

1.1 moves to amend H.F. No. 1700 as follows:

1.2 Page 1, after line 21, insert:

1.3 "Section 1. Minnesota Statutes 2022, section 144.653, subdivision 5, is amended to read:

1.4 Subd. 5. **Correction orders.** Whenever a duly authorized representative of the state
1.5 commissioner of health finds upon inspection of a facility required to be licensed under the
1.6 provisions of sections 144.50 to 144.58 that the licensee of such facility is not in compliance
1.7 with sections 144.411 to 144.417, 144.50 to 144.58, 144.651, 144.7051 to 144.7058, or
1.8 626.557, or the applicable rules promulgated under those sections, a correction order shall
1.9 be issued to the licensee. The correction order shall state the deficiency, cite the specific
1.10 rule violated, and specify the time allowed for correction."

1.11 Page 2, line 1, after "a" insert "standard uniform"

1.12 Page 2, line 2, after "form" insert "developed by the commissioner"

1.13 Page 2, line 17, before "Each" insert "(a)"

1.14 Page 2, after line 21, insert:

1.15 "(b) The commissioner is not required to verify compliance with this section by an
1.16 on-site visit."

1.17 Page 3, line 13, after the second comma, insert "and" and delete ", and anonymous"

1.18 Page 3, line 17, after "the" insert "relevant"

1.19 Page 3, line 25, delete everything after "in" and insert "compiling data for the Nursing
1.20 Workforce Report by"

- 2.1 Page 3, line 26, delete "facilitating and" and delete everything after "in" and insert "the
2.2 commissioner's independent study on reasons licensed registered nurses are leaving the
2.3 profession"
- 2.4 Page 3, line 27, delete everything before the semicolon
- 2.5 Page 4, line 2, before "Each" insert "(a)"
- 2.6 Page 4, line 3, delete "a" and delete "committee" and insert "committees for each unit"
- 2.7 Page 4, after line 3, insert:
- 2.8 "(b) The commissioner is not required to verify compliance with this section by an
2.9 on-site visit."
- 2.10 Page 4, line 4, delete "the hospital" and insert "each workload"
- 2.11 Page 4, line 5, delete "nurse staffing"
- 2.12 Page 4, lines 6 and 7, delete "a specific" and insert "the"
- 2.13 Page 4, lines 12 and 13, delete "employed by the hospital" and insert "typically assigned
2.14 to the unit for an entire shift"
- 2.15 Page 4, line 14, delete "the hospital" and insert "each unit's"
- 2.16 Page 4, after line 15, insert:
- 2.17 "(c) Notwithstanding paragraphs (a) and (b), if a hospital has established a staffing
2.18 committee through collective bargaining, then the composition of that committee prevails."
- 2.19 Page 4, line 17, delete "the" and insert "a" and delete "meetings" and insert "meeting"
- 2.20 Page 4, line 19, delete "the" and insert "a"
- 2.21 Page 5, after line 26, insert:
- 2.22 "(b) The commissioner is not required to verify compliance with this section by an
2.23 on-site visit."
- 2.24 Page 5, line 27, strike "(b)" and insert "(c)"
- 2.25 Page 6, line 16, strike "(c)" and insert "(d)"
- 2.26 Page 8, line 13, after "submit" insert "to the commissioner"
- 2.27 Page 8, line 28, before "A" insert "(a)"
- 2.28 Page 8, after line 29, insert:

3.1 "(b) The commissioner is not required to verify compliance with this section by on-site
3.2 visits during routine hospital surveys."

3.3 Page 10, lines 7 and 8, after "labor" insert "and industry"

3.4 Page 11, line 10, delete "Office of Health Facility" and insert "commissioner"

3.5 Page 11, line 11, delete "Complaints"

3.6 Page 11, line 22, before "The" insert "Notwithstanding section 144.653, subdivisions 5
3.7 and 6," and delete "administrative" and insert "immediate"

3.8 Page 11, line 24, after the period, insert "The facility may request a hearing on the
3.9 immediate fine under section 144.653, subdivision 8."

