shall recommend
4.25 two applicants for each of the specified positions by September 30 in the calendar year
4.26 preceding the end of the members' terms. The Legislative Coordinating Commission shall
4.27 appoint one of the two recommended applicants to the commission.

4.28 Subd. 10. **Meetings.** The commission shall meet at least four times each year.
4.29 Commission meetings are subject to chapter 13D.

4.30 Subd. 11. **Conflict of interest.** A member of the commission may not participate in or
4.31 vote on a decision of the commission relating to an organization in which the member has
4.32 either a direct or indirect financial interest.

4.33 Subd. 12. **Expiration.** The commission expires June 15, 2034.

5.1 Sec. 2. **FIRST APPOINTMENTS; FIRST MEETING.**

5.2 The Health Policy Commission Advisory Council shall make its recommendations under
 5.3 Minnesota Statutes, section 62J.90, subdivision 9, for candidates to serve on the Minnesota
 5.4 Health Policy Commission to the Legislative Coordinating Commission by September 30,
 5.5 2018. The Legislative Coordinating Commission shall make the first appointments of public
 5.6 members to the Minnesota Health Policy Commission under Minnesota Statutes, section
 5.7 62J.90, by January 15, 2019. The Legislative Coordinating Commission shall designate five
 5.8 members to serve terms that are coterminous with the governor and six members to serve
 5.9 terms that end on the first Monday in January one year after the terms of the other members
 5.10 conclude. The director of the Legislative Coordinating Commission shall convene the first
 5.11 meeting of the Minnesota Health Policy Commission by June 15, 2019, and shall act as the
 5.12 chair until the commission elects a chair at its first meeting.

5.13 Sec. 3. **APPROPRIATION.**

5.14 \$..... in fiscal year 2019 is appropriated from the general fund to the Minnesota Health
 5.15 Policy Commission for the purposes of section 1.

5.16 **ARTICLE 2**

5.17 **NURSE LICENSURE COMPACT**

5.18 Section 1. **[148.2855] NURSE LICENSURE COMPACT.**

5.19 The Nurse Licensure Compact is enacted into law and entered into with all other
 5.20 jurisdictions legally joining in it, in the form substantially as follows:

5.21 **ARTICLE I**

5.22 **DEFINITIONS**

5.23 As used in this compact:

5.24 (a) "Adverse action" means any administrative, civil, equitable, or criminal action
 5.25 permitted by a state's law that is imposed by a licensing board or other authority against a
 5.26 nurse, including actions against an individual's license or multistate licensure privilege such
 5.27 as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's
 5.28 practice, or any other encumbrance on licensure affecting a nurse's authorization to practice,
 5.29 including issuance of a cease and desist action.

5.30 (b) "Alternative program" means a nondisciplinary monitoring program approved by a
 5.31 licensing board.

6.1 (c) "Coordinated licensure information system" means an integrated process for collecting,
6.2 storing, and sharing information on nurse licensure and enforcement activities related to
6.3 nurse licensure laws that is administered by a nonprofit organization composed of and
6.4 controlled by licensing boards.

6.5 (d) "Current significant investigative information" means:

6.6 (1) investigative information that a licensing board, after a preliminary inquiry that
6.7 includes notification and an opportunity for the nurse to respond, if required by state law,
6.8 has reason to believe is not groundless and, if proved true, would indicate more than a minor
6.9 infraction; or

6.10 (2) investigative information that indicates that the nurse represents an immediate threat
6.11 to public health and safety, regardless of whether the nurse has been notified and had an
6.12 opportunity to respond.

6.13 (e) "Encumbrance" means a revocation or suspension of, or any limitation on, the full
6.14 and unrestricted practice of nursing imposed by a licensing board.

6.15 (f) "Home state" means the party state which is the nurse's primary state of residence.

6.16 (g) "Licensing board" means a party state's regulatory body responsible for issuing nurse
6.17 licenses.

6.18 (h) "Multistate license" means a license to practice as a registered or a licensed
6.19 practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes
6.20 the licensed nurse to practice in all party states under a multistate licensure privilege.

6.21 (i) "Multistate licensure privilege" means a legal authorization associated with a multistate
6.22 license permitting the practice of nursing as either a registered nurse (RN) or licensed
6.23 practical/vocational nurse (LPN/VN) in a remote state.

6.24 (j) "Nurse" means a registered nurse (RN) or licensed practical/vocational nurse
6.25 (LPN/VN), as those terms are defined by each party state's practice laws.

6.26 (k) "Party state" means any state that has adopted this compact.

6.27 (l) "Remote state" means a party state, other than the home state.

6.28 (m) "Single-state license" means a nurse license issued by a party state that authorizes
6.29 practice only within the issuing state and does not include a multistate licensure privilege
6.30 to practice in any other party state.

6.31 (n) "State" means a state, territory, or possession of the United States and the District
6.32 of Columbia.

7.1 (o) "State practice laws" means a party state's laws, rules, and regulations that govern
7.2 the practice of nursing, define the scope of nursing practice, and create the methods and
7.3 grounds for imposing discipline. State practice laws do not include requirements necessary
7.4 to obtain and retain a license, except for qualifications or requirements of the home state.

