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April 8, 2024

Senate Labor Committee  
3217 Minnesota Senate Building  
St. Paul, MN 55155

*Written testimony submitted electronically.*

Dear Chair McEwan and members of Minnesota Senate Labor Committee,

Mayo Clinic appreciates the opportunity to submit written testimony on legislative proposals before your committee, specifically, the new language regarding *Patient Care Staff Protections* included as part of Article 9 of the forthcoming omnibus. Our testimony is consistent with Mayo's deeply rooted primary value—the needs of the patient come first. Mayo Clinic is one of the nation's leading healthcare systems, with locations in Minnesota, Florida, Wisconsin, and Arizona, employing more than 80,000 people. Each year, roughly 1.3 million patients come to Mayo Clinic from every state and nearly 130 countries to receive care that they often cannot receive anywhere else. Mayo Clinic is committed to delivering hope and healing to all patients through our integrated clinical practice, education, and research.

Supporting Mayo staff is essential to delivering on the commitment we make to care for patients. The health of our patients, and overall health of our communities, gets better when we have a skilled workforce leveraging their talents to the greatest extent. Mayo invests in a healthy and skilled workforce:

- **Attracting talent:** Mayo has modernized its recruitment approaches, tailoring them based on critical openings and geographic needs. Last year, we welcomed approximately 14,000 new hires to Mayo because of our efforts, and we continue to prioritize recruitment to meet the growing needs of our patients and communities.
- **New educational opportunities:** Mayo is also ensuring our education and training opportunities are aligned with future workforce needs. For example, Mayo Clinic College of Medicine and Science has introduced several new programs that cover new and emerging skill sets like AI development and data science.
- **New career pathways:** Mayo has built relationships with key community partners to introduce people to careers in healthcare, especially people in populations underrepresented in medicine. For example, we are working with middle school students in healthcare simulation labs, showing them what it's like to treat a blocked airway or give an ultrasound exam. Mayo is a committed partner of the Bridges to Healthcare program, which provides support services and education guidance for nontraditional students seeking to pursue a career in healthcare. Project SEARCH, a nine-month employment preparation program, serves young people with disabilities. We're also leveraging more formal career advancement opportunities, like our Career Investment Program, which works directly with different academic partners to offer highly relevant degree and certificate programs that empower our staff to prepare for new, critical roles.
- **New well-being resources:** Mayo has invested significantly in more resources to support the well-being of our staff. From workshops and coaching groups to well-being influencers and recognition resources, we are building connection and belonging among our staff. We have also expanded our more formal well-being supports, like back-up childcare resources, student loan repayment, and financial planning support.



These efforts show how Mayo Clinic is supporting our staff while also protecting healthcare that, consistent with our primary value, puts the needs of patients first. Putting the needs of patients first is a Minnesota value, too. Mayo Clinic cannot support proposed legislation that would cause harm to patients, would put Mayo staff at-risk, would compromise Mayo's standard of care, or would put additional strain on Minnesota hospitals and providers. **For these reasons, we oppose the new language in Article 9, and its source document of S.F. 4444.**

Mayo Clinic knows that staffing should be a dynamic and collaborative process based on patient needs and staff