SGS

SENATE STATE OF MINNESOTA NINETY-THIRD SESSION

S.F. No. 3531

(SENATE AUTHORS: MORRISON, Boldon, Klein, Mann and Abeler) DATE D-PG OFFICIAL STATUS

DATE	D-PG	OFFICIAL STATUS
02/12/2024	11553	Introduction and first reading
		Referred to Health and Human Services
02/15/2024	11619	Authors added Klein; Mann; Abeler
03/11/2024	12100a	Comm report: To pass as amended and re-refer to Judiciary and Public Safety
04/02/2024	13299	Comm report: To pass and re-referred to Health and Human Services
		Joint rule 2.03, referred to Rules and Administration

1.1	A bill for an act
1.2 1.3 1.4 1.5 1.6 1.7	relating to health; prohibiting questions related to provider health conditions on credentialing applications; establishing the health care professional well-being recognition grant program; establishing the physician wellness program; requiring an awareness campaign on well-being of health care workers; appropriating money; amending Minnesota Statutes 2022, section 62Q.097, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 144; 214.
1.8	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.9 1.10	Section 1. Minnesota Statutes 2022, section 62Q.097, is amended by adding a subdivision to read:
1.10	
1.11	Subd. 3. Prohibited application questions. An application for provider credentialing
1.12	must not:
1.13	(1) require the provider to disclose past health conditions;
1.14	(2) require the provider to disclose current health conditions, if they are being treated
1.15	so that the condition does not affect the provider's ability to practice medicine; or
1.16 1.17	(3) require the disclosure of any health conditions which would not affect the provider's ability to practice medicine in a competent, safe, and ethical manner.
1.18	EFFECTIVE DATE. This section applies to applications for provider credentialing
1.19	submitted to a health plan company on or after January 1, 2025.

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2.1	Sec. 2. [144.0765] HEALTH CARE PROFESSIONAL WELL-BEING					
2.2		TION GRANT PRO				
2.3	(a) The c					
2.3	<u></u>	(a) The commissioner of health must award a grant to a nonprofit medical association to establish and operate the Minnesota health care professional well-being recognition				
2.5	program. The grant recipient must establish a program to:					
2.6					liniaian wall haing	
2.6	(1) recognize hospitals, clinics, and health care systems that identify clinician well-being					
2.7 2.8	as a foundational priority and inspire collective action to prioritize institutionalized health				utionalized health	
2.0	care professional well-being as a core value;					
2.9	(2) facilitate cross-organization opportunities to share and promote adoption of effective					
2.10	approaches t	for evidence-informed	d best practices	in health professional v	vell-being;	
2.11	(3) levera	age increased transpar	ency to increase	accountability for organ	nizations to address	
2.12	system solutions and implement optimal well-being practices; and					
2.13	(4) public	cly recognize Minnes	ota health care in	stitutions that have con	nmitted to creating	
2.14	and sustaining positive work environments and culture to prevent and reduce burnout, foster					
2.15	professional well-being, and support quality care.					
2.16	<u>(b)</u> The g	grant recipient must co	onvene a steering	g committee that includ	les representatives	
2.17	from medici	ne, nursing, and other	r health care prot	fessionals to develop re	cognition criteria,	
2.18	eligibility gu	idelines, and program	timelines. The st	eering committee must	develop well-being	
2.19	centered ma	terials intended to hel	lp health system	s leaders interested in i	implementing	
2.20	programs an	d practices that prom	ote health care p	professional well-being	<u>,</u>	
2.21	(c) For a 2	health care institution	to receive recog	nition through the healt	h care professional	
2.22	well-being re	ecognition program, th	ne institution mus	st demonstrate organiza	tional achievement	
2.23	and effort in	the following compe	etency areas eval	uated through self-asso	essment and	
2.24	supporting d	locumentation:				
2.25	(1) asses	sment; demonstrating	g organizational	commitment to monito	oring health care	
2.26	<u> </u>	burnout using an ass				
2.27	()) comp	nitment: demonstrativ	na organizationa	l investment in establis	shing an active	
2.27	<u> </u>	committee or well-bei				

- 2.28 well-being committee or well-being office;
- 2.29 (3) efficiency of practice environment; demonstrating organizational commitment to
- 2.30 measuring and reducing time spent in after-hours work related to electronic health records;
- 2.31 (4) leadership; demonstrating organizational investment in promoting leadership
- 2.32 development;

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3.1	(5) teamwork; demonstrating organizational commitment to promoting and measuring				
3.2	teamwork and team-based care; and				
3.3	(6) support; demonstrating establishment of peer support programs.				
3.4	Sec. 3. [214.41] PHYSICIAN WELLNESS PROGRAM.				
3.5	Subdivision 1. Definition. For the purposes of this section, "physician wellness program"				n wellness program"
3.6	means a pro	gram of evaluation, co	ounseling, or c	other modality to address	s an issue related to
3.7	career fatig	ue or wellness related t	to work stress	for physicians licensed	l under chapter 147
3.8	that is administered by a statewide association that is exempt from taxation under United				
3.9	States Code	, title 26, section 501(c)(6), and that	primarily represents p	hysicians and
3.10	osteopaths of multiple specialties. The term does not include the provision of services				
3.11	intended to monitor for impairment under the authority of section 214.31.				
3.12	<u>Subd. 2.</u>	Confidentiality. Any	record of a pe	erson's participation in a	physician wellness
3.13	program is confidential and not subject to discovery, subpoena, or a reporting requirement				
3.14	to the applicable board, unless the person voluntarily provides for written release of the				
3.15	information, or the disclosure is required to meet the licensee's obligation to report according				
3.16	to section 147.111.				
3.17	7 Subd. 3. Civil liability. Any person, agency, institution, facility, or organization employed				
3.18	by, contract	ing with, or operating a	a physician w	ellness program, when	acting in good faith,
3.19	is immune from civil liability for any action related to their duties in connection with a				
3.20	physician w	ellness program.			
2 21		DDODDIATION, ST		BARRIERS RELATE	
3.21 3.22			IGMA AND	DARNIENS KELAI P	D TO CARE FOR
5.22					
3.23				from the general fund t	
3.24	of health to provide a grant to the Minnesota Medical Association to create and conduct an				
3.25	awareness and education campaign focused on burnout and well-being of health care workers,				
3.26	designed to reduce the stigma of receiving mental health services, to encourage health care				
3.27	workers wh	o are experiencing wor	rkplace-relate	d fatigue to receive the	care they need, and
3.28		•		campaign must be targe	
3.29	professiona	ls, including physician	s, nurses, and	other members of the h	ealth care team. The
3.30				e professionals seeking	help to address
3.31	burnout and	well-being. This is a d	onetime appro	opriation.	

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4.1	Sec. 5. <u>AF</u>	PROPRIATION; H	EALTH CARI	E PROFESSIONAL	WELL-BEING
4.2	<u>RECOGNI</u>	TION PROGRAM.			
4.3	<u>\$500,000</u>	0 in fiscal year 2025 an	nd \$500,000 in	fiscal year 2026 are ap	propriated from the
4.4	general func	l to the commissioner	of health to pro	ovide a grant to the M	innesota Medical

- 4.5 Association for the health care professional well-being recognition program under Minnesota
- 4.6 <u>Statutes, section 144.0765.</u>