7.5 ARTICLE II

7.6 GENERAL PROVISIONS AND JURISDICTION

7.7 (a) A multistate license to practice registered or licensed practical/vocational nursing
7.8 issued by a home state to a resident in that state will be recognized by each party state as
7.9 authorizing a nurse to practice as an RN or as a LPN/VN under a multistate licensure
7.10 privilege in each party state.

7.11 (b) A state must implement procedures for considering the criminal history records of
7.12 applicants for initial multistate license or licensure by endorsement. Such procedures shall
7.13 include the submission of fingerprints or other biometric-based information by applicants
7.14 for the purpose of obtaining an applicant's criminal history record information from the
7.15 Federal Bureau of Investigation and the agency responsible for retaining that state's criminal
7.16 records.

7.17 (c) Each party state shall require the following for an applicant to obtain or retain a
7.18 multistate license in the home state:

7.19 (1) meets the home state's qualifications for licensure or renewal of licensure, as well
7.20 as all other applicable state laws;

7.21 (2)(i) has graduated or is eligible to graduate from a licensing board-approved RN or
7.22 LPN/VN prelicensure education program; or

7.23 (ii) has graduated from a foreign RN or LPN/VN prelicensure education program that:

7.24 (A) has been approved by the authorized accrediting body in the applicable country; and

7.25 (B) has been verified by an independent credentials review agency to be comparable to
7.26 a licensing board-approved prelicensure education program;

7.27 (3) has, if a graduate of a foreign prelicensure education program not taught in English
7.28 or if English is not the individual's native language, successfully passed an English
7.29 proficiency examination that includes the components of reading, speaking, writing, and
7.30 listening;

7.31 (4) has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized
7.32 predecessor, as applicable;

8.1 (5) is eligible for or holds an active, unencumbered license;

8.2 (6) has submitted, in connection with an application for initial licensure or licensure by
8.3 endorsement, fingerprints, or other biometric data for the purpose of obtaining criminal
8.4 history record information from the Federal Bureau of Investigation and the agency
8.5 responsible for retaining that state's criminal records;

8.6 (7) has not been convicted or found guilty, or has entered into an agreed disposition, of
8.7 a felony offense under applicable state or federal criminal law;

8.8 (8) has not been convicted or found guilty, or has entered into an agreed disposition, of
8.9 a misdemeanor offense related to the practice of nursing as determined on a case-by-case
8.10 basis;

8.11 (9) is not currently enrolled in an alternative program;

8.12 (10) is subject to self-disclosure requirements regarding current participation in an
8.13 alternative program; and

8.14 (11) has a valid United States Social Security number.

8.15 (d) All party states shall be authorized, in accordance with existing state due process
8.16 law, to take adverse action against a nurse's multistate licensure privilege such as revocation,
8.17 suspension, probation, or any other action that affects a nurse's authorization to practice
8.18 under a multistate licensure privilege, including cease and desist actions. If a party state
8.19 takes such action, it shall promptly notify the administrator of the coordinated licensure
8.20 information system. The administrator of the coordinated licensure information system shall
8.21 promptly notify the home state of any such actions by remote states.

8.22 (e) A nurse practicing in a party state must comply with the state practice laws of the
8.23 state in which the client is located at the time service is provided. The practice of nursing
8.24 is not limited to patient care, but shall include all nursing practice as defined by the state
8.25 practice laws of the party state in which the client is located. The practice of nursing in a
8.26 party state under a multistate licensure privilege will subject a nurse to the jurisdiction of
8.27 the licensing board, the courts, and the laws of the party state in which the client is located
8.28 at the time service is provided.

8.29 (f) Individuals not residing in a party state shall continue to be able to apply for a party
8.30 state's single-state license as provided under the laws of each party state. However, the
8.31 single-state license granted to these individuals will not be recognized as granting the
8.32 privilege to practice nursing in any other party state. Nothing in this compact shall affect
8.33 the requirements established by a party state for the issuance of a single-state license.

9.1 (g) Any nurse holding a home state multistate license, on the effective date of this
9.2 compact, may retain and renew the multistate license issued by the nurse's then-current
9.3 home state, provided that:

9.4 (1) a nurse, who changes primary state of residence after this compact's effective date,
9.5 must meet all applicable paragraph (c) requirements to obtain a multistate license from a
9.6 new home state; or

9.7 (2) a nurse who fails to satisfy the multistate licensure requirements in paragraph (c)
9.8 due to a disqualifying event occurring after this compact's effective date shall be ineligible
9.9 to retain or renew a multistate license, and the nurse's multistate license shall be revoked
9.10 or deactivated in accordance with applicable rules adopted by the Interstate Commission
9.11 of Nurse Licensure Compact Administrators ("Commission").

9.12 ARTICLE III

9.13 APPLICATIONS FOR LICENSURE IN A PARTY STATE

9.14 (a) Upon application for a multistate license, the licensing board in the issuing party
9.15 state shall ascertain, through the coordinated licensure information system, whether the
9.16 applicant has ever held, or is the holder of, a license issued by any other state, whether there
9.17 are any encumbrances on any license or multistate licensure privilege held by the applicant,
9.18 whether any adverse action has been taken against any license or multistate licensure privilege
9.19 held by the applicant, and whether the applicant is currently participating in an alternative
9.20 program.

