

March 7, 2021

Professional Distinction

Personal Dignity

Patient Advocacy

Members of the Senate Minnesota State Capitol 75 Rev. Dr. Martin Luther King Jr. Blvd St. Paul, MN 55155

Senators,

With 22,000 members, the Minnesota Nurses Association (MNA) is the largest voice for professional nursing in the State of Minnesota. We are a leader in both the labor and health care communities and a voice for our members on issues relating to the professional, economic, and general well-being of nurses and in promoting the health and well-being of the public. We write to express our opposition to SF 2302, the Nurse Licensure Compact.

Nurses agree: there is a short-staffing crisis in our hospitals. However, what Minnesota faces is not a shortage of registered nurses, but rather a shortage of nurses willing to work in unsafe conditions that jeopardize the health of their patients, their license, and their mental health.

We have the following concerns about the Nurse Licensure Compact:

- Inconsistent and diminished quality patient care: MNA believes that nurses
  everywhere, whether they practice Minnesota or in Mississippi, care deeply
  about their patients. However, to gain licensure in Minnesota, we simply
  have a higher standard.
- Loss of state control: Minnesota would have to cede our power to an
  interstate commission, headquartered out of Washington DC. If the state
  wanted to change multistate licensure requirements to better match the
  unique needs of our state, the state would be unable to do so unless all
  other states agreed to that change.
- Minnesota has a healthy supply of nurses already: There are 120,420 registered nurses in Minnesota and the number of RN licenses has increased by over 13,000 in the past five years.
- Nurses may leave the state: While Minnesota has a surplus of registered nurses, other states already in the Compact – including Texas, Mississippi, Tennessee, and Louisiana – face a nurse shortage, and may draw nurses away from Minnesota if we joined.
- Loss of revenue: Under the compact, the state would lost out on licensing and renewal fees, potentially impacting the ability of the state to regulate nurses and could result in the increase of fees.
- The Compact would hurt rural healthcare access. Replacing individualized care by registered nurses at the bedside with computerized healthcare can present access challenges to rural residents and could lead to more hospital closures in Greater Minnesota as visits and revenues leave the clinic.

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AFL-CIO

Undermine the bargaining power of Minnesota nurses. The Compact
would allow hospital CEOs to easily bring in nurses from out-of-state in the
event of a strike, undermining the efforts of nurses to put patients before
profits and to protect patient care at the bedside.

There have been several comparisons to other compacts that Minnesota is part of. However, the Nurse Licensure Compact is different than other medical compacts Minnesota is part of. The physician compact is an expedited licensure model that still requires the physician to receive an individual state license for each state they intend to practice in. The PSYPACT is primarily for telehealth. While the PSYPACT allows a practitioner to conduct in-person care, this is only limited to 30 days within a calendar year. It's meant to be used in an emergency. Nursing, especially in a hospital setting, necessitates in-person care.

What we face is a shortage of nurses willing to work in unsafe conditions that jeopardize the health of their patients, their license, and their mental health. The Nurse Licensure Compact is not a solution to the short-term workforce issues we face. Instead, it could have a lasting and devastating impact on patient care and the nursing profession.

For those reasons we oppose SF 2302.

Sincerely,

Mary Turner, RN

President

Minnesota Nurses Association

Mary Etierner