On January 24, 2025, the Minnesota Supreme Court held that 68 members are necessary to constitute a quorum of the House. 01/09/25 This document reflects proceedings that occurred the forest regime decision was issued and are no longer active. 25-01824 See Simon v. Demuth, No. A25-0066 (Minn. Jan. 24, 2025) (consolidated with Hortman et al. v. Demuth et al., No. A25-0068).

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## State of Minnesota HOUSE OF REPRESENTATIVES H. F. No. 275

## NINETY-FOURTH SESSION

01/23/2025

Authored by Quam 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 1.3 1.4	relating to health occupations; allowing nurses licensed under the Nurse Licensure Compact to practice nursing under specific circumstances; amending Minnesota Statutes 2024, section 148.211, by adding subdivisions.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. Minnesota Statutes 2024, section 148.211, is amended by adding a subdivision
1.7	to read:
1.8	Subd. 2b. License recognition for nurses licensed under the Nurse Licensure Compact
1.9	during a peacetime emergency. (a) As used in this subdivision, "out-of-state nurse" means
1.10	a nurse who:
1.11	(1) holds a multistate license under the Nurse Licensure Compact; and
1.12	(2) is not licensed to practice nursing in Minnesota by the board.
1.13	(b) An out-of-state nurse may practice nursing in Minnesota during a peacetime
1.14	emergency declared under section 12.31, subdivision 2, when the peacetime emergency
1.15	addresses a health emergency that requires the assistance of additional nurses.
1.16	(c) When practicing nursing under this subdivision, an out-of-state nurse's license has
1.17	the same force and effect as if issued by the board.
1.18	(d) Before practicing nursing under this subdivision, an out-of-state nurse must be under
1.19	contract or provider agreement with a health care system or provider located in Minnesota,
1.20	such as a hospital, clinic, or other health care entity.
1.21	(e) A health care system or provider that is under contract or provider agreement with
1.22	an out-of-state nurse under this subdivision must:

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2.1	(1) verify that the nurse holds a multistate license under the Nurse Licensure Compact
2.2	that is in good standing; and
2.3	(2) file a report with the commissioner of health that includes the number of out-of-state
2.4	nurses under contract or provider agreement under this subdivision and the length of each
2.5	nurse's contract or provider agreement. The report must be filed with the commissioner no
2.6	later than 60 days after the peacetime emergency referenced in paragraph (b) ends.
2.7	(f) By practicing nursing under this subdivision, an out-of-state nurse submits to the
2.8	jurisdiction of the board. The board may revoke the authorization provided by this subdivision
2.9	from an out-of-state nurse under the board's jurisdiction. Upon revocation, an out-of-state
2.10	nurse must immediately cease practicing nursing under this subdivision.
2.11	(g) This subdivision expires if Minnesota joins the Nurse Licensure Compact. The board
2.12	must notify the revisor of statutes if Minnesota joins the Nurse Licensure Compact.
2.13	<b>EFFECTIVE DATE.</b> This section is effective the day following final enactment.
2.14	Sec. 2. Minnesota Statutes 2024, section 148.211, is amended by adding a subdivision to
2.15	read:
2.16	Subd. 2c. License recognition for nurses licensed under the Nurse Licensure Compact
2.17	during a pandemic or localized disease outbreak. (a) As used in this subdivision,
2.18	"out-of-state nurse" means a nurse who:
2.19	(1) holds a multistate license under the Nurse Licensure Compact; and
2.20	(2) is not licensed to practice nursing in Minnesota by the board.
2.21	(b) An out-of-state nurse may practice nursing in Minnesota when a pandemic or localized
2.22	disease outbreak impacts the staffing of a health care system or provider to a critical level.
2.23	The commissioner of health shall determine whether a pandemic or localized disease outbreak
2.24	impacts the staffing of a health care system or provider to a critical level upon request from
2.25	a health care system or provider in the form and manner determined by the commissioner.
2.26	(c) When practicing nursing under this subdivision, an out-of-state nurse's license has
2.27	the same force and effect as if issued by the board.
2.28	(d) Before practicing nursing under this subdivision, an out-of-state nurse must be under
2.29	contract or provider agreement with a health care system or provider located in Minnesota,
2.30	such as a hospital, clinic, or other health care entity.
2.31	(e) A health care system or provider that is under contract or provider agreement with
	(c) A hearth care system of provider that is under contract of provider agreement with

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3.1	(1) verify that the nurse holds a multistate license under the Nurse Licensure Compact
3.2	that is in good standing; and
3.3	(2) file a report with the commissioner of health that includes the number of out-of-state
3.4	nurses under contract or provider agreement under this subdivision and the length of each
3.5	nurse's contract or provider agreement. The report must be filed with the commissioner no
3.6	later than 60 days after the commissioner notifies the health care system or provider that
3.7	the pandemic or localized disease outbreak referenced in paragraph (b) has ended.
3.8	(f) By practicing nursing under this subdivision, an out-of-state nurse submits to the
3.9	jurisdiction of the board. The board may revoke the authorization provided by this subdivision
3.10	from an out-of-state nurse under the board's jurisdiction. Upon revocation, an out-of-state
3.11	nurse must immediately cease practicing nursing under this subdivision.
3.12	(g) This subdivision expires if Minnesota joins the Nurse Licensure Compact. The board
3.13	must notify the revisor of statutes if Minnesota joins the Nurse Licensure Compact.
3.14	<b>EFFECTIVE DATE.</b> This section is effective the day following final enactment.