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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4210

02/22/2024 Authored by Reyer, Feist, Klevorn, Virnig, Olson, L., and others
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; establishing requirements for hospital behavioral health crisis
1.3 intervention teams; establishing a behavioral health crisis intervention grant
1.4 program for hospitals; modifying provisions preventing violence against health
1.5 care workers; requiring public disclosure of emergency department wait times;
1.6 appropriating money; amending Minnesota Statutes 2022, section 144.55, by
1.7 adding a subdivision; Minnesota Statutes 2023 Supplement, section 144.566,
1.8 subdivisions 10, 15, by adding subdivisions; proposing coding for new law in
1.9 Minnesota Statutes, chapter 144.

1.10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.11 Section 1. Minnesota Statutes 2022, section 144.55, is amended by adding a subdivision
1.12 to read:

1.13 Subd. 3c. Standards for emergency rooms. (a) A hospital must maintain on its website
1.14 and publicly display in its emergency department the approximate wait time for patients
1.15 who are not in critical need of emergency care. The approximate wait time must be updated
1.16 at least hourly.

1.17 (b) A hospital must maintain a log of every patient who leaves its emergency department
1.18 after checking in but before receiving care. The log must document the reason the patient
1.19 left, if known, and the length of time the patient waited before leaving or, if the length of
1.20 time the patient waited is unknown, the length of time between the time the patient checked
1.21 in and the hospital determined the patient left without receiving care. The patient log required
1.22 under this paragraph must be made available to the commissioner of health immediately
1.23 upon request. A copy of the patient log with all personally identifiable information removed,
1.24 or summary data of the information in the patient log, must be made available to union
1.25 representatives within 30 days of a request.

2.1 Sec. 2. Minnesota Statutes 2023 Supplement, section 144.566, subdivision 10, is amended  
2.2 to read:

2.3 Subd. 10. **Safety training required.** A hospital must provide training to all health care  
2.4 workers employed or contracted with the hospital on safety during acts of violence. Each  
2.5 health care worker must receive safety training during the health care worker's orientation  
2.6 and before the health care worker completes a shift independently, and annually thereafter.  
2.7 Training must, at a minimum, include:

2.8 (1) safety guidelines for response to ~~and de-escalation of~~ an act of violence;

2.9 (2) ways to identify potentially violent or abusive situations, including aggression and  
2.10 violence predicting factors;

2.11 (3) the hospital's preparedness and incident response action plans for acts of violence,  
2.12 including how the health care worker may report concerns about workplace violence within  
2.13 each hospital's reporting structure without fear of reprisal, how the hospital will address  
2.14 workplace violence incidents, and how the health care worker can participate in reviewing  
2.15 and revising the plan; and

2.16 (4) any resources available to health care workers for coping with incidents of violence,  
2.17 including but not limited to critical incident stress debriefing or employee assistance  
2.18 programs.

2.19 Sec. 3. Minnesota Statutes 2023 Supplement, section 144.566, is amended by adding a  
2.20 subdivision to read:

2.21 Subd. 10a. **De-escalation training required.** A hospital must provide de-escalation  
2.22 training to all health care workers employed or under contract with the hospital. The  
2.23 de-escalation training must, at a minimum, include four hours of training covering the  
2.24 following topics:

2.25 (1) understanding violence in health care settings and violence-induced stress among  
2.26 health care workers;

2.27 (2) recognizing escalating aggression and techniques for de-escalating aggression and  
2.28 violence;

2.29 (3) managing post-traumatic stress disorder;

2.30 (4) minimizing potentially violent situations through effective patient communication;

2.31 (5) effective whole-person and whole-family interventions;

3.1 (6) trauma-informed care; and

3.2 (7) implicit bias and antiracism.

3.3 Sec. 4. Minnesota Statutes 2023 Supplement, section 144.566, subdivision 15, is amended  
3.4 to read:

3.5 Subd. 15. **Legislative report required.** (a) Beginning January 15, 2026, the commissioner  
3.6 must compile the information submitted to the commissioner under subdivision 14 and the  
3.7 commissioner's evaluation of hospitals' compliance with section 144.567 into a single annual  
3.8 report and submit the report to the chairs and ranking minority members of the legislative  
3.9 committees with jurisdiction over health care by January 15 of each year.