9.21 (b) A nurse may hold a multistate license, issued by the home state, in only one party
9.22 state at a time.

9.23 (c) If a nurse changes primary state of residence by moving between two party states,
9.24 the nurse must apply for licensure in the new home state, and the multistate license issued
9.25 by the prior home state will be deactivated in accordance with applicable rules adopted by
9.26 the commission:

9.27 (1) the nurse may apply for licensure in advance of a change in primary state of residence;
9.28 and

9.29 (2) a multistate license shall not be issued by the new home state until the nurse provides
9.30 satisfactory evidence of a change in primary state of residence to the new home state and
9.31 satisfies all applicable requirements to obtain a multistate license from the new home state.

10.1 (d) If a nurse changes primary state of residence by moving from a party state to a
10.2 nonparty state, the multistate license issued by the prior home state will convert to a
10.3 single-state license, valid only in the former home state.

10.4 ARTICLE IV

10.5 ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE LICENSING BOARDS

10.6 (a) In addition to the other powers conferred by state law, a licensing board shall have
10.7 the authority to:

10.8 (1) take adverse action against a nurse's multistate licensure privilege to practice within
10.9 that party state:

10.10 (i) only the home state shall have the power to take adverse action against a nurse's
10.11 license issued by the home state; and

10.12 (ii) for purposes of taking adverse action, the home state licensing board shall give the
10.13 same priority and effect to reported conduct received from a remote state as it would if such
10.14 conduct occurred within the home state. In so doing, the home state shall apply its own state
10.15 laws to determine appropriate action;

10.16 (2) issue cease and desist orders or impose an encumbrance on a nurse's authority to
10.17 practice within that party state;

10.18 (3) complete any pending investigations of a nurse who changes primary state of residence
10.19 during the course of such investigations. The licensing board shall also have the authority
10.20 to take appropriate action(s) and shall promptly report the conclusions of such investigations
10.21 to the administrator of the coordinated licensure information system. The administrator of
10.22 the coordinated licensure information system shall promptly notify the new home state of
10.23 any such actions;

10.24 (4) issue subpoenas for both hearings and investigations that require the attendance and
10.25 testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing
10.26 board in a party state for the attendance and testimony of witnesses or the production of
10.27 evidence from another party state shall be enforced in the latter state by any court of
10.28 competent jurisdiction, according to the practice and procedure of that court applicable to
10.29 subpoenas issued in proceedings pending before it. The issuing authority shall pay any
10.30 witness fees, travel expenses, mileage, and other fees required by the service statutes of the
10.31 state in which the witnesses or evidence are located;

10.32 (5) obtain and submit, for each nurse licensure applicant, fingerprint, or other
10.33 biometric-based information to the Federal Bureau of Investigation for criminal background

11.1 checks, receive the results of the Federal Bureau of Investigation record search on criminal
11.2 background checks, and use the results in making licensure decisions;

11.3 (6) if otherwise permitted by state law, recover from the affected nurse the costs of
11.4 investigations and disposition of cases resulting from any adverse action taken against that
11.5 nurse; and

11.6 (7) take adverse action based on the factual findings of the remote state, provided that
11.7 the licensing board follows its own procedures for taking such adverse action.

11.8 (b) If adverse action is taken by the home state against a nurse's multistate license, the
11.9 nurse's multistate licensure privilege to practice in all other party states shall be deactivated
11.10 until all encumbrances have been removed from the multistate license. All home state
11.11 disciplinary orders that impose adverse action against a nurse's multistate license shall
11.12 include a statement that the nurse's multistate licensure privilege is deactivated in all party
11.13 states during the pendency of the order.

11.14 (c) Nothing in this compact shall override a party state's decision that participation in
11.15 an alternative program may be used in lieu of adverse action. The home state licensing board
11.16 shall deactivate the multistate licensure privilege under the multistate license of any nurse
11.17 for the duration of the nurse's participation in an alternative program.

11.18 ARTICLE V

11.19 COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE OF 11.20 INFORMATION

11.21 (a) All party states shall participate in a coordinated licensure information system of all
11.22 licensed registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs). This
11.23 system will include information on the licensure and disciplinary history of each nurse, as
11.24 submitted by party states, to assist in the coordination of nurse licensure and enforcement
11.25 efforts.

11.26 (b) The commission, in consultation with the administrator of the coordinated licensure
11.27 information system, shall formulate necessary and proper procedures for the identification,
11.28 collection, and exchange of information under this compact.

11.29 (c) All licensing boards shall promptly report to the coordinated licensure information
11.30 system any adverse action, any current significant investigative information, denials of
11.31 applications, including the reasons for such denials, and nurse participation in alternative
11.32 programs known to the licensing board, regardless of whether such participation is deemed
11.33 nonpublic or confidential under state law.

12.1 (d) Current significant investigative information and participation in nonpublic or
 12.2 confidential alternative programs shall be transmitted through the coordinated licensure
 12.3 information system only to party state licensing boards.

