

Subject Keeping Nurses at the Bedside Act of 2023

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Overview

This bill is the Keeping Nurses at the Bedside Act.

Article 1: Keeping Nurses at the Bedside Act

This article establishes the title for the act.

Section Description - Article 1: Keeping Nurses at the Bedside Act

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| 1 | Title.
Provides that this act shall be known as the Keeping Nurses at the Bedside Act of 2023. |
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Article 2: Hospital Staffing

This article requires hospitals to establish certain committees related to staffing; modifies requirements for the development and implementation of core staffing plans; establishes requirements for posting and distributing information on compliance with core staffing plans and for posting other information; requires hospital management to receive agreement from at least 50 percent of nurses staffing a unit before lowering the unit's staffing level; requires quarterly nurse staffing reports to be submitted to the commissioner of health; and requires the commissioner to publish grades for hospitals measuring compliance with their core staffing plan. This article also prohibits retaliation against nurses who refuse to take additional patient assignments.

Section Description - Article 2: Hospital Staffing

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| 1 | Correction orders.
Amends § 144.653, subd. 5. Amends a subdivision authorizing the commissioner of health to issue correction orders to enforce statutes governing hospitals, to allow |
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Section Description - Article 2: Hospital Staffing

issuance of a correction order for a violation of the hospital staffing requirements established in sections 144.7051 to 144.7058.

2 Definitions.

Adds § 144.7051. Defines the following terms: concern for safe staffing form, commissioner, daily staffing schedule, direct-care registered nurse, and hospital. This section is effective July 1, 2025.

3 Hospital nurse staffing committee.

Adds § 144.7053. Requires a hospital to establish a hospital nurse staffing committee or assign duties to an existing committee; establishes requirements for committee membership, compensation, and meeting frequency; and establishes committee duties.

Subd. 1. Hospital nurse staffing committee required. Requires a hospital to establish a hospital nurse staffing committee, or to assign duties to an existing committee that meets the membership requirements for a hospital nurse staffing committee. Provides the commissioner is not required to verify compliance with this section with an onsite visit.

Subd. 2. Staffing committee membership. Requires at least 35 percent of the committee's membership to be direct care registered nurses, at least 15 percent of the committee's membership to be other direct care workers, and 50 percent of the committee's membership to be appointed by the hospital.

Subd. 3. Staffing committee compensation. Requires a hospital to compensate each committee member at the employee's existing rate of pay for participating in committee meetings, and requires a hospital to relieve direct care registered nurse members on the committee of other work duties during meeting times.

Subd. 4. Staffing committee meeting frequency. Requires a hospital nurse staffing committee to meet at least quarterly.

Subd. 5. Staffing committee duties. Requires a committee to create, implement, and update an evidence-based core staffing plan to guide the creation of daily staffing schedules for each inpatient care unit at the hospital. Lists other required duties of the committee.

This section is effective July 1, 2025.

Section Description - Article 2: Hospital Staffing

4 Hospital nurse workload committee.

Adds § 144.7054. Requires a hospital to establish a hospital nurse workload committee; establishes requirements for committee membership, compensation, and meeting frequency; and establishes committee duties.

Subd. 1. Hospital nurse workload committee required. Requires a hospital to establish and maintain a hospital nurse workload committee for each unit. Provides the commissioner is not required to verify compliance with this section with an onsite visit.

Subd. 2. Workload committee membership. Requires at least 35 percent of the committee's membership to be direct care registered nurses, at least 15 percent of the committee's membership to be other direct care workers, and 50 percent of the committee's membership to be appointed by the hospital. If a hospital has a staffing committee established through collective bargaining, provides the composition of that committee prevails.

Subd. 3. Workload committee compensation. Requires a hospital to compensate each committee member at the employee's existing rate of pay for participating in a committee meeting, and requires a hospital to relieve direct care registered nurse members on the committee of other work duties during meeting times.

Subd. 4. Workload committee meeting frequency. Requires a hospital nurse workload committee to meet at least monthly when the committee has received an unresolved concern for safe staffing form.

