



1/25/2023

Professional Distinction

Personal Dignity

Patient Advocacy

Workers Compensation Advisory Council
Department of Labor and Industry,
443 Lafayette Road N.,
St. Paul, MN 55155

Honorable Members of the Workers Compensation Advisory Council,

With 22,000 members, the Minnesota Nurses Association (MNA) is the leading voice for professional nursing in the State of Minnesota. As leaders in labor and health care, we are a voice for frontline hospital nurses around the state who deal with the impacts of increased workplace violence and understaffed hospitals that cause moral injury when our members struggle to provide the quality care patients deserve. We urge you to support the inclusion of hospital bedside nurses in presumptive eligibility for PTSD when applying for Workers Compensation.

For the last two years, MNA President Mary Turner testified on the effect the pandemic was having on the physical and mental well-being of nurses caring for Minnesotans. Though many people think we are no longer living through a pandemic, hospitals continued to be filled beyond capacity as a “triple demic” pushes nurses even further beyond capacity. Today, the need continues to be dire, as it was even before the COVID-19 pandemic, as nurses work on the frontlines in short-staffed units with increased violence, abuse, and trauma.

With unsafe staffing, increased patient health needs, and escalated stress from living through a global pandemic, we are seeing more and more challenges in the hospitals, and nurses continue to take the brunt of all of this. A recent study last spring from the Press Ganey’s National Database of Nursing Quality Indicators shows that for every hour in the day, 2 or more nurses are assaulted. Nationally, just 15% of the registered nurses surveyed last fall by Illinois Economic Policy Institute said they felt their workplace had safe staffing levels, while nearly half said they had to work “mandatory overtime” to cover scheduling gaps.

Everyday nurses are put in work situations where they relive their own experiences of violence and abuse, only further exacerbating their trauma and causing deep issues with their mental health. The MNA studies on workplace violence demonstrate that nurses are leaving in droves with over 50% of the nurses surveyed reporting they have considered leaving the profession due to workplace violence. According to a literary review of clinical articles spanning the last decade, 96% of nurses experience at least one symptom of PTSD and 1 in 3 RN’s experience moral injury or burnout. Female nurses have double the risk of suicide compared to women in the general population and are 18% more likely to die by suicide. Studies from 2020 and 2021 show that nearly 50% of ICU nurses were at risk for having

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PTSD paired with increased severe depression and anxiety diagnoses, which increase their risk of leaving the profession.

Recent news from the Department of Labor and Industry indicates that claim data does not show large numbers of denials. MNA knows, however, that this data does not tell the whole picture. As our members report, nurses often do not even seek Workers Compensation for PTSD because the process of proving that the diagnosis is a result from trauma experienced at work is extremely invasive. The interviewers ask very personal questions, like whether the individual was sexually abused as a child, and any responses are used to try to prove that PTSD wasn't a result of work. Our members report they do not want to put themselves through the invasive line of questioning. MNA believes that adding presumptive eligibility would save nurses from disclosing unrelated personal suffering to their employer.

Even if we were able to convince nurses that the invasive line of questioning around workers comp was worth it, MNA believes that much like we saw during the COVID pandemic, employers will still fight workers compensation claims. During the beginning stages of the pandemic, we saw dozens of nurses who were otherwise quarantined, catch COVID at work and then be accused of getting it elsewhere. Many of these nurses worked directly with COVID patients, yet the employer argument was that they could have gotten it somewhere else. This was a huge driving factor in MNA's support for presumptive eligibility for COVID and nurses saw that once in place, they were able to obtain workers compensation coverage for COVID exposure and illness from work without nearly as much time or barrier to doing so. Given that folks with PTSD face both physical and mental health challenges related to their diagnosis, asking them to find the capacity to fight this and experience re-traumatization as they move through the appeal process.

MNA would also like to express concerns over narratives that claim the cost of giving presumptive eligibility to nurses for PTSD makes it difficult. While we still believe that this change will increase applications for PTSD claims, if opponents do not believe that is the case, we do not see a drawback of equalizing access to PTSD presumptive eligibility for this female dominated nursing profession putting it on par with other male dominated professions.

Please take care of the nurses who continue to take care of the public. Including acute care hospital nurses in PTSD presumptive eligibility language in MN statute, 176.01 will make an incredible difference in the individual lives of nurses. It could also be part of the solution to retaining the nurses we need to care for patients.

Sincerely,



Shannon M. Cunningham
Director of Governmental and Community Relations

Minnesota Nurses Association