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Article 1 - Department of Health

Section 1 (103I.005, subdivision 17a) creates a definition for a submerged closed loop heat exchanger.

Section 2 (103I.005, subd. 17b) moves the current definition of a temporary boring to a new subdivision.

Section 3 (103I.005, subd. 20a) includes in the definition of a water supply well any well that is used for containing a submerged closed loop heat exchanger.

Section 4 (103I.631) establishes the parameters for installing a submerged closed loop heat exchanger.

> **Subdivision 1** requires that the commissioner of health permit the installation of a submerged closed loop heat exchanger in a water supply well.
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> **Subd. 2** specifies that only water supply wells used for the nonpotable purpose of providing heating and cooling using a submerged closed loop heat exchanger are exempt from isolation distance requirements greater than 10 feet.
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> **Subd. 3** specifies that the screened interval of a water supply well that is constructed to contain a submerged closed loop exchanger completed within a single aquifer may be designed and constructed using any combination of screen, casing, leader, riser, sump, or other piping combinations so long as the screen configuration does not interconnect with aquifers.
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> **Subd. 4** states that a submerged closed loop heat exchanger is not subject to the permit requirements of chapter 103I.

Subd. 5 states that a variance is not required to install or operate a submerged closed loop heat exchanger.

Section 5 (144.057, subd. 1) specifies that the Department of Human Services is not required to conduct a background study under chapter 245C on an individual who is employed at a facility or agency licensed by the Department of Health if the individual has a valid license issued by a health-related licensing board and has completed a criminal background check under section 214.075 as part of the health-related licensing board's licensing process.

Section 6 (144.1222, subd. 2d) specifies that a spa pool (hot tub or whirlpool) that is located on the property of a standalone single unit rental property that is rented out to the public by the property owner or through a resort and is only intended to be used by the occupants of the rental property is not a public pool and is exempt from the requirements for public pools.

Section 7 (144.551, subd. 1) exempts two hospital construction projects from the hospital construction moratorium.

Clause (31) is a project to add licensed beds in a critical access hospital with licensed bed capacity of fewer than 25 beds and has an attached nursing home so long as the bed addition of total number of licensed beds after the bed addition does not exceed 25 beds. Specifies that a public interest review is not required to be completed for this project.

Clause (32) is a project to add 22 licensed beds at Children's Hospital located in St. Paul. Permits the hospital to add these beds prior to the completion of the public interest review, so long as the hospital submits its plan by 2022 deadline and adheres to the timelines for the public interest review.

Section 8 (145.267) moves the current fetal alcohol spectrum disorders prevention grant program language to the Department of Health chapter of law. (Currently this program is administered by the Department of Human Services and the administration of this program is being moved from DHS to MDH). The move is effective July 1, 2023.

Section 9 (151.01, subd, 27), in clause (3), authorizes a pharmacist to order certain laboratory tests as part of monitoring drug therapies. It also authorizes a pharmacist to collect specimens, interpret results, notify the patient of results, and refer patients to other health care providers for follow up care and to initiate, modify, or discontinue drug therapy pursuant to a protocol or collaborative practice agreement. Authorizes a pharmacy technician or pharmacist intern to perform these tests if the technician or intern is working under the direct supervision of a pharmacist.

In clause (6), modifies the authorization of pharmacists to participate in the administration of vaccines by modifying the protocol requirements and requiring the pharmacist to inform the patient or an adult care giver, if the patient is under the age of 18, of the importance of a well child visit with a pediatrician or other licensed primary care provider when administering the vaccine.

Section 10 (151.103), paragraph (a) authorizes a pharmacy technician or a pharmacist intern to administer vaccines if the technician or intern (1) is under the direct supervision of a pharmacist while administering the vaccine; (2) has successfully completed a training program; (3) has a current certificate in basic CPR; and (4) if a pharmacy technician is administering the vaccine, the technician has completed (i) one of the training programs listed in Minnesota Rules; and (ii) a minimum of two hours of APCE-approved, immunization-related continuing pharmacy education as part of the technician's continuing education schedule.

Paragraph (b) specifies that direct supervision must be in-person and not through telehealth.

