



Minnesota Hospital Association

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Dear Chairman Abeler:

On behalf of the Minnesota Hospital Association (MHA) and the hospitals and health systems across our state, thank you for your ongoing and steadfast support of our state's care continuum, and for conducting this interim November hearing.

Numerous sectors of our economy are experiencing workforce shortages, and long-term care is deeply feeling this reality, and acute care is fast approaching a similar situation.

During the surge of the COVID-19 pandemic, the public was aware of the precarious care capacity situation that hospitals were facing. Unfortunately, many hospitals and health systems are once again seeing limitations on care delivery primarily due to staff shortages of both licensed health care providers and care support staff. Another significant challenge affecting all parts of the state at an alarming frequency is that hospitals are unable to discharge patients who no longer need acute care services into more appropriate long-term care settings. This strain on hospitals and health systems care capacity can impact patients who rely upon us to be there 24x7 with emergency room services, acute care services including for heart attacks and strokes, and all types of surgery.

This situation is jeopardizing care availability for individuals who need acute care services in a timely manner, and it is also difficult for the patients who could otherwise leave the hospital to return to a community residential setting. This situation is placing an additional financial burden on already struggling hospitals and health systems as there is often no payment for long hospital stays. When long-term care settings are not able to sustain their services including taking in timely admissions, it impacts acute care hospitals and the entire care continuum.

MHA supports the legislature taking timely action to address immediate recruitment and retention of the long-term care workforce so that the numerous patients awaiting discharge can be transferred to a more appropriate setting of care, creating urgent capacity for patients needing acute care. In addition, MHA continues to strongly urge for any and all funding strategies to address the broader health care workforce shortages including internship, scholarship, and loan forgiveness programs.

In closing, we are hopeful that you will be able to convince your colleagues across both aisles and chambers that delaying all health and human services workforce funding until the establishment of the 2024-2025 budget may be too late to sustain long-term care services.

Thank you for consideration of our comments.

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