3.10 Page 13, delete subdivision 6 and insert:

3.11 "Subd. 6. **Enforcement.** The commissioner of labor and industry shall enforce this
3.12 section. The commissioner of labor and industry may assess a fine of up to \$5,000 for each
3.13 violation of this section."

3.14 Page 14, line 3, delete "provide electronic access to" and insert "develop"

3.15 Page 14, line 4, after "form" insert "and provide an electronic means of submitting the
3.16 form to the relevant hospital nurse staffing committee"

3.17 Page 19, line 12, delete "database" and insert "structure"

3.18 Page 20, line 15, after "staffing" insert "to reduce the risk of violence"

3.19 Page 20, line 24, delete "Public"

3.20 Page 20, line 26, delete "publicly" and reinstate "to" and after "enforcement" insert "all
3.21 direct care staff" and reinstate "and, if any of its workers are represented"

3.22 Page 20, reinstate line 27

3.23 Page 20, line 28, reinstate the stricken language and delete the new language

3.24 Page 20, line 31, before "The" insert "(a)"

3.25 Page 20, line 32, after "single" insert "annual"

3.26 Page 20, line 33, after "care" insert "by January 15 of each year"

3.27 Page 20, after line 33, insert:

3.28 "(b) This subdivision does not expire."

4.1 Page 21, line 6, before "The" insert "Notwithstanding section 144.653, subdivision 6,"
4.2 and strike "an administrative" and insert "a"

4.3 Page 21, line 7, after the period, insert "The commissioner must allow the hospital at
4.4 least 30 calendar days to correct a violation of this section before assessing a fine."

4.5 Page 21, delete article 5 and insert:

4.6 **"ARTICLE 5**
4.7 **NURSE LOAN FORGIVENESS**

4.8 Section 1. Minnesota Statutes 2022, section 144.1501, subdivision 1, is amended to read:

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

4.11 (b) "Advanced dental therapist" means an individual who is licensed as a dental therapist
4.12 under section 150A.06, and who is certified as an advanced dental therapist under section
4.13 150A.106.

4.14 (c) "Alcohol and drug counselor" means an individual who is licensed as an alcohol and
4.15 drug counselor under chapter 148F.

4.16 (d) "Dental therapist" means an individual who is licensed as a dental therapist under
4.17 section 150A.06.

4.18 (e) "Dentist" means an individual who is licensed to practice dentistry.

4.19 (f) "Designated rural area" means a statutory and home rule charter city or township that
4.20 is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2,
4.21 excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

4.22 (g) "Emergency circumstances" means those conditions that make it impossible for the
4.23 participant to fulfill the service commitment, including death, total and permanent disability,
4.24 or temporary disability lasting more than two years.

4.25 (h) "Hospital nurse" means an individual who is licensed as a registered nurse and who
4.26 is providing direct patient care in a nonprofit hospital setting.

4.27 (i) "Mental health professional" means an individual providing clinical services in the
4.28 treatment of mental illness who is qualified in at least one of the ways specified in section
4.29 245.462, subdivision 18.

4.30 (j) "Medical resident" means an individual participating in a medical residency in
4.31 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

5.1 ~~(j)~~ (k) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse
5.2 anesthetist, advanced clinical nurse specialist, or physician assistant.

5.3 ~~(k)~~ (l) "Nurse" means an individual who has completed training and received all licensing
5.4 or certification necessary to perform duties as a licensed practical nurse or registered nurse.

5.5 ~~(l)~~ (m) "Nurse-midwife" means a registered nurse who has graduated from a program
5.6 of study designed to prepare registered nurses for advanced practice as nurse-midwives.

5.7 ~~(m)~~ (n) "Nurse practitioner" means a registered nurse who has graduated from a program
5.8 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

5.9 ~~(n)~~ (o) "Pharmacist" means an individual with a valid license issued under chapter 151.

