

BRANDI SILLERUD, DNP, MSN, RN, NEA-BC

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FEBRUARY 17, 2026

SUBMITTED ELECTRONICALLY

Chair Backer, Chair Bierman and members of the House Health Finance and Policy Committee,

Thank you for the opportunity to share my strong support for Minnesota joining the Nurse Licensure Compact and HF 1925 (Schomacker).

I have been a registered nurse in the state of Minnesota since 2001. My background includes critical care nursing, leadership, administration, and most recently I teach nursing and healthcare leadership to undergraduate and graduate students. I am a professor in a school of nursing and healthcare leadership, teaching mostly online courses. I also teach online classes as a visiting professor at another university.

A burden that nursing professors face is the requirement of multiple nursing licenses if their original licensure is not part of a compact state, as in the case of Minnesota. I currently have nine nursing licenses! When I applied for those licensures, I had to submit to multiple background checks, send in transcripts, pay fees, etc. These are incredible burdens for nursing professors.

I am required to hold multiple licenses because if I teach a course and a student is in another state outside of Minnesota, I need to hold a license in that state. If I have students doing clinicals or practicums in other states, I must hold a license in that state. This is to align with requirements of nursing education accrediting bodies as they interpret the laws of nursing licensure. This requires financial impacts and other burdens for nursing professors. We already struggle to secure enough nurse educators, so adding more barriers is concerning for the future of nursing educators that are preparing our future nurse workforce.

You will hear opponents of this nursing licensure compact act cite things like quality, safety, and nursing practice behaviors/requirements. As a nurse, no matter what state I

practice in, I must uphold the rules of that state, the organization, and federally regulated standards. For academic programs, we are accredited by national accrediting bodies that have standard requirements for nurse preparation and education. As part of the universal nursing code of ethics, we are taught to ensure beneficence and nonmaleficence no matter what state we practice in.

We know the nurse licensure compact works and is widely adopted. I ask that you support this nurse compact practice act to benefit current and future nurses in the state of Minnesota! Thank you.

Brandi Sillerud, DNP, MSN, RN, NEA-BC
Nursing and Healthcare Leadership Professor
brandi_sillerud@hotmail.com



February 17, 2026

TO: Members of the Health Policy & Finance
CC: Rep. Joe Schomacker
RE: HF 1925, Nurse Licensure Compact

On behalf of the Long-Term Care Imperative (LTCI), a collaboration between Care Providers of Minnesota and LeadingAge Minnesota representing more than 2,000 long-term care providers across the state, we write in support of HF1925 (Schomacker), legislation authorizing Minnesota to join the Nurse Licensure Compact (NLC).

Long-term care providers across Minnesota continue to experience significant shortages in licensed nursing staff. These shortages affect every setting — nursing homes, assisted living, home care, and post-acute care — and ripple throughout the entire health care system.

Our members consistently report large numbers of unfilled licensed nurse positions statewide. As a direct result:

- Residents experience delayed admissions and placement challenges
- Hospitals face discharge delays due to lack of post-acute capacity
- Rural communities encounter the greatest access barriers
- Existing nurses experience increased workload and burnout

This is not simply a workforce inconvenience — it is a system capacity issue affecting hospital flow, emergency departments, and access to senior care in the community of choice across Minnesota.

The Nurse Licensure Compact does not change Minnesota's nursing standards. It removes administrative barriers that slow hiring and care delivery by allowing qualified nurses to practice across state lines more quickly. Concerns about differing state licensure standards are outdated. All nurses in the United States must pass the same national licensing exam, the NCLEX, which replaced state-specific exams decades ago. The Nurse Licensure Compact simply allows nurses who already meet identical national competency requirements to practice where patients need them.

Joining the compact would expand the pool of nurses available to Minnesota employers, reduce hospital discharge delays caused by limited post-acute placements, and improve access to care, particularly in rural and border communities. It would also strengthen continuity of care for residents and patients while allowing Minnesota-licensed nurses to practice in neighboring states without duplicative licensing requirements. Currently, 43 states, including every one of Minnesota's border states, participate in the compact. Minnesota's absence places our providers at a competitive disadvantage in recruiting and retaining nurses who increasingly expect multistate licensure flexibility.