12.4 (e) Notwithstanding any other provision of law, all party state licensing boards
 12.5 contributing information to the coordinated licensure information system may designate
 12.6 information that may not be shared with nonparty states or disclosed to other entities or
 12.7 individuals without the express permission of the contributing state.

12.8 (f) Any personally identifiable information obtained from the coordinated licensure
 12.9 information system by a party state licensing board shall not be shared with nonparty states
 12.10 or disclosed to other entities or individuals except to the extent permitted by the laws of the
 12.11 party state contributing the information.

12.12 (g) Any information contributed to the coordinated licensure information system that is
 12.13 subsequently required to be expunged by the laws of the party state contributing that
 12.14 information shall also be expunged from the coordinated licensure information system.

12.15 (h) The compact administrator of each party state shall furnish a uniform data set to the
 12.16 compact administrator of each other party state, which shall include, at a minimum:

12.17 (1) identifying information;

12.18 (2) licensure data;

12.19 (3) information related to alternative program participation; and

12.20 (4) other information that may facilitate the administration of this compact, as determined
 12.21 by commission rules.

12.22 (i) The compact administrator of a party state shall provide all investigative documents
 12.23 and information requested by another party state.

12.24 ARTICLE VI

12.25 ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE

12.26 COMPACT ADMINISTRATORS

12.27 (a) The party states hereby create and establish a joint public entity known as the Interstate
 12.28 Commission of Nurse Licensure Compact Administrators:

12.29 (1) the commission is an instrumentality of the party states;

12.30 (2) venue is proper, and judicial proceedings by or against the commission shall be
 12.31 brought solely and exclusively, in a court of competent jurisdiction where the principal

13.1 office of the commission is located. The commission may waive venue and jurisdictional
13.2 defenses to the extent it adopts or consents to participate in alternative dispute resolution
13.3 proceedings; and

13.4 (3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

13.5 (b) Membership, voting, and meetings:

13.6 (1) each party state shall have and be limited to one administrator. The head of the state
13.7 licensing board or designee shall be the administrator of this compact for each party state.
13.8 Any administrator may be removed or suspended from office as provided by the law of the
13.9 state from which the administrator is appointed. Any vacancy occurring in the commission
13.10 shall be filled in accordance with the laws of the party state in which the vacancy exists;

13.11 (2) each administrator shall be entitled to one vote with regard to the promulgation of
13.12 rules and creation of bylaws and shall otherwise have an opportunity to participate in the
13.13 business and affairs of the commission. An administrator shall vote in person or by such
13.14 other means as provided in the bylaws. The bylaws may provide for an administrator's
13.15 participation in meetings by telephone or other means of communication;

13.16 (3) the commission shall meet at least once during each calendar year. Additional
13.17 meetings shall be held as set forth in the bylaws or rules of the commission;

13.18 (4) all meetings shall be open to the public, and public notice of meetings shall be given
13.19 in the same manner as required under the rulemaking provisions in article VII;

13.20 (5) the commission may convene in a closed, nonpublic meeting if the commission must
13.21 discuss:

13.22 (i) noncompliance of a party state with its obligations under this compact;

13.23 (ii) the employment, compensation, discipline, or other personnel matters, practices, or
13.24 procedures related to specific employees or other matters related to the commission's internal
13.25 personnel practices and procedures;

13.26 (iii) current, threatened, or reasonably anticipated litigation;

13.27 (iv) negotiation of contracts for the purchase or sale of goods, services, or real estate;

13.28 (v) accusing any person of a crime or formally censuring any person;

13.29 (vi) disclosure of trade secrets or commercial or financial information that is privileged
13.30 or confidential;

14.1 (vii) disclosure of information of a personal nature where disclosure would constitute a
14.2 clearly unwarranted invasion of personal privacy;

14.3 (viii) disclosure of investigatory records compiled for law enforcement purposes;

14.4 (ix) disclosure of information related to any reports prepared by or on behalf of the
14.5 commission for the purpose of investigation of compliance with this compact; or

14.6 (x) matters specifically exempted from disclosure by federal or state statute; and

14.7 (6) if a meeting, or portion of a meeting, is closed pursuant to this provision, the
14.8 commission's legal counsel or designee shall certify that the meeting may be closed and
14.9 shall reference each relevant exempting provision. The commission shall keep minutes that
14.10 fully and clearly describe all matters discussed in a meeting and shall provide a full and
14.11 accurate summary of actions taken, and the reasons therefore, including a description of the
14.12 views expressed. All documents considered in connection with an action shall be identified
14.13 in minutes. All minutes and documents of a closed meeting shall remain under seal, subject
14.14 to release by a majority vote of the commission or order of a court of competent jurisdiction.