5.10 ~~(o)~~ (p) "Physician" means an individual who is licensed to practice medicine in the areas
5.11 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

5.12 ~~(p)~~ (q) "Physician assistant" means a person licensed under chapter 147A.

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

5.15 ~~(q)~~ (s) "Public health nurse" means a registered nurse licensed in Minnesota who has
5.16 obtained a registration certificate as a public health nurse from the Board of Nursing in
5.17 accordance with Minnesota Rules, chapter 6316.

5.18 ~~(r)~~ (t) "Qualified educational loan" means a government, commercial, or foundation loan
5.19 for actual costs paid for tuition, reasonable education expenses, and reasonable living
5.20 expenses related to the graduate or undergraduate education of a health care professional.

5.21 ~~(s)~~ (u) "Underserved urban community" means a Minnesota urban area or population
5.22 included in the list of designated primary medical care health professional shortage areas
5.23 (HPSAs), medically underserved areas (MUAs), or medically underserved populations
5.24 (MUPs) maintained and updated by the United States Department of Health and Human
5.25 Services.

5.26 Sec. 2. Minnesota Statutes 2022, section 144.1501, subdivision 2, is amended to read:

5.27 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness
5.28 program account is established. The commissioner of health shall use money from the
5.29 account to establish a loan forgiveness program:

6.1 (1) for medical residents, mental health professionals, and alcohol and drug counselors
6.2 agreeing to practice in designated rural areas or underserved urban communities or
6.3 specializing in the area of pediatric psychiatry;

6.4 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach
6.5 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program
6.6 at the undergraduate level or the equivalent at the graduate level;

6.7 (3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care
6.8 facility for persons with developmental disability; a hospital if the hospital owns and operates
6.9 a Minnesota nursing home and a minimum of 50 percent of the hours worked by the nurse
6.10 is in the nursing home; a housing with services establishment as defined in section 144D.01,
6.11 subdivision 4; or for a home care provider as defined in section 144A.43, subdivision 4; or
6.12 agree to teach at least 12 credit hours, or 720 hours per year in the nursing field in a
6.13 postsecondary program at the undergraduate level or the equivalent at the graduate level;

6.14 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
6.15 hours per year in their designated field in a postsecondary program at the undergraduate
6.16 level or the equivalent at the graduate level. The commissioner, in consultation with the
6.17 Healthcare Education-Industry Partnership, shall determine the health care fields where the
6.18 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
6.19 technology, radiologic technology, and surgical technology;

6.20 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses
6.21 who agree to practice in designated rural areas; ~~and~~

6.22 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient
6.23 encounters to state public program enrollees or patients receiving sliding fee schedule
6.24 discounts through a formal sliding fee schedule meeting the standards established by the
6.25 United States Department of Health and Human Services under Code of Federal Regulations,
6.26 title 42, section 51, chapter 303; and

6.27 (7) for nurses who are enrolled in the PSLF program, employed as a hospital nurse by
6.28 a nonprofit hospital that is an eligible employer under the PSLF program, and providing
6.29 direct care to patients at the nonprofit hospital.

6.30 (b) Appropriations made to the account do not cancel and are available until expended,
6.31 except that at the end of each biennium, any remaining balance in the account that is not
6.32 committed by contract and not needed to fulfill existing commitments shall cancel to the
6.33 fund.

7.1 Sec. 3. Minnesota Statutes 2022, section 144.1501, subdivision 3, is amended to read:

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

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

7.10 (2) submit an application to the commissioner of health. Nurses applying under
7.11 subdivision 2, paragraph (a), clause (7), must also include proof that the applicant is enrolled
7.12 in the PSLF program and confirmation that the applicant is employed as a hospital nurse.

