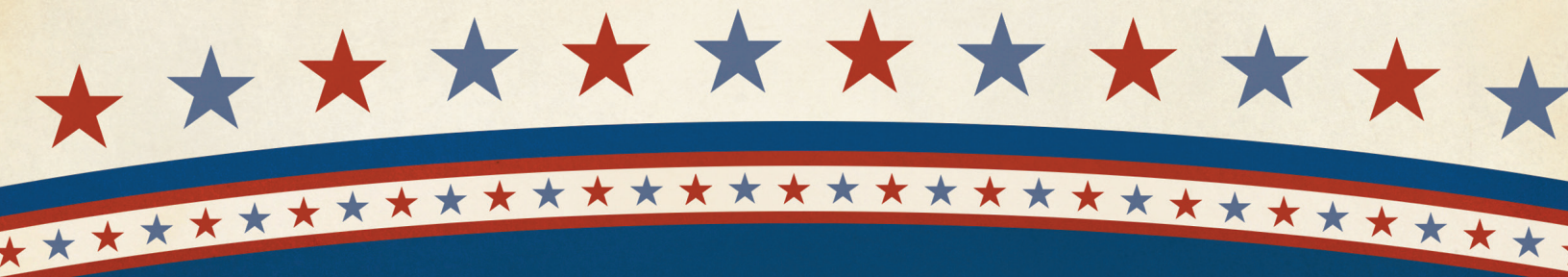
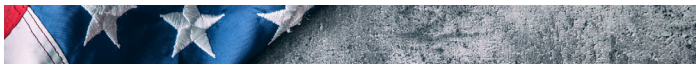




2017 Legislative Report



2017 Legislative Session Overview



Given the ever-changing nature of the Legislature, we have changed the format of our session overview to spend more time informing you about what happened during the year that will impact you and your practice, rather than evaluating legislators in the midst of their 2-year biennium. Stay tuned next year for a full report card, complete with our traditional ranking system on how your legislator voted on issues important to the Minnesota Nurses Association.

The 2017 Legislative Session started in January like no other. A new budget surplus. New Republican majorities in the House and Senate. A new group of freshman legislators. Clearly, the next two years appeared like they were going to be different, but so far it has been more of the same.

Legislators had a \$1.65 billion budget surplus to figure out how to spend and each side had significantly different ideas on how to spend it. Governor Mark Dayton and DFL legislators wanted to fund numerous projects and create jobs for Minnesotans. The GOP majorities in the House and Senate wanted to give it back to taxpayers. These dramatically different approaches caused a significant divide during the legislative session.

The first bills in the Legislature are often indicative of the intent of lawmakers and what's "hot" each session. This one began with healthcare and insurance on the front burner. HF1 and SF1 were the first bills filed, and they both provided money to reduce premiums for those purchasing in the individual market. Likewise, it became clear that big business interests were afraid of growing momentum for a \$15 minimum wage, and that Earned Sick and Safe Time (ESST) efforts would pass in more cities than just Minneapolis and Saint Paul. So, they introduced a "pre-emption" bill that precluded cities from passing labor, wage, and benefit improvement ordinances ahead of the State of Minnesota's standards.

Many legislative leaders didn't want to stop at giving money away either. In addition to providing \$300 million to lower premiums – which ended up back in the hands of insurance companies – lawmakers wanted to allow nonprofit healthcare companies (HMOs) to become for-profit companies, and have taxpayers pick up the tab for high-dollar medical care costs. This is known in the insurance industry as "reinsurance." It's also expensive. The cost estimate for this in Minnesota alone is about \$600 million. In the end, the insurance companies got everything they wanted. They got taxpayers to pay for premium discounts, reinsurance funding, and for-profit HMOs in Minnesota.

With so much attention given to how much healthcare costs, there should have been more talk on what healthcare delivers and how to improve it. To that effect, there was some progress. Funding to improve the mental health facilities at St. Peter and Anoka was included in the state bonding bill, but money for improving staffing almost didn't make it in at all. In the last hours of session, staffing was included.

