

Subject DHS program waivers and modifications; Health Department temporary emergency waiver authority; temporary practice by out-of-state health care professionals

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Overview

This bill allows the commissioner of human services to reinstate waivers and modifications to certain human services programs and requires the commissioner to establish a temporary staffing pool. This bill also authorizes the commissioner of health to grant temporary individual or blanket waivers of certain state statutes and rules that apply to hospitals, nursing homes, and funeral establishments and morticians. Additionally, this bill permits out-of-state health care professionals credentialed in another jurisdiction in an occupation regulated by the Board of Medical Practice or Board of Nursing, to provide health care services in Minnesota for 60 days following enactment, without being licensed in Minnesota.

Summary

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1	Reinstatement and extension of COVID-19 program waivers and extensions.
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Allows the commissioner of human services to reinstate waivers and modifications to human services programs issued by the commissioner, including any amendments to the waivers and modifications. Allows the waivers and modifications to remain in effect until June 30, 2022, except certain waivers may remain in effect until June 30, 2023, or until the expiration of the USDA's waiver allowing verbal signatures for the SNAP program, whichever is later. Lists the waivers that may be reinstated.

Provides an immediate effective date, except the reinstatement of the waivers allowing qualified professionals to provide required in-person oversight of PCA workers via two-way interactive telecommunications and allowing program participants to give alternative signatures or expressed approval of documents

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related to long-term services and supports that typically require in-person signatures are effective retroactively from September 1, 2021.

2 Reinstatement and extension of COVID-19 program waivers and modifications to the child care assistance program (CCAP).

Paragraph (a) allows the commissioner of human services to reinstate waivers and modifications to the child care assistance program. Specifies the waivers and modifications remain in effect until June 26, 2022. Specifies the waiver allowing a CCAP agency to pay child care assistance to a child care provider may be reinstated under certain specified circumstances.

Paragraph (b) limits CCAP payments during closures related to COVID-19 to up to eight weeks total per child care provider. Requires child care providers to report any closure to DHS CCAP staff prior to submitting child care assistance bills for closed dates to a CCAP agency for payment.

Makes this section effective retroactively from November 1, 2021.

3 Temporary modifications of child care center staff; distribution requirements.

Paragraph (a) allows the commissioner of human services to temporarily suspend certain child care center staff distribution requirements until June 30, 2022.

Paragraph (b) requires a licensed child care center to have at least one person qualified as a teacher on site at all times when a child is in care at the licensed child care center and requires a staff person who is at least 18 years of age with each group of children, except as allowed under Minnesota Rules.

Paragraph (c) requires a licensed child care center to have a staff person on site who is responsible for overseeing the operation of the daily activities of the program, ensuring the health and safety of the children, and supervising staff. Specifies the on-site staff person is not required to meet the qualifications of a director.

Provides an immediate effective date.

4 Commissioner of human services; temporary staffing pool; appropriation.

Paragraph (a) requires the commissioner to establish a temporary staffing pool for congregate settings experiencing staffing crises. Allows vendor contracts to include retention bonuses, sign-on bonuses, and payment for hours on call. Allows the commissioner to pay for necessary training, travel, and lodging expenses of the temporary staff. Lists requirements contracts for temporary staffing must meet.

Paragraph (b) allows temporary staff to be deployed to long-term care facilities and other congregate care residential facilities and programs experiencing an emergency

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staffing crisis on or after the effective date of this section. Requires temporary staff to be provided at no cost to the facility or program receiving the temporary staff.

Paragraph (c) specifies that members of the temporary staffing pool under this section are not state employees.

Paragraph (d) requires the commissioner to coordinate the activities under this section with any other impacted state agencies, to appropriately prioritize locations to deploy contracted temporary staff.

Paragraph (e) requires the commissioner to give priority for deploying staff to facilities and programs with the most significant staffing crises and where, but for assistance, residents would be at significant risk of injury due to the need to transfer to another facility or a hospital for adequately staffed care.

Paragraph (f) allows a facility or program to seek onetime assistance per setting from the temporary staffing pool only after the facility or program has used all resources available to obtain temporary staff but is unable to meet its staffing needs. Allows a facility or program to apply for temporary staff for up to 21 days. Requires applicants to submit a proposed plan for ensuring resident safety at the end of that time period.