Subd. 5. Workload committee duties. Requires a committee to create, implement, and maintain dispute resolution procedures to use to resolve staffing concerns raised in concern for safe staffing forms; and to attempt to resolve staffing issues stemming from a violation of a hospital's core staffing plan.

This section is effective July 1, 2025.

5 Hospital core staffing plan.

Amends § 144.7055. In a section governing hospital core staffing plans, specifies information that must be included in a plan, requires a core staffing plan to comply with listed criteria, lists information that must be considered in developing the plan, establishes reporting requirements and requirement for posting core staffing plans and licensing actions, and requires submission of core staffing plans to the commissioner.

Section Description - Article 2: Hospital Staffing

Subd. 1. Definitions. Strikes a definition of patient acuity tool, modifies the definition of core staffing plan to refer to the requirements in subdivision 2, and makes a conforming change to the definition of inpatient care unit.

Subd. 2. Hospital core staffing plans. Transfers the duty to establish a core staffing plan from the chief nursing executive or a designee of a hospital to the hospital nurse staffing committee. Provides the commissioner is not required to verify compliance with this section with an onsite visit. Lists what information must be included in a core staffing plan, and requires a core staffing plan to comply with the listed criteria.

Subd. 2a. Development of hospital core staffing plans. Makes a change to conform with assigning the duty to complete or update a core staffing plan to the hospital nurse staffing committee. Lists information that the hospital nurse staffing committee must consider when developing a core staffing plan.

Subd. 2b. Failure to develop hospital core staffing plans. If a hospital nurse staffing committee cannot approve a hospital core staffing plan by majority vote, requires the committee members to enter into expedited arbitration.

Subd. 2c. Objections to hospital core staffing plans. If hospital management objects to a core staffing plan, allows the hospital to try to amend the core staffing plan through arbitration. During this process, requires the hospital to continue to implement the core staffing plan as written. If dispute resolution results in a change to the core staffing plan, requires the hospital to implement the amended plan.

Subd. 2d. Mandatory submission of core staffing plan to commissioner. Requires a hospital to submit to the commissioner core staffing plans approved by the nurse staffing committee, and to submit any substantial updates to a previously approved plan within 30 days of approval of the update or the conclusion of arbitration.

Subd. 3. Standard electronic reporting developed. Strikes obsolete language.

This section is effective July 1, 2025.

6 Implementation of hospital core staffing plans.

Adds § 144.7056. Requires a hospital to implement the core staffing plan. Requires public posting of core staffing plans and compliance with them and of emergency department wait times, and also requires compliance with core staffing plans to be posted or made available in patient rooms. Requires management to receive approval from 50 percent of registered nurses staffing the unit before lowering the unit's staffing level. Requires hospitals to provide patients and visitors with copies of

Section Description - Article 2: Hospital Staffing

certain posted information, and establishes requirements for documenting compliance and retaining records of compliance. Allows employees, patients, and family members to submit a concern for safe staffing form, prohibits retaliation, and establishes a penalty for retaliation.

Subd. 1. Plan implementation required. Requires a hospital to implement the core staffing plans approved by its hospital nurse staffing committee. Provides the commissioner is not required to verify compliance with this section with an onsite visit.

Subd. 2. Public posting of core staffing plans. Requires a hospital to post its core staffing plan for each inpatient care unit in a public area on the applicable unit.

Subd. 3. Public posting of compliance with plan. For each core staffing plan, requires the hospital to post a notice stating whether a unit's current staffing complies with that unit's core staffing plan, and specifies what each notice must include and where it must be posted.

Subd. 4. Posting of compliance in patient rooms. Requires a hospital to post on the patient whiteboard or make available through the patient's television, the number of patients a nurse on the patient's unit should be assigned under the core staffing plan and the number of patients actually assigned to a nurse during the current shift.

Subd. 5. Deviations from core staffing plans. Requires hospital management to consult with and receive agreement from 50 percent of the direct care registered nurses staffing the unit before lowering the staffing level of the unit.

