



March 21, 2024

Professional Distinction

Personal Dignity

Patient Advocacy

Representative Tina Liebling, Chair
House Health Finance and Policy Committee
100 Rev Dr Martin Luther King Jr. Blvd
St. Paul, MN 55155

Chair Liebling and Members of the Health Finance and Policy Committee,

On behalf of the Minnesota Nurses Association (MNA), whose 22,000+ members represent 80% of registered nurses actively working at the bedside in hospitals across our state, we are submitting this written testimony to speak to two issues that are in front of the committee today (March 21, 2024). Both of these issues are tied to healthcare consolidation, corporatization, and the profit-driven behaviors that continue to determine the course of the future of the healthcare delivery system of our state, and in the process are driving nurses and other healthcare workers away from working in hospitals. The healthcare delivery system of our state is being slowly pillaged of assets through mergers, acquisitions, conversions, and the strategic use of subsidiary entities to shield profits from rightful taxation. All of this adds barriers, reduces services, and raises costs for patients.

The two issues MNA would like to provide comment on are both tied to the ongoing, and increasing, corporatization of our healthcare system:

- *H.F. 4853*, Representative Bierman’s legislation that would prohibit nonprofit health maintenance organizations (HMOs) from converting to a for-profit entity, which *MNA is proud to strongly support*;
- Separately: the *proposed A2 amendment to H.F. 4247*, which would weaken worker protections and tilt the scales in favor of employers, which *MNA strongly opposes*.

MNA Support of H.F. 4853: Prohibiting Nonprofit to For-Profit Conversions

H.F. 4853 is a much-needed piece of legislation that targets the largest contributors to rising patient costs, barriers to accessing the medically necessary services (or services at all), and blatant profiteering off the backs of patients and taxpayers. Profit-driven behaviors and motivations should not be the guiding force behind the policies and practices that guide HMOs, something that Legislature at least partially recognized across the aisle in the past when the current HMO conversion moratorium became law. Until the Legislature takes the additional steps laid out in H.F. 4853 to prohibit for-profit entities from accessing public assets when converting to for-profits, this is an

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issue that will continue to come before this committee and the risks and current problems will remain. Notably, there is little stopping the private health insurance companies – who are currently sitting on almost \$6 billion in assets, including many charitable assets they have acquired from nonprofit entities at a fraction of their actual value – from furthering their monopolization of our healthcare system. This bill takes us forward by protecting our state’s assets, better regulating charitable assets, and preventing harmful profit-based takeovers that seem inevitable under current law.

Oppose: Temporary Nurse Licensure Proposal (A2 Amendment to H.F. 4247):

The second issue before the committee is the proposed *A2 amendment to H.F. 4247*, which would extend temporary nursing permits to nurses unlicensed in Minnesota by a full 30 days (increasing the current temporary permitting period by 50%). ***MNA is strongly opposed to this amendment.*** Advocates for the extension point to delays with applications being processed by the Board of Nursing. While we sympathize with workers who experience delays, most licensure delays are due to the applicants providing inaccurate or insufficient information. It is not uncommon for an individual to apply for a Minnesota license, receive a temporary permit, and then fail to provide mandatory materials such as employment verification forms, home state licensing verification forms, and criminal background checks in a timely manner. In reality, funding increases to the Board of Nursing last session increased capacity and led to improved systems, more staff and reduced processing delays leading to the current processing time for licensure approval of 24-36 hours after the board receives the required documentation.

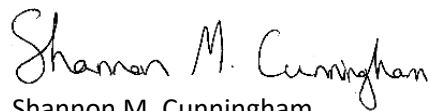
We have heard anecdotally that delays in all areas of health licensing may be due to longer processing times with Minnesota’s Criminal Background Check Program (CBCP), which provides criminal background check (CBC) services to sixteen of the Minnesota Health Related Licensing Boards (HLBs). If this is the case, we recommend a broader approach that assists the CBC program with decreasing background check time for all HLBs.

Second, this amendment would have a detrimental impact on the motivating factors that employers currently have to bargain in good faith and would drastically tilt the scales in favor of the employers who are seeking this change. While nurses and other workers do not want to be forced to go on strike, knowing that temporary workers brought in to break these strikes are limited to 60 days limits the length of strikes for both employers and employees. Allowing an additional 30 days for strikebreaking nurses to practice without a full license in Minnesota will only continue to drag out the length of strikes. Adopting the A2 amendment would be an attack on nurses’ ability to counteract the greater power and resources that employers have in labor negotiations and disputes.

Lastly, the A2 amendment continues to serve as one way hospital executives across the large health systems can avoid taking responsibility for a lack of meaningful, substantive retention efforts – which includes addressing workplace violence and unsafe staffing. The A2 amendment will not prevent nurses and healthcare workers from fleeing jobs in hospitals, it pivots attention away from more meaningful issues relating to the Board of Nursing Nurses fear it would be back-tracking on the positive trajectory that the Legislature set last session when numerous new worker protections became law and instead make it easier for employers to hire temporary workers during a strike. **Please oppose the A2 amendment to H.F. 4274 and other efforts this session to weaken labor laws or chip away at important regulations that exist to protect patient care.**

We thank Representative Bierman for his work on H.F. 4853, and we appreciate the time and consideration of the Chair and all members of the committee for their work this session to address healthcare, labor, workforce, and other vital issues impacting Minnesotans statewide.

In Solidarity,

A handwritten signature in cursive script that reads "Shannon M. Cunningham".

Shannon M. Cunningham
Director of Governmental and Community Relations
Minnesota Nurses Association