Paragraph (g) lists the facilities and programs eligible to obtain temporary staff from the temporary staffing pool.

Paragraph (h) allows the commissioner to: (1) allocate funding to maintain, extend, or renew contracts for temporary staffing entered into on or after September 1, 2020; (2) allocate funding to enter into new contracts with eligible entities and for the costs needed for temporary staff deployed in the temporary staffing pool; and (3) use up to 6.5 percent of this funding for administration of this program.

Paragraph (i) requires the commissioner to seek all allowable FEMA reimbursement for the costs of this activity.

Provides an immediate effective date.

5 Commissioner of health; temporary emergency authority.

Grants the commissioner of health temporary emergency authority to waive certain requirements in state statutes and rules that apply to hospitals, nursing homes, and funeral establishments and morticians.

Subd. 1. Temporary emergency authority granted. Grants the commissioner of health temporary emergency authority to grant individual or blanket waivers of state statutes and rules.

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Subd. 2. Individual or blanket waivers permitted. Allows the commissioner to grant temporary individual or blanket waivers of state statutes and rules governing the hospital construction moratorium or hospital bed capacity; the nursing home bed moratorium, bed capacity, use of layaway and nonlayaway beds, and notice requirements for transfers and discharges; licensing fees for hospitals and nursing homes; and funeral establishment and mortician requirements for holding decedents pending final disposition and standards for the use of unlicensed staff.

Subd. 3. Notice. Within 48 hours after a waiver issued under this section goes into effect, requires the commissioner to provide written notice of the waiver to the appropriate ombudsman and to the chairs and ranking minority members of the legislative committees with jurisdiction over the Health Department, and to post the waiver and a description of the waiver on the Department of Health website.

Subd. 4. Expiration of waivers. Makes a waiver granted under this section expire June 30, 2022. States that this subdivision does not apply to nursing home transfer and discharge waivers if necessary federal approval is not obtained before June 30, 2022.

This section is effective the day following final enactment.

6 Temporary practice by health care professionals from other states and territories.

For 60 days after enactment of this section, authorizes health care professionals credentialed in another state or territory in a profession regulated in Minnesota by the Board of Nursing or Board of Medical Practice, to provide health care services in Minnesota without obtaining a Minnesota license.

Subd. 1. Definitions. Defines terms for this section: credential, health care employer, out-of-state health care professional or out-of-state professional, and telehealth.

Subd. 2. Practice in Minnesota by out-of-state health care professionals. Authorizes a health care professional credentialed in another state or territory in a profession regulated by the Board of Medical Practice or Board of Nursing, to provide health care services in Minnesota without being licensed by the Board of Medical Practice or Board of Nursing. Before providing health care services in Minnesota, requires the out-of-state professional to be hired by or under contract with a Minnesota health care employer or with another entity to provide health care services; and requires the health care employer to verify that the out-of-state professional holds an active, unrestricted, relevant credential from another state or territory. Authorizes an out-of-state professional to only provide health care services in person and not via telehealth. Prohibits a health

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care employer from laying off a Minnesota-licensed health care professional from a position to which an out-of-state health care professional is assigned, and requires a health care employer to notify an out-of-state professional that the professional is under the jurisdiction of the Board of Medical Practice or Board of Nursing when providing health care services in Minnesota.

Subd. 3. Report from health care employer. Within 30 days after an out-of-state professional begins providing services for a health care employer, requires the health care employer to report certain information to the commissioner of health.

Subd. 4. Credential from another state. Provides that a credential held by an out-of-state professional providing services under this section has the same force and effect as if issued in Minnesota.

Subd. 5. Authority of Board of Medical Practice or Board of Nursing. Requires an out-of-state professional providing services under this section to submit to the jurisdiction of the Board of Medical Practice or Board of Nursing. Authorizes the Board of Medical Practice or Board of Nursing to limit or revoke the authorization to provide services under this section. If authorization is revoked, requires the out-of-state professional to immediately cease providing health care services in Minnesota.

Subd. 6. Minnesota licensure. Provides that after this section expires, an out-of-state professional who wants to provide services in Minnesota must obtain a Minnesota license and apply to work for a health care employer as a new applicant.

Subd. 7. Expiration. Makes subdivisions 2 to 5 expire 60 days following final enactment.

This section is effective the day following final enactment.



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