Section 11 (245C.03, subd. 5a) specifies that the Department of Human Services is not required to conduct a background study under this chapter on an individual who is employed at a facility or agency licensed by the Department of Health if the individual has a valid license issued by a health related-licensing board and has completed a criminal background check under section 214.075 as part of the health-related licensing board's licensing process; requires the entity employing the individual to separate those individuals from the entity's NETStudy 2.0 roster list..

Section 12 (245C.31, subd. 1) requires the commissioner of human services to notify a health-related licensing board if the commissioner determines that an individual licensed by the board is responsible for substantiated maltreatment. Upon receiving such notification, the board shall determine whether to impose disciplinary or corrective action.

Section 13 (245C.31, subd. 2) makes conforming changes.

Section 14 (245C.31, subd. 3a) requires the commissioner of human services and the health-related licensing boards to enter into an agreement for each board to provide the commissioner with a quarterly roster list of individuals who have a license issued by the board in active status. Specifies what information must be included in the roster list.

Section 15 modifies the commissioner of human services base level appropriation to take into account the transferring of the fetal alcohol spectrum disorders prevention grant program to MDH.

Section 16 (Laws 2021, First Special Session chapter 7, article 16, section 5, paragraphs (c) and (d)) corrects a drafting error in the 2021 appropriation to the Emergency Medical Services Regulator Board. In the 2021 appropriation, the amounts for the purposes in paragraphs (c) and (d) were transposed. The transposition was caused in part, by ambiguity in the original language. The ambiguity is also eliminated in the amendment.

Section 17 (Temporary requirements governing ambulance service operations and the provision of emergency medical services) temporarily modifies the staffing and operation requirements for emergency medical services between final enactment of this section and January 1, 2024.

Subdivision 1 specifies that the provisions of this section temporarily supersede conflicting provisions in Minnesota Statutes, Chapter 144E governing the staffing and operation of emergency medical services.

Subdivision 2 imports from Chapter 144E definitions of terms used in this section.

Subdivision 3, paragraph (a) temporarily reduces the required minimal staffing of basic life support from two EMTs to one driver trained in CPR and one EMT.

Paragraph (b) temporarily reduces the required minimal staffing of advanced life support from two ambulance services personnel to one driver trained in CPR and either one paramedic, or one RN or PA who qualifies as ambulance service personnel.

Paragraph (c) requires both the ambulance service director and the medical director of the service to approve staffing according to this section.

Paragraph (d) requires each ambulance service to notify the Emergency Medical Services Regulatory Board in writing of its adoption of a staffing arrangement permitted under this subdivision and the planned duration of implementing the staffing arrangement.

Paragraph (e) permits the EMSRB to prevent a driver from staffing an emergency medical service on the same basis as the EMSRB is currently permitted to deny, suspend or revoke the registration of emergency services personnel.

Subdivision 4 permits ambulance service personnel to use under limited conditions medication and medical supplies up to six months following their expiration date. Use of expired medications and medical supplies is permitted only after consultation with the Board of Pharmacy regarding the use of particular expired medications and medical supplies.

Subdivision 5 permits a medical director, with the approval of the ambulance service director, to allow emergency services personnel with lapsed certifications to continue to provide services for 3 months beyond the expiration date of the individual's certification.

Subdivision 6 requires the EMSRB to provide the legislature with 7 quarterly reports that include information by emergency medical service on staffing changes, use of expired medications and medical supplies, and the provision of services after the expiration of an individual's certification.

Subdivision 7 specifies that this section expires January 1, 2024, after which time the requirements of Minnesota Statutes, Chapter 144E will again govern the staffing the operations of emergency medical services.

Section 18 [Direction to commissioner of health; J-1 visa waiver program recommendation] requires the commissioner of health, in issuing recommendations for the purposes of the J-1 visa waiver program, to allow a foreign medical graduate to submit to the commissioner evidence that the applicant for whom the waiver is sought is licensed to practice medicine in Minnesota in place of evidence that the foreign medical graduate has passed steps 1, 2, and 3 of the United States Medical Licensing Examination.

Section 19 [Base level adjustment; Fetal alcohol spectrum disorders prevention grants] establishes the base level funding for the commissioner of health for the fetal alcohol spectrum disorders prevention grant program that is being transferred from DHS.