Likewise, lawmakers didn't pay enough attention to those who provide healthcare. The MNA-backed bill to increase penalties for those who assault nurses, first responders, and other healthcare workers went pretty far into the legislative session, but failed to make it into the final health and human services omnibus bill. Similarly, Rep. Erin Murphy (DFL-St. Paul) made a

bold attempt to amend the omnibus bill with language that puts a nurse's right to close a short-staffed unit into law and protects nurses from retaliation for doing so. That triggered a vigorous debate that unfortunately fell short, but it also drew bipartisan support from both Democrats and Republicans. Note that while the Quality Patient Care Act was introduced in both chambers (HF2650 and SF2382), there was not enough support at the leadership level to even get a hearing.

The Republican majority introduced measures making big cuts to the Departments of Health and Human Services that would have taken care away from thousands of Minnesotans. The cuts were eventually offset by filling in these funding cuts with money from the Health Care Access Fund (HCAF), which draws revenue from the Provider Tax on healthcare services. That fund, however, will drop from nearly a \$1 billion balance to almost nothing in the next two years, and the Provider Tax expires then as well. Unfortunately, that means this solution to relieving the cuts to patients is just a Band-Aid. If Health and Human Services get cut again in the next budget, there will be no safety net.

Nurses should instead take comfort in the measures that didn't make it into law or even to the governor's desk. The Nursing Compact never got off the ground. Right to Work measures came up but failed to pass committee. Efforts to defund MNsure and MinnesotaCare also came up but died. Finally, in the last hours, the pre-emption bill to take away ESST benefits from workers, including casual nurses, did not make it past the chamber floors.

Nurses certainly had an effect on lawmakers' decisions, with MNA testimony in legislative hearings as well as the constant flow of MNA members at the Capitol for rallies, our annual Day on the Hill, and our new Mini-Days on the Hill program. In all, MNA nearly doubled the number of members who came to the Capitol this Legislative Session, ensuring that our voices are heard in St. Paul.



Legislator Spotlights

Senator Tony Lourey

Tony Lourey is a DFL member of the Minnesota Senate. He represents District 11, which includes portions of Carlton, Kanabec, Pine, and St. Louis counties in the northeastern part of the state. Lourey was first elected in 2006, and was re-elected in 2010, 2012, and 2016. He has a law degree, owns a newspaper, and runs a small farm where he raises chickens and other animals. He is also an expert in health policy, having served on various Health and Human Services committees since his election in 2006, including his chairmanship of the Senate HHS Finance Committee from 2013 to 2016. He was instrumental in passing legislation that set up the MNsure website and implemented the Affordable Care Act in Minnesota. He led the move to expand Medical Assistance eligibility to more children and to adults earning income up to 138 percent of the federal poverty guidelines. He also worked to expand MinnesotaCare to those making up to 200 percent of the federal poverty guidelines. In 2017, he led the effort in the Senate to reject the reinsurance bill and, instead, to open up MinnesotaCare to anyone who needs insurance. Unfortunately, the effort was not successful, but it opened the door for further conversation on the issue.



Senator Scott Jensen

One new senator at the Capitol this year is a physician from District 47 (Chaska), Dr. Scott Jensen. As one of two physicians in the Senate, he has already brought his professional experience in healthcare to important policy discussions on affordability, quality of care, and access to care. Senator Jensen was the only Republican this year to vote in favor of expanding the popular MinnesotaCare program to anyone who needs insurance. It was a difficult vote, but he said on the floor of the Senate that we need both parties to come to the table to solve the problems in our healthcare system. MinnesotaCare was a bipartisan program when it was created in the 1990s, and Senator Jensen wants to ensure that expanding the service to everyone who needs it is also a bipartisan effort. His actions this year show why it is critical to have healthcare professionals at the center of healthcare policy making.



Representative Erin Murphy

Erin Murphy is a nurse representing District 64A (St. Paul). Erin was first elected to the Minnesota House of Representatives in 2006 and has continued to serve her district ever since. She currently serves as the DFL lead on the House Health and Human Services Finance Committee. After the 2012 Election, the House DFL Caucus elected her as the Majority Leader, a position that she held from 2013-2015. Erin is a former lobbyist, organizer, and Executive Director of the Minnesota Nurses Association, and was also an operating room nurse at the University of Minnesota Medical Center. Always a champion for nursing issues, in 2017 Rep. Murphy offered an amendment to the House HHS bill that would allow nurses to close units for a short amount of time. As she said, “it’s a way for nurses to say ‘pause’; it’s a way for nurses to articulate their professional authority, that in their judgment, there are too many patients being cared for, and as a result, there is a lack of safety. It puts the decisions in the hands of the professionals doing the work.” In the end, the amendment was not adopted.



