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02/10/2022	4964	Introduction and first reading Referred to Health and Human Services Finance and Policy
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A bill for an act

relating to health; requiring hospital core staffing plans; requiring hospital staffing studies; appropriating money; amending Minnesota Statutes 2020, sections 144.55, subdivision 6; 144.653, subdivision 5; 144.7055; 144.7067, by adding a subdivision; 144A.53, subdivision 2; 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 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. 3. 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. 4. **[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.

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. 5. **[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 it 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. 6. 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: frequency of admissions, discharges, and transfers; frequency and complexity of patient evaluations and assessments; frequency and complexity of nursing care planning; planning for patient discharge; assessing for patient referral; patient education; and 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 by 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. 7. **[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. 8. **[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 onsite 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. 9. **[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:

(i) inappropriate number of direct care registered nurses scheduled in a unit;

(ii) inappropriate number of direct care registered nurses present and delivering care in a unit;

(iii) inappropriately experienced direct care registered nurses scheduled for a particular unit;

(iv) inappropriately experienced direct care registered nurses present and delivering care in a unit;

(v) inability for nurse supervisors to adjust daily nursing schedules for increased patient acuity or nursing intensity in a unit; and

(vi) 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, by 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. 10. **[144.7059] RETALIATION PROHIBITED.**

Neither a hospital nor the Board of Nursing may 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. 11. 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 systematic 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. 12. 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 onsite 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 onsite investigation.

Sec. 13. **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. 14. **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 safe 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. 15. **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. 16. **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. 17. **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. 18. **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.