

March 31, 2023

Submitted Electronically

Chair Wiklund and Members of the Senate Health and Human Service Committee:

We, the undersigned hospital system diversity, equity, and inclusion (DEI) and health equity leaders, are writing to express our deep concerns about the proposal contained in the **DE amendment to SF2995 in Article 3, Section 10** that could have negative unintended consequences for health equity across our state. We believe that this bill, if enacted, could disproportionately affect the most vulnerable and underserved community members seeking care in our busiest emergency rooms (ER) and in our rural and critical access hospitals.

The provision allowing nurses to unilaterally refuse patient assignments based on their individual judgment creates a significant risk of patients being denied hospital beds due to subjective perceptions of acuity or workload. This may enable individual biases to influence care decisions, particularly regarding mental health conditions or social and cultural circumstances. We are committed to addressing any biases that exist and working to eliminate any negative impact to patient care.

The core staffing plan language suggests that certain patient populations may be pre-labeled and treated differently based on factors such as age, cultural and linguistic diversity, and socioeconomic factors. This approach risks segregating care and contradicts the principle of individualized care. Moreover, the bill limits recourse to objections to this core plan to arbitration, further restricting input and flexibility.

From a health policy perspective, many future innovations in making care more accessible and affordable will occur outside hospital walls. Nurses, especially those with hospital experience, will continue to play a vital role in these innovations. The nurse staffing mandate could inadvertently hinder our ability to meet demand with flexibility and recruit nurses into community settings, where they are essential to preventing hospitalizations.

In light of these concerns, we respectfully request that you conduct a comprehensive assessment of Minnesota hospital staffing. We also ask that you provide a genuine opportunity for all stakeholders – hospital leaders, nurses, and patients – to contribute their perspectives and offer workable solutions before enacting the extreme measures proposed in Article 3, Section 10 of the DE amendment to SF2995.

We appreciate your attention to this matter and hope that our collective efforts can ensure that healthcare remains equitable and accessible for all Minnesotans.

Sincerely,

Jackie Thomas-Hall, Vice President, Diversity, Equity and Inclusion, **Allina Health**

Jessica Kingston, System Director of Diversity, Equity and Inclusion, **North Memorial Health**

MaryJ. Engels, Organization Learning & Development Senior Director, **Essentia Health**

Natasha Smith, Head of Diversity, Equity & Inclusion, **Sanford Health**

Pahoua Yang Hoffman, Health equity, inclusion and anti-racism cabinet, **HealthPartners**

Taj Mustapha, M.D. – Chief Equity Strategy Officer, **Fairview Health Services**