

**Subject** Advanced practice registered nurses

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## Overview

In Minnesota statutes, physicians are specifically given certain rights, duties, and protections and the authority to perform certain acts. This bill adds advanced practice registered nurses (APRNs) to many of those statutes, or gives the rights, duties, and authority in statutes to health care providers which includes APRNs.

An APRN is a nurse licensed as an APRN by the Board of Nursing and certified by a national nurse certification organization to practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner. According to the Board of Nursing, an APRN is authorized to perform acts of advanced assessment, diagnosis, prescribing, and ordering. Certified nurse midwives and certified registered nurse anesthetists are not required to have a collaborative management agreement or a written prescribing agreement with another provider in order to practice, except for certified registered nurse anesthetists who provide nonsurgical therapies for acute or chronic pain. Certified nurse practitioners and clinical nurse specialists beginning practice after July 2014 must practice for at least 2,080 hours in a collaborative management setting in a hospital or clinical setting where APRNs and physicians work together. [In 2017 a law adding APRNs to certain statutes was enacted as Laws 2017, chapter 59.]

The following table lists the statutory sections and subjects of the statutes amended in this bill. In each section, the bill adds APRN, APRN clinic, a specific type of APRN, or a health care provider that includes an APRN, to existing language that gives physicians certain rights, duties, and protections, or authority to perform certain acts. In a few instances, the term APRN replaces the term nurse practitioner.

## Summary

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Bill Section	Statute Amended	Subject
1	62D.09, subd. 1	HMO marketing materials; requires disclosure of services that can only be provided by referral from certain providers
2	62E.06, subd. 1	Requirements for health plan certification as a number three plan, to provide that certain services and prescriptions are

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		covered when prescribed by certain providers, and certain services are not covered unless specific criteria are met as determined by certain providers
3	62J.17, subd. 4a	Lists types of health care facilities required to annually report to the commissioner of health on major spending commitments
4	62J.23, subd. 2	Certain conduct does not violate federal antikickback laws
5	62J.495, subd. 1a	Definition of qualified electronic health record, in section requiring hospitals and health care providers to have in place interoperable health record system
6	62J.496, subd. 2	Certain facilities and practices eligible for no-interest or low-interest loans for costs related to electronic health records
7	62J.52, subd. 2	Certain services must be billed using the uniform billing form CMS 1500
8	62J.823, subd. 3	Certain participants in the health care system may request a written estimate of a cost of a specific service or stay from a hospital or outpatient surgical center
9	62Q.184, subd. 1	Requirements for step therapy protocol
10-11	62Q.43, subs. 1, 2	Access requirements for closed-panel health plan
12	62Q.54	Referrals for residents of health care facilities to skilled nursing unit or other appropriate care setting
13	62Q.57, subd. 1	Designation of primary care provider by enrollee
14	62Q.73, subd. 7	External review of adverse determination by health plan company; evidence that must be considered
15	62Q.733, subd. 3	Provider contracts with a health plan company (definition of health care provider)
16	62Q.74, subd. 1	Network shadow contracting by health plan companies prohibited
17	62S.08, subd. 3	Mandatory format outline for long-term care coverage
18	62S.20, subd. 5b	Required disclosure provisions for long-term care insurance policies; benefit triggers
19	62S.21, subd. 2	Long-term care insurance; prohibition against post-claims underwriting; information regarding medications
20	62S.268, subd. 1	Long-term care insurance; additional standards for benefit triggers
21	144.3345	Eligibility for interconnected electronic health records grants from commissioner of health

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22	144.3352	Hepatitis B maternal carrier data
23	144.34	Making reports to the commissioner of health of occupational diseases
24-26	144.441, subds. 4, 5; 144.442	Tuberculosis screening in schools and testing in school clinics
27-34	144.4803, subds. 1, 1a, 4, 10; 144.4806; 144.4807, subds. 1, 2, 4	Tuberculosis health threat act
35	144.50, subd. 2	Health care setting not included in definition of hospital for purposes of licensure by commissioner of health
36	144.55, subd. 2	Health care setting not included in definition of outpatient surgical center for purposes of licensure by commissioner of health
37	144.55, subd. 6	Commissioner of health authorized to take action against facility license for certain conduct by facility employees
38	144.6501, subd. 7	Nursing home admission contract; consent to treatment clause
39-47	144.651, subds. 7, 8, 9, 10, 12, 14, 31, 33; 144.652, subd. 2	Health care bill of rights for patients and residents of certain facilities; provider identity, relationship with other health services, information about treatment, participation in planning treatment, right to refuse care, freedom from maltreatment, isolation and restraints, exception to compliance with health care bill of rights in emergencies
48	144.69	Commissioner's ability to interview patient named in a report to the cancer surveillance system
49-53	144.7402, subd. 2; 144.7406, subd. 2; 144.7407, subd. 2; 144.7414, subd. 2; 144.7415, subd. 2	Protocols that apply when emergency medical services personnel are exposed to a bloodborne pathogen
54	144.9502, subd. 4	Lead poisoning prevention act; content of blood lead analysis report
55-56	144.966, subds. 3, 6	Early hearing detection and intervention program operated by a hospital; program requirements, civil and criminal immunity
57	144A.135	Appeal of transfer or discharge of a resident of a nursing home or boarding care home
58-61	144A.161, subds. 5, 5a, 5e, 5g	Nursing home or boarding care home resident relocation requirements

