

**Subject** Adverse health events; retaliation against patient care staff prohibited

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## Overview

This bill prohibits hospitals and certain other health facilities from taking action against a patient care staff for initiating a process to examine whether to accept an additional patient assignment, or for failing to accept an additional patient assignment when the patient care staff reasonably determines accepting the additional assignment may create an unnecessary danger to a patient's life, health, or safety. It also requires notice to individuals whose conduct may be reviewed as part of a root cause analysis of an adverse health event, and provides the requirement for the commissioner to publish an annual report on adverse health events does not expire.

## Summary

Section	Description
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1	<b>Expiration of report mandates.</b>
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Amends § 144.05, subd. 7. Amends a section providing for the expiration of required reports from the commissioner of health to the legislature, to specify that the annual report from the commissioner to certain members of the legislature listing reports set to expire during the following calendar year does not expire.

Effective date: This section is effective retroactively from January 1, 2024.

2	<b>Root cause analysis; corrective action plan.</b>
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Amends § 144.7065, subd. 8. When a hospital or outpatient surgical center is conducting a root cause analysis after an adverse health event occurs, requires the facility to notify any individual whose conduct may be reviewed at least three days before a meeting or interview about the adverse health event. Requires the notice to specify the subject, purpose, date, and time of the meeting or interview.

Section	Description
3	<p><b>Duty to analyze reports; communicate findings.</b></p> <p>Amends § 144.7067, subd. 2. Provides the mandate for the commissioner of health to publish an annual report on adverse event reports, correction action plans, root cause analyses, and recommendations, does not expire.</p> <p>Effective date: This section is effective retroactively from January 1, 2023.</p>
4	<p><b>Definitions.</b></p> <p>Amends § 181.275, subd. 1. Adds definitions for the following terms for a section prohibiting hospitals and other facilities from taking action against nurses for failing to accept additional hours: assignment, health care facility or facility, and patient.</p>
5	<p><b>Additional patient assignments; retaliation against patient care staff prohibited.</b></p> <p>Adds § 181.2751.</p> <p><b>Subd. 1. Definitions.</b> Defines the following terms for this section: assignment, emergency, emergency medical condition, facility, nurse, patient, and patient care staff.</p> <p><b>Subd. 2. Prohibited actions.</b> Prohibits a health care facility from taking action against a patient care staff because the staff (1) asked to engage in the process in subdivision 3 as a step in evaluating whether to accept an additional patient assignment or (2) fails to accept an additional patient assignment because the patient care staff determines the additional assignment may create an unnecessary danger to the patient’s life, health, or safety, or may be a ground for disciplinary action.</p> <p><b>Subd. 3. Process.</b> Requires a patient care staff to follow the process in this subdivision before the staff may decline to accept an additional patient assignment. The process consists of the patient care staff providing written notice to the charge nurse or direct supervisor, an evaluation of relevant factors by the charge nurse or direct supervisor, and invoking any chain of command policy. If the issue cannot be resolved through reallocation of resources or other measures, allows the patient care staff to decline the additional assignment if the staff reasonably determines accepting the additional assignment may create unnecessary danger to the patient’s life, health, or safety. Allows a patient care staff to invoke the process orally if the staff cannot complete a written request, and allows retrospective review of a request to be initiated only by the individuals involved and to be completed at the unit level or hospital nurse staffing committee level.</p>

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**Subd. 4. State patient care staff.** Provides subdivision 2 applies to patient care staff employed by the state regardless of the facility type where the staff is employed.

**Subd. 5. Collective bargaining rights.** Provides this section does not diminish or impair rights under a collective bargaining agreement. Provides a patient care staff has a right to have a labor organization representative present during a retrospective review of the process to decline an additional patient assignment, and to consult with the representative.

**Subd. 6. Emergency.** Provides a patient care staff may be required to accept an additional patient assignment in an emergency or when there is an emergency medical condition.

**Subd. 7. Enforcement.** Permits the commissioner of labor and industry to enforce this section by issuing a compliance order and assessing a fine.

**Subd. 8. Professional obligations.** Provides:

- this section does not modify a nurse's professional obligations;
- it is not a violation of the Nurse Practice Act if a nurse fails or declines to accept an additional patient assignment according to the process in this section; and
- this section does not allow discrimination against classes and status protected by the Minnesota Human Rights Act.



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