

Senator Julie Rosen, Chair
Finance Committee
Minnesota Senate
March 2, 2022

Chair Rosen and Members of the Senate Finance Committee,

Thank you for the opportunity to submit testimony to this committee in support of SF 1203, which would add Minnesota to the long lists of states that are a part of the Nurse Licensure Compact. My name is Kelly Hagen, I am the Vice President of Nursing at Sanford Bemidji Medical Center, a not for profit, Regional Referral Facility serving rural Northwestern Minnesota.

As a nurse Leader with responsibility for patient care and the oversight of Nursing and Clinical Practice and Services, I urge you to support the adoption of Minnesota into the Nurse Licensure Compact. I am certain you have seen all of the facts that support why this is necessary. From my personal perspective, I have seen the constraints of being licensed in a state that Minnesota did not provide license reciprocity for (North Dakota), and how I personally was unable to provide leadership and oversee nursing practice and patient care because of a delay in obtaining that Minnesota license.

The lack of a Nurse Compact Licensure agreement in Minnesota affects how we are able to build our pipeline of new nurses. As nurse leaders we know how badly we need future nurses, and how important their education is, many of us are clinical sites for nursing students.

Nurse educators are required to hold nursing licensure in other states as well as Minnesota when working with students. The nurse licensure compact will allow nurse educators the ability to provide care and lead educational opportunities across state lines without cost of additional licenses.

At Bemidji State University for example, if a Nurse Educator provides oversight of Students in ND the faculty member must also hold a North Dakota license at the behest of Minnesota. If Minnesota was a part of the Nurse Licensure Compact, like North Dakota, this extra step would not be necessary.

We have had delays for traveling nurses coming from other states who have been badly needed to provide care in our facilities. During the height of the pandemic, any delay due to licensure directly impacted our ability to admit patients and care for them.

A nurse I will call MB, a critical care RN, was due to start on our Critical Care unit, she was delayed by a week because of a delay in obtaining her Minnesota license. This may not sound like much when written in this testimony or said quickly, but imagine when you have gaps in staffing coverage, and you are relying on this person to provide care to our critical patients, and support for a constrained nursing workforce who rely on the traveling nurses for relief and support, to provide added bench strength when critical care is not optional, we cannot close beds, patients will die.

Joining the compact would:

- * streamline recruiting processes
- * enhance and support the training of our future nurses
- * allow flexibility for faculty and nurses working in a variety of states and care settings
- * increase access to care
- * reduce costs while protecting patient safety, and supporting flexible care models and modern health care delivery.

To amplify the importance of Minnesota joining the NLC I want to relate this is long overdue, we need the flexibility to recruit and onboard nurses from across the country in a timely manner. In addition, Minnesotans need new ways to access care.

Nurses are practicing in new and exciting ways to support the health of Minnesotans including; telehealth, chronic case management and in-home care. Snowbirds and those living in other settings want to stay connected with their health care providers, including their nurses. Enacting the Nurse Licensure Compact encourages nurses that reside in Minnesota to provide care. Now is the time to remove barriers that prevents bringing more RNs to Minnesota, additionally providing care to Minnesotans beyond state borders is a huge opportunity for them and for the nurses providing that care. Continuity of care is a huge of opportunity for our patients.

According to the Case Management Society of America (CMSA), and observation of our own limitations in delivering care, nurse case managers who do not have a multistate license lose their ability to provide care or services to patients living in other state. For example, a Nurse in Minnesota who is not licensed in North Dakota cannot connect with, provide care for, or arrange services in North Dakota, even if the nurse case manager is in Moorhead and the patient is in Fargo, just on the other side of the border.

The opposition to joining the Nurse Licensure Compact often brings up safety as a concern. However, in an article comparing discipline rates between nurses holding a multi-state or –single state license, it was noted that “The overall discipline rates of nurses in NLC and non-NLC states were virtually identical (0.24% versus 0.23%). However, a further breakdown of the data revealed



the annual discipline rate of nurses holding multistate licenses (0.11%) was about half the rate of nurses in non-NLC states (0.23%) and a quarter of the rate of nurses not holding multistate licenses in NLC states (0.40%). The conclusion of this article found that multistate license holders' consistently low discipline rates hold across all available demographic categories, suggesting the overall safety of the NLC. This dispels any concern about nurse safety being of concern in considering a Nurse Licensure Compact Agreement.

I want to thank you for giving me the opportunity to share my support for Minnesota joining the Nurse Licensure Compact. I am available to answer further questions via email as needed.

Sincerely,
Kelly Hagen
VP of Nursing and Clinical Services, Sanford Bemidji Medical Center
