

1.1 moves to amend H.F. No. 3242 as follows:

1.2 Page 1, after line 9, insert:

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

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

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

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

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

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

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

2.2 Subd. 4. **Loan forgiveness.** (a) The commissioner of health may select applicants each
2.3 year for participation in the loan forgiveness program, within the limits of available funding.
2.4 In considering applications, the commissioner shall give preference to applicants who
2.5 document diverse cultural competencies. The commissioner shall distribute available funds
2.6 for loan forgiveness proportionally among the eligible professions according to the vacancy
2.7 rate for each profession in the required geographic area, facility type, teaching area, patient
2.8 group, or specialty type specified in subdivision 2. The commissioner shall allocate funds
2.9 for physician loan forgiveness so that 75 percent of the funds available are used for rural
2.10 physician loan forgiveness and 25 percent of the funds available are used for underserved
2.11 urban communities and pediatric psychiatry loan forgiveness. If the commissioner does not
2.12 receive enough qualified applicants each year to use the entire allocation of funds for any
2.13 eligible profession, the remaining funds may be allocated proportionally among the other
2.14 eligible professions according to the vacancy rate for each profession in the required
2.15 geographic area, patient group, or facility type specified in subdivision 2. Applicants are
2.16 responsible for securing their own qualified educational loans. The commissioner shall
2.17 select participants based on their suitability for practice serving the required geographic
2.18 area or facility type specified in subdivision 2, as indicated by experience or training. The
2.19 commissioner shall give preference to applicants closest to completing their training. Except
2.20 as specified in paragraph (b), for each year that a participant meets the service obligation
2.21 required under subdivision 3, up to a maximum of four years, the commissioner shall make
2.22 annual disbursements directly to the participant equivalent to 15 percent of the average
2.23 educational debt for indebted graduates in their profession in the year closest to the applicant's
2.24 selection for which information is available, not to exceed the balance of the participant's
2.25 qualifying educational loans. Before receiving loan repayment disbursements and as
2.26 requested, the participant must complete and return to the commissioner a confirmation of
2.27 practice form provided by the commissioner verifying that the participant is practicing as
2.28 required under subdivisions 2 and 3. The participant must provide the commissioner with
2.29 verification that the full amount of loan repayment disbursement received by the participant
2.30 has been applied toward the designated loans. After each disbursement, verification must
2.31 be received by the commissioner and approved before the next loan repayment disbursement
2.32 is made. Participants who move their practice remain eligible for loan repayment as long
2.33 as they practice as required under subdivision 2.

2.34 (b) For each year that a participant who is a nurse and who has agreed to teach according
2.35 to subdivision 2 meets the teaching obligation required in subdivision 3, the commissioner

3.1 shall make annual disbursements directly to the participant equivalent to 15 percent of the
3.2 average annual educational debt for indebted graduates in the nursing profession in the year
3.3 closest to the participant's selection for which information is available, not to exceed the
3.4 balance of the participant's qualifying educational loans.

3.5 Sec. **[144.1507] HOSPITAL NURSING LOAN FORGIVENESS PROGRAM.**

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

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

3.10 (c) "PSLF program" means the federal Public Student Loan Forgiveness program
3.11 established under Code of Federal Regulations, title 34, section 685.21.

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

3.14 (1) enrolled in the PSLF program;

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

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

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

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

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

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

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

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

3.30 (b) For each year that a participant meets the eligibility requirements described in
3.31 subdivision 2, the commissioner shall make an annual disbursement directly to the participant

4.1 in an amount equal to the minimum loan payments required to be paid by the participant
4.2 under the participant's repayment plan established for the participant under the PSLF program
4.3 for the previous loan year. Before receiving the annual loan repayment disbursement, the
4.4 participant must complete and return to the commissioner a confirmation of practice form
4.5 provided by the commissioner, verifying that the participant continues to meet the eligibility
4.6 requirements under subdivision 2.

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

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

4.22 Page 13, after line 17, insert:

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

4.25 Subd. 15. **Occupational disease.** (a) "Occupational disease" means a mental impairment
4.26 as defined in paragraph (d) or physical disease arising out of and in the course of employment
4.27 peculiar to the occupation in which the employee is engaged and due to causes in excess of
4.28 the hazards ordinary of employment and shall include undulant fever. Physical stimulus
4.29 resulting in mental injury and mental stimulus resulting in physical injury shall remain
4.30 compensable. Mental impairment is not considered a disease if it results from a disciplinary
4.31 action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement,
4.32 or similar action taken in good faith by the employer. Ordinary diseases of life to which the
4.33 general public is equally exposed outside of employment are not compensable, except where
4.34 the diseases follow as an incident of an occupational disease, or where the exposure peculiar

5.1 to the occupation makes the disease an occupational disease hazard. A disease arises out of
5.2 the employment only if there be a direct causal connection between the conditions under
5.3 which the work is performed and if the occupational disease follows as a natural incident
5.4 of the work as a result of the exposure occasioned by the nature of the employment. An
5.5 employer is not liable for compensation for any occupational disease which cannot be traced
5.6 to the employment as a direct and proximate cause and is not recognized as a hazard
5.7 characteristic of and peculiar to the trade, occupation, process, or employment or which
5.8 results from a hazard to which the worker would have been equally exposed outside of the
5.9 employment.

