

# 2018 Legislative Report



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The 2018 Minnesota Legislative session started with such promise. DFL Governor Mark Dayton and GOP Speaker of the House Kurt Daudt were photographed taking a selfie together—signaling a new level of camaraderie. They were almost chummy back in February 2018. In addition, there seemed to be some bipartisan support for important issues, including elder care, opioid addiction, and even gun violence. Then the session started.

With Dayton in the last few months of his DFL political career, it became apparent the GOP-led House and Senate were going to send as many of their leadership's priorities to the Governor to sign or veto as well as halt any of the Governor's own priorities.

Surprisingly, one of the GOP initiatives was to join the Interstate Nurse Licensure Compact, which would enable non-Minnesota licensed registered nurses to work in the state and take shifts away from MNA members. This idea has been floated year after year with little enthusiasm to pass it, but this year the Nurse Compact suddenly had wheels. It also had help from the Minnesota Board of Nursing who frequently testified on the benefits and desire of nurses in Minnesota to bring the Compact to Minnesota. Despite claiming to provide only technical information, MNA nurses and many legislators were disappointed in sometimes biased testimony of the Board in favor of the Compact. The Nurse Compact did pass the House Health and Human Services committee and was being considered in the conference committee but was stopped by Sen. Jim Abeler (R-Anoka), who understood the negative effect the compact would have on patient care.

The epidemic of gun violence incidents prompted Rep. Dave Pinto (DFL-St. Paul) to propose a bill calling for universal background checks, which many gun opponents felt didn't go far enough. That effort stalled in Public Safety

Committee several times despite active support for it. Not even an impassioned protest by students and children fearful for their lives due to gun violence could move a moderate solution like this.

Likewise, an investigative journalism piece done last summer by the Minneapolis StarTribune on elder abuse in nursing homes resulted in cries for reform and new funding for agencies that oversee care facilities. Legislators had multiple hearings that resulted in the resignation of the Commissioner of Health, Dr. Ed Ehlinger, but failed to produce a bill that could pass in both chambers.

Meanwhile, some GOPers introduced initiatives that were seemingly dead-on-arrival with the Governor, but they pushed them to see if there could be enough support to either override or avoid a veto. Outgoing state Rep. Matt Dean pushed Medicaid work requirements for low income folks who needed medical care. Mazeppa's Rep. Steve Drazkowski attempted once again to do away with bargaining rights for state workers. Another holdover from 2017's session resurfaced with efforts to criminalize peaceful protests and demonstrations. Republican lawmakers even tried to pass a referendum measure to dedicate funding for roads at the expense of health and other programs.

There was some bipartisan support for funding the pensions for state workers, which had been in limbo for some time. Likewise, the state's bonding bill passed with \$25 million for schools to beef up security as both sides of the aisle have been shaken by recent school shootings. The treatment centers in Anoka and St. Peter received money for renovations as did regional behavioral crisis programs in the state.

### Fast forward to the end of session.

Many other issues remained out in the Capitol to be debated. However, rather than allow them to be debated on the floor of each chamber, the House and Senate leadership combined them into omnibus bills that contained literally dozens of unrelated topics and funding. The Senate's omnibus bill was, in fact, more than 600 pages, which legislators and reporters started calling "Omnibus Prime."

These giant bills became a hodgepodge of policies that forced the Governor to torpedo them or accept them. Dayton vetoed the tax and spend bills, which resulted in many measures dying. For example, a tax cut for the wealthiest Minnesotans got a veto; tax cuts for corporations were stopped; and a \$225 million shift on school funding from other educational programs was halted.

However, other measures with broader support also died, including a dedicated \$16 million for opi-

oid addiction treatment and prevention. Also lost in the veto was money for the state's broken Department of Motor Vehicle computer system and \$6 million for election cybersecurity.

Unfortunately, the political standoff had additional victims. Common sense policy that would've protected nurses and other first responders from assault stalled. A bill to expand the definition of sexual harassment never made it out of the Senate. Not even the bill to conform to the new federal tax guidelines made it through, which may have expensive consequences for working class families.

Stay tuned for more updates as the 2019 legislative session gets off to a start. In the meantime, take a look at the accompanying pages for each of MNA's other issues and how they fared.