Section 20 appropriates money to the commissioner of health for the implementation of the requirements for submerged closed loop heat exchanger.

Section 21 repeals Minnesota Statutes, section 254A.21, effective July 1, 2023. This is repealing the current section located in a DHS chapter for the fetal alcohol spectrum disorders prevention grant program.

Article 2 - Department of Human Services - Health Care

Section 1 (256B.0371, subd. 4) requires that for the annual dental utilization report beginning in the report due March 15, 2023, the commissioner of human services is required to include certain information regarding the number of dentists enrolled as medical assistance providers and the

number of enrolled dental providers who provide dental services to enrollees receiving services through the fee-for-service system and under managed care.

Section 2 (256B.0625, subd. 13k), paragraph (a) requires medical assistance to cover vaccines that are initiated, ordered, or administered by a licensed pharmacist and reimburse the pharmacist at no less than the rate for which the same services are covered when provided by any other practitioner.

Paragraph (b) requires medical assistance to cover laboratory tests when ordered and performed by a licensed pharmacist and reimburse the pharmacist at no less than the rate for which the same services are reimbursed when provided by any other practitioner.

Section 3 prohibits the commissioner of human services from adjusting medical assistance rates paid for enteral nutrition and supplies between the dates July 1, 2022, through June 30, 2023.

Article 3 – Health-Related Licensing Boards and Scope of Practice

Section 1 (144.051, subd. 6) permits the commissioner of health to release data on audiologist and speech pathologist licensees to the appropriate state, federal, or local agency for investigative or enforcement efforts or to further a public health protective process.

Section 2 (147.01, subd. 7) strikes an obsolete physician fee.

Section 3 (147.03, subd. 1) modifies this section to permit an applicant for licensure for endorsement who is also a foreign medical school graduate to have the ability to apply for a temporary permit.

Section 4 (147.03, subd.2) authorizes an applicant for licensure by endorsement to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee, and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant's license application, whichever occurs first. The board may revoke the permit if the physician is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

Section 5 (147.037) removes references in this section regarding temporary permits.

Section 6 (147A.025) authorizes an applicant for a physician assistant license to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant's license application, whichever occurs first. The board may revoke the permit if the physician assistant is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

Section 7 (147A.28) strikes obsolete physician assistant fees.

Section 8 (147C.15, subd. 3) authorizes an applicant for a respiratory therapist license to request the board to issue a temporary permit while the application is being processed. The board may issue a nonrenewable temporary permit upon receipt of the application, a nonrefundable application fee

and if the applicant is currently licensed in good standing in another state and is not the subject of a pending investigation or disciplinary action in another state. If a permit is issued, it is valid for 90 days or until a decision has been made on the applicant's license application, whichever occurs first. The board may revoke the permit if the respiratory therapist is the subject of an investigation or disciplinary action or is disqualified for licensure for any other reason.

Section 9 (147C.40, subd. 5) strikes an obsolete respiratory therapist fee.

Section 10 (148.212, subd. 1) modifies the length of time a temporary permit that is issued by the Board of Nursing to practice professional or practical nursing is valid from 60 days to 90 days.

Section 11 (148.2855) creates the nurse licensure compact for registered professional and licensed practical nurses.

Section 12 (148.2856) clarifies the applicability of the nurse licensure compact to existing state laws, including that the compact does not supersede state labor laws; that any action taken by the Board of Nursing against an individual's multistate privileges must be adjudicated following procedures under chapter 14; that the board may take all forms of disciplinary and corrective action provided under state law against an individual's multistate privilege; and any complaints against any individual practicing professional or practical nursing in Minnesota under the compact must be addressed according to state law.

Section 13 (148.5185) creates an audiology and speech language pathology interstate compact.

Section 14 (148.5186) clarifies the applicability of the audiology and speech language pathology interstate compact to existing sates laws, including that rules developed by the compact commission are not subject to chapter 14; permits the commissioner of health to require an audiologist or speech language pathologist licensed in Minnesota as the home state to submit to a criminal background study; and permits the commissioner to provide data to the commission.

Section 15 (148B.75) creates the licensed professional counselor interstate compact.

