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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 4467

03/21/2022 Authored by Boldon and Huot
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 occupations; updating statutory references to certain professionals
1.3 to include advanced practice registered nurses; amending Minnesota Statutes 2020,
1.4 sections 62A.3091, subdivision 2; 62J.48; 62S.02, subdivision 5; 144.4807,
1.5 subdivision 7; 144.966, subdivision 6; 176.011, subdivision 12a; 245A.143,
1.6 subdivisions 2, 7; 245F.09, subdivision 2; 256B.0659, subdivision 27; 383A.13,
1.7 subdivisions 3, 6; 609.341, subdivision 17.

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

1.9 Section 1. Minnesota Statutes 2020, section 62A.3091, subdivision 2, is amended to read:

1.10 Subd. 2. Requirement. Coverage described in subdivision 1 that covers laboratory tests,
1.11 diagnostic tests, and x-rays must provide the same coverage, without requiring additional
1.12 signatures, for all such tests ordered by an advanced practice registered nurse operating
1.13 pursuant to chapter 148. Nothing in this section shall be construed to interfere with any
1.14 written agreement between a physician and an advanced practice registered nurse.

1.15 Sec. 2. Minnesota Statutes 2020, section 62J.48, is amended to read:

1.16 62J.48 CRITERIA FOR REIMBURSEMENT.

1.17 All ambulance services licensed under section 144E.10 are eligible for reimbursement
1.18 under health plan companies. The commissioner shall require health plan companies to
1.19 adopt the following reimbursement policies.

1.20 (1) All scheduled or prearranged air and ground ambulance transports must be reimbursed
1.21 if requested by an attending physician, registered nurse, or advanced practice registered
1.22 nurse, and, if the person is an enrollee in a health plan company, if approved by a designated
1.23 representative of a health plan company who is immediately available on a 24-hour basis.

2.1 The designated representative must be a registered nurse, advanced practice registered nurse,  
2.2 or a physician assistant with at least three years of critical care or trauma experience, or a  
2.3 licensed physician.

2.4 (2) Reimbursement must be provided for all emergency ambulance calls in which a  
2.5 patient is transported or medical treatment rendered.

2.6 (3) Special transportation services must not be billed or reimbursed if the patient needs  
2.7 medical attention immediately before transportation.

2.8 Sec. 3. Minnesota Statutes 2020, section 62S.02, subdivision 5, is amended to read:

2.9 Subd. 5. **Activities of daily living.** A qualified long-term care insurance policy shall  
2.10 take into account at least five of the activities of daily living in making the determination  
2.11 of whether an individual is chronically ill. Assessments of activities of daily living and  
2.12 cognitive impairment must be performed by a licensed or certified professional, such as a  
2.13 physician, advanced practice registered nurse, nurse, or social worker.

2.14 Sec. 4. Minnesota Statutes 2020, section 144.4807, subdivision 7, is amended to read:

2.15 Subd. 7. **Court order extending 72-hour hold.** The court may extend the hold under  
2.16 subdivision 5 by up to six days, excluding Saturdays, Sundays, and legal holidays, if the  
2.17 court finds that there is probable cause to believe that the carrier is an endangerment to the  
2.18 public health. The court may find probable cause to detain, examine, and isolate the carrier  
2.19 based upon a written statement by facsimile or upon an oral statement by telephone from  
2.20 the carrier's attending physician, advanced practice registered nurse, or registered nurse, a  
2.21 public health physician or nurse, other licensed health professional, or disease prevention  
2.22 officer, stating the grounds and facts that demonstrate that the carrier is an endangerment  
2.23 to the public health, provided that an affidavit from such witness is filed with the court  
2.24 within 72 hours, excluding Saturdays, Sundays, and legal holidays. The order may be issued  
2.25 orally by telephone, or by facsimile, provided that a written order is issued within 72 hours,  
2.26 excluding Saturdays, Sundays, and legal holidays. The oral and written order shall contain  
2.27 a notice of the carrier's rights contained in section 144.4805, subdivision 3, clause (6). A  
2.28 carrier may not be released prior to the hold extended under this subdivision without the  
2.29 express consent of the commissioner.

3.1 Sec. 5. Minnesota Statutes 2020, section 144.966, subdivision 6, is amended to read:

3.2 Subd. 6. **Civil and criminal immunity and penalties.** (a) No physician, advanced  
3.3 practice registered nurse, or hospital shall be civilly or criminally liable for failure to conduct  
3.4 hearing screening testing.

3.5 (b) No physician, midwife, advance practice registered nurse, nurse, other health  
3.6 professional, or hospital acting in compliance with this section shall be civilly or criminally  
3.7 liable for any acts conforming with this section, including furnishing information required  
3.8 according to this section.

3.9 Sec. 6. Minnesota Statutes 2020, section 176.011, subdivision 12a, is amended to read:

3.10 Subd. 12a. **Health care provider.** "Health care provider" means a physician, advanced  
3.11 practice registered nurse, podiatrist, chiropractor, dentist, optometrist, osteopathic physician,  
3.12 psychologist, psychiatric social worker, or any other person who furnishes a medical or  
3.13 health service to an employee under this chapter but does not include a qualified rehabilitation  
3.14 consultant or approved vendor.

