I am a Registered Nurse, a constituent and a member of the Minnesota Nurses Association. We seek your support for measures that we need to protect our patients, to improve access to health care, and to strengthen working families.

My Name:		Phone:	
My Address:			
My Email:			
	345 Randolph Ave, Suite 200		



45 Randolph Ave, Suite 200 St. Paul, MN 55102 Phone: (651) 414-2800 Toll Free: (800) 536-4662 Web: www.mnnurses.org

Legislative Priorities 2017

MNA works to ensure all Minnesotans have access to high-quality, affordable healthcare when they need it without regard to their ability to pay. MNA supports legislation that advocates for the rights and safety of both workers and patients and protects the professional practice of nursing.

SUPPORT Nurse Staffing

Minnesota's registered nurses know that the number of patients each nurse must care for at one time directly affects patient safety and quality of care. RNs have seen for years how hospitals increase patient load in order to cut costs—at the expense of patient's care and safety. Minnesota needs legislation that will protect patients by establishing a safe nurse to patient ratio for all Minnesota hospitals that is safe Professional nursing organizations have spent years researching and determining the safest nurse to patient ratios. The ratios in this bill are modeled after this research. The legislation would also require hospitals to create a mechanism whereby RNs could close units to new admissions for a short period of time after consulting specified staff and following a decision tree. Other aspects of the bill include prohibiting charge nurses at all hospitals from being included in the staffing grid so that they may perform the duties of a charge nurse without also having to provide care to patients, and requiring that nurses assigned to a unit be trained on that unit and have had orientation to the unit.

SUPPORT Healthcare Financing Reform

Nurses see every day the effects of a broken healthcare financing system, in which patients do not have access to affordable and timely healthcare. Examples such as patients forgoing preventative care, not filling prescriptions or allowing conditions to progress to advance stages because of the high cost and inaccessibility of healthcare are things nurses see every day. Nurses healthcare financing reform that removes the financial incentives from healthcare and brings healthcare decisions back to patients and their healthcare providers, not insurance companies.

Minnesota's registered nurses are advocating for a publicly-financed but still privately-delivered healthcare system so access to care is guaranteed throughout one's entire life without interruption. A publicly-financed healthcare system would address the long-term cost curve of healthcare by allowing for negotiation on the prices of pharmaceutical drugs, chronic care management, routine procedures, and long-term care by instituting smart reforms to make healthcare delivery more efficient and effective.

OPPOSE Preemption, Statewide Uniform Standards Mandate Bills

Minnesota Nurses Association opposes any bill that would take the local control from communities and their citizens who care the most about where they live.

The Minnesota Nurses Association opposes state preemption bills, including the Uniform Labor Standards Act Bills H.F. 600 (Representative Garafolo) and S.F. 580 (Senator Miller); and the Uniform State Minimum Wage Bill H.F. 180 (Representative Hertaus). Some of the specific objections of the Minnesota Nurses Association include:

- Local governments are on the frontline in the fight to protect public health and safety, and set modern workplace standards. Statewide preemption would take away local democracy and local control of setting standards that fit the unique needs of the community.
- These bills would negate ordinances that modernize workplace standards and protect public health, like earned sick and safe time laws and raising the minimum wage to \$15/hour.
- Our state sets the floor, local communities should have the freedom to improve on state standards.
- The Uniform Labor Standards Act would block Earned Sick and Safe Time ordinances passed in Minneapolis and St. Paul, effectively taking away sick days from 200,000 workers, including casual RNs who take care of the sickest among us.
- Minnesota should not deny local control in order to protect the profits of large corporations. Corporate lobbyists and special interests are using their influence at the state level to block local progress because they think we aren't paying attention.

OPPOSE the Revised National Nurse Licensure Compact

MNA opposes any bill that would violate the rights or privacy of nurses and patients, remove necessary regulatory oversight of nursing practice, and erode the quality of healthcare.

The Minnesota Nurses Association opposes the revised National Council of State Boards of Nursing (NCSBN) Interstate Nurses Licensure Compact. Some of the specific objections of the MNA Board include:

- The Minnesota Board of Nursing (BON) will lose its ability to provide regulatory oversight of the nurses practicing in Minnesota, or even to know which nurses are practicing within the state;
- The Compact could endanger the safety and quality of care for Minnesota patients by allowing nurses from other states with lower standards and different practice acts to care for Minnesota patients without the checks and balances that exist today
- The Compact would prevent the BON from requiring Compact nurses practicing in Minnesota to follow Minnesota's continuing education requirements;
- The Board of Nursing will lose revenue from any nurses currently licensed in multiple states and therefore likely need to raise fees in the future for current license holders who are Minnesota residents;
- The Compact could subject nurses to multiple disciplinary actions arising from the same incident, a due process concern; and
- The Compact will continue to decrease the cost of potential strikes to employers by removing the financial burden, thereby making it easier for hospitals to hire replacement nurses, which in the end, impacts patient safety and quality of care.