Section 16 (150A.10, subd. 1a) permits a collaborative practice dental hygienist to be employed by a licensed dentist. Requires the commissioner of human services to annually report to the Board of Dentistry on the services provided by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees during the previous calendar year.

Section 17 (150A.105, subd. 8) makes a conforming change.

Section 18 (151.065, subd. 1) reduces the initial application licensure fees for medical gas wholesalers and manufacturers from $5,260 for the first facility and $260 for each additional facility to $260.

Section 19 (151. 065, subd. 3) reduces the renewal fees for medical gas wholesalers and manufacturers from $5,260 for the first facility and $260 for each additional facility to $260.

Section 20 (151.065, subd. 7) makes a conforming change.

Section 21 (152.125) makes modifications to the prescribing criteria for controlled substances when treating intractable pain.

Subdivision 1 adds definitions for drug diversion, palliative care, and rare disease.

Subd. 1a establishes criteria for the evaluation and treatment of intractable pain when treating a nonterminally ill patient.

Subd. 2, paragraph (a) authorizes advanced practice registered nurses and physician assistants to prescribe or administer a controlled substance to a patient as part of the patient's treatment of a diagnosed condition causing intractable pain. Requires the provider to enter into a patient-provider agreement.

> **Paragraph (b)** states that a prescriber shall not be subject to any civil or criminal actions or any investigation, termination, or disenrollment by either the commissioner of health or human services solely for prescribing a dosage that equates to an upward deviation from morphine milligram equivalent dosage recommendations or thresholds specified in state or federal opioid prescribing guidelines or policies.
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> **Paragraph (c)** prohibits a prescriber who is treating intractable pain with a controlled substance from tapering a patient's medication dosage solely to meet a predetermined dosage recommendation or threshold if the patient is stable and complaint with the treatment plan; is experiencing no serious harm from the level of medication prescribed, and is in compliance with the patient-provider agreement.
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> **Paragraph (d)** specifies that a prescriber's decision to taper a patient's medication dosage must be based on factors other than a morphine milligram equivalent recommendation or threshold.
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> **Paragraph (e)** specifies that no pharmacist, health plan company, or pharmacy benefit manager shall refuse to fill a prescription for an opiate issued by a licensed practitioner authorized to prescribe opiates solely on the prescription exceeding a predetermined morphine milligram equivalent dosage recommendation or threshold.

Subd. 3 and 4 add advanced practice registered nurse and physician assistant to these subdivisions. Make other technical changes.

Subd. 5, paragraph (a) requires the prescriber and patient to enter into an agreement that includes the patient's and prescriber's expectations, responsibilities, and rights according to the best practices and current standard of care.

> **Paragraph (b)** requires that the agreement be signed by the patient and the prescriber, and a copy of the agreement included with the patient's medical record and a copy be provided to the patient.
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> **Paragraph (c)** requires the agreement to be reviewed at least annually and if there is a change to the patient's treatment plan, the agreement must be revised and updated and signed by the patient with a copy provided to the patient and included in the patient's medical record.
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> **Paragraph (d)** specifies that a patient provider agreement is not required in an emergency or inpatient hospital setting.

Section 22 is an appropriation from the state government special revenue fund to the Board of Nursing for the purpose of implementing the nurse licensure compact.

Section 23 repeals Minnesota Statutes, section 147.02, subdivision 2a (obsolete temporary permit).

Article 4 - Minnesota Health Higher Education Authority

Article 4 expands the authority and scope of the Minnesota Higher Education Facilities Authority (MHEFA) by allowing the MHEFA to provide financing to health care organizations.

Section 1 (3.732, subd. 1) makes a conforming change.

Section 2 (10A.01, subd. 35) makes a conforming change.

Section 3 (136A.25) changes the agency name to Minnesota *Health* and Education Facilities (the MHEFA acronym is retained).

Section 4 (136A.26, subd. 1) expands the membership of the board to include one additional member appointed by the Governor who is a trustee, director, officer, or employee of a health care organization.

> **Subdivision 1b** is a new subdivision adding an advisory, nonvoting member to the board who is the chief executive officer of a Minnesota nonprofit health care association.
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> **Subdivision 2** provides that the membership terms, compensation, removal, and vacancy related to the member under subdivision 1b is governed by Minnesota Statutes, section 15.0575.