Representative Matt Grossell

Newly elected Republican Representative Matt Grossell (District 02A – Northwest MN), a retired law enforcement officer, told MNA members at this year’s MNA Day on the Hill about his experience of bringing a patient he arrested to a hospital, taking off the handcuffs, and leaving them with nurses in the emergency room. He knows these patients can become violent, and he talked about how terrible he felt leaving them when he was called away to another issue. He also knows that assaults of healthcare workers are not just happening in the emergency departments. At the suggestion of an MNA member (who is also his constituent), Rep. Grossell introduced a bill this year to equalize penalties for assaulting a nurse or healthcare worker no matter where the violence takes place in the hospital. He showed that nursing issues are not partisan issues because they’re about the health and safety of our communities. Rep. Grossell is fighting hard to keep nurses safe, and he hopes to see this bill signed into law next year.



Issue Recaps

Workplace Violence Prevention

We are now halfway to having stronger penalties for assault of a healthcare worker. The Minnesota House passed a bill this year to equalize the penalty for assaulting a nurse or healthcare worker regardless of where in the hospital the assault takes place. Under current law, it is a felony to assault a nurse or healthcare worker in the Emergency Room, but not anywhere else in the hospital. This bill makes it a felony everywhere in the hospital and establishes the same penalty that exists in current law for assaulting a police officer. The bill now needs to pass the Senate in the upcoming 2018 Legislative Session. Governor Dayton told nurses at our Day on the Hill that he would sign the bill if it reaches his desk, which means our efforts will focus on the Senate this coming session.

Reinsurance and Premium Relief

In the fall of 2016, Minnesotans heard that health insurance premiums on the individual market would increase as much as 65 percent for 2017. Responding to that news at the beginning of the 2017 session, legislators passed their Premium Relief bill to give people who didn’t already receive federal subsidies a 25 percent discount off their premiums. The bill said the State would hand over \$325 million to insurance companies for this purpose. Just a few months later, the Legislature voted to give another \$542 million to insurance companies on the mere hope that they would lower premiums for 2018 and 2019. We found out this summer that most Minnesotans who buy insurance through the individual market will still pay more for their premiums despite this handout from legislators to big insurance companies.

Health and Human Services Funding

As part of the Health and Human Services funding changes this year, the Legislature increased funding for the State Security Hospital in St. Peter by \$23 million. MNA worked hard to convince legislators to pass this funding increase to help meet the needs of patients and staff at the facility. Unfortunately, the Legislature also scheduled payment delays to the managers of public programs like Medical Assistance by two months. This shift made it look as if they were saving the state money, when in fact they were just delaying appropriations. Legislators also shifted an expense for public health administration from the state to counties to make it look like they were cutting costs, but in fact they were just moving the burden for taxpayers to the county level. Legislators did agree to fund some small grant programs, addressing topics such as Fetal Alcohol Syndrome, mental health wrap-around services, opioid abuse, and advanced care planning.

Unit Closure Amendment

Minnesota’s Registered Nurses continue to report significant increases in the number of patients each nurse must care for at one time, leading to increased instances of unsafe staffing. MNA has been working on the issue of short staffing for the last decade and has regularly introduced a variety of legislative proposals that would help nurses properly and safely care for patients. While we have been able to get informational hearings on these bills, MNA has not been able to move any legislation that would make a significant difference in nurses’ work lives.

With Republican majorities in both the House and Senate, there was no opportunity for a hearing in the 2017 Legislative

Session because most GOP legislators disagree with the solutions that MNA has proposed. However, we were able to introduce a smaller safe patient staffing bill with several important elements, including: unit closure language; prohibiting retaliation for a nurse refusing to work or reporting an unsafe assignment; and a requirement that float pool nurses cannot be assigned to a unit until they have had an orientation to that unit.

