1.1	moves to amend H.F. No. 2194, the first engrossment, as follows:
1.2	Page 5, after line 19, insert:
1.3	"Sec. 5. <u>COMMISSIONER OF HEALTH; TEMPORARY EMERGENCY</u>
1.4	AUTHORITY.
1.5	Subdivision 1. Temporary emergency authority granted. The commissioner of health
1.6	is granted temporary emergency authority as described in and limited by this section. The
1.7	temporary emergency authority granted to the commissioner may only be used to grant
1.8	individual or blanket state waivers.
1.9	Subd. 2. Individual or blanket waivers permitted. Temporary individual or blanket
1.10	waivers may be granted to waive requirements in the following statutes and rules if none
1.11	of the waivers adversely affect resident or patient care or quality of the services:
1.12	(1) Minnesota Statutes, chapter 144, for hospitals relating to hospital construction
1.13	moratorium or bed capacity restrictions, except that no individual or blanket waiver may
1.14	be granted that will result in construction or other physical alteration of a hospital that cannot
1.15	be removed at the expiration of the waiver;
1.16	(2) Minnesota Statutes, chapters 144 and 144A, and Minnesota Rules, chapter 4658, for
1.17	nursing homes relating to bed moratorium, bed capacity, or layaway and nonlayaway beds,
1.18	including notice requirements for transfers and discharges;
1.19	(3) Minnesota Statutes, chapters 144 and 144A, and Minnesota Rules, chapters 4640
1.20	and 4658, for hospitals and nursing homes relating to licensing fees. On the waiver
1.21	application form, the hospital or nursing home seeking a waiver must attest that the fee
1.22	waiver is needed due to hardship; and

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2.1	(4) Minnesota Statutes, chapter 149A, for funeral establishments or morticians to allow
2.2	flexible time periods for holding decedents awaiting final disposition and establishing
2.3	unlicensed staffing standards.
2.4	Subd. 3. Notice. (a) No later than 48 hours after an individual wavier or blanket waiver
2.5	under this section goes into effect, the commissioner must provide written notice of the
2.6	waiver to the appropriate ombudsman, if any, and to the chairs and ranking minority members
2.7	of the legislative committees with jurisdiction over the Department of Health.
2.8	(b) A waiver issued or granted under this section must be posted on the Department of
2.9	Health's website within 48 hours after being issued or granted and must include a
2.10	plain-language description of the waiver.
2.11	Subd. 4. Expiration of waivers. Any waiver granted by this section expires on June 30,
2.12	2022. This subdivision does not apply to nursing home transfer and discharge waivers if
2.13	necessary federal approval is not obtained prior to June 30, 2022.
2.14	<b>EFFECTIVE DATE.</b> This section is effective the day following final enactment.
2.15	Sec. 6. TEMPORARY PRACTICE BY HEALTH CARE PROFESSIONALS FROM
2.16	OTHER STATES AND TERRITORIES.
2.17	Subdivision 1. <b>Definitions.</b> (a) The terms defined in this subdivision apply to this section.
2.18	(b) "Credential" means a license, permit, certificate, or registration.
2.19	(c) "Health care employer" means a health care system, hospital, clinic, long-term care
2.20	facility, or other health care entity that provides health care services to patients or residents.
2.21	(d) "Out-of-state health care professional" or "out-of-state professional" means an
2.22	individual who holds an active, unrestricted credential issued by another state or territory
2.23	that authorizes the individual to provide health care services that are substantially the same
2.24	as the services within the scope of practice of a health-related occupation licensed by the
2.25	Board of Medical Practice or Board of Nursing.
2.26	(e) "Telehealth" has the meaning given in Minnesota Statutes, section 62A.673,
2.27	subdivision 2.
2.28	Subd. 2. Practice in Minnesota by out-of-state health care professionals. (a)
2.29	Notwithstanding any law to the contrary, an out-of-state health care professional is authorized
2.30	to provide health care services in Minnesota within the scope of the credential held by the
2.31	out-of-state professional without being issued a license by the Board of Medical Practice
2.32	or Board of Nursing, if the requirements of this section are met.

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3.1	(b) Before providing health care services in Minnesota, an out-of-state health care
3.2	professional must be hired by or enter into a contract with a health care employer in
3.3	Minnesota or be hired by or under contract with another entity to provide health care services
3.4	to a health care employer. Before an out-of-state health care professional begins providing
3.5	health care services for a health care employer, the health care employer must verify that
3.6	the out-of-state professional holds an active, unrestricted, relevant credential to practice
3.7	issued by another state or territory that demonstrates the out-of-state professional has the
3.8	qualifications to provide the health care services to be provided in Minnesota.
3.9	(c) An out-of-state health care professional providing health care services under this
3.10	section must only provide health care services to patients or residents in person, and must
3.11	not provide health care services via telehealth.
3.12	(d) A health care employer that assigns an out-of-state health care professional under
3.13	this section to a specific position must not lay off a Minnesota-licensed health care
3.14	professional from that position who is appropriately licensed, qualified, and willing to work
3.15	in that position.
3.16	(e) A health care employer for which an out-of-state health care professional provides
3.17	health care services must notify the out-of-state professional that the out-of-state professional
3.18	is under the jurisdiction of the Board of Medical Practice or Board of Nursing, as applicable,
3.19	when providing health care services in Minnesota.
3.20	Subd. 3. Report from health care employer. (a) A health care employer for which an
3.21	out-of-state health care professional provides health care services under this section must
3.22	submit a report to the commissioner of health that includes:
3.23	(1) the number of out-of-state professionals providing health care services for the health
3.24	care employer, broken out by position type and license type; and
3.25	(2) for each out-of-state professional, the date on which the out-of-state professional
3.26	began providing health care services for the health care employer, and the date on which
3.27	the out-of-state professional's work with the health care employer will end, if known.
3.28	(b) A health care employer must submit a report under this subdivision no later than 30
3.29	days after the out-of-state professional began providing services for the health care employer,
3.30	and must submit updated reports to include any additional out-of-state professionals that
3.31	begin providing services for the employer.

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Subd. 4. Credential from another state. The credential held by an out-of-state health 4.1 care professional providing services under this section has the same force and effect as if 4.2 issued in Minnesota. 4.3 Subd. 5. Authority of Board of Medical Practice or Board of Nursing. An out-of-state 4.4 health care professional providing services under this section who would otherwise be 4.5 required to obtain a license from the Board of Medical Practice to provide those services, 4.6 must submit to the jurisdiction of the Board of Medical Practice. An out-of-state health care 4.7 professional providing services under this section who would otherwise be required to obtain 4.8 a license from the Board of Nursing to provide those services, must submit to the jurisdiction 4.9 of the Board of Nursing. The Board of Medical Practice or Board of Nursing may limit or 4.10 revoke the authorization under this section to provide services for any out-of-state health 4.11 care professional under that board's jurisdiction. Upon a revocation of authorization, the 4.12 out-of-state health care professional must immediately cease providing health care services 4.13 in Minnesota. 4.14 Subd. 6. Minnesota licensure. After this section expires, an out-of-state health care 4.15 professional who wishes to provide health care services in Minnesota must obtain an 4.16 applicable license from the Board of Medical Practice or Board of Nursing as otherwise 4.17 required by Minnesota law and must apply for work with a health care employer in Minnesota 4.18 as a new applicant. 4.19 Subd. 7. Expiration. Subdivisions 2 to 5 expire 60 days following final enactment. 4.20 EFFECTIVE DATE. This section is effective the day following final enactment." 4.21 Renumber the sections in sequence and correct the internal references 4.22 4.23 Amend the title accordingly