



March 11, 2024

Professional Distinction

Personal Dignity

Patient Advocacy

Senator Melissa Wiklund, Chair
Senate Health and Human Services Committee
95 University Avenue W
St. Paul, MN 55155

Chair Wiklund and Members of the Senate HHS Committee,

On behalf of the Minnesota Nurses Association (MNA), I am writing to you today to express MNA's strong support for SF4382, as amended, which would bring much needed transparency and accountability to the existing process that regulates hospital closures, unit closures, and reductions or relocations of healthcare services. MNA's 22,000+ members represent 4 out of 5 nurses that work at the bedside in hospitals across the state, and as such, are extremely connected to this issue and the consequences of the rampant closures and the elimination of vital health services that Minnesotan communities are experiencing across the state.

Over the years, massive health systems have taken over the vast majority of Minnesota's community hospitals. These health systems – which are exempt from most local, state, and federal taxes – continue to function and operate more and more like profit-driven corporations. Often, local governments and community-based organizations accepted offers from these health systems to run their hospitals based on promises about services they would provide to the community. Sadly, these promises continue to be broken time and time again.

Two of the biggest casualties of corporatized healthcare, led by executives making millions, have been mental health and OB/labor and delivery services. Despite the ongoing mental health crisis, the largest healthcare systems in our state have reduced beds, closed units, and even closed hospitals that deliver vital mental health services – always justifying their decisions based on profits and their bottom lines. These same justifications are being used to justify closing birthing units across the state, forcing residents in Greater Minnesota to drive hours to give birth. Often, staffing issues are cited as an additional reason for closure, and yet in none of these cases have health systems deployed comprehensive employee retention strategies to address these issues. Instead, executives turn to more “churn and burn” recruitment strategies that do not solve the issues.

345 Randolph Avenue
Suite 200
St. Paul, MN 55102
Tel: 651.414.2800
800.536.4662
Fax: 651.695.7000
Email: mnnurses@mnnurses.org
Web: www.mnnurses.org



AFL-CIO

If our state is to be serious about supporting rural communities across the state and the health of all communities outside of the Metro Area, including young families that need these services in order to even consider staying in or moving to Greater Minnesota to establish roots, something needs to be done to address the opaque problems of closures and consolidations.

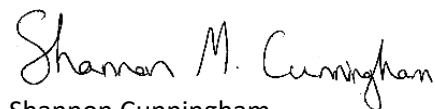
The table below demonstrates the most significant closures here in Minnesota – *in just the past 5 months*:

System	Facility	Unit
Allina	Cambridge	Mental Health Services
Allina	New Ulm	Addiction Services
Allina	United Hospital	Aolescent Mental Health
Allina	ANW	Infusion
Allina	Unity	ICU
Allina	Unity	Surgeries
Allina	Mercy	Child Adolescent Beds
Essentia	Fosston	Labor and Delivery/OB
Lake Region	Fergus Falls	Mental Health Services
Mayo	New Prague	Labor and Delivery/OB

Last session, the Minnesota Legislature worked to pass comprehensive merger regulations – H.F. 402 – in order to curb consolidation. While this legislation will not stop closures from happening, it will bring more transparency to the process, and we believe that this is a continuation of the type of work we accomplished last session with the support of many members of the House Health Finance and Policy Committee. We hope that you and members of the committee will see this inherent connection and need, and will support this legislation.

Rather than prioritizing supporting and keeping existing staff, these health systems deploy “churn and burn” tactics and feign surprise when they have issues recruiting *and* retaining staff. In turn, these manufactured staffing crises allow healthcare CEOs to place blame on external factors rather than take responsibility and act transparently. For these reasons, SF4382 is desperately needed, and we hope members of the committee will support it.

Sincerely,



Shannon Cunningham
Director of Governmental and Community Relations
Minnesota Nurses Association