For long-term care providers, the compact offers immediate practical benefits:

Workforce Access & Recruitment

- Expands recruitment in rural and border communities
- Attracts nurses who want mobility and flexibility
- Supports a future-ready workforce

Faster Hiring & Lower Administrative Costs

- Streamlines credentialing and onboarding
- Eliminates duplicative applications and licensing fees
- Helps providers manage expenses under operating cost constraints

Telehealth & Care Continuity

- Facilitates telemedicine for home and community-based services
- Improves care access for seniors with limited mobility

Emergency Preparedness

- Allows nurses from other compact states to practice immediately during emergencies, outbreaks, or disasters
- Ensures facilities can rapidly supplement staffing for medically vulnerable residents

Minnesota’s workforce challenges are not just about training more nurses — they are also about removing outdated barriers that prevent qualified nurses from practicing where residents need them most. The Nurse Licensure Compact is a practical, proven solution that expands workforce capacity, supports timely hospital discharges and placements, improves rural access to care, and keeps Minnesota competitive with neighboring states. For these reasons, the Long-Term Care Imperative respectfully urges your support for HF1925 to help ensure Minnesotans can receive timely care in the setting of their choice.

Respectfully submitted,



Erin Huppert
LeadingAge MN
LTC Imperative member



Kyle Berndt
Care Providers MN
LTC Imperative member

February 17, 2026

Submitted Electronically

Chair Backer, Chair Bierman and Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Hospital Association (MHA) and the patients that our 139 hospital and health system members across the state serve, we write to you today in support of HF1925 to adopt the Nurse Licensure Compact (NLC) in Minnesota. Hospitals and health care systems continue to deal with workforce shortages and a significant number of open positions throughout the health care sector, including but not limited to registered nurses (RNs) and licensed practical nurses (LPNs).

As new workplace requirements continue to place additional demands on an already strained workforce, the need for a flexible, mobile, and available interstate nursing workforce in Minnesota has never been greater. In order to best support care teams whose members may be out on extended leave, Minnesota needs a reliable and stable labor pool, and NLC is a proven tool foundational to the nursing workforce across the country - just not in Minnesota.

There are currently 43 member states and territories participating in the NLC. The compact allows RNs and LPNs in good standing to practice in other member states without having to obtain an additional license. Joining the compact would streamline recruiting processes, maximize educational opportunities, increase access to care, reduce costs while protecting patient safety, and support flexible care models within Minnesota's modern health care delivery system.

Minnesota has already recognized the value of interstate licensure compacts by enacting seven health care compacts for physician assistants, occupational therapists, physical therapists, professional counselors, audiologists and speech-language pathologists, dental hygienists, and social workers. The state also participates in the Interstate Medical Licensure Compact for physicians. Nurses remain the notable and significant exception.

There is no evidence that adopting the NLC would adversely affect Minnesota nurses or patient care, given that all nurses must pass the same National Council Licensure Examination (NCLEX), and the NLC requires a federal criminal background check. The Minnesota Board of Nursing would still maintain the authority to regulate nursing practice within the state. In addition, the compact will improve care coordination and allow Minnesota nurses to provide their patients with in-person and telehealth services who travel or reside in other states to maintain continuity of care.

For these reasons, we support the passage of HF1925, adding Minnesota to the growing list of states joining the NLC. Joining the NLC is an overdue advancement of Minnesota's competitive ability to recruit nurses across the nation and increase the capacity to provide the care Minnesotans need. Nearly all of our neighboring states including Wisconsin, Iowa, North

Dakota, and South Dakota, are already NLC members, and Minnesota risks falling further behind each year it delays.

Sincerely,



Michelle Benson
Senior Director of State Government Relations
mbenson@mnhospitals.org



Danny Ackert
Director of State Government Relations
dackert@mnhospitals.org



February 17th, 2026

Dear Co-Chair Backer and Co-Chair Bierman:

On behalf of the Minnesota Chamber of Commerce and our 6,300 members, I write to express our strong support of HF 1925 (Schomacker) – the Nurse Licensure Compact. At a time when Minnesota ranks 40th in labor force annual growth, and 41st in net domestic migration, joining the compact would benefit our state’s health care system, our communities and everyday Minnesotans.