### Reinsurance and Premium Relief (2017)

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.



### Unit Closure Amendment (2017)

Minnesota's Registered Nurses continue to report significant growth 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 over a 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.

Most GOP legislators do not agree with the solutions that MNA has proposed to deal with the short staffing crisis in Minnesota, so with them in charge of both the House and Senate, there was no opportunity for a hearing in the 2017 Legislative Session. 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 orientation to that unit.



Rep. Erin Murphy (DFL-St. Paul) proposed a specific staffing amendment, to allow nurses in all hospitals the ability to close a unit when it is unsafe during the debate on the House HHS Finance bill in early April 2017. Currently, only hospitals with unit closure language in their contracts are able to shut down a unit when unsafe. The amendment was defeated 52-73, but a few Republicans crossed party lines to join the DFL minority in voting for the proposal. This same section of the bill also had an attempt by Republican Representative Tony Albright to require a study of the Allina strike's impact on patient safety, but that language was ultimately

not passed into law. We will continue to work in the 2019 Legislative Session to pass the unit closure legislation once again.

### Local Preemption (2017)

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. Because that committee was never called 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, who heavily supported preemption legislation, 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.

### **Nurse Assault Penalty (HF1481/SF1871)**

Currently, under Minnesota law, it is a felony to assault a hospital worker within the Emergency Department but not anywhere else in the hospital. A bill by Rep. Matt Grossell would have changed that by removing the location restriction and making it a felony to assault a health-care worker anywhere in the hospital. The bill passed the House on a vote of 125 to 0, but the Senate Judiciary Chair, Warren Limmer of Maple Grove, refused to hear the bill. He blocked it during every step of the way and at one point asked, "Why should nurses get more protection than any other taxpayer?" It was an example of how - despite strong bipartisan support for the bill - one powerful legislator can block the whole thing. Rep. Grossell has said he will continue to fight for the bill if reelected.



### **Single Payer (HF358/SF219 and duplicates)**

Senator John Marty recruited more co-authors than ever for his Single Payer, universal healthcare bill called the Minnesota Health Plan. MNA is working with Senator Marty to develop the financing mechanism for the Minnesota Health Plan because we are closer than ever before to achieving Single Payer healthcare for all Minnesotans. Unfortunately the bill did not get a hearing this legislative session.



### **Penny a Pill Opioid Treatment (HF1440/SF730)**

Opioid addiction ruins lives in Minnesota and across the nation and costs taxpayers millions of dollars each year just to treat the crisis, let alone work to end it. Evidence shows the pharmaceutical industry intentionally misled healthcare providers about the addictive qualities of opioids and oversold its benefits. There was strong bipartisan support for a fee on opioid manufacturers to help

state and local governments address the opioid crisis. Senators Julie Rosen and Chris Eaton, RN, led the effort. However, in the end, Big Pharma simply had too much influence over House and Senate leaders, who blocked the bill from advancing.

### **Workers Comp for PTSD (HF3873)**

One good piece of legislation to pass addressed PTSD and workers compensation. It is now law that PTSD qualifies as a presumptive eligibility for workers compensation for emergency medical personnel, including nurses who are in the field responding to patients as part of emergency service teams. This means EMS personnel who suffer PTSD on the job will receive workers compensation benefits without having to go through lengthy and difficult efforts to prove their condition. We hope to expand this to nurses working in all healthcare facilities moving forward.

### **Anti-Protester Bills (HF390/SF676 and HF3693/SF3463 and as amendments)**

The legislature passed - but Governor Dayton vetoed - bills that would dramatically increase penalties and civil liability for people and organizations participating in protests. The penalties for protesting would have been greater than for domestic abuse, and it would have exposed organizations to civil liability for damage to property if those organizations encouraged even peaceful protests. This would have had a drastic chilling effect on free speech and the right to demonstrate.