7.13 (b) An applicant selected to participate must sign a contract to agree to serve a minimum
7.14 three-year full-time service obligation according to subdivision 2, which shall begin no later
7.15 than March 31 following completion of required training, with the exception of:

7.16 (1) a nurse, who must agree to serve a minimum two-year full-time service obligation
7.17 according to subdivision 2, which shall begin no later than March 31 following completion
7.18 of required training;

7.19 (2) a nurse selected under subdivision 2, paragraph (a), clause (7), who must agree to
7.20 continue as a hospital nurse for the repayment period of the participant's eligible loan under
7.21 the PSLF program; and

7.22 (3) a nurse who agrees to teach according to subdivision 2, paragraph (a), clause (3),
7.23 who must sign a contract to agree to teach for a minimum of two years.

7.24 Sec. 4. Minnesota Statutes 2022, section 144.1501, subdivision 4, is amended to read:

7.25 Subd. 4. **Loan forgiveness.** (a) The commissioner of health may select applicants each
7.26 year for participation in the loan forgiveness program, within the limits of available funding.
7.27 In considering applications, the commissioner shall give preference to applicants who
7.28 document diverse cultural competencies. The commissioner shall distribute available funds
7.29 for loan forgiveness proportionally among the eligible professions according to the vacancy
7.30 rate for each profession in the required geographic area, facility type, teaching area, patient
7.31 group, or specialty type specified in subdivision 2, except for hospital nurses. The
7.32 commissioner shall allocate funds for physician loan forgiveness so that 75 percent of the
7.33 funds available are used for rural physician loan forgiveness and 25 percent of the funds

8.1 available are used for underserved urban communities and pediatric psychiatry loan
8.2 forgiveness. If the commissioner does not receive enough qualified applicants each year to
8.3 use the entire allocation of funds for any eligible profession, the remaining funds may be
8.4 allocated proportionally among the other eligible professions according to the vacancy rate
8.5 for each profession in the required geographic area, patient group, or facility type specified
8.6 in subdivision 2. Applicants are responsible for securing their own qualified educational
8.7 loans. The commissioner shall select participants based on their suitability for practice
8.8 serving the required geographic area or facility type specified in subdivision 2, as indicated
8.9 by experience or training. The commissioner shall give preference to applicants closest to
8.10 completing their training. Except as specified in paragraphs (b) and (c), for each year that
8.11 a participant meets the service obligation required under subdivision 3, up to a maximum
8.12 of four years, the commissioner shall make annual disbursements directly to the participant
8.13 equivalent to 15 percent of the average educational debt for indebted graduates in their
8.14 profession in the year closest to the applicant's selection for which information is available,
8.15 not to exceed the balance of the participant's qualifying educational loans. Before receiving
8.16 loan repayment disbursements and as requested, the participant must complete and return
8.17 to the commissioner a confirmation of practice form provided by the commissioner verifying
8.18 that the participant is practicing as required under subdivisions 2 and 3. The participant
8.19 must provide the commissioner with verification that the full amount of loan repayment
8.20 disbursement received by the participant has been applied toward the designated loans.
8.21 After each disbursement, verification must be received by the commissioner and approved
8.22 before the next loan repayment disbursement is made. Participants who move their practice
8.23 remain eligible for loan repayment as long as they practice as required under subdivision
8.24 2.

8.25 (b) For hospital nurses, the commissioner of health shall select applicants each year for
8.26 participation in the hospital nursing education loan forgiveness program, within limits of
8.27 available funding for hospital nurses. Applicants are responsible for applying for and
8.28 maintaining eligibility for the PSLF program. For each year that a participant meets the
8.29 eligibility requirements described in subdivision 3, the commissioner shall make an annual
8.30 disbursement directly to the participant in an amount equal to the minimum loan payments
8.31 required to be paid by the participant under the participant's repayment plan established for
8.32 the participant under the PSLF program for the previous loan year. Before receiving the
8.33 annual loan repayment disbursement, the participant must complete and return to the
8.34 commissioner a confirmation of practice form provided by the commissioner, verifying that
8.35 the participant continues to meet the eligibility requirements under subdivision 3. The
8.36 participant must provide the commissioner with verification that the full amount of loan

9.1 repayment disbursement received by the participant has been applied toward the loan for
9.2 which forgiveness is sought under the PSLF program.