Section 5 (136A.27) amends the policy statement for the organization to include that health care organizations within the state be provided with appropriate and additional means to establish, acquire, construct, improve, and expand health care facilities in furtherance of their purpose.

Section 6 (136A.28) defines the following new terms and modifies existing terms: "affiliate," "project," "health care organization," "education facility," "health care facility," and "participating institution."

Section 7 (136A.29, subd. 1) is a conforming change, incorporates "health care organization."

Section 8 (136A.29, subd. 3) specifies that the authority employees shall participate in the managerial plan for retirement purposes.

Section 9 (136A.29, subd. 6) requires a project involving a health care facility to comply with all applicable requirements in state law related to construction or modifications of facilities.

Section 10 (136A.29, subd. 9) increases the bond limit from $1,300,000 to $4,000,000.

Section 11 (136A.29, subd. 10) makes conforming changes relating to the purpose of issuing bonds for health care facilities.

Sections 12 to 15 (136A.29, subd. 14; 136A.29, subd. 19; 136A.29, subd. 20; and 136A.29, subd. 21) are technical conforming modifications.

Section 16 (136A.29, subd. 22) states that the MHEFA may charge to and apportion among institutions its administrative costs and expenses incurred in the manner as the MHEFA in its judgment deems appropriate.

Section 17 (136A.29, subd. 24) authorizes the MHEFA to determine whether an entity is an affiliate, as defined under section 136A.27.

Sections 18 and 19 (136A.32, subd. 4; and 136A.33) are technical conforming amendments.

Sections 20, 21, and 22 (136A.34, subd. 3; 136A.34, subd. 4; and136A.36) relate to the investment of bond proceeds and revenues.

Sections 23 and 24 (136A.38 and 136A.41) are technical modifications.

Section 25 (136A.42) requires the MHEFA to submit an annual report to the Minnesota Historical Society and the Legislative Reference Library on the authority's activities in the previous year, including all financial activities.

Section 26 (136F.67) makes a conforming change.

Section 27 (354B.20, subd. 7) makes a conforming change.

Section 28 instructs the Revisor of Statutes to recode the provisions of the bill in new chapter 16F.

Section 29 repeals a law allowing the MHEFA and the OHE to enter into a mutual agreement so MHEFA staff may also be members of the OHE staff.

Article 5 - Human Services Forecast Adjustments and Carry Forward Authority

Article 5 makes forecast adjustments and provides carry forward authority.

Article 6 – Mandated Reports

Section 1 (62J.692, subd. 5) exempts the annual report from the commissioner of health to the legislature on the implementation of the medical education and research cost (MERC) funds from the expiration of mandated reports.

Section 2 (144.193) eliminates the required report to the legislature by the commissioner of health on the inventory of biological specimens, registries, and health data and databases collected by the Department of Health. This report is still required to be made available on the Department of Health's website.

Section 3 (144.4199, subd. 8) exempts the annual report from the commissioner of health to the legislature on expenditures made in the previous calendar year from the public health response contingency account from the expiration of mandated reports.

Section 4 (144.497) eliminates the annual report from the commissioner of health to the legislature on the progress toward improving the quality of care and patient outcomes for ST elevation myocardial infections.

Section 5 (144A.10, subd. 17) exempts this required report from the commissioner of health to the legislature on the quality improvement program for nursing facility survey and complaint processes from the expiration of mandated reports.

Section 6 (144A.483, subd. 1) specifies the annual report that the commissioner of health is required to submit to the legislature regarding home care licensing and regulatory activities expires October 1, 2027.

Section 7 (145.4134) eliminates the separate report to the legislature regarding abortion data. This report is still required to be reported to the public.

Section 8 (145.928, subd. 13) eliminates the annual report to the legislature on eliminating health disparities grants to decrease racial and ethnic disparities in infant mortality rates. This report is still required to be reported to the public.

Section 9 repeals sections 62U.10, subd. 3 (obsolete section); 144.1911, subd. 10 (report on the integration of international medical graduates into the health care delivery system); 144.564, subd. 3 (report on subacute or transitional care); and 144A.483, subd. 2 (obsolete report).