14.15 (c) The commission shall, by a majority vote of the administrators, prescribe bylaws or
14.16 rules to govern its conduct as may be necessary or appropriate to carry out the purposes and
14.17 exercise the powers of this compact, including, but not limited to:

14.18 (1) establishing the fiscal year of the commission;

14.19 (2) providing reasonable standards and procedures:

14.20 (i) for the establishment and meetings of other committees; and

14.21 (ii) governing any general or specific delegation of any authority or function of the
14.22 commission;

14.23 (3) providing reasonable procedures for calling and conducting meetings of the
14.24 commission, ensuring reasonable advance notice of all meetings and providing an opportunity
14.25 for attendance of such meetings by interested parties, with enumerated exceptions designed
14.26 to protect the public's interest, the privacy of individuals, and proprietary information,
14.27 including trade secrets. The commission may meet in closed session only after a majority
14.28 of the administrators vote to close a meeting in whole or in part. As soon as practicable, the
14.29 commission must make public a copy of the vote to close the meeting revealing the vote of
14.30 each administrator, with no proxy votes allowed;

14.31 (4) establishing the titles, duties, and authority and reasonable procedures for the election
14.32 of the officers of the commission;

15.1 (5) providing reasonable standards and procedures for the establishment of the personnel
15.2 policies and programs of the commission. Notwithstanding any civil service or other similar
15.3 laws of any party state, the bylaws shall exclusively govern the personnel policies and
15.4 programs of the commission; and

15.5 (6) providing a mechanism for winding up the operations of the commission and the
15.6 equitable disposition of any surplus funds that may exist after the termination of this compact
15.7 after the payment or reserving of all of its debts and obligations.

15.8 (d) The commission shall publish its bylaws and rules, and any amendments thereto, in
15.9 a convenient form on the Web site of the commission.

15.10 (e) The commission shall maintain its financial records in accordance with the bylaws.

15.11 (f) The commission shall meet and take actions as are consistent with the provisions of
15.12 this compact and the bylaws.

15.13 (g) The commission shall have the following powers:

15.14 (1) to promulgate uniform rules to facilitate and coordinate implementation and
15.15 administration of this compact. The rules shall have the force and effect of law and shall
15.16 be binding in all party states;

15.17 (2) to bring and prosecute legal proceedings or actions in the name of the commission,
15.18 provided that the standing of any licensing board to sue or be sued under applicable law
15.19 shall not be affected;

15.20 (3) to purchase and maintain insurance and bonds;

15.21 (4) to borrow, accept, or contract for services of personnel, including, but not limited
15.22 to, employees of a party state or nonprofit organizations;

15.23 (5) to cooperate with other organizations that administer state compacts related to the
15.24 regulation of nursing, including, but not limited to, sharing administrative or staff expenses,
15.25 office space, or other resources;

15.26 (6) to hire employees, elect or appoint officers, fix compensation, define duties, grant
15.27 such individuals appropriate authority to carry out the purposes of this compact, and to
15.28 establish the commission's personnel policies and programs relating to conflicts of interest,
15.29 qualifications of personnel, and other related personnel matters;

15.30 (7) to accept any and all appropriate donations, grants, and gifts of money, equipment,
15.31 supplies, materials, and services, and to receive, utilize, and dispose of the same; provided

16.1 that at all times the commission shall avoid any appearance of impropriety or conflict of
16.2 interest;

16.3 (8) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own,
16.4 hold, improve, or use any property, whether real, personal, or mixed; provided that at all
16.5 times the commission shall avoid any appearance of impropriety;

16.6 (9) to sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose
16.7 of any property, whether real, personal, or mixed;

16.8 (10) to establish a budget and make expenditures;

16.9 (11) to borrow money;

16.10 (12) to appoint committees, including advisory committees comprised of administrators,
16.11 state nursing regulators, state legislators or their representatives, and consumer
16.12 representatives, and other such interested persons;

16.13 (13) to provide and receive information from, and to cooperate with, law enforcement
16.14 agencies;

16.15 (14) to adopt and use an official seal; and

16.16 (15) to perform such other functions as may be necessary or appropriate to achieve the
16.17 purposes of this Compact consistent with the state regulation of nurse licensure and practice.

16.18 (h) Financing of the commission:

16.19 (1) the commission shall pay, or provide for the payment of, the reasonable expenses of
16.20 its establishment, organization, and ongoing activities;

16.21 (2) the commission may also levy on and collect an annual assessment from each party
16.22 state to cover the cost of its operations, activities, and staff in its annual budget as approved
16.23 each year. The aggregate annual assessment amount, if any, shall be allocated based upon
16.24 a formula to be determined by the commission, which shall promulgate a rule that is binding
16.25 upon all party states;

16.26 (3) the commission shall not incur obligations of any kind prior to securing the funds
16.27 adequate to meet the same; nor shall the commission pledge the credit of any of the party
16.28 states, except by, and with the authority of, such party state; and

16.29 (4) the commission shall keep accurate accounts of all receipts and disbursements. The
16.30 receipts and disbursements of the commission shall be subject to the audit and accounting
16.31 procedures established under its bylaws. However, all receipts and disbursements of funds
16.32 handled by the commission shall be audited yearly by a certified or licensed public

17.1 accountant, and the report of the audit shall be included in and become part of the annual
17.2 report of the commission.