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

9.9 Sec. 5. Minnesota Statutes 2022, section 144.1501, subdivision 5, is amended to read:

9.10 Subd. 5. **Penalty for nonfulfillment.** If a participant does not fulfill the required
9.11 minimum commitment of service according to subdivision 3, or for hospital nurses, if the
9.12 secretary of education determines that the participant does not meet eligibility requirements
9.13 for the PSLF, the commissioner of health shall collect from the participant the total amount
9.14 paid to the participant under the loan forgiveness program plus interest at a rate established
9.15 according to section 270C.40. The commissioner shall deposit the money collected in the
9.16 health care access fund to be credited to the health professional education loan forgiveness
9.17 program account established in subdivision 2. The commissioner shall allow waivers of all
9.18 or part of the money owed the commissioner as a result of a nonfulfillment penalty if
9.19 emergency circumstances prevented fulfillment of the minimum service commitment, or
9.20 for hospital nurses, if the PSLF program is discontinued before the participant's service
9.21 commitment is fulfilled.

9.22 Sec. 6. Minnesota Statutes 2022, section 144.608, subdivision 1, is amended to read:

9.23 Subdivision 1. **Trauma Advisory Council established.** (a) A Trauma Advisory Council
9.24 is established to advise, consult with, and make recommendations to the commissioner on
9.25 the development, maintenance, and improvement of a statewide trauma system.

9.26 (b) The council shall consist of the following members:

9.27 (1) a trauma surgeon certified by the American Board of Surgery or the American
9.28 Osteopathic Board of Surgery who practices in a level I or II trauma hospital;

9.29 (2) a general surgeon certified by the American Board of Surgery or the American
9.30 Osteopathic Board of Surgery whose practice includes trauma and who practices in a
9.31 designated rural area as defined under section 144.1501, subdivision 1, ~~paragraph (c);~~

10.1 (3) a neurosurgeon certified by the American Board of Neurological Surgery who
10.2 practices in a level I or II trauma hospital;

10.3 (4) a trauma program nurse manager or coordinator practicing in a level I or II trauma
10.4 hospital;

10.5 (5) an emergency physician certified by the American Board of Emergency Medicine
10.6 or the American Osteopathic Board of Emergency Medicine whose practice includes
10.7 emergency room care in a level I, II, III, or IV trauma hospital;

10.8 (6) a trauma program manager or coordinator who practices in a level III or IV trauma
10.9 hospital;

10.10 (7) a physician certified by the American Board of Family Medicine or the American
10.11 Osteopathic Board of Family Practice whose practice includes emergency department care
10.12 in a level III or IV trauma hospital located in a designated rural area as defined under section
10.13 144.1501, subdivision 1, ~~paragraph (e)~~;

10.14 (8) a nurse practitioner, as defined under section 144.1501, subdivision 1, ~~paragraph (l)~~,
10.15 or a physician assistant, as defined under section 144.1501, subdivision 1, ~~paragraph (e)~~,
10.16 whose practice includes emergency room care in a level IV trauma hospital located in a
10.17 designated rural area as defined under section 144.1501, subdivision 1, ~~paragraph (e)~~;

10.18 (9) a physician certified in pediatric emergency medicine by the American Board of
10.19 Pediatrics or certified in pediatric emergency medicine by the American Board of Emergency
10.20 Medicine or certified by the American Osteopathic Board of Pediatrics whose practice
10.21 primarily includes emergency department medical care in a level I, II, III, or IV trauma
10.22 hospital, or a surgeon certified in pediatric surgery by the American Board of Surgery whose
10.23 practice involves the care of pediatric trauma patients in a trauma hospital;

10.24 (10) an orthopedic surgeon certified by the American Board of Orthopaedic Surgery or
10.25 the American Osteopathic Board of Orthopedic Surgery whose practice includes trauma
10.26 and who practices in a level I, II, or III trauma hospital;