Bill Section	Statute Amended	Subject
62-64	144A.75, subds. 3, 6; 144.752, subd. 1	Hospice provider licensing
65	145.853, subd. 5	Uniform duties to disabled persons; duty of law enforcement officer
66	145.892, subd. 3	Maternal and child nutrition act; definition of pregnant woman
67	145.94, subd. 2	Exposure to hazardous substances; disclosure of information
68	145B.13	Living wills; decision to administer, withdraw, or withhold medical treatment
69-73	145C.02; 145C.05, subd. 2; 145C.06; 145C.07, subd. 1; 145C.16	Health care directives
74	148.6438, subd. 1	Occupational therapy; prior authorization
75	151.19, subd. 4	Licensure of certain health care providers to dispense drugs
76	151.21, subd. 4a	Pharmacy signage regarding substitution of prescribed drug with generic equivalent
77	152.32, subd. 3	Medical cannabis discrimination against patients prohibited
78	245.4871, subd. 27	Definition of mental health professional; children's mental health act
79	245.62, subd. 3	Community mental health centers; services provided under clinical supervision
80	245A.143, subd. 8	Family adult day services licensing; nutritional services
81	245A.1435	Reduction of risk of SIDS in DHS-licensed programs
82-83	245C.02, subd. 18; 245C.04, subd. 1	DHS background study requirements; definition of serious maltreatment, background studies for licensed programs
84-87	245D.02, subd. 11; 245D.11, subd. 2; 245D.22, subd. 7; 245D.25, subd. 2	Home and community-based services requirements; definition of incident, health and welfare policies, telephone and posted numbers, special dietary needs
88-97	245G.08, subds. 2, 3, 5; 245G.21, subds. 2, 3; 245G.22, subds. 3, 4, 6, 7, 16	Chemical dependency licensed treatment facilities; procedures for medical intervention, standing order protocols, medication administration, visitors, client property management, medication orders, high dose requirements, criteria for unsupervised use, unsupervised use of methadone, prescription monitoring program
98	245H.11	Reporting requirements for certified license-exempt child care centers

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99-103	246.711, subd. 2; 246.715, subd. 2; 246.716, subd. 2; 246.721; 246.722	Blood-borne pathogen protocols for employees of a secure treatment facility exposed to a blood-borne pathogen
104	251.043, subd. 1	Care of persons with tuberculosis if persons are employees at certain facilities
105-107	252A.02, subd. 12; 252A.04, subd. 2; 252A.20, subd. 1	Protection of persons with developmental disabilities; definition of comprehensive evaluation, medication and treatment, witness and attorney fees
108-121	253B.03, subd. 4; 253B.03, subd. 6d; 253B.06, subds. 1, 2; 253B.07, subd. 2; 253B.08, subd. 5; 253B.092, subd. 2, 3, 6, 8; 253B.0921; 253B.20, subds. 4, 6; 253B.23, subd. 4	Civil commitment; visit with spiritual advisor, adult mental health treatment, examination within a certain period after admission, requirements for petition, attendance at hearing, administration of neuroleptics without judicial review, emergency administration of neuroleptics, patients lacking capacity to make informed decisions, procedure when patient refuses medication, access to medical records, aftercare services, notice of discharge, immunity
122	254A.08, subd. 2	Detoxification center program requirements
123-125	256.9685, subds. 1a, 1b, 1c	Inpatient hospital payment rates under MA; administrative reconsideration, appeal, judicial review
126-127	256.975, subds. 7a, 11	Board on aging: preadmission screening to Medicare-certified nursing facility, regional and local dementia grants
128	256B.038	MA provider rate increase
129	256B.04, subd. 14a	Level of need determination for nonemergency medical transportation
130	256B.043, subd. 2	Evaluating current system of community health clinics to ensure access to care
131	256B.055, subd. 12	MA eligibility for children with disabilities
132-133	256B.0622, subds. 2b, 8	Assertive community treatment services; continuing stay and discharge criteria, MA payment for ACT and IRTS
134	256B.0623, subd. 2	Adult rehabilitative mental health services covered under MA; definition of medical education services
135-141	256B.0625, subds. 3, 4, 13, 17, 26, 28, 60a	MA covered services; APRN services, outpatient APRN-directed services, drugs, transportation, special education services, APRN services, community medical response emergency medical technician services

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142-145	256B.0654, subds. 1, 2a, 3, 4	MA coverage of home care nursing services; definition of home care nursing, requirements for use of home care nursing, shared home care nursing option, hardship criteria
146-149	256B.0659, subds. 2, 4, 8, 11	Personal care assistance services; covered services, assessment for services, communication with recipient's provider, personal care assistant requirements
150	256B.0913, subd. 8	Alternative care program; requirements for coordinated service and support plan
151	256B.73, subd. 5	Demonstration project for uninsured low-income persons; enrollee benefits
152	256J.08, subd. 73a	Minnesota family investment program definition of qualified professional
153	256R.44	Nursing facility rate adjustment for private room for medical necessity
154-155	256R.54, subds. 1, 2	Payment for and use of therapy services in a nursing facility, certification of appropriateness of treatment
156	257.63, subd. 3	Evidence relating to paternity of a child; medical privilege
157-160	257B.01, subds. 3, 9, 10; 257B.06, subd. 7	Standby custodian; definitions of attending APRN, debilitation, determination of incapacity; authority of custodian and designator's restored capacity



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