



# 2022 Legislative Session Priorities

## Legislative Call to Action

For the past two years, COVID-19 has placed an enormous amount of stress and strain on Minnesota’s hospitals and health systems, as well as our devoted health care workforce. The state needs to use a portion of its historic surplus and remaining federal American Rescue Plan Act (ARPA) dollars to invest in the health care workforce so that Minnesotans can get the care they need when and where they need it.

Several Minnesota hospitals and health systems find themselves in short-term financial challenges due to postponing surgical procedures to care for high volumes of COVID-19 patients. In this Legislative Session, MHA is asking for state support for hospitals and health systems, as well as targeted legislative action addressing the unprecedented workforce and mental health demands at our hospitals and health systems.

The following items detail our proactive policy priorities:

### Sustain and develop Minnesota’s health care workforce

#### Pass Frontline Worker Hero Pay.

Support frontline workers with meaningful financial recognition for health care workers including all hospital, health system, and long-term care employees that continue to have direct contact with and care for COVID-19 patients and the ancillary supporting services they need.

#### Expand Minnesota’s Health Professional Loan Forgiveness Program.

Increase total appropriations for the program by \$5 million per year and expand the eligible health professions to include allied health technicians such as respiratory therapists, laboratory technologists, and surgical technicians. Also, increase loan forgiveness amounts for nurses and allied health care professionals that elect to teach the next generation of students that are pursuing careers in health care.

MHA stands ready to support the legislative efforts of other health care stakeholders that are also working to expand and support the development of Minnesota’s health care workforce. We anticipate numerous legislative proposals focused on addressing this significant issue.

### Improve Workforce Onboarding Efficiencies

Minnesota can no longer afford to have inefficient licensure and background study procedures that unnecessarily increase the time it takes to transition someone from their health care education to their professional career of serving their fellow Minnesotans that need care.

#### Pass fingerprinting and background study improvement process legislation.

*HF 1512 (Edelson)/SF 1257 (Benson)*

As introduced last session, the bill eliminates the Minnesota Department of Human Services (DHS) background check and fingerprinting requirement for health care professionals that are already licensed by their respective licensing boards, which require a separate and duplicative background check and set of fingerprints to complete the licensing process.

There are currently well over 350,000 individuals who have been “waived” through the background check process, who under current law (without an extension) will need to have background studies completed by July 2, 2022. Removing this requirement for health care professionals could significantly reduce the waiting list of individuals needing the completed background checks.

(Over)

## **Pass improvements to the Board of Nursing and Board of Medical Practice Licensure Application Process.**

A slow licensing process was a problem before the pandemic, but the inefficiencies of getting health care professionals through the state licensure process, both at the Board of Nursing and the Board of Medical Practice, have been exposed due to the needs of the pandemic. Legislation is needed to make improvements.

MHA is working on legislation to add transparency in the application process, add an expected timeframe for approving applications, and add temporary licenses for respiratory therapists – similar to the 60-day temporary license that Minnesota currently has for nurses while awaiting licensure.

## **Pass the Enhanced Nurse Licensure Compact (eNLC).**

Minnesota is not a member of the enhanced Nurse Licensure Compact (eNLC). The states that have been members of the eNLC have been more successful in attracting out of state nurses to fill desperately needed positions. There are now 37 states and two territories that are members of the eNLC, including several states with many nurses who are members of collective bargaining agreements.

This legislation has been discussed for over a decade in Minnesota and given the prevailing workforce trends, the mobility of patients, and the desire of nurses to work in multiple states, the time is now to join this multistate compact.

## **Preserve Minnesota's continuum of care**

### **Pass an additional round of COVID-19 Health Care Grants.**

MHA is pursuing another round of COVID-19 health care response and provider grant funding for all eligible health care providers similar to the initial grant program passed by the state legislature in the spring of 2020. That legislation appropriated \$200 million to help providers with COVID-19 related expenses. Regretfully, there was no additional state funding for health care provider COVID-19 related costs in 2021 despite high numbers of COVID-19 patients.

Over the past two years, it was necessary for many hospitals and health systems to cancel and delay surgical procedures to create capacity for staff to care for COVID-19 patients and others needing immediate care. For some hospitals and health systems, this has had a detrimental impact on revenues. Expenses are also running high across the entire health care system: staffing costs have increased with overtime pay, bonuses, raises, and notably staffing agency costs.

MHA believes that the legislature should appropriate an additional \$400 million to cover similar 2021 and 2022 COVID-19 related expenses and staffing costs for all eligible health care providers.

### **Increase funding for mental health services.**

There is strong bipartisan recognition that mental health services are at a breaking point from unyielding demand for services and workforce shortages. MHA supports multiple approaches to strengthening mental health services.

One area of highest concern is the need to strengthen the continuum of care for adolescent mental health services that require residential treatment and home-based care. Specifically, the legislature needs to increase the availability of Psychiatric Residential Treatment Facilities (PRTF) that offer residential mental health services for adolescents who do not require inpatient services but still need a high level of care.