

Copic 2026 Legislative Recap: What Passed, What Changed, What's Next

Top Takeaways from the 2026 Session

A quick look at the biggest changes for your practice. Read on for the full bill-by-bill breakdown.

- **Several unresolved healthcare policy issues are likely to return in 2027.** Proposals related to medical liability statutes of limitations, corporate practice of medicine and healthcare ownership, AI-related prior authorization liability, and scope of practice did not move forward but may resurface after the election.
- **Clinician wellness confidentiality protections were expanded.** The Health and Human Services Finance Omnibus extended confidentiality protections in healthcare clinician wellness programs beyond physicians to all licensed or registered healthcare professionals, though no additional funding was allocated.
- **Nurse practitioner and clinical nurse specialist practice requirements changed.** New rules remove the hospital or integrated clinical setting requirement for the first postgraduate year and allow certain supervision requirements to be met through experienced APRNs, depending on practice area.
- **Collaborative practice expectations shifted for APRNs.** APRNs are no longer required to enter a collaborative practice agreement with a physician in all circumstances, creating a change that clinicians and healthcare facilities should factor into workforce planning, onboarding, and supervision models.
- **Clinical judgment was preserved for medication decisions involving incarcerated individuals.** Correctional healthcare clinicians may continue, change, or discontinue pre-incarceration medications when clinically appropriate, after reasonable efforts to consult the outside prescriber when required.
- **Documentation remains important when incarcerated patients decline medication.** The new law allows patients to state that they no longer wish to take an existing medication without written notice, but the decision must be documented in the medical record.
- **Looking ahead to 2027:** Expect healthcare legislation in Minnesota to be shaped by the election-year shift in legislative makeup, with familiar topics likely to come back for debate.



Have questions?

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About This Report

Copic developed this **2026 Legislative Recap Report** to help you understand the healthcare-related changes that came out of the 2026 legislative session and what actions, if any, you and your practice should consider.

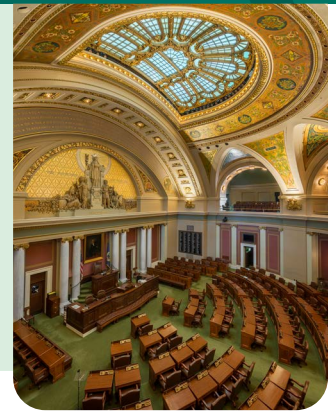
It's part of our dedicated, year-round legislative advocacy efforts, focused on protecting access to quality care, preserving the physician-patient relationship, and maintaining your ability to review, deliver and improve care.

This year, we tracked 643 bills across our key markets and worked directly with legislators and partners to shape healthcare policy. Across our markets, the 2026 legislative session taught us that **healthcare policy is inseparable from state budget issues**. Even bills that aren't explicitly about healthcare delivery are shaped by fiscal pressure, a dynamic likely to continue into 2027.

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What Did We Learn from the 2026 Minnesota Legislative Session?

We tracked 197 bills in Minnesota this year. However, the politically split legislature prevented most bills from moving forward in the legislative process. We saw legislative proposals related to shortening the medical liability statute of limitations, strengthening the corporate practice of medicine and healthcare ownership requirements, addressing prior authorization liability as it pertains to the use of artificial intelligence, and scope of practice changes. It is an election year, so we anticipate that the makeup of the legislature will shift, and we will see these bill topics resurface next year.



The Full Breakdown

Explore details of key bills in this section, including who's impacted, what changed, and what to consider.

AREA: CLINICIAN WELLNESS PROGRAM

Bill Title: Health and Human Services Finance Omnibus

Bill number: [SF 4612](#)

Who this impacts: Healthcare clinicians



Summary

This bill extends the confidentiality protections provided to physicians within healthcare clinician wellness programs to all individuals licensed or registered to perform healthcare services. It is important to note that while the program has been expanded, no additional funds have been allocated.



Considerations

This bill went into effect on June 30, 2026

For healthcare clinicians

- **Be aware of the wellness programs that are available for healthcare clinicians to seek help.** This includes programs that are supported by our partners, like the [Treat Yourself First](#) program.

AREA: NURSE PRACTITIONER SCOPE OF PRACTICE REQUIREMENTS

Bill Title: Relating to Health Occupations—Modifying Licensing and Scope of Practice

Bill number: [HF 3825](#)

Who this impacts: Collaborating physicians, advanced practice registered nurses, nurse practitioners, clinical nurse specialists, and healthcare facilities.



Summary

This represents a legislative compromise that was led by the Minnesota Medical Association and focuses on training and practice setting requirements for nurse practitioners or clinical nurse specialists. Nurse practitioners and clinical nurse specialists who do not provide primary care or mental health services must complete their 2,080 postgraduate hours under a collaborative practice agreement with a physician or APRN in a setting where physicians and APRNs work together.



Considerations

This bill went into effect on August 1, 2026

For clinicians and healthcare facilities

- **The new law removes the requirement that the first year of postgraduate practice for newly trained nurse practitioners or clinical nurse specialists be in a hospital or other integrated clinical setting.** The first year of postgraduate practice for nurse practitioners or clinical nurse specialists can now be in any setting, provided there is a collaborative agreement with a physician or an advanced practice registered nurse (APRN) with at least three years of practice experience. This may present a change in the workforce development pipeline.
- **APRNs are no longer required to enter a collaborative practice agreement with a physician.** They now have the option to fulfill the supervision requirement with an experienced APRN who has at least three years of clinical experience.
- **If an APRN chooses to complete the supervision requirement with another APRN, the supervising APRN must be practicing in the primary care or mental healthcare areas.** All other specialties will have to be supervised by a physician.

AREA: CLINICAL DECISIONS FOR INCARCERATED INDIVIDUALS

Bill Title: Public Safety and Judiciary
Security Omnibus Bill

Bill number: [SF 4760](#)

Who this impacts: Healthcare clinicians and healthcare entities that provide care to incarcerated individuals.



Summary

This provision states that correctional facilities are authorized to provide medications that were prescribed prior to incarceration, provided these prescriptions are verified as current and valid by a licensed healthcare professional. Last year's legislation, which stated that incarcerated individuals were mandated to receive the same prescription medication that they were prescribed prior to incarceration, was challenged. This bill preserves their rights while also allowing jail physicians to retain their clinical judgment.



Considerations

This bill went into effect on August 1, 2026

For clinicians and healthcare entities

- **Be aware of the updated guidance in prescribing or ending prescriptions for incarcerated individuals.** This bill allows a licensed health care professional to determine that the prescribed medication is not medically appropriate for the patient to continue based on the person's current medical condition, after making reasonable efforts to consult the outside prescriber.
- This legislation allows a licensed health care professional to determine that the medication should be changed to a different available medication after reasonable attempts to consult with the outside prescriber.
- This bill adds a new provision allowing an immediate medication change when the physical or mental health of the person requires the change based on circumstances that either exist or would be caused by the continuation of current medications.
- **The bill also accounts for when a patient no longer wishes to take an existing medication.** A patient may inform a licensed healthcare professional that the person no longer desires to take the medication without requiring the patient to provide written notice. The patient's decision to discontinue the medication must be documented in the medical records.