3.10 (b) This subdivision does not expire.

3.11 Sec. 5. Minnesota Statutes 2023 Supplement, section 144.566, is amended by adding a  
3.12 subdivision to read:

3.13 Subd. 18. **Reports of acts or threats of violence.** (a) When implementing the required  
3.14 reporting procedures under subdivision 7, all hospitals must provide a secure online portal  
3.15 through which health care workers can submit a report of a violent incident or threat of  
3.16 violence that occurred in the hospital or on hospital grounds. Hospitals must retain all data  
3.17 submitted through the online portal for a minimum of seven years from the date on which  
3.18 the data were submitted.

3.19 (b) The data submitted through the online portal must be made available to appropriate  
3.20 hospital personnel and upon request to the commissioner of health. A copy of data submitted  
3.21 through the online portal with all personally identifiable information removed or, if requested,  
3.22 summary data of the information submitted, must be made available to union representatives  
3.23 within 30 days of a request.

3.24 (c) The online portal must include data fields allowing a health care worker to submit:

3.25 (1) the date, time, and location of the act of violence or threat of violence;

3.26 (2) the names and job titles of all health care workers known by the submitting health  
3.27 care worker to have been victims and witnesses of the act or threat of violence;

3.28 (3) the names and job titles of all health care workers known by the submitting health  
3.29 care worker to have responded to the act or threat of violence;

3.30 (4) a classification of the perpetrator;

3.31 (5) a description of the act or threat of violence;

4.1 (6) a description of the incident response;

4.2 (7) the nature and extent of any injuries known by the submitting health care worker to  
4.3 have been suffered by health care workers; and

4.4 (8) a description of the staffing levels at the time of the act or threat of violence and the  
4.5 submitting health care worker's opinion concerning whether staffing levels contributed to  
4.6 the incident.

4.7 **Sec. 6. [144.567] BEHAVIORAL HEALTH CRISIS INTERVENTION TEAMS.**

4.8 Subdivision 1. Behavioral health crisis intervention teams required. All hospitals  
4.9 must establish and maintain behavioral health crisis intervention teams according to the  
4.10 requirements of this section. At least one member of the behavioral health crisis intervention  
4.11 team listed in subdivision 3 who is a licensed medical professional and authorized to  
4.12 administer all medications that may be required during a behavioral health crisis intervention  
4.13 must be available on site at all times to respond promptly to any behavioral health crisis  
4.14 that occurs in the hospital.

4.15 Subd. 2. Definitions. (a) For the purposes of this section and section 144.568, the  
4.16 following terms have the meanings given.

4.17 (b) "Behavioral health crisis" means physical aggression toward self or others or  
4.18 destruction of property that requires the immediate response of another person.

4.19 (c) "Crisis intervention" means face-to-face, short-term intensive mental health services  
4.20 initiated during a behavioral health crisis to help a patient cope with immediate stressors,  
4.21 identify and utilize available resources and patient strengths, and begin to return to the  
4.22 patient's baseline level of functioning. Crisis intervention does not include the use of violence,  
4.23 physical holds, mechanical restraints, or chemical restraints to immobilize a patient unless  
4.24 the physical hold, mechanical restraint, or chemical restraint is necessary to conduct a  
4.25 medical examination or treatment.

4.26 (c) "Hospital" means a general acute care hospital licensed under sections 144.50 to  
4.27 144.58.

4.28 (d) "Licensed medical professional" means one of the following, licensed by the  
4.29 profession's licensing board: (1) a doctor of medicine or osteopathy; (2) a registered nurse;  
4.30 or (3) a practical nurse.

4.31 (e) "Licensed mental health professional" means a psychologist or clinical social worker  
4.32 licensed by the profession's licensing board.

5.1 Subd. 3. Behavioral health crisis intervention team. (a) Each behavioral health crisis  
5.2 intervention team must include at least four members and all members must have completed  
5.3 the training required under subdivision 10.