10.27 (11) the state emergency medical services medical director appointed by the Emergency
10.28 Medical Services Regulatory Board;

10.29 (12) a hospital administrator of a level III or IV trauma hospital located in a designated
10.30 rural area as defined under section 144.1501, subdivision 1, ~~paragraph (e)~~;

10.31 (13) a rehabilitation specialist whose practice includes rehabilitation of patients with
10.32 major trauma injuries or traumatic brain injuries and spinal cord injuries as defined under
10.33 section 144.661;

11.1 (14) an attendant or ambulance director who is an EMT, EMT-I, or EMT-P within the
 11.2 meaning of section 144E.001 and who actively practices with a licensed ambulance service
 11.3 in a primary service area located in a designated rural area as defined under section 144.1501,
 11.4 subdivision 1, ~~paragraph (e)~~; and

11.5 (15) the commissioner of public safety or the commissioner's designee.

11.6 Sec. 7. Minnesota Statutes 2022, section 147A.08, is amended to read:

11.7 **147A.08 EXEMPTIONS.**

11.8 (a) This chapter does not apply to, control, prevent, or restrict the practice, service, or
 11.9 activities of persons listed in section 147.09, clauses (1) to (6) and (8) to (13);² persons
 11.10 regulated under section 214.01, subdivision 2;² or ~~persons~~ midlevel practitioners, nurses,
 11.11 or nurse-midwives as defined in section 144.1501, subdivision 1, ~~paragraphs (i), (k), and~~
 11.12 ~~(l)~~.

11.13 (b) Nothing in this chapter shall be construed to require licensure of:

11.14 (1) a physician assistant student enrolled in a physician assistant educational program
 11.15 accredited by the Accreditation Review Commission on Education for the Physician Assistant
 11.16 or by its successor agency approved by the board;

11.17 (2) a physician assistant employed in the service of the federal government while
 11.18 performing duties incident to that employment; or

11.19 (3) technicians, other assistants, or employees of physicians who perform delegated
 11.20 tasks in the office of a physician but who do not identify themselves as a physician assistant.

11.21 Sec. 8. **APPROPRIATION; HOSPITAL NURSING LOAN FORGIVENESS.**

11.22 Notwithstanding the priorities and distribution requirements under Minnesota Statutes,
 11.23 section 144.1501, \$5,000,000 in fiscal year 2024 and \$5,000,000 in fiscal year 2025 are
 11.24 appropriated from the general fund to the commissioner of health for the health professional
 11.25 education loan forgiveness program under Minnesota Statutes, section 144.1501, to be
 11.26 distributed to eligible nurses who have agreed to be hospital nurses in accordance with
 11.27 Minnesota Statutes, section 144.1501, subdivision 2, clause (7).

11.28 Sec. 9. **APPROPRIATION; LOAN FORGIVENESS FOR NURSING**
 11.29 **INSTRUCTORS.**

11.30 Notwithstanding the priorities and distribution requirements under Minnesota Statutes,
 11.31 section 144.1501, \$..... in fiscal year 2024 and \$..... in fiscal year 2025 are appropriated

12.1 from the general fund to the commissioner of health for the health professional education
 12.2 loan forgiveness program under Minnesota Statutes, section 144.1501, to be distributed in
 12.3 accordance with the program to eligible nurses who have agreed to teach in accordance
 12.4 with Minnesota Statutes, section 144.1501, subdivision 2, clause (3)."

12.5 Page 23, delete article 6

12.6 Page 25, delete section 1 and insert:

12.7 "Section 1. Minnesota Statutes 2022, section 144.7067, subdivision 1, is amended to read:

12.8 Subdivision 1. **Establishment of reporting system.** (a) The commissioner shall establish
 12.9 an adverse health event reporting system designed to facilitate quality improvement in the
 12.10 health care system. The reporting system shall not be designed to punish errors by health
 12.11 care practitioners or health care facility employees.