### **Omnibus Retirement bill (HF 3053/SF 2620)**

The omnibus pension bill passed and was signed into law on May 31, 2018, making it the last bill that Governor Dayton will sign in his gubernatorial career. The bill was three years in the making as last year's bill was vetoed because "local preemption" language was included in the bill. For more information on this veto, see the section on

Local Preemption. This year's pension bill addressed the financial sustainability of public pensions for over 500,000 active and retired public employees and greatly improved the fiscal condition of all governmental units in the state. This bill provides for a \$6 billion reduction in current and future pension cost by lowering COLA to retirees, providing smaller benefits for active workers and increasing employee contributions. It also provides \$2 billion in direct state aid over 30 years so



Minnesota keeps the promises made to their employees and retired workers and assists school districts, cities and counties in meeting their obligations. As a result the state will see a reduction of over \$2 billion in its pension liabilities and cities and counties will see a collective reduction of \$800 million in pension liabilities. The legislation was supported by the 25 public employee unions that represent all public employees and employers in the state.

### **Nurse Compact (HF 3848/SF 3305)**

The good news first: the Nurse Compact was not passed into law during the 2018 Session. This Session saw the GOP attempt to pass two different nurse compact bills. The first, the Advanced Practice Registered Nurse bill, was introduced and very quickly abandoned because of opposition from Advanced Practice Registered Nurse groups and the Minnesota Medical Association. The version of the Compact that impacts registered nurses was introduced in both the House and Senate and came close to passing both bodies. But for the no vote of GOP Senator Jim Abeler, MNA would have been forced to ask Governor Dayton to veto the bill when it arrived on his desk. MNA's opposition to this language is well known and long-standing due to its impacts on public safety. We believe that the potential risks of harm to the public outweigh the potential benefits as Minnesota nurses deliver a high level of healthcare that leads to positive patient outcomes. We believe the Interstate Nurse Licensure Compact would decrease the quality of care and diminish the state's reputation as a true healthcare leader. Despite a recent revision of the compact language, our position remains unchanged.

### **Step therapy protocol and override for prescription drug coverage (HF 3196/SF 2897)**

This new law provides patient protections and guardrails on an insurance industry practice known as step therapy, which forces patients to try and fail on one or more medications that insurance companies choose before patients receive the treatment that their healthcare provider originally prescribed. For patients living with serious or chronic illnesses

prolonging ineffective treatment and delaying access to the right treatment could result in increased disease activity, loss of function and possible irreversible joint damage. Starting in January 2019, patients and healthcare providers will have



a clear, accessible, and convenient process to override and appeal step therapy protocols when it is not in the best interest of the patient's health. The new law enables patients the opportunity to access the appropriate drugs originally prescribed to treat their disease faster.

### **Transportation Amendment (HF 4437/SF 3837)**

Several groups were supportive of a bill that would put a constitutional amendment on the ballot in 2018 to have voters to decide whether to dedicate millions from Minnesota's budget to road and bridge projects. Under the Senate bill, future sales tax revenues from auto parts, repairs and vehicle rentals and leases would go into a special account to pay for road and bridge projects. That money, estimated at about \$250 million a year, would no longer be available for schools, nursing homes or other budget areas, even in times of crisis. The House version of the bill limited the sales tax revenue to auto parts and repairs.



Progressive organizations and some unions were against the idea of constitutionally dedicating portions of the General Fund budget as it would tie the Legislature's hands and prevent them from directing these funds where they might be needed most. Instead, these organizations believe in the development of a just taxation system that would fully fund the needs of all Minne-

sotans including access to healthcare, education, transportation, long term care, public safety, and roads, bridges and transit that serve the needs of all areas of the state. The bill passed the House floor; the Senate did not take a floor vote on this issue.

# MNA Legislative All Stars

## House Representative Matt Grossel

MNA continues to spotlight the work that Matt Grossell (District 02A - Northwest MN), is doing around the issue of workplace safety and giving nurses and other healthcare workers options for responding to violence in the workplace. Rep. Grossell, a retired law enforcement officer, told MNA members at last 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 assault of healthcare workers is not just happening in the emergency departments. At the suggestion of an MNA member and constituent, Rep. Grossell continued his work on the bill 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. While the bill passed the House again, it was not signed into law because the Senate Public Safety committee would not agree to put the language into their omnibus bill.