17.3 (i) Qualified immunity, defense, and indemnification:

17.4 (1) the administrators, officers, executive director, employees, and representatives of
17.5 the commission shall be immune from suit and liability, either personally or in their official
17.6 capacity, for any claim for damage to or loss of property or personal injury or other civil
17.7 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
17.8 or that the person against whom the claim is made had a reasonable basis for believing
17.9 occurred, within the scope of commission employment, duties, or responsibilities; provided
17.10 that nothing in this paragraph shall be construed to protect any such person from suit or
17.11 liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton
17.12 misconduct of that person;

17.13 (2) the commission shall defend any administrator, officer, executive director, employee,
17.14 or representative of the commission in any civil action seeking to impose liability arising
17.15 out of any actual or alleged act, error, or omission that occurred within the scope of
17.16 commission employment, duties, or responsibilities, or that the person against whom the
17.17 claim is made had a reasonable basis for believing occurred within the scope of commission
17.18 employment, duties, or responsibilities; provided that nothing herein shall be construed to
17.19 prohibit that person from retaining his or her own counsel; and provided further that the
17.20 actual or alleged act, error, or omission did not result from that person's intentional, willful,
17.21 or wanton misconduct; and

17.22 (3) the commission shall indemnify and hold harmless any administrator, officer,
17.23 executive director, employee, or representative of the commission for the amount of any
17.24 settlement or judgment obtained against that person arising out of any actual or alleged act,
17.25 error, or omission that occurred within the scope of commission employment, duties, or
17.26 responsibilities, or that such person had a reasonable basis for believing occurred within
17.27 the scope of commission employment, duties, or responsibilities, provided that the actual
17.28 or alleged act, error, or omission did not result from the intentional, willful, or wanton
17.29 misconduct of that person.

17.30 ARTICLE VII

17.31 RULEMAKING

17.32 (a) The commission shall exercise its rulemaking powers pursuant to the criteria set
17.33 forth in this article and the rules adopted thereunder. Rules and amendments shall become

18.1 binding as of the date specified in each rule or amendment and shall have the same force
18.2 and effect as provisions of this compact.

18.3 (b) Rules or amendments to the rules shall be adopted at a regular or special meeting of
18.4 the commission.

18.5 (c) Prior to promulgation and adoption of a final rule or rules by the commission, and
18.6 at least 60 days in advance of the meeting at which the rule will be considered and voted
18.7 upon, the commission shall file a notice of proposed rulemaking:

18.8 (1) on the Web site of the commission; and

18.9 (2) on the Web site of each licensing board or the publication in which state would
18.10 otherwise publish proposed rules.

18.11 (d) The notice of proposed rulemaking shall include:

18.12 (1) the proposed time, date, and location of the meeting in which the rule will be
18.13 considered and voted upon;

18.14 (2) the text of the proposed rule or amendment, and the reason for the proposed rule;

18.15 (3) a request for comments on the proposed rule from any interested person; and

18.16 (4) the manner in which interested persons may submit notice to the commission of their
18.17 intention to attend the public hearing and any written comments.

18.18 (e) Prior to adoption of a proposed rule, the commission shall allow persons to submit
18.19 written data, facts, opinions, and arguments, which shall be made available to the public.

18.20 (f) The commission shall grant an opportunity for a public hearing before it adopts a
18.21 rule or amendment.

18.22 (g) The commission shall publish the place, time, and date of the scheduled public
18.23 hearing:

18.24 (1) hearings shall be conducted in a manner providing each person who wishes to
18.25 comment a fair and reasonable opportunity to comment orally or in writing. All hearings
18.26 will be recorded, and a copy will be made available upon request; and

18.27 (2) nothing in this section shall be construed as requiring a separate hearing on each
18.28 rule. Rules may be grouped for the convenience of the commission at hearings required by
18.29 this section.

18.30 (h) If no one appears at the public hearing, the commission may proceed with
18.31 promulgation of the proposed rule.

19.1 (i) Following the scheduled hearing date, or by the close of business on the scheduled
19.2 hearing date if the hearing was not held, the commission shall consider all written and oral
19.3 comments received.

19.4 (j) The commission shall, by majority vote of all administrators, take final action on the
19.5 proposed rule and shall determine the effective date of the rule, if any, based on the
19.6 rulemaking record and the full text of the rule.

19.7 (k) Upon determination that an emergency exists, the commission may consider and
19.8 adopt an emergency rule without prior notice, opportunity for comment or hearing, provided
19.9 that the usual rulemaking procedures provided in this compact and in this section shall be
19.10 retroactively applied to the rule as soon as reasonably possible, in no event later than 90
19.11 days after the effective date of the rule. For the purposes of this provision, an emergency
19.12 rule is one that must be adopted immediately in order to:

19.13 (1) meet an imminent threat to public health, safety, or welfare;

19.14 (2) prevent a loss of commission or party state funds; or

19.15 (3) meet a deadline for the promulgation of an administrative rule that is required by
19.16 federal law or rule.