Subd. 6. Public posting of emergency department wait times. Requires a hospital to maintain on its website and publicly display in its emergency department the approximate wait time for patients who are not in critical need of emergency care.

Subd. 7. Disclosure of staffing plan upon admission. Requires a hospital to explain its core staffing plan to each patient upon admission.

Subd. 8. Public distribution of core staffing plan and notice of compliance. Requires a hospital to post a notice that copies of the materials in subdivisions 2 and 3 are available on request to patients on the unit and visitors of patients on the unit, and requires the hospital to provide the materials to individuals requesting them within four hours after the request.

Subd. 9. Reporting noncompliance. Allows a hospital employee, patient, or patient's family member to submit a concern for safe staffing form, and prohibits a hospital from interfering with or retaliating against a hospital employee for

Section Description - Article 2: Hospital Staffing

doing so. Requires the commissioner of labor and industry to investigate reports of retaliation against a hospital employee for submitting a concern for safe staffing form, and to fine the hospital \$25,000 for each instance of substantiated retaliation.

Subd. 10. Documentation of compliance. Requires a hospital to document compliance with its core nursing plan, to maintain compliance records for each unit for five years, and to provide its nurse staffing committee with access to these records.

This section is effective October 1, 2025.

7 Hospital nurse staffing reports.

Adds § 144.7057. Requires a hospital nurse staffing committee to submit quarterly nurse staffing reports to the commissioner, specifies report content, requires the commissioner to provide a uniform format or form for the reports, and allows the commissioner to impose a fine for failing to report an elective surgery when the unit is out of compliance with its core staffing plan.

Subd. 1. Nurse staffing report required. Requires hospital nurse staffing committees to submit quarterly nurse staffing reports to the commissioner.

Subd. 2. Nurse staffing report. Requires a nurse staffing report to include the listed information.

Subd. 3. Public posting of nurse staffing reports. Requires the commissioner to include on the department website each quarterly nurse staffing report submitted to the commissioner.

Subd. 4. Standardized reporting. Requires the commissioner to develop and provide a uniform format or standard form to be used by the hospital nurse staffing committee to submit quarterly nurse staffing reports under this section. Establishes requirements for the uniform format or standard form.

Subd. 5. Penalties. Allows the commissioner to impose an immediate fine of up to \$5,000 for each instance of failing to report an instance of a hospital accepting an elective surgery when the unit is out of compliance with its core staffing plan. Allows a facility to request a hearing on the fine assessed.

This section is effective October 1, 2025.

Section Description - Article 2: Hospital Staffing

8 Grading of compliance with core staffing plans.

Adds § 144.7058. Requires the commissioner to develop a grading system to grade hospitals on their compliance with core staffing plans, to annually grade hospitals, and to post the compliance grades on the department website.

Subd. 1. Grading compliance with core staffing plans. By January 1, 2026, requires the commissioner to develop a grading system to evaluate a hospital's compliance with its core staffing plan. Requires the commissioner to assign each hospital a grade based on the hospital's nurse staffing report, and to assign a failing grade if the hospital has not been in compliance with its staffing plan for six or more months during the reporting year.

Subd. 2. Grading factors. When grading a hospital's compliance with its core staffing plan, requires the commissioner to consider the listed factors.

Subd. 3. Public disclosure of compliance grades. Beginning January 1, 2027, requires the commissioner to publish compliance grades for each hospital on the department website with links to the hospital's core staffing plan, nurse staffing reports, and an explanation of the compliance grade.

This section is effective January 1, 2026.

9 Retaliation against nurses prohibited.

Adds § 144.7059. Defines terms for this section: emergency, nurse, and taking action against. Prohibits a hospital, other health care facility licensed by the commissioner of health (not including a nursing facility, ICF/DD, or boarding care home), or a hospital or facility agent, from taking action against a nurse for failing to accept a patient assignment when the nurse declined to accept the additional assignment because doing so may endanger the patient's life, health, or safety or may be a ground for disciplinary action. Provides this section applies to nurses employed by the state regardless of the type of facility where the nurse is employed or the facility's license. Provides this section does not impair rights under a collective bargaining agreement, and states a nurse may be required to accept an additional patient assignment in an emergency. Allows the commissioner of labor and industry to impose a fine of up to \$5,000 for each violation of this section.