During the 2024 legislative session, Minnesota lawmakers authorized the state to join seven compacts: **dentist and dental hygienist**; audiology and speech-language pathology; physician assistant; social work; licensed professional counseling; occupational therapy; physical therapy. Lawmakers authorized the state’s participation in these seven compacts because they recognized the importance to Minnesotans, health care organizations, and to the respective professionals caring for patients and clients in these fields. Among the great work done in 2024 lies an obvious omission: the Nurse Licensure Compact.

As of 2026, 43 jurisdictions enjoy the benefits of the Nurse Licensure Compact. These benefits include expanded access to patient care, increased emergency preparedness and most importantly, a significant reduction in red tape for nurses and employers. The benefit to hospitals and health care organizations is direct: they will be able to draw from a larger pool of nursing talent. Likewise, typically underserved and rural communities will also benefit from increased access to care. This compact will be a benefit to over 156,000 professionals across the state and will be another tool hospitals and health care organizations can use to meet care expectations across the state.

This tool could not come at a better time. Hospitals and health care organizations across the state are now facing the real impact of the state’s new Earned Safe and Sick Time (ESST) and Paid Family and Medical Leave (PFML) mandates. As a result of these mandates, hospitals and health care organizations need to hire additional nurses as they balance increased PFML and ESST utilization.

Finally, it is important for the committee to consider the full scope of the nursing workforce that HF 1925 addresses. While the Minnesota Nurses Association (MNA) has traditionally opposed the compact, it is worth noting that their ~22,000 members represent only 14% of the ~155,000 Registered Nurses and Licensed Practical Nurses currently licensed and practicing in our state. The correct course of action for Minnesotans, hospitals, health care organizations, nurses and patients is to pass the Nurse Licensure Compact this session.

Sincerely,

Jonathan Cotter
Director, Health Care and Commerce Policy



MINNESOTA NURSES ASSOCIATION
345 Randolph Ave. Ste.200, St. Paul, MN 55102
651.414.2800 | mnnurses@mnnurses.org

FEBRUARY 18, 2026

February 18, 2026

Minnesota House Health Finance and Policy Committee
Minnesota State Capitol Building, Room 120
75 Rev Dr Martin Luther King Jr Boulevard.,
St Paul, MN 55155

Dear Co-Chair Backer, Co-Chair Bierman, and Members of the Health Committee,

The Minnesota Nurses Association's more than 22,000 members represent 80% of the RNs that actively work at the bedside in hospitals across Minnesota, as well as nurses and other workers in nursing homes, assisted living facilities, clinics, the state prisons and mental health facilities, local public health agencies, state agencies, and elsewhere. MNA advocates for strong public policies that will improve patient care, working conditions, and healthcare corporations' accountability to the public, including those with nonprofit status. On behalf of MNA, we write today in strong opposition to HF1925, the Nurse Licensure Compact.

MNA opposes the Nurse Licensure Compact for three primary reasons:

1. **It is unnecessary**, as Minnesota already has existing processes to rapidly issue licenses to nurses that are educated out-of-state while still preserving our state's historically high standard of nursing. There is also no evidence that the Compact actually addresses any of the issues its proponents claim that it will, as relevant nursing workforce trends are consistent across states regardless of being Compact states or not;
2. **It endangers patients** by ceding control over our state's own nurse licensure and nurse practice standards to an out-of-state commission (one that is swayed considerably by what is happening at the federal level) and it would actively facilitate the over-use of telehealth to outsource patient care (and nurses' jobs) to states with lower wages and weaker regulatory patient protections. Nothing in the Compact ensures that nurses coming from other states to permanently work in Minnesota are trained on Minnesota's unique state laws, including many of the state laws passed in recent years to protect healthcare providers, patients, and access to vital forms of healthcare – including abortion and gender-affirming care. Rather than focusing on a false solution like the Nurse Compact, Minnesota can build a stronger nursing workforce by prioritizing worker and patient safety, supporting nursing education, and addressing other longstanding retention issues in hospitals and other healthcare settings; and

3. **It is a union-busting tool**, annually brought forward by interests seeking to undermine organized labor under the false premise of addressing real workforce issues.