Rep. Erin Murphy (DFL-St. Paul) was able to propose the unit closure language as an amendment during the debate on the House HHS Finance bill in early April 2017. The amendment was defeated 52-73, but a few Republicans joined the DFL minority in voting for the proposal. Republicans did amend the same section of the bill to require a study of the Allina strike's impact on patient safety, but that language was ultimately not passed into law. We will work in the 2018 Legislative Session to pass the unit closure language through a Senate bill.

Revised Interstate Nurse Compact

There was no Interstate Nurse Compact bill introduced in 2017. As we have since the concept was first introduced, MNA opposes the Interstate Nurse Licensure Compact because of the threat it poses to the safety and quality of patient care delivered in Minnesota. MNA believes the compact cedes the fiduciary and consumer protection responsibilities of the state to a national entity, and that there is a lack of oversight and accuracy verification for the publicly available data on nurses. Most importantly, MNA opposes the compact because of the unprecedented growth and ruthlessness that multistate/international private and not-for-profit healthcare corporations are exhibiting toward existing unions and organizing attempts. If the compact were to pass, MNA would be more vulnerable to these attacks. It is likely that a Nurse Compact bill will be introduced in 2018. MNA will continue to oppose its passage.

Local Preemption

The Minnesota Nurses Association has worked with a broad coalition of progressive organizations to pass Earned Sick and Safe Time (ESST) ordinances in Minneapolis and St. Paul, as well as a \$15 minimum wage ordinance in Minneapolis. In the 2017 Legislative Session, the Chamber of Commerce heavily backed a bill that would have taken local control from communities by preempting the legality of certain ordinances. This bill would have nullified existing ESST and minimum wage ordinances. The local preemption bill had several contentious hearings in both the House and Senate, and it was eventually passed off both floors by mostly party-line votes. Since the House and Senate versions of the bill were different, the proposal needed to go to a conference committee, but that committee was never called so the language did not pass.

During the Special Session, however, the legislation was revived and added to a bill that provided funding for state employee pensions and to the Department of Employment and Economic Development to combat wage theft, especially for low-wage workers. Republicans hoped Governor Dayton would believe the need for pension funding outweighed the need to stop this local preemption language, and that he would sign the bill. As he had pledged to do all session, Governor Dayton vetoed the bill just hours after it was presented to him. The veto was the result of much hard work by unions, workers, faith organizations, and other progressive allies to ensure that Governor Dayton would stand up for the right of local control.

Mini Days on the Hill Profile



Nurses Are Empowered by Mini Days on the Hill

MNA nurses from across Minnesota and Wisconsin came to Saint Paul to advocate for their patients and profession during the 2017 Mini Days on the Hill. Participants spoke with legislators about various important issues, including nurse staffing, workplace violence, and Single-Payer healthcare.

Nurses educated several new members of the Minnesota House and Senate while continuing to build relationships with other legislators.

"The Mini Day on the Hill was a great experience, it was well planned, and I enjoyed meeting my representatives," said Jaimee Kudrle of Mayo Clinic Health System – Mankato. "Most of all, it moved me to become more politically involved in my community. Most of our political leaders really do want to hear from us and work with us. It was very empowering."

Before going to the Capitol, MNA staff trained nurses on how to effectively advocate for their legislative priorities. After being trained as citizen lobbyists, each group met with their respective legislators for their scheduled meetings, leading the conversation and asking their elected officials about their views on important policy initiatives.

"The Mini Day on the Hill program was developed because we were hearing from legislators who were saying that they only heard from nurses during their big Day on the Hill," said MNA President Mary Turner. "The first year we had eight facilities participate. This year we increased that number threefold. Nurses are the best messengers when it comes to nurse practice and community health-related issues because we see the effects of bad public policy in our jobs on a daily basis."

More than 100 RNs from 25 facilities made the trek to Saint Paul this year. Nurses held meetings with 31 representatives and 24 senators.

Some also attended rallies and visited the Governor and Attorney General offices.

If you would like to get more involved with the Mini Day on the Hill program or have questions about it, please contact Cameron Fure, MNA Political Organizer, at cameron.fure@mnnurses.org.



SAVE THE DATE
Day on the Hill
March 5 & 6, 2018



www.mnnurses.org