12.12 (b) The reporting system shall consist of:

12.13 (1) mandatory reporting by facilities of 27 adverse health care events;

12.14 (2) mandatory reporting by facilities of whether the unit where an adverse event occurred
 12.15 was in compliance with the core staffing plan for the unit at the time of the adverse event;

12.16 (3) mandatory completion of a root cause analysis and a corrective action plan by the
 12.17 facility and reporting of the findings of the analysis and the plan to the commissioner or
 12.18 reporting of reasons for not taking corrective action;

12.19 ~~(3)~~ (4) analysis of reported information by the commissioner to determine patterns of
 12.20 systemic failure in the health care system and successful methods to correct these failures;

12.21 ~~(4)~~ (5) sanctions against facilities for failure to comply with reporting system
 12.22 requirements; and

12.23 ~~(5)~~ (6) communication from the commissioner to facilities, health care purchasers, and
 12.24 the public to maximize the use of the reporting system to improve health care quality.

12.25 (c) The commissioner is not authorized to select from or between competing alternate
 12.26 acceptable medical practices.

12.27 **EFFECTIVE DATE.** This section is effective October 1, 2025.

13.1 Sec. 2. **DIRECTION TO COMMISSIONER OF HEALTH; DEVELOPMENT OF**
13.2 **ANALYTICAL TOOLS.**

13.3 (a) The commissioner of health, in consultation with the Minnesota Nurses Association
13.4 and other professional nursing organizations, must develop a means of analyzing available
13.5 adverse event data, available staffing data, and available data from concern for safe staffing
13.6 forms to examine potential causal links between adverse events and understaffing.

13.7 (b) The commissioner must develop an initial means of conducting the analysis described
13.8 in paragraph (a) by January 1, 2025, and publish a public report on the commissioner's
13.9 initial findings by January 1, 2026.

13.10 (c) By January 1, 2024, the commissioner must submit to the chairs and ranking minority
13.11 members of the house and senate committees with jurisdiction over the regulation of hospitals
13.12 a report on the available data, potential sources of additional useful data, and any additional
13.13 statutory authority the commissioner requires to collect additional useful information from
13.14 hospitals.

13.15 **EFFECTIVE DATE.** This section is effective August 1, 2023.

13.16 Sec. 3. **DIRECTION TO COMMISSIONER OF HEALTH; NURSING**
13.17 **WORKFORCE REPORT.**

13.18 (a) The commissioner of health must publish a public report on the current status of the
13.19 state's nursing workforce employed by hospitals. In preparing the report, the commissioner
13.20 shall utilize information collected in collaboration with the Board of Nursing as directed
13.21 under Minnesota Statutes, sections 144.051 and 144.052, on Minnesota's supply of active
13.22 licensed nurses and reasons licensed nurses are leaving direct care positions at hospitals;
13.23 information collected and shared by the Minnesota Hospital Association on retention by
13.24 hospitals of licensed nurses; information collected through an independent study on reasons
13.25 licensed nurses are choosing not to renew their licenses and leaving the profession; and
13.26 other publicly available data the commissioner deems useful.

13.27 (b) The commissioner must publish the report by January 1, 2026."

13.28 Page 26, delete sections 2 and 3 and insert:

13.29 "Sec. 4. **APPROPRIATION; DEVELOPMENT OF ANALYTICAL TOOLS.**

13.30 \$..... in fiscal year 2024 and \$..... in fiscal year 2025 are appropriated from the general
13.31 fund to the commissioner of health for an examination of adverse event data, available

- 14.1 staffing data, and available data from concern for safe staffing forms to identify potential
14.2 links between adverse events and understaffing.

14.3 Sec. 5. **APPROPRIATION; NURSING WORKFORCE REPORT.**

- 14.4 \$..... in fiscal year 2024 and \$..... in fiscal year 2025 are appropriated from the general
14.5 fund to the commissioner of health for a report on the current status of the state's nursing
14.6 workforce employed by hospitals."

14.7 Renumber the articles and sections in sequence and correct the internal references

14.8 Amend the title accordingly