For these reasons, we ask you to stand with MNA nurses, with patients, and with labor unions by opposing HF1925.

Sincerely,

A handwritten signature in black ink that reads "Chris Rubesch". The signature is written in a cursive, flowing style.

Chris Rubesch, RN
President
Minnesota Nurses Association



Feb. 17, 2026

Dear Co-Chairs Backer and Bierman and members of the House Health Committee,

While MAPE members make Minnesota a great place to live and work, MNA members help ensure all Minnesotans receive the top-notch health care for which our state has become known.

MAPE strongly opposes H.F. 1925 (Schomacker), which would establish a Nurse Licensure Compact (NLC), a damaging solution to a problem that does not exist. This legislation would allow licensed nurses in other states to practice in Minnesota without obtaining a new license if they don't live here, circumventing Minnesota's training and other regulatory requirements and thereby threatening patient safety and professional integrity.

The problem is not a nursing shortage. The problem is short-staffing and cost-cutting implemented by hospital CEOs who prioritize their bottom line over patient safety and staff satisfaction.

Minnesota nurses are growing tired of trying to do more with less. These unsafe and unsustainable working conditions drive nurses out of the profession, causing still higher workloads for nurses at the bedside, negatively impacting patient care, and contributing to workforce shortages.

During the pandemic, Minnesota recruited and deployed out-of-state nurses through the state's Emergency Staffing Pool. Border state reciprocity allows nurses with licenses in neighboring states to practice in Minnesota with minimal obstacles.

Implementing a Nurse Licensure Compact would only harm patients, health care workers, and eventually hospital system bottom lines. The Compact would reduce transparency and oversight of health care, taking away the power of the Legislature and Board of Nursing to set and monitor nursing standards in our state. This situation would make a consistent level of quality patient care impossible because the NLC would open the door for lower-skilled nurses, creating no guarantee of the quality of care for patients.

Ultimately, allowing an NLC is bad for Minnesota, patients expecting quality care in our health care facilities and providers giving that care. Please oppose this Compact, keeping our best nurses in Minnesota, providing the best care to your constituents across the state.

MAPE urges the House Health Finance and Policy Committee to oppose the Nurse Licensure Compact.

Sincerely,

Sydney Spreck
MAPE Political Affairs Coordinator



February 17, 2026

Chair Backer and members of the House Health Finance and Policy committee:

As Minnesota’s labor federation, we represent over 300,000 members of over 1,000 local unions across the state. We are writing to share our opposition to HF1925.

We oppose joining the Interstate Nurse Licensure Compact due to its negative impact on workers and on patient care.

While proponents may claim the Compact is a solution to the healthcare workforce shortage, that is a false narrative. U.S. Department of Health data shows that from January 2020 to August 2023, Compact states experienced a higher percentage of critical staffing shortage days than non-Compact states, as nurses used their compact license to leave their home states to work in states with more desirable pay and working conditions. Workforce shortages in hospitals are due not to a lack of nurses in Minnesota, but rather a lack of safe, sustainable nursing jobs. Instead of hospitals improving working conditions in hospitals, they are reducing the number of workers per shift and closing vital services.

We see the NLC as a tool for hospitals to replace unionized Minnesota nurses with non-union workers and ultimately remove healthcare unions from our hospitals and drive down wages. In 2022, a Children’s Minnesota executive argued that if they had the compact, they could more easily replace Minnesota nurses who went on strike. Compact nurses are also frequently used around the country to replace nurses attempting to organize new unions and to limit the rights of nurses to organize without fear of retaliation.

For these reasons and more, we ask that you join us in opposing any effort that would make Minnesota a Nurse Licensure Compact state.

Best regards,

Melissa Hysing
Melissa Hysing
Legislative Director

