03/20/13 09:41 AM	HOUSE RESEARCH	EC/JF	H0588A21

..... moves to amend H.F. No. 588, the third engrossment, as follows:

1.1

1.2	Page 2, delete section 2 and insert:
1.3	"Sec. 2. HOSPITAL NURSE STAFFING, PATIENT SAFETY AND QUALITY
1.4	STUDY.
1.5	Subdivision 1. Study. The Department of Health shall convene a working group
1.6	to study the correlation between nurse staffing levels and patient outcomes. The study
1.7	shall include a review of current academic studies on the topic of nurse staffing and patient
1.8	outcomes. The report shall be presented to the chairs and ranking minority members of
1.9	the health and human services committees in the house of representatives and in the senate
1.10	by January 15, 2015. The study shall also include the following:
1.11	(1) a review of leading national comparison data, by state, on hospital costs and
1.12	quality;
1.13	(2) identification of all states which collect and report hospital adverse health events
1.14	in those states, by state, the percentage of adverse health events which are determined in
1.15	the root cause analysis to be attributable to nurse staffing;
1.16	(3) a comparative analysis of existing staffing models including but not limited to
1.17	acuity models;
1.18	(4) a review of nurse sensitive indicators as defined by the National Quality Forum in
1.19	comparison to the Minnesota Statewide Quality Reporting and Measurement System; and
1.20	(5) an impact evaluation of Minnesota joining the Interstate Nurse Licensure
1.21	Compact. This evaluation shall include an analysis of the state reciprocity issue as well as
1.22	barriers to advancing tele-health.
1.23	Subd. 2. Working group. Membership of the working group shall consist of:
1.24	(1) four appointees by the Minnesota Nurses Association, one of which must be
1.25	from a hospital with less than 25 beds;

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2.1	(2) four appointees by the Minnesota Hospital Association, two of which must
2.2	be from hospitals with less than 25 beds;
2.3	(3) one member representing SEIU Healthcare;
2.4	(4) one member representing the Minnesota Licensed Practical Nurses Association;
2.5	(5) two members from the Minnesota Organization of Leaders in Nursing, who mus
2.6	be chief nursing officers;
2.7	(6) a research representative from the University of Minnesota School of Nursing;
2.8	(7) one member representing the Minnesota Medical Association;
2.9	(8) one majority member from each legislative body appointed by majority
2.10	leadership; and
2.11	(9) one minority member from each legislative body appointed by minority
2.12	leadership."

Sec. 2. 2