19.17 (l) The commission may direct revisions to a previously adopted rule or amendment for
19.18 purposes of correcting typographical errors, errors in format, errors in consistency, or
19.19 grammatical errors. Public notice of any revisions shall be posted on the Web site of the
19.20 commission. The revision shall be subject to challenge by any person for a period of 30
19.21 days after posting. The revision may be challenged only on grounds that the revision results
19.22 in a material change to a rule. A challenge shall be made in writing, and delivered to the
19.23 commission prior to the end of the notice period. If no challenge is made, the revision will
19.24 take effect without further action. If the revision is challenged, the revision may not take
19.25 effect without the approval of the commission.

19.26 ARTICLE VIII

19.27 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

19.28 (a) Oversight:

19.29 (1) each party state shall enforce this compact and take all actions necessary and
19.30 appropriate to effectuate this compact's purposes and intent; and

19.31 (2) the commission shall be entitled to receive service of process in any proceeding that
19.32 may affect the powers, responsibilities, or actions of the commission, and shall have standing

20.1 to intervene in such a proceeding for all purposes. Failure to provide service of process in
20.2 such proceeding to the commission shall render a judgment or order void as to the
20.3 commission, this compact, or promulgated rules.

20.4 (b) Default, technical assistance, and termination:

20.5 (1) if the commission determines that a party state has defaulted in the performance of
20.6 its obligations or responsibilities under this compact or the promulgated rules, the commission
20.7 shall:

20.8 (i) provide written notice to the defaulting state and other party states of the nature of
20.9 the default, the proposed means of curing the default or any other action to be taken by the
20.10 commission; and

20.11 (ii) provide remedial training and specific technical assistance regarding the default;

20.12 (2) if a state in default fails to cure the default, the defaulting state's membership in this
20.13 compact may be terminated upon an affirmative vote of a majority of the administrators,
20.14 and all rights, privileges, and benefits conferred by this compact may be terminated on the
20.15 effective date of termination. A cure of the default does not relieve the offending state of
20.16 obligations or liabilities incurred during the period of default;

20.17 (3) termination of membership in this compact shall be imposed only after all other
20.18 means of securing compliance have been exhausted. Notice of intent to suspend or terminate
20.19 shall be given by the commission to the governor of the defaulting state and to the executive
20.20 officer of the defaulting state's licensing board and each of the party states;

20.21 (4) a state whose membership in this compact has been terminated is responsible for all
20.22 assessments, obligations, and liabilities incurred through the effective date of termination,
20.23 including obligations that extend beyond the effective date of termination;

20.24 (5) the commission shall not bear any costs related to a state that is found to be in default
20.25 or whose membership in this compact has been terminated, unless agreed upon in writing
20.26 between the commission and the defaulting state; and

20.27 (6) the defaulting state may appeal the action of the commission by petitioning the U.S.
20.28 District Court for the District of Columbia or the federal district in which the commission
20.29 has its principal offices. The prevailing party shall be awarded all costs of such litigation,
20.30 including reasonable attorneys' fees.

20.31 (c) Dispute resolution:

21.1 (1) upon request by a party state, the commission shall attempt to resolve disputes related
21.2 to the compact that arise among party states and between party and nonparty states;

21.3 (2) the commission shall promulgate a rule providing for both mediation and binding
21.4 dispute resolution for disputes, as appropriate; and

21.5 (3) in the event the commission cannot resolve disputes among party states arising under
21.6 this compact:

21.7 (i) the party states may submit the issues in dispute to an arbitration panel, which will
21.8 be comprised of individuals appointed by the compact administrator in each of the affected
21.9 party states and an individual mutually agreed upon by the compact administrators of all
21.10 the party states involved in the dispute; and

21.11 (ii) the decision of a majority of the arbitrators shall be final and binding.

21.12 (d) Enforcement:

21.13 (1) the commission, in the reasonable exercise of its discretion, shall enforce the
21.14 provisions and rules of this compact;

21.15 (2) by majority vote, the commission may initiate legal action in the U.S. District Court
21.16 for the District of Columbia or the federal district in which the commission has its principal
21.17 offices against a party state that is in default to enforce compliance with the provisions of
21.18 this compact and its promulgated rules and bylaws. The relief sought may include both
21.19 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing
21.20 party shall be awarded all costs of such litigation, including reasonable attorneys' fees; and

21.21 (3) the remedies herein shall not be the exclusive remedies of the commission. The
21.22 commission may pursue any other remedies available under federal or state law.

21.23 ARTICLE IX

21.24 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

21.25 (a) This compact shall become effective and binding on the earlier of the date of
21.26 legislative enactment of this compact into law by no less than 26 states or December 31,
21.27 2018. All party states to this compact, that also were parties to the prior Nurse Licensure
21.28 Compact, superseded by this compact, ("prior compact"), shall be deemed to have withdrawn
21.29 from said prior compact within six months after the effective date of this compact.

21.30 (b) Each party state to this compact shall continue to recognize a nurse's multistate
21.31 licensure privilege to practice in that party state issued under the prior compact until such
21.32 party state has withdrawn from the prior compact.

22.1 (c) Any party state may withdraw from this compact by enacting a statute repealing the
22.2 same. A party state's withdrawal shall not take effect until six months after enactment of
22.3 the repealing statute.