3.15 Sec. 7. Minnesota Statutes 2020, section 245A.143, subdivision 2, is amended to read:

3.16 Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in this  
3.17 subdivision have the following meanings unless otherwise provided for by text.

3.18 (b) "Caregiver" means a spouse, adult child, parent, relative, friend, or others who  
3.19 normally provide unpaid support or care to the individual needing assistance. For the purpose  
3.20 of this section, the caregiver may or may not have legal or financial responsibility for the  
3.21 participant.

3.22 (c) "Participant" means a functionally impaired adult receiving family adult day services.

3.23 (d) "Consultation by a health care professional" means the review and oversight of the  
3.24 participant's health-related services by a registered nurse, advanced practice registered nurse,  
3.25 physician, or mental health professional.

3.26 Sec. 8. Minnesota Statutes 2020, section 245A.143, subdivision 7, is amended to read:

3.27 Subd. 7. **Health services.** (a) The license holder shall provide health services as specified  
3.28 in the service delivery plan under the direction of the designated caregiver or county or  
3.29 private case manager. Health services must include:

3.30 (1) monitoring the participant's level of function and health while participating; taking  
3.31 appropriate action for a change in condition including immediately reporting changes to

4.1 the participant's caregiver, physician, mental health professional, advanced practice registered  
4.2 nurse, or registered nurse; and seeking consultation;

4.3 (2) offering information to participants and caregivers on good health and safety practices;  
4.4 and

4.5 (3) maintaining a listing of health resources available for referrals as needed by  
4.6 participants and caregivers.

4.7 (b) Unless the person is a licensed health care practitioner qualified to administer  
4.8 medications, the person responsible for medication administration or assistance shall provide  
4.9 a certificate verifying successful completion of a trained medication aid program for  
4.10 unlicensed personnel approved by the Minnesota Department of Health or comparable  
4.11 program, or biennially provide evidence of competency as demonstrated to a registered  
4.12 nurse, advanced practice registered nurse, or physician.

4.13 (c) The license holder must have secure storage and safeguarding of all medications  
4.14 with storage of medications in their original container, know what information regarding  
4.15 medication administration must be reported to a health care professional, and must maintain  
4.16 a record of all medications administered.

4.17 Sec. 9. Minnesota Statutes 2020, section 245F.09, subdivision 2, is amended to read:

4.18 Subd. 2. **Protective procedures plan.** A license holder must have a written policy and  
4.19 procedure that establishes the protective procedures that program staff must follow when  
4.20 a patient is in imminent danger of harming self or others. The policy must be appropriate  
4.21 to the type of facility and the level of staff training. The protective procedures policy must  
4.22 include:

4.23 (1) an approval signed and dated by the program director and medical director prior to  
4.24 implementation. Any changes to the policy must also be approved, signed, and dated by the  
4.25 current program director and the medical director prior to implementation;

4.26 (2) which protective procedures the license holder will use to prevent patients from  
4.27 imminent danger of harming self or others;

4.28 (3) the emergency conditions under which the protective procedures are permitted to be  
4.29 used, if any;

4.30 (4) the patient's health conditions that limit the specific procedures that may be used and  
4.31 alternative means of ensuring safety;

5.1 (5) emergency resources the program staff must contact when a patient's behavior cannot  
5.2 be controlled by the procedures established in the policy;

5.3 (6) the training that staff must have before using any protective procedure;

5.4 (7) documentation of approved therapeutic holds;

5.5 (8) the use of law enforcement personnel as described in subdivision 4;

5.6 (9) standards governing emergency use of seclusion. Seclusion must be used only when  
5.7 less restrictive measures are ineffective or not feasible. The standards in items (i) to (vii)  
5.8 must be met when seclusion is used with a patient:

5.9 (i) seclusion must be employed solely for the purpose of preventing a patient from  
5.10 imminent danger of harming self or others;

5.11 (ii) seclusion rooms must be equipped in a manner that prevents patients from self-harm  
5.12 using projections, windows, electrical fixtures, or hard objects, and must allow the patient  
5.13 to be readily observed without being interrupted;

5.14 (iii) seclusion must be authorized by the program director, a licensed physician, an  
5.15 advanced practice registered nurse, or a registered nurse. If one of these individuals is not  
5.16 present in the facility, the program director or a licensed physician, advanced practice  
5.17 registered nurse, or registered nurse must be contacted and authorization must be obtained  
5.18 within 30 minutes of initiating seclusion, according to written policies;

5.19 (iv) patients must not be placed in seclusion for more than 12 hours at any one time;

5.20 (v) once the condition of a patient in seclusion has been determined to be safe enough  
5.21 to end continuous observation, a patient in seclusion must be observed at a minimum of  
5.22 every 15 minutes for the duration of seclusion and must always be within hearing range of  
5.23 program staff;