## Senator Matt Klein

Senator Klein was first elected in 2017 (DFL, SD 52). An emergency room physician at Hennepin County Medical Center, he serves on the Capitol Investment and Health and Human Services Policy and Finance committees. Not surprisingly, given his experiences as a doctor, healthcare is one of the main focuses of his work at the Capitol. His work is centered around decreasing the number of uninsured and NU humanely, and more efficiently. He was also instrumental during the debate on the Nurse Licensure Compact in ensuring that all of the Democrats on the Senate HHS committee voted against the bill at the hearing in 2018. MNA looks forward to working more closely with Senator Klein to ensure all Minnesotans have the care they need.



## Representative Dave Pinto

A second term legislator from District 64B in St. Paul serves on the Commerce, Health and Human Services Finance, and Public Safety Finance committees. In his first term Rep. Pinto was an extraordinary advocate Minnesotans. He did a lot of work on giving Minnesota kids a strong start in life by sponsoring legislation around prenatal-to-3 programs to ensure that children are healthy and prepared for success later in life. This Session he was also at the forefront of legislation to help reduce gun violence, including one bill to expand criminal background checks on sales of firearms from some sales to all sales (HF 1669). Another bill would allow family members or law enforcement to seek a court order temporarily removing guns from an individual who is proven to be a significant danger (HF 1605), also known as a red flag law. Despite being a loud voice for smarter gun control and his ability to use parliamentary knowledge to push these bills forward, both bills were tabled by the House Public Safety Committee and would go no further in the 2017-2018 biennium.



## Senator Jim Abeler

GOP Senator Jim Abeler has been a long time friend to the Minnesota Nurses Association. After serving 8 terms in the Minnesota House, he was elected to the Minnesota Senate in a special election in 2016. He currently serves on the Aging and Long Term Services, Education Finance, and Health and Human Services Finance and Policy. He is the Chair of the Human Services Reform Policy and Finance committee. He has been a long time opponent of the Interstate Nurse Compact. That opposition was one of the key reasons that the bill did not pass in the 2018 Session. He worked tirelessly, both in committee and behind the scenes, to reinforce why both he and the Minnesota Nurses Association are opposed to this legislation. Because of the one-vote GOP majority in the Senate, his opposition guaranteed that the bill would not advance any further in the Senate.





Minnesota Nurses spent many days during the 2018 legislative session at the Capitol. Nurses from dozens of MNA facilities came to St. Paul to talk with legislators about the pressing needs of Minnesota patients and healthcare workers. Issues focused on the Nurse Licensure Compact, workplace violence prevention, and the Quality Patient Care Act. Nurses also pressed for Senator John Marty's Minnesota Health Plan, which would guarantee healthcare for all Minnesotans.

Colton Bruhn, RN at Mercy Hospital, had his first experience lobbying this session. "I thought it was awesome to make real-time change by just talking with legislators on issues that effected our practice." Bruhn continued, "I think this is really critical for nurses because it allows us to make an impact on laws that affect us." He also added, "I didn't find it intimidating at all. My representatives were willing to listen to what I had to say about the Nurse Compact and the staffing bill."

Kava Zabawa, who serves on the MNA Council of Active Retired Nurses, was also a participant. Her number one issue is the Minnesota Health Plan. She recognizes the challenge thousands of patients face when trying to access care. "The time is now. I think we need to step it up.

We have to have a legislature that is willing to work for it. We're feeling like people in the country are understanding this issue. They're understanding what single payer is and that we need it for our people. After seeing so many of my patients struggle I knew I had to get involved somehow. Sen. Marty's plan will help patients get the quality care they seek at an affordable cost." Zabawa added, "his plan is publicly financed but privately delivered. It would move the needle in terms of access."

"It is imperative that legislators hear directly from beside RNs," said Cameron Fure, MNA Political Organizer. "We know they hear from the Hospital Association and it's usually about the bottom line at health systems." "Nurses provide the counter to these efforts and are the best messenger for Minnesota patients and themselves."

Nurses are the most effective lobbyists when talking to legislators about their profession, and what it will take to keep their patients and our communities safe. Legislators want to hear from you! Keep an eye out for the 2019 Mini Day-on-the-Hill program. You can always find details about upcoming events by visiting the MNA events tab at [www.mnnurses.org/events](http://www.mnnurses.org/events).