10 Initial implementation of the Keeping Nurses at the Bedside Act.

Provides for implementation of the act:

- by October 1, 2024, requires each hospital to establish and convene a hospital nurse staffing committee and a hospital nurse workload committee;

Section Description - Article 2: Hospital Staffing

- by October 1, 2025, requires each hospital to implement core staffing plans, satisfy the posting requirements for plans, and submit core staffing plans to the commissioner;
- by October 1, 2025, requires the commissioner of health to develop a standard concern for safe staffing form based on the form maintained by the Minnesota Nurses Association and provide an electronic means of submitting the form; and
- by January 1, 2026, requires the commissioner to provide electronic access to uniform nurse staffing reporting format or forms.

11 Appropriation; hospital staffing.

Para. (a) makes blank appropriations in fiscal years 2024 and 2025 from the general fund to the commissioner of health for costs of accepting and posting quarterly nurse staffing reports, developing a standard format or form for these reports, and imposing penalties for failing to report certain information.

Para. (b) makes blank appropriations in fiscal years 2024 and 2025 from the general fund to the commissioner of health for costs related to developing a grading system, grading hospitals on compliance with their core staffing plans, and posting compliance grades.

12 Revisor instruction.

Instructs the revisor to move definitions from section 144.7055 to a definitions section, section 144.7051, and to make necessary technical and cross-reference changes.

Article 3: Workplace Violence Prevention

This article establishes additional requirements for the development, content, implementation, and review of preparedness and incident response action plans to acts of violence established and implemented by hospitals.

Section Description - Article 3: Workplace Violence Prevention

1 Violence against health care workers.

Amends § 144.566. Establishes additional requirements for the development, content, implementation, and review of preparedness and incident response action plans to acts of violence.

Section Description - Article 3: Workplace Violence Prevention

Subd. 1. Definition. Adds a definition of workplace violence hazards to the definitions subdivision.

Subd. 2. Action plans and action plan reviews required. Requires preparedness and incident response action plans to acts of violence to be updated at least annually, and requires the plan to be in writing; be specific to the hazards and corrective measures of the hospital; and be available to health care workers at all times.

Subd. 3. Action plan committees. Makes technical changes to conform with the restructuring of this section.

Subd. 4. Required elements of action plans; generally. Requires action plans to include procedures to actively involve health care workers in developing, implementing, and reviewing the plan; list who is responsible for implementing the plan; and include procedures to ensure compliance.

Subd. 5. Required elements of action plans; evaluation of risk factors. Requires action plans to include tools, checklists, and other ways to identify and evaluate workplace violence hazards, and to specify the frequency of environmental assessments.

Subd. 6. Required elements of action plans; review of workplace violence incidents. Requires action plans to include procedures for reviewing all workplace violence incidents that occurred in the previous year.

Subd. 7. Required elements of action plans; reporting workplace violence. Requires action plans to include the listed procedures related to reporting and responding to workplace violence.

Subd. 8. Required elements of action plans; coordination with other employers. Requires action plans to include methods the hospital will use to coordinate implementation of the plan with other employers whose employees work in the same facility, unit, service, or operation. Requires all employees working in the same facility, unit, service, or operation to be provided with certain required training.

Subd. 9. Required elements of action plans; white supremacist affiliation and support prohibited. Requires action plans to include a statement that hospital security personnel are prohibited from being affiliated with or supporting white supremacist groups, causes, or ideologies, or participating in or promoting international or domestic extremist groups.

Subd. 10. Required elements of action plan; training. Requires action plans to include procedures to develop and provide training, cultural competency

Section Description - Article 3: Workplace Violence Prevention

training, and procedures for communicating with health care workers about workplace violence issues.

Subd. 11. Training required. Modifies a hospital's existing duties to provide training to health care workers on safety during acts of violence, to specify when the training must occur and to require training to include information on the hospital's action plans and resources available to workers to cope with acts of violence.