5.24 (vi) a process for program staff to use to remove a patient to other resources available  
5.25 to the facility if seclusion does not sufficiently assure patient safety; and

5.26 (vii) a seclusion area may be used for other purposes, such as intensive observation, if  
5.27 the room meets normal standards of care for the purpose and if the room is not locked; and

5.28 (10) physical holds may only be used when less restrictive measures are not feasible.  
5.29 The standards in items (i) to (iv) must be met when physical holds are used with a patient:

5.30 (i) physical holds must be employed solely for preventing a patient from imminent  
5.31 danger of harming self or others;

6.1 (ii) physical holds must be authorized by the program director, a licensed physician, an  
6.2 advanced practice registered nurse, or a registered nurse. If one of these individuals is not  
6.3 present in the facility, the program director or a licensed physician, advanced practice  
6.4 registered nurse, or a registered nurse must be contacted and authorization must be obtained  
6.5 within 30 minutes of initiating a physical hold, according to written policies;

6.6 (iii) the patient's health concerns must be considered in deciding whether to use physical  
6.7 holds and which holds are appropriate for the patient; and

6.8 (iv) only approved holds may be utilized. Prone holds are not allowed and must not be  
6.9 authorized.

6.10 Sec. 10. Minnesota Statutes 2020, section 256B.0659, subdivision 27, is amended to read:

6.11 Subd. 27. **Personal care assistance provider agency.** (a) The personal care assistance  
6.12 provider agency is required to provide training for the personal care assistant responsible  
6.13 for working with a recipient who is ventilator dependent. All training must be administered  
6.14 by a respiratory therapist, advanced practice registered nurse, nurse, or physician. Qualified  
6.15 professional supervision by a nurse must be completed and documented on file in the personal  
6.16 care assistant's employment record and the recipient's health record. If offering personal  
6.17 care services to a ventilator-dependent recipient, the personal care assistance provider agency  
6.18 shall demonstrate and document the ability to:

6.19 (1) train the personal care assistant;

6.20 (2) supervise the personal care assistant in the care of a ventilator-dependent recipient;

6.21 (3) supervise the recipient and responsible party in the care of a ventilator-dependent  
6.22 recipient; and

6.23 (4) provide documentation of the training and supervision in clauses (1) to (3) upon  
6.24 request.

6.25 (b) A personal care assistant shall not undertake any clinical services, patient assessment,  
6.26 patient evaluation, or clinical education regarding the ventilator or the patient on the  
6.27 ventilator. These services may only be provided by health care professionals licensed or  
6.28 registered in this state.

6.29 (c) A personal care assistant may only perform tasks associated with ventilator  
6.30 maintenance that are approved by the Board of Medical Practice in consultation with the  
6.31 Respiratory Care Practitioner Advisory Council and the Department of Human Services.

7.1 Sec. 11. Minnesota Statutes 2020, section 383A.13, subdivision 3, is amended to read:

7.2 Subd. 3. **May do these actions.** Paramedics may do any of the following:

7.3 (a) perform regular rescue, first aid and resuscitation services;

7.4 (b) during training administer parenteral medications under the direct supervision of a  
7.5 licensed physician, advanced practice registered nurse, or a registered nurse;

7.6 (c) perform cardiopulmonary resuscitation and defibrillation in a pulseless, nonbreathing  
7.7 patient;

7.8 (d) administer intravenous saline or glucose solutions;

7.9 (e) administer parenteral injections in any of the following classes of drugs;

7.10 (i) antiarrhythmic agents;

7.11 (ii) vagolytic agents;

7.12 (iii) chronotropic agents;

7.13 (iv) analgesic agents;

7.14 (v) alkalizing agents;

7.15 (vi) vasopressor agents;

7.16 (vii) diuretics;

7.17 (f) administer, perform and apply all other procedures, drugs and skills in which they  
7.18 have been trained and are certified to give, apply and dispense.

7.19 Sec. 12. Minnesota Statutes 2020, section 383A.13, subdivision 6, is amended to read:

7.20 Subd. 6. **No civil liability of doctors and nurses; conditions.** No licensed physician,  
7.21 advanced practice registered nurse, or registered nurse, who in good faith and in the exercise  
7.22 of reasonable care gives emergency instructions to a certified paramedic at the scene of an  
7.23 emergency, or while in transit to and from the scene of such emergency, shall be liable for  
7.24 any civil damages as a result of issuing such instructions.

7.25 Sec. 13. Minnesota Statutes 2020, section 609.341, subdivision 17, is amended to read:

7.26 Subd. 17. **Psychotherapist.** "Psychotherapist" means a person who is or purports to be  
7.27 a physician, psychologist, advanced practice registered nurse, nurse, chemical dependency  
7.28 counselor, social worker, marriage and family therapist, licensed professional counselor,

- 8.1 or other mental health service provider; or any other person, whether or not licensed by the
- 8.2 state, who performs or purports to perform psychotherapy.