

February 9, 2022

Testimony:

HF 3136 / Representative Kristin Bahner

SF 2957 / Senator Mary Kiffmeyer

My name is Becca Lundberg, I am an Advanced Practice Registered Nurse or APRN, specializing as a Certified Registered Nurse Anesthetists or CRNA. I have worked at Hennepin Healthcare for 31 years in June.

When the pandemic began in March 2020, I was only weeks away from retiring under PERA. This option limited the income I could earn, greatly decreasing the amount of hours I would be able to work and still collect my monthly annuity. This limitation in hours would leave my remaining colleagues to pick up even more in my absence and to deal with even greater stress from the major changes coming down upon us from the pandemic.

In May of 2020, this legislature removed PERA's income limit barrier for retired health care providers under the age of 65 who are pension collecting, and returning to work at a PERA institution, through the end of the peacetime emergency. Thanks to this change, I was able to contribute about 450 more hours than I would have in 2021, to support my colleagues, without jeopardizing my pension. Without this exception, I could only have worked 172 hours in 2021.

I am very thankful to this legislature for making this change in 2020 so retirees like me could return to support our patients, colleagues and the organizations we had committed to for years at their most difficult moments.

Unfortunately, however, the exception expired on December 31st, 2021, and as we all know the pandemic and staffing shortages continue to tax our medical institutions, creating further strain on our already overburdened, understaffed health care system. The strain felt by burned out health care providers is evident and reflected by those changing careers, retiring early and or cutting back on hours.

Public hospitals like Hennepin Healthcare are especially challenged by staffing shortages and increased trauma cases as we serve more socially and medically complex patients. Patient census volumes are up, bed availability is down and there is simply not enough staff in any area. My current department is seven providers short, which is significant in a 40 person unit.

I would like to highlight a few items from the health care retiree perspective.

1. The limitation of hours and income for a retiree to work, only applies when those retirees wish to work at any PERA institution. If you go above the income limit at a PERA institution, your monthly pension is withheld. So I could choose to go back to work at a

non-PERA institution and would not be penalized. For the employee, returning to a familiar place of work is far less stressful than starting a new job at another employer, and is more costly to the organization to hire and train someone new, rather than bringing back an employee to the PERA institution they already know.

2. Without the exception, the income standard places a different limitation on different employees. The “one-size fits all” income limit approach to a group of retirees with highly diverse salary scales and skill sets results in far fewer hours that a higher skilled employee is able to work.
 - a. For example, without the extension of this exception, I can work only about 18 days per year, without pension restrictions. With any salary increases or bonuses, this decreases the allowable time to work even further. Whereas, an employee with a lower salary could work more hours during the year.
 - b. All of my healthcare colleagues – the clinical providers, lab technicians, environmental services and more – regardless of salary or role, are critical to our team effort of caring for our patients, it truly takes a village to provide health care to our communities.

When this exception first passed in 2020, none of us predicted the length of the pandemic, or the toll on our health care workforce. I found that few of my colleagues knew about this option to come back and help their colleagues. It is my understanding that once this legislation passes, PERA will be doing targeted outreach, and my employer and other public hospitals and long-term care providers will be working to bring back more of their staff once this legislation passes.

Thank you, Rep. Bahner, for carrying this bill today, and Chair Nelson, for the opportunity to share my support. We appreciate the change made in 2020, and I am asking this committee to act swiftly so I and others can return as soon as possible to support our colleagues where we are badly needed.

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