



Madame Chair and members of the committee. My name is Kelly Hagen, I am the Vice President Nursing Officer 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 as Nurse License Compact state. 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 in a state that MN did not recognize the license for, on how I personally was unable to provide leadership and oversee nursing practice and patient care because of a delay in obtaining that MN license.

When a nurse in Luverne, MN calls our Employee Health Nurse to report a Blood Borne Pathogen exposure, an injury or some other employee health matter, the nurse answering that call, providing direction and triage must be licensed in the state of MN to provide that oversight.

The lack of a Nurse Compact Licensure agreement in MN impacts 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 the 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 the nurse educators the ability to provide care and lead educational opportunities across state lines without cost of additional licenses.](#)

At BSU for example if a Nurse Educator provides oversight Students in ND the faculty member must also hold a ND License at the behest of Minnesota.

We have had delays for several of our traveling nurses, coming from other states who have been badly needed to provide care in our facilities. 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 MN license which 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 support flexible care models and modern health care delivery.

To amplify the importance of MN Joining the NLC I want to relate this is long overdue, we need the flexibility to recruit and onboard nurses from across the county in a timely manner. In addition Minnesotan's need new ways to access care. Nurses are practicing in many more modalities such as telehealth for snowbirds and those who live in other places on a temporary basis and want to keep connected with their health care system. Nurses are practicing in new and exciting ways to support the health of Minnesotans including; telehealth, chronic case management and in home care. Enacting the eNLC encourages nurses to reside in Minnesota to provide care and build their business. Now is the time to remove barriers that might prevent bringing more RNs to Minnesota.

According to the Case Management Society of America (CMSA), and observation of our own limitations in delivering care, Case Managers who do not have a license in ND or SD or any other state for that matter do not have the ability to provide care or services to patients living in other states, for example a Nurse in Minnesota, without a ND License cannot connect with, provide care for or arrange services in ND.

Currently to offer nurse case management services, the case manager must have proper state licensure, recognized endorsement or statutory waiver (typically for VA or Military Service). Without special permission a nurse may not be adhering to state of license requirement or requirements of the state where care is being provided. This causes folks to unknowingly break the law or limit how care can be provided. Compact Licensure would avoid this impact on our nurses and on patients.

In an article comparing the Discipline Between Nurses Holding a Multi-state or –Single State License, Zhong, Martin and Alexander (2018) 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%).

**Conclusion:** 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.