5.4 (b) Each behavioral health crisis intervention team must include at least:

5.5 (1) three licensed medical professionals who have experience and competency in  
5.6 providing psychiatric care, of whom at least one must be a registered nurse and of whom  
5.7 at least one must be either an additional registered nurse or a licensed practical nurse;

5.8 (2) one licensed mental health professional who has experience and competency in  
5.9 responding to the psychosocial needs of patients; and

5.10 (3) any additional health care staff necessary to ensure the care needs of a patient  
5.11 experiencing a behavioral health crisis can be met.

5.12 (c) Health care staff who are not members of the behavioral crisis intervention team are  
5.13 not permitted to perform behavioral health crisis interventions but may support the behavioral  
5.14 health crisis intervention team during a behavioral health crisis.

5.15 (d) When scheduled to serve on the behavioral health crisis intervention team, hospitals  
5.16 must not assign team members any duties or tasks that would prevent the team member  
5.17 from promptly responding to a behavioral health crisis and immediately participating in an  
5.18 intervention until the resolution of the crisis.

5.19 (e) A hospital must treat a response by behavioral health crisis intervention team members  
5.20 as a supplemental emergency service and must not regard the presence of team members  
5.21 on a unit as a replacement for health care staff who would otherwise be assigned to the unit  
5.22 to provide care for the patient experiencing a behavioral health crisis or any other patient  
5.23 on the unit.

5.24 Subd. 4. Behavioral health crisis intervention. (a) Hospital staff must seek assistance  
5.25 from the behavioral health crisis intervention team when hospital staff believe that a patient  
5.26 is experiencing a behavioral health crisis or that a patient is at risk of an imminent behavioral  
5.27 health crisis.

5.28 (b) A member of the behavioral health crisis intervention team must respond promptly  
5.29 and in person to all requests for assistance from the team.

5.30 (c) For each behavioral health crisis intervention, one crisis intervention team member  
5.31 must be designated the team lead. The team lead must determine what intervention method  
5.32 is most appropriate and promptly organize an intervention plan.

6.1 Subd. 5. Behavioral health crisis intervention follow-up; crisis intervention team  
6.2 responsibilities. After a behavioral health crisis intervention, the behavioral health crisis  
6.3 intervention team must conduct an informal debriefing to determine if: (1) policies and  
6.4 procedures were followed prior to and during the intervention; (2) the best outcome for the  
6.5 patient was achieved; and (3) improvement to the intervention process is needed to better  
6.6 serve the needs of patients experiencing a behavioral health crisis. The behavioral health  
6.7 crisis intervention team may make recommendations to the hospital administration for  
6.8 improving crisis interventions in the future.

6.9 Subd. 6. Behavioral health crisis intervention follow-up; care team  
6.10 responsibilities. (a) After a behavioral health crisis intervention, the care team of the patient  
6.11 who experienced the behavioral health crisis must review the patient's care plan and  
6.12 implement an updated person-centered care plan to minimize the chances of a recurrence  
6.13 of a behavioral health crisis. When preparing the updated care plan, the care team must  
6.14 consult the patient's physician to determine if the patient's treatment plan needs to be adjusted.

6.15 (b) The patient's updated care plan must:

6.16 (1) address in observable and measurable terms where, when, and with whom the  
6.17 behavioral health crisis occurred and determine if adjustments to the patient's care, care  
6.18 team, or environment are necessary to minimize known antecedents and triggers of the  
6.19 patient's prior behavioral health crises;

6.20 (2) include what interventions and strategies were previously implemented to prevent  
6.21 the patient from experiencing a behavioral health crisis and the efficacy of those interventions  
6.22 and strategies;

6.23 (3) provide recommendations on the best de-escalation strategies for the patient; and

6.24 (4) set a staffing level and patient status observation schedule for the patient to ensure  
6.25 the care plan is followed and the patient's needs are met in a timely manner.

6.26 (c) The care team of the patient who experienced the behavioral health crisis must ensure  
6.27 all care plans are appropriately transferred if the patient's care is transferred to other health  
6.28 care staff or to a different unit or facility.

