



200 First Street SW
Rochester, Minnesota 55905
507-284-2511
mayoclinic.org

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Chair Julie Rosen
Minnesota State Senate Finance Committee
2113 Minnesota Senate Building
St. Paul, MN 55155

Dear Chair Rosen and Members of the Senate Finance Committee:

I have the honor of leading two distinct nursing teams at Mayo Clinic that aim to significantly impact the care of patients both in Minnesota and beyond by utilizing remote monitoring. Throughout the course of the COVID-19 pandemic, we have learned much about the benefit and need for our state to join the Nurse Licensure Compact (NLC). With these lessons and as we look to the future of health care, Mayo Clinic strongly supports the adoption of the NLC (SF 2302) and respectfully requests your support.

Our remote monitoring team has cared for thousands of patients diagnosed with COVID-19 both in our state and beyond. In Minnesota we have seen over 7,500 patients enrolled, and across state lines, we have seen over 5,800 patients enrolled. The impact of this program has been astounding, and this is just one of many remote monitoring programs we continue to offer our patients.

In a study that will soon be published in peer-reviewed journals, patients that were engaged in this program were significantly less likely to experience a hospitalization, and when hospitalized, these patients experienced fewer total days in the hospital and fewer total days in the ICU. This program, and others like it, continue to provide a care delivery method that reduces health care costs, provides timely detection of a need for intervention, and enhances the engagement of patients in their care. Being able to provide care flexibly across state lines was crucial to supporting these patients and securing these outcomes.

Additionally, as digital solutions and virtual care team models have continued to expand and mature in health care, we have seen the impact that our virtual nursing team can have across our borders. Embracing the NLC allows our virtual nursing team to continue to provide immediate support and oversight to other hospitals experiencing staffing needs and fluctuations in patient acuity while minimizing administrative barriers. Furthermore, the NLC removes delays in patient care that are experienced when staffing resources cannot be quickly reallocated to meet patient care needs beyond our borders. The NLC also helps us to keep this care rooted in Minnesota.

As you consider SF 2302, I would like to provide some context of care differences that exist in our current environment with Minnesota not participating in the NLC. Today, a patient could travel to Minnesota and without any additional nursing licensure, I could provide exceptional care to that patient. On the flip side, if I were to travel to this same patient either physically or through a virtual solution in their home state of residence, I could not provide that same exceptional care without licensure in that state. The contrasts of this scenario create frustration for staff and patients and must be remedied.

Minnesota has always been a leader in health care, and it requires our continued efforts to remain a leader. Joining the NLC will ensure we continue to lead in care delivery as health care continues to expand access through digital tools and virtual care team models and patients become increasingly mobile. Our patients deserve to have the same care and our nurses deserve to have the same opportunities despite their current zip

code. Ultimately, failing to join the NLC is failing to take a necessary step closer to ensuring equitable access to the best available care.

Accounting for all this evidence, please consider your support of the NLC. Thank you for your consideration, and please know that I would invite the opportunity to continue this conversation.

Respectfully,

Dominick Pahl, M.S., R.N.
Virtual Care, Department of Nursing