

1.1 Senator moves to amend the delete-everything amendment (SCS1384A21)
1.2 to S.F. No. 1384 as follows:

1.3 Page 12, line 2, delete "clause (1) or (2)"

1.4 Page 14, delete section 10 and insert:

1.5 "Sec. 10. [144.7052] APPLICABILITY.

1.6 Sections 144.7053 to 144.7054; 144.7056 to 144.7059; and 144.7067, subdivision 1,
1.7 paragraph (b), clause (2), and the amendments to section 144.7055 enacted in Laws 2023
1.8 do not apply to any hospital that is part of a health care system owned, operated, or governed
1.9 by a nonprofit corporation that includes a national referral center located in Olmsted County
1.10 engaged in substantial programs of patient care, medical research, and medical education
1.11 addressing state and national needs."

1.12 Page 15, line 22, delete "At least" and insert "Fifty percent of the hospital nurse staffing
1.13 committee's membership must be composed of direct health care workers. Approximately"

1.14 Page 15, line 24, delete "at least" and insert "approximately"

1.15 Page 18, line 3, after "the" insert "estimate whole"

1.16 Page 20, line 8, before "If" insert "(a)"

1.17 Page 20, line 10, delete "expedited"

1.18 Page 20, line 11, delete everything after the period and insert "If the mediator determines
1.19 that the members of the nurse staffing committee have reached an impasse, the mediator
1.20 may recommend that the members of the committee enter an arbitration process with a
1.21 mutually agreed-upon arbitrator. The members of the committee may not enter an arbitration
1.22 process without the prior recommendation of the mediator."

1.23 Page 20, delete lines 12 and 13 and insert:

1.24 "(b) For a three year period beginning October 1, 2025, hospitals must annually report
1.25 to the commissioner, in a form, format, and timeline determined by the commissioner, when
1.26 a mediation process or arbitration process is used to adopt a new or updated core staffing
1.27 plan. In addition, hospitals must include the following information:

1.28 (1) the duration of each mediation process or arbitration process measured in business
1.29 days; and

1.30 (2) whether or not the mediation process or arbitration process resulted in a decision.

2.1 (c) The commissioner must analyze the data submitted under paragraph (b) and submit
2.2 to the chairs and ranking minority members of the legislative committees with jurisdiction
2.3 over the Department of Health a report compiling the submitted information and describing
2.4 summary data and trends."

2.5 Page 20, line 16, delete everything after the period and insert "If the mediator determines
2.6 that hospital management and the nurse staffing committee have reached an impasse, the
2.7 mediator may recommend that hospital management and the committee enter an arbitration
2.8 process with a mutually agreed-upon arbitrator. Hospital management and the committee
2.9 may not enter an arbitration process without the prior recommendation of the mediator."

2.10 Page 20, delete lines 17 and 18

2.11 Page 20, line 20, before "core" insert "existing"

2.12 Page 22, line 6, delete "maintain"

2.13 Page 22, line 7, delete "on its website and"

2.14 Page 23, line 11, before the second "Nurse" insert "(a)"

2.15 Page 23, line 15, before "elective" insert "urgent, emergent, and"

2.16 Page 24, after line 7, insert:

2.17 "(b) A hospital must submit with its nurse staffing report the turnover rate among direct
2.18 care registered nurses and other direct care health care workers at the hospital and the
2.19 frequency and extent of the hospital's noncompliance with its core staffing plan for the
2.20 purposes of reporting compliance with core staffing plans under section 144.7058."

2.21 Page 24, line 24, delete "By January 1, 2026, the" and insert "The commissioner of
2.22 health must convene a stakeholder group to recommend a system for grading hospital nurse
2.23 staffing. The system recommended by the stakeholder group must use data collected from
2.24 nurse staffing reports, employment turnover rates among direct care registered nurses and
2.25 other direct care health care workers within an individual hospital, frequency of a hospital's
2.26 noncompliance with a core staffing plan, and the extent of a hospital's noncompliance with
2.27 a core staffing plan. By January 31, 2025, the commissioner must submit to the chairs and
2.28 ranking minority members of the legislative committees with jurisdiction over the Department
2.29 of Health the grading system recommended by the stakeholder group and any draft legislation
2.30 the commissioner recommends to ensure the commissioner receives from hospitals data the
2.31 commissioner requires to implement the recommended grading system. The stakeholder
2.32 group under this section is exempt from the requirements of sections 15.014, 15.0593, and
2.33 15.0597. No member of the stakeholder group may be a member of the legislature."

- 3.1 Page 24, delete lines 25 to 30
- 3.2 Page 24, delete subdivision 2
- 3.3 Renumber the subdivisions in sequence
- 3.4 Page 25, line 18, after "grade" insert "based on the system recommended under
- 3.5 subdivision 1"
- 3.6 Page 26, line 8, after "reasonably" insert "and in good faith" and after "that" insert "in
- 3.7 the nurse's professional judgment"
- 3.8 Page 26, line 10, after the period, insert "Nothing in this section modifies a nurse's
- 3.9 professional obligations under sections 148.171 to 148.285, which include, but are not
- 3.10 limited to, a nurse's obligation to not engage in unprofessional conduct and to not create
- 3.11 unnecessary danger to a patient's life, health, or safety. A nurse can violate a professional
- 3.12 obligation without a patient being actually injured."
- 3.13 Page 26, line 22, delete everything after the period
- 3.14 Page 26, delete line 23
- 3.15 Page 28, delete section 19 and insert:
- 3.16 "Sec. 19. **IMPLEMENTATION STAKEHOLDER GROUPS.**
- 3.17 (a) The commissioner of health must convene a stakeholder group to advise the
- 3.18 Department of Health on the development of a toolkit with best practices for implementation
- 3.19 of hospital staffing committees. The toolkit and best practices may include a recommendation
- 3.20 on whether hospitals should use a federal mediator to moderate the establishment of
- 3.21 committees in each hospital. The commissioner must develop the toolkit with the
- 3.22 recommended best practices and make it available to hospitals by July 1, 2024.
- 3.23 (b) The commissioner of health may convene a stakeholder group to examine whether
- 3.24 there are objective metrics to verify that a hospital is adequately staffed or may assign this
- 3.25 task to the stakeholder group established under Minnesota Statutes, section 144.7058,
- 3.26 subdivision 1. No member of either stakeholder group may be a member of the legislature.
- 3.27 By February 15, 2024, the commissioner must submit to the chairs and ranking minority
- 3.28 members of the legislative committees with jurisdiction over the Department of Health any
- 3.29 recommendations on the feasibility of establishing an alternative compliance pathway to
- 3.30 ensure adequate hospital staffing.

4.1 (c) The stakeholder groups in paragraphs (a) and (b) are exempt from the requirements
4.2 of Minnesota Statutes, sections 15.014, 15.0593, and 15.0597. No member of any stakeholder
4.3 group under this section may be a member of the legislature.

4.4 (d) Any contracts the commissioner enters into in connection with this section are exempt
4.5 from Minnesota Statutes, sections 16C.05, subdivision 2; 16C.06, subdivisions 1, 2, and 6;
4.6 and 16C.08, subdivisions 3 and 3a."

4.7 Page 28, line 30, delete "causal links" and insert "correlations"

4.8 Amend the title accordingly