5.10 (b) If immediately preceding the date of disablement or death, an employee was employed
5.11 on active duty with an organized fire or police department of any municipality, as a member
5.12 of the Minnesota State Patrol, conservation officer service, state crime bureau, as a forest
5.13 officer by the Department of Natural Resources, correctional officer or security counselor
5.14 employed by the state or a political subdivision at a corrections, detention, or secure treatment
5.15 facility, or sheriff or full-time deputy sheriff of any county, and the disease is that of
5.16 myocarditis, coronary sclerosis, pneumonia or its sequel, and at the time of employment
5.17 such employee was given a thorough physical examination by a licensed doctor of medicine,
5.18 and a written report thereof has been made and filed with such organized fire or police
5.19 department, with the Minnesota State Patrol, conservation officer service, state crime bureau,
5.20 Department of Natural Resources, Department of Corrections, or sheriff's department of
5.21 any county, which examination and report negated any evidence of myocarditis, coronary
5.22 sclerosis, pneumonia or its sequel, the disease is presumptively an occupational disease and
5.23 shall be presumed to have been due to the nature of employment. If immediately preceding
5.24 the date of disablement or death, any individual who by nature of their position provides
5.25 emergency medical care, or an employee who was employed as a licensed police officer
5.26 under section 626.84, subdivision 1; firefighter; paramedic; correctional officer or security
5.27 counselor employed by the state or a political subdivision at a corrections, detention, or
5.28 secure treatment facility; emergency medical technician; or licensed nurse providing
5.29 emergency medical care; and who contracts an infectious or communicable disease to which
5.30 the employee was exposed in the course of employment outside of a hospital, then the
5.31 disease is presumptively an occupational disease and shall be presumed to have been due
5.32 to the nature of employment and the presumption may be rebutted by substantial factors
5.33 brought by the employer or insurer. Any substantial factors which shall be used to rebut
5.34 this presumption and which are known to the employer or insurer at the time of the denial
5.35 of liability shall be communicated to the employee on the denial of liability.

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

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

6.17 (e) If, preceding the date of disablement or death, an employee who was employed on
6.18 active duty as: a licensed police officer; a firefighter; a paramedic; an emergency medical
6.19 technician; a licensed nurse employed to provide emergency medical services outside of a
6.20 medical facility; a licensed registered nurse employed to provide direct care in a licensed
6.21 hospital; a public safety dispatcher; a correctional officer or security counselor employed
6.22 by the state or a political subdivision at a corrections, detention, or secure treatment facility;
6.23 a sheriff or full-time deputy sheriff of any county; or a member of the Minnesota State Patrol
6.24 is diagnosed with a mental impairment as defined in paragraph (d), and had not been
6.25 diagnosed with the mental impairment previously, then the mental impairment is
6.26 presumptively an occupational disease and shall be presumed to have been due to the nature
6.27 of employment. This presumption may be rebutted by substantial factors brought by the
6.28 employer or insurer. Any substantial factors that are used to rebut this presumption and that
6.29 are known to the employer or insurer at the time of the denial of liability shall be
6.30 communicated to the employee on the denial of liability. The mental impairment is not
6.31 considered an occupational disease if it results from a disciplinary action, work evaluation,
6.32 job transfer, layoff, demotion, promotion, termination, retirement, or similar action taken
6.33 in good faith by the employer.

6.34 (f) Notwithstanding paragraph (a) and the rebuttable presumption for infectious or
6.35 communicable diseases in paragraph (b), an employee who contracts COVID-19 is presumed

7.1 to have an occupational disease arising out of and in the course of employment if the
7.2 employee satisfies the requirements of clauses (1) and (2).

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

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

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

7.21 (4) The date of injury for an employee who has contracted COVID-19 under this
7.22 paragraph shall be the date that the employee was unable to work due to a diagnosis of
7.23 COVID-19, or due to symptoms that were later diagnosed as COVID-19, whichever occurred
7.24 first.

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

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

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

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

8.8 Page 14, after line 32, insert:

8.9 "Sec. **APPROPRIATION; LOAN FORGIVENESS FOR NURSING**
8.10 **INSTRUCTORS.**

8.11 Notwithstanding the priorities and distribution requirements under Minnesota Statutes,
8.12 section 144.1501, \$50,000 in fiscal year 2023 is appropriated from the general fund to the
8.13 commissioner of health for the health professional education loan forgiveness program
8.14 under Minnesota Statutes, section 144.1501, to be distributed in accordance with the program
8.15 to eligible nurses who have agreed to teach in accordance with Minnesota Statutes, section
8.16 144.1501, subdivision 2. This is a onetime appropriation and is available until June 30,
8.17 2024.

8.18 Sec. **APPROPRIATION; IMPROVING MENTAL HEALTH OF HEALTH CARE**
8.19 **WORKERS.**

8.20 \$1,000,000 in fiscal year 2023 is appropriated from the general fund to the commissioner
8.21 of health for competitive grants to hospitals, community health centers, rural health clinics,
8.22 and medical professional associations to establish or enhance evidence-based or
8.23 evidence-informed programs dedicated to improving the mental health of health care
8.24 professionals. The general fund base for this appropriation is \$1,000,000 in fiscal year 2024
8.25 and \$1,000,000 in fiscal year 2025.

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

8.27 \$50,000 in fiscal year 2023 is appropriated to the commissioner of health to continue
8.28 the prevention of violence in health care programs and to create violence prevention resources
8.29 for hospitals and other health care providers to use to train their staff on violence prevention.
8.30 The general fund base for this appropriation is \$50,000 in fiscal year 2024 and \$50,000 in
8.31 fiscal year 2025.

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

9.2 \$..... in fiscal year 2023 is appropriated from the general fund to the commissioner of
9.3 health for the hospital nursing loan forgiveness program under Minnesota Statutes, section
9.4 144.1507."

9.5 Renumber the sections in sequence and correct the internal references

9.6 Amend the title accordingly