22.4 (d) A party state's withdrawal or termination shall not affect the continuing requirement
22.5 of the withdrawing or terminated state's licensing board to report adverse actions and
22.6 significant investigations occurring prior to the effective date of such withdrawal or
22.7 termination.

22.8 (e) Nothing contained in this compact shall be construed to invalidate or prevent any
22.9 nurse licensure agreement or other cooperative arrangement between a party state and a
22.10 nonparty state that is made in accordance with the other provisions of this compact.

22.11 (f) This compact may be amended by the party states. No amendment to this compact
22.12 shall become effective and binding upon the party states, unless and until it is enacted into
22.13 the laws of all party states.

22.14 (g) Representatives of nonparty states to this compact shall be invited to participate in
22.15 the activities of the commission, on a nonvoting basis, prior to the adoption of this compact
22.16 by all states.

22.17 ARTICLE X

22.18 CONSTRUCTION AND SEVERABILITY

22.19 This compact shall be liberally construed so as to effectuate the purposes thereof. The
22.20 provisions of this compact shall be severable, and if any phrase, clause, sentence, or provision
22.21 of this compact is declared to be contrary to the constitution of any party state or of the
22.22 United States, or if the applicability thereof to any government, agency, person, or
22.23 circumstance is held invalid, the validity of the remainder of this compact and the
22.24 applicability thereof to any government, agency, person, or circumstance shall not be affected
22.25 thereby. If this compact shall be held to be contrary to the constitution of any party state,
22.26 this compact shall remain in full force and effect as to the remaining party states and in full
22.27 force and effect as to the party state affected as to all severable matters.

22.28 Sec. 2. [148.2856] APPLICATION OF NURSE LICENSURE COMPACT TO

22.29 EXISTING LAWS.

22.30 (a) Section 148.2855 does not relieve employers of nurses from complying with statutorily
22.31 imposed obligations.

22.32 (b) Section 148.2855 does not supersede existing state labor laws.

23.1 (c) For purposes of the Minnesota Government Data Practices Act, chapter 13, an
23.2 individual not licensed as a nurse under sections 148.171 to 148.285 who practices
23.3 professional or practical nursing in Minnesota under the authority of section 148.2855 is
23.4 considered to be a licensee of the board.

23.5 (d) Proceedings brought against an individual's multistate privilege shall be adjudicated
23.6 following the procedures listed in sections 14.50 to 14.62 and shall be subject to judicial
23.7 review as provided for in sections 14.63 to 14.69.

23.8 (e) The reporting requirements of sections 144.4175, 148.263, 626.52, and 626.557
23.9 apply to individuals not licensed as registered or licensed practical nurses under sections
23.10 148.171 to 148.285 who practice professional or practical nursing in Minnesota under the
23.11 authority of section 148.2855.

23.12 (f) The board may take action against an individual's multistate privilege based on the
23.13 grounds listed in section 148.261, subdivision 1, and any other statute authorizing or requiring
23.14 the board to take corrective or disciplinary action.

23.15 (g) The board may take all forms of disciplinary action provided for in section 148.262,
23.16 subdivision 1, and corrective action provided for in section 214.103, subdivision 6, against
23.17 an individual's multistate privilege.

23.18 (h) The immunity provisions of section 148.264, subdivision 1, apply to individuals who
23.19 practice professional or practical nursing in Minnesota under the authority of section
23.20 148.2855.

23.21 (i) The cooperation requirements of section 148.265 apply to individuals who practice
23.22 professional or practical nursing in Minnesota under the authority of section 148.2855.

23.23 (j) The provisions of section 148.283 shall not apply to individuals who practice
23.24 professional or practical nursing in Minnesota under the authority of section 148.2855.

23.25 (k) Complaints against individuals who practice professional or practical nursing in
23.26 Minnesota under the authority of section 148.2855 shall be handled as provided in sections
23.27 214.10 and 214.103.

23.28 **Sec. 3. [148.2858] MISCELLANEOUS PROVISIONS.**

23.29 (a) For the purposes of section 148.2855, "head of the Nurse Licensing Board" means
23.30 the executive director of the board.

23.31 (b) The Board of Nursing shall have the authority to recover from a nurse practicing
23.32 professional or practical nursing in Minnesota under the authority of section 148.2855 the

24.1 costs of investigation and disposition of cases resulting from any adverse action taken against
24.2 the nurse.

24.3 Sec. 4. **APPROPRIATION.**

24.4 \$..... in fiscal year 2019 is appropriated from the state government special revenue fund
24.5 to the Board of Nursing for the purposes of implementing Minnesota Statutes, section
24.6 148.2855. The state government special revenue fund base appropriation to the Board of
24.7 Nursing is increased by \$..... in fiscal years 2020 and 2021.

24.8 Sec. 5. **EFFECTIVE DATE.**

24.9 Sections 1 to 3 are effective upon implementation of the coordinated licensure information
24.10 system defined in section 1, article V, but no sooner than July 1, 2019.

APPENDIX
Article locations in HF4227-1

ARTICLE 1 MINNESOTA HEALTH POLICY COMMISSION..... Page.Ln 1.7
ARTICLE 2 NURSE LICENSURE COMPACT..... Page.Ln 5.16