6.29 Subd. 7. Behavioral health crisis intervention follow-up; hospital  
6.30 responsibilities. After a behavioral health crisis intervention, the hospital administration  
6.31 must:

6.32 (1) provide options for affected staff to leave their shift and return to work when they  
6.33 are fit to do so;

7.1 (2) ensure the patient's electronic health record is modified to display a conspicuous  
7.2 notice alerting members of the patient's care team that the patient recently experienced a  
7.3 behavioral health crisis requiring a response from the behavioral health crisis intervention  
7.4 team;

7.5 (3) contact affected staff to provide support and referrals to employee assistance plans,  
7.6 mental health programs, and other available resources;

7.7 (4) conduct a thorough investigation of the circumstances precipitating the behavioral  
7.8 health crisis, including staffing levels at the time of the behavioral health crisis, and  
7.9 documenting direct care staff concerns about staffing levels;

7.10 (5) provide recommendations to the workplace violence prevention action plan team  
7.11 under section 144.566 for remedial action and remedies around staffing levels;

7.12 (6) review incidents, staffing levels, and documentation to ensure behavioral health crisis  
7.13 prevention strategies are implemented and added to the workplace violence prevention  
7.14 action plan under section 144.566;

7.15 (7) submit a violence incident report to the workplace violence prevention action plan  
7.16 team under section 144.566; and

7.17 (8) submit to the workplace violence prevention action plan team any recommendations  
7.18 for improving crisis interventions in the future that the behavioral health crisis intervention  
7.19 team may have submitted to the hospital administration under subdivision 5.

7.20 Subd. 8. **Required behavioral health crisis intervention policies.** All hospitals must  
7.21 adopt and implement policies governing a behavioral health crisis intervention team's  
7.22 response when hospital staff believe a patient is experiencing a behavioral health crisis or  
7.23 believe a patient is at risk of an imminent behavioral health crisis. The behavioral health  
7.24 crisis intervention policies must include the names or job titles of the hospital staff responsible  
7.25 for implementing the behavioral health crisis intervention policies. The behavioral health  
7.26 crisis intervention policies must include procedures for:

7.27 (1) creating a behavioral health crisis intervention team that meets the requirements of  
7.28 subdivision 3;

7.29 (2) identifying and assessing a patient's condition to determine the need for response or  
7.30 intervention by a behavioral health crisis intervention team member;

7.31 (3) ambulance personnel to request that a behavioral health crisis intervention team be  
7.32 available to assist when the ambulance arrives at the hospital;

8.1 (4) training all hospital staff to seek assistance from the behavioral health intervention  
8.2 team when appropriate or to call emergency services;

8.3 (5) training of behavioral health crisis intervention team members that meet the  
8.4 requirements of subdivision 10;

8.5 (6) ensuring at least one member of the behavioral health crisis intervention team listed  
8.6 in subdivision 3, who is a licensed medical professional and authorized to administer all  
8.7 medications that may be required during a behavioral health crisis intervention, is available  
8.8 on site at all times to respond promptly to any behavioral health crisis that occurs in the  
8.9 hospital, including a requirement that a behavioral health crisis intervention team member  
8.10 is not considered available if the team member has been assigned any duties or tasks that  
8.11 would prevent the team member from promptly responding to a behavioral health crisis and  
8.12 immediately participating in an intervention until the resolution of the crisis;

8.13 (7) a behavioral health crisis intervention team's timely response to a request for  
8.14 assistance;

8.15 (8) evaluating a patient experiencing a behavioral health crisis for substance use treatment  
8.16 and counseling and to provide guidance on that treatment and counseling;

8.17 (9) ensuring the provision of linguistically and culturally competent behavioral health  
8.18 crisis intervention services to patients;

8.19 (10) reporting concerns by hospital staff regarding the availability of behavioral health  
8.20 crisis intervention team members and concerns regarding the availability, condition, storage,  
8.21 and maintenance of equipment; and

8.22 (11) coordinating implementation of the requirements of this section with the workplace  
8.23 violence prevention plan adopted by a hospital under section 144.566, including methods  
8.24 of reporting and investigating any incidents of workplace violence that result from a patient's  
8.25 behavioral health crisis.

