April 9, 2024 Submitted Electronically

Chair McEwen and Members of the Senate Labor 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 A2 Amendment of SF 5266, particularly the provisions in Aritlce 9, Section 5 that allow patient care staff to refuse additional patient assignments. We believe that these provisions, if enacted, could disproportionately affect the most vulnerable and underserved individuals under our care.

The process outlined in Article 9, Section 5, Subdivision 3, for patient care staff to decline assignments may inadvertently lead to certain patient populations being treated differently based on factors such as age, cultural and linguistic diversity, disability, mental and chemical health status and socioeconomic factors. This approach enables individual biases to influence care decisions and amplifies health disparities in our state. This works against our commitment to address biases that exist and our work to eliminate any negative impact to patient care.

Furthermore, the provisions in Article 9, Section 5, Subdivisions 2 and 3, allowing patient care staff to decline additional patient assignments based on their subjective perceptions of acuity or workload creates an additional risk: care refusal could force patients back into emergency departments, which, by federal law, cannot refuse care for a patient. This could merely shift staff shortages to the most critical hospital settings and prolong waits for people that seek care in emergency departments, often people with the least access to any other medical care. This approach will also amplify health disparities across the state and threaten our commitment to care for anyone that seeks health services, regardless of who they are, what they look like, how they act or their ability to pay.

Nurses, especially those with hospital experience, will continue to play a vital role in our care teams across the state. However, the provisions in SF 5266 as amended could inadvertently hinder our ability to provide equitable, high-quality care to all Minnesotans, regardless of their background or circumstances. As we strive to make health care more accessible and responsive to the diverse needs of our communities, it is crucial that we maintain the flexibility to allocate our nursing resources effectively. Restricting this flexibility may disproportionately impact underserved populations and limit our capacity to deliver care where it is needed most.

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,

James Burroughs**,** Chief Equity and Inclusion Officer, SVP Community and Government Relations
Children's Minnesota

Rebecca Schmale, Vice President, Chief Learning and Culture Officer
Allina Health

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

Mary Engles, Senior Director, Organizational Learning and Development
Essentia Health

Dr. Rachel Anyu Lainjo, PhD, MBA, MHA, ACHE, Director – Workplace & Patient Diversity **CentraCare**

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

Nneka O. Sederstrom, PhD, MPH, MA, FCCP, FCCM
Chief Health Equity Officer
Hennepin Healthcare

Taj Mustapha, MD, Chief Equity Strategy Officer
Fairview Health Services