Subd. 12. Annual review and update of action plans. Modifies the subjects a hospital must review as part of its annual review and update of its action plans, and requires a hospital to incorporate corrective actions into the action plan to address workplace violence hazards.

Subd. 13. Action plan updates. Following the annual review, requires a hospital to update the action plans to include corrective actions the hospital will implement to address hazards and vulnerabilities noted during the annual review.

Subd. 14. Requests for additional staffing. Requires a hospital to establish a process for a health care worker to officially request additional staffing; requires the hospital to document all requests for additional staffing due to concerns over an act of violence; requires the hospital to provide a written reason for a denial if the request is denied; and requires a hospital to make this documentation available to the commissioner upon request. Allows the commissioner to use this documentation for certain purposes.

Subd. 15. Disclosure of action plans. Requires action plans and reviews to be made available to all direct care staff and collective bargaining units, removes the requirement that action plans be made available to law enforcement, and requires a hospital to submit its action plan and the results of its most recent annual review to the commissioner.

Subd. 16. Legislative report required. Requires the commissioner to compile the information into a single report and submit it to certain members of the legislature by January 15 each year. Provides this subdivision does not expire.

Subd. 17. Interference prohibited. This subdivision is existing law; technical change only.

Subd. 18. Penalties. Increases the maximum fine amount the commissioner may impose for failure to comply with this section, from \$250 to \$10,000. Requires the commissioner to allow a hospital 30 days to correct a violation before assessing a fine.

Section Description - Article 3: Workplace Violence Prevention

- 2 **Appropriation; prevention of violence in health care.**
Appropriates \$50,000 in fiscal year 2024 and \$50,000 in fiscal year 2025 to the commissioner of health to continue the prevention of violence in health care programs and create violence prevention resources to be used to train staff of health care providers on violence prevention.

Article 4: Pipeline to Registered Nurse Degrees

This article directs the commissioner of human services to define child care costs of a nursing facility employee scholarship recipient as a direct educational expense.

Section Description - Article 4: Pipeline to Registered Nurse Degrees

- 1 **Direction to commissioner of human services.**
Requires the commissioner of human services to define as a direct educational expense, the reasonable child care costs incurred by a nursing facility employee scholarship recipient when the recipient is being paid a wage from the scholarship-sponsoring facility.

Article 5: Nurse Loan Forgiveness

This article modifies eligibility and loan forgiveness requirements for nursing instructors under the existing health professional education loan forgiveness program and establishes loan forgiveness under this program for registered nurses enrolled in the Public Service Loan Forgiveness program.

Section Description - Article 5: Nurse Loan Forgiveness

- 1 **Definitions.**
Amends § 144.1501, subd. 1. Adds definitions for hospital nurse and PSLF program to the definitions for the health professional education loan forgiveness program.
- 2 **Creation of account.**
Amends § 144.1501, subd. 2. Amends eligibility requirements for the health professional education loan forgiveness program, to provide eligibility for nurses enrolled in the federal Public Service Loan Forgiveness (PSLF) program who work for a nonprofit hospital and provide direct patient care.

Section Description - Article 5: Nurse Loan Forgiveness

3 Eligibility.

Amends § 144.1501, subd. 3. Specifies that a nurse who agrees to teach must agree to teach for a minimum of two years, to be eligible for loan forgiveness under the health professional education loan forgiveness program, and does not require a nurse to begin the service obligation by March 31 following completion of required training as is required for other participants. Requires a hospital nurse to include in the applications for loan forgiveness, proof of enrollment in the PSLF program and employment as a hospital nurse; requires a hospital nurse to agree to continue working as a hospital nurse for the repayment period under the PSLF program; and does not require these nurses to begin service by March 31 following completion of required training.