8.26 Subd. 9. **Required safety procedures.** All hospitals must adopt and implement safety  
8.27 procedures for situations in which the risk posed by a behavioral health crisis exceeds the  
8.28 ability of the behavioral health crisis intervention team to safely intervene. The safety  
8.29 procedures must be created by the behavioral health crisis intervention team with input from  
8.30 direct patient care staff. The safety procedures must include:

8.31 (1) mechanisms to provide appropriate intervention when health care staff are concerned  
8.32 about confronting a suspected perpetrator of abuse or concerned for their own safety, such  
8.33 as when a perpetrator is wielding a deadly weapon;



9.1 (2) standards for determining when and how to inform all impacted health care staff of  
9.2 potential life-threatening circumstances in the hospital; and

9.3 (3) standards for determining when to call security or law enforcement to respond to an  
9.4 incident.

9.5 **Subd. 10. Required training for behavioral health crisis intervention team**

9.6 **members.** (a) All hospitals must ensure that all members of a behavioral health crisis  
9.7 intervention team receive training and education on a continuing annual basis to ensure  
9.8 competency in existing and new skills in psychiatric care, behavioral health crisis  
9.9 intervention, substance use treatment services, providing trauma-informed care, and ensuring  
9.10 access to linguistically and culturally competent care.

9.11 (b) The training and education required under this subdivision must include opportunities  
9.12 for interactive questions and answers between behavioral health crisis intervention team  
9.13 members and a person knowledgeable about the hospital's behavioral health crisis intervention  
9.14 policies.

9.15 (c) The training and education required under this subdivision must be conducted during  
9.16 the normal working hours of the participating team member unless the team member receives  
9.17 at least the normal hourly wage for any additional time spent in the training and education  
9.18 sessions. Training must be conducted only when participating team members are not  
9.19 scheduled to provide patient care.

9.20 **Subd. 11. Behavioral health crisis intervention program implementation**

9.21 **requirements.** (a) All hospitals must designate a licensed medical professional who: (1)  
9.22 has experience and competence in psychiatric services as a behavioral health crisis  
9.23 intervention director; (2) is either a registered nurse or a physician; and (3) is responsible  
9.24 for the implementation of the requirements of this section.

9.25 (b) The behavioral health crisis intervention director must ensure that the policies adopted  
9.26 under subdivisions 8 and 9 are developed, implemented, and annually reviewed with  
9.27 meaningful input and active involvement of the following hospital staff, including hospital  
9.28 staff with a recognized collective bargaining agent or agents:

9.29 (1) registered nurses who provide emergency medical services;

9.30 (2) registered nurses who provide psychiatric nursing care or provide care in a psychiatric  
9.31 unit, if any;

9.32 (3) psychiatrists and other physicians who provide inpatient psychiatric services or  
9.33 provide care in a psychiatric unit, if any;

10.1 (4) ancillary health care staff who provide inpatient psychiatric services or provide care  
10.2 in a psychiatric unit, including psychiatric technicians, if any;

10.3 (5) emergency medical technicians who serve the hospital;

10.4 (6) behavioral health crisis intervention team members; and

10.5 (7) any other hospital staff required to be present in a patient care area who are reasonably  
10.6 anticipated to require a response by a behavioral health crisis intervention team.

10.7 (c) The behavioral health crisis intervention director must ensure that the programs  
10.8 implementing the training and education requirements under subdivisions 8 to 10 are  
10.9 developed, implemented, and annually reviewed and revised with meaningful input and  
10.10 active involvement of the hospital staff listed in paragraph (b), including the development  
10.11 of curricula and training materials.

10.12 (d) The behavioral health crisis intervention director must ensure that the hospital's  
10.13 behavioral health crisis intervention program is evaluated annually for effectiveness in  
10.14 providing timely access to behavioral health crisis intervention services and reducing rates  
10.15 of workplace violence. The behavioral health crisis intervention director must ensure that  
10.16 the program evaluation is conducted with meaningful input and active involvement of the  
10.17 hospital staff listed in paragraph (b).

