

SENATE
STATE OF MINNESOTA
SPECIAL SESSION

S.F. No. 148

(SENATE AUTHORS: NELSON and Klein)

DATE
06/19/2020

D-PG

Introduction and first reading
Referred to Rules and Administration

OFFICIAL STATUS

1.1 A bill for an act
 1.2 relating to health care providers; immunity from civil liability for responder unable
 1.3 to provide a certain level or manner of care; amending Minnesota Statutes 2018,
 1.4 section 12.61, by adding a subdivision.

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

1.6 Section 1. Minnesota Statutes 2018, section 12.61, is amended by adding a subdivision
 1.7 to read:

1.8 Subd. 3. COVID-19 emergency. (a) For all claims arising from acts or omissions in
 1.9 any way occurring during a peacetime emergency declared under section 12.31 to respond
 1.10 to the COVID-19 pandemic and 60 days thereafter, a responder unable to provide the level
 1.11 or manner of care that otherwise would have been required in the absence of the emergency
 1.12 is not liable for any civil damages or administrative sanctions as a result of good faith acts
 1.13 or omissions by that responder in rendering care, advice, or assistance. This subdivision
 1.14 does not apply in cases of willful or wanton actions intended to cause harm.

1.15 (b) This subdivision only applies to the level or manner of care that is due to the
 1.16 COVID-19 pandemic including but not limited to the following circumstances:

1.17 (1) insufficient availability of personal protection equipment, ventilators, medications,
 1.18 blood products, supplies, equipment, tests and testing supplies, or hospital beds;

1.19 (2) insufficient availability of trained staff;

1.20 (3) where responders deliver care that (i) is included in the scope of the responder's
licensure or other authority but exceeds the scope of the responder's credentials at the hospital

or health care facility at which the responder is delivering services; or (ii) exceeds the scope of services normally provided by the responder;

2.3 (4) implementation or execution of triage protocols or scarce resource allocation policies
2.4 necessitated by crisis standards of care;

2.5 (5) using supplies or equipment in ways that are different from the way that these supplies
2.6 and equipment are normally used; and

2.7 (6) treatment decisions based on compliance with Executive Order 20-09, or other federal,
2.8 state, or local directives restricting the provision of certain health care services.

2.9 **EFFECTIVE DATE.** This section is effective the day following final enactment and
2.10 applies retroactively to acts or omissions occurring on or after March 13, 2020.