4 Loan forgiveness.

Amends § 144.1501, subd. 4. Under current law the loan forgiveness period is a maximum of four years. This subdivision requires the commissioner to select applicants to participate in the hospital nursing education loan forgiveness program and requires the commissioner to make annual disbursements to participants in the amount of the minimum loan payments the participant must pay under the PSLF program for the prior loan year. Also allows a nurse who agrees to teach to receive loan forgiveness while the nurse meets the teaching obligation requirement, provided the loan forgiveness does not to exceed the balance of the nurse's qualifying educational loans.

5 Penalty for nonfulfillment.

Amends § 144.1501, subd. 5. Modifies a subdivision governing penalties for nonfulfillment of requirements for participation in the loan forgiveness program, to require the commissioner to collect amounts paid under the program to a hospital nurse who does not meet the eligibility requirements for the PSLF program. Allows the commissioner to waive penalties for hospital nurses if the PSLF program is discontinued before the hospital nurse's service commitment is completed.

6 Trauma Advisory Council established.

Amends § 144.608, subd. 1. Strikes paragraph cross-references to definitions in the health professional education loan forgiveness program definitions section.

7 Exemptions.

Amends § 147A.08. Strikes paragraph cross-references to definitions in the health professional education loan forgiveness program definitions section, and instead lists midlevel practitioners, nurses, and nurse-midwives as the professionals not governed by chapter 147A.

Section Description - Article 5: Nurse Loan Forgiveness

- 8 **Appropriation; hospital nursing loan forgiveness.**
Appropriates \$5,000,000 in fiscal year 2024 and \$5,000,000 in fiscal year 2025 from the general fund to the commissioner of health for the health professional education loan forgiveness program, for loan forgiveness for hospital nurses.
- 9 **Appropriation; loan forgiveness for nursing instructors.**
Makes blank appropriations in fiscal year 2024 and fiscal year 2025 from the general fund to the commissioner of health for the health professional education loan forgiveness program, for loan forgiveness for nurses who have agreed to teach.

Article 6: Report on Hospital Staffing

This article requires facility reports to the adverse health event reporting system to include information on whether a unit where an adverse event occurred was in compliance with its core staffing plan when the adverse event occurred; requires the commissioner to develop a way to analyze whether there are links between adverse events and understaffing; and requires the commissioner to publish a public report on the status of the state's workforce of nurses employed by hospitals.

Section Description - Article 6: Report on Hospital Staffing

- 1 **Establishment of reporting system.**
Amends § 144.7067, subd. 1. Requires facilities to report to the adverse health event reporting system administered by the commissioner of health, whether a unit where an adverse event occurred was in compliance with the core staffing plan for the unit when the adverse event occurred. This section is effective October 1, 2025.
- 2 **Direction to commissioner of health; development of analytical tools.**
Requires the commissioner of health to develop a way to analyze adverse event data, staffing data, and data from concern for safe staffing forms to examine potential causal links between adverse events and understaffing. Requires an initial means of conducting the analysis to be developed by January 1, 2025, and a public report by January 1, 2026. This section is effective August 1, 2023.
- 3 **Direction to commissioner of health; nursing workforce report.**
Requires the commissioner of health to publish a public report by January 1, 2026, on the status of the state's workforce of nurses employed by hospitals. Lists information the commissioner must use to compile the report.

Section Description - Article 6: Report on Hospital Staffing

- 4 **Appropriation; development of analytical tools.**
Makes blank appropriations in fiscal years 2024 and 2025 from the general fund to the commissioner of health for an examination of adverse event data, available staffing data, and data from concern for safe staffing forms to identify potential links between adverse events and understaffing.
- 5 **Appropriation; nursing workforce report.**
Makes blank appropriations in fiscal years 2024 and 2025 from the general fund to the commissioner of health for a report on the current status of the state’s workforce of nurses employed by hospitals.

Article 7: Mental Health Services for Nurses

This article appropriates money for competitive grants for programs to improve the mental health of health care professionals.

Section Description - Article 7: Mental Health Services for Nurses

- 1 **Appropriation; improving mental health of health care workers.**
Appropriates \$10,000,000 in fiscal year 2024 and \$10,000,000 in fiscal year 2025 from the general fund to the commissioner of health for competitive grants to establish or enhance programs to improve the mental health of health care professionals.



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