10.18 Subd. 12. **Enforcement.** (a) Notwithstanding section 144.55, the commissioner of health  
10.19 shall inspect hospitals for compliance with this section according to the schedule in section  
10.20 144.653, subdivision 2. The commissioner shall issue a correction order to the hospital if,  
10.21 upon inspection, the commissioner finds that the hospital was not in compliance with this  
10.22 section for three or more days. The correction order shall state the deficiency, cite the specific  
10.23 rule violated, and specify the time allowed for correction.

10.24 (b) If, upon reinspection, the commissioner finds that the hospital has not corrected  
10.25 deficiencies specified in the correction order, the commissioner shall issue a notice of  
10.26 noncompliance with a correction order stating all deficiencies not corrected and the provisions  
10.27 of section 144.653, subdivisions 6 to 9, apply.

10.28 Subd. 13. **Limited immunity.** (a) No individual employed to work in a hospital shall  
10.29 be subject to civil or criminal liability for engaging in conduct in good faith compliance  
10.30 with the hospital's procedures governing the hospital's behavioral health crisis intervention  
10.31 program.

10.32 (b) No licensed medical professional or licensed mental health professional employed  
10.33 to work in a hospital shall be subject to professional disciplinary action, including censure,

11.1 suspension, loss of license, loss of privileges, loss of membership, or any other penalty for  
11.2 engaging in conduct in good faith compliance with the hospital's procedures governing the  
11.3 hospital's behavioral health crisis intervention program.

11.4 **Sec. 7. [144.568] BEHAVIORAL HEALTH CRISIS INTERVENTION GRANTS.**

11.5 Subdivision 1. **Grant program established.** The commissioner of health shall create  
11.6 and implement an annual behavioral health crisis intervention grant program to assist  
11.7 hospitals to implement and maintain a behavioral health crisis intervention program and  
11.8 comply with the requirements of section 144.567.

11.9 Subd. 2. **Creation of account.** (a) A behavioral health crisis intervention grant program  
11.10 account is established in the health care access fund. The commissioner of health shall use  
11.11 money from the account to implement a behavioral health crisis intervention grant program.

11.12 (b) Deposits to the behavioral health crisis intervention grant program account do not  
11.13 cancel and are available until expended.

11.14 Subd. 3. **Allowable uses.** (a) Allowable uses of behavioral health crisis intervention  
11.15 grant program funds under this section include:

11.16 (1) behavioral health crisis intervention training programs;

11.17 (2) hiring or retaining behavioral health crisis intervention team members;

11.18 (3) implementing policies and procedures adopted by a hospital to meet the requirements  
11.19 of section 144.567; and

11.20 (4) providing employee assistance plan services, mental health services, and other  
11.21 resources to hospital staff impacted by a patient's behavioral health crisis.

11.22 (b) The commissioner of health may use up to six percent of the money appropriated  
11.23 for the behavioral health crisis intervention grant program to administer the grant program.

11.24 Subd. 4. **Eligibility.** (a) To be eligible for an annual grant under this section, a hospital  
11.25 must submit an annual application to the commissioner of health by a date to be determined  
11.26 by the commissioner and must not be out of compliance with reporting requirements under  
11.27 section 144.566, subdivision 14, at the time the grant application is under consideration.

11.28 (b) The commissioner shall give preference to applicants that are rural hospitals, public  
11.29 hospitals, and hospitals in designated underserved areas.

12.1 (c) The commissioner shall make decisions regarding successful grant applications and  
 12.2 grant amounts after consideration of all applications and all relevant factors, such as the  
 12.3 applicants' requested grant amount and the availability of funds.

12.4 Sec. 8. **APPROPRIATION; BEHAVIORAL HEALTH CRISIS INTERVENTION**  
 12.5 **GRANTS.**

12.6 \$..... is appropriated in fiscal year 2025 from the general fund to the commissioner of  
 12.7 health for the behavioral health crisis intervention grant program under Minnesota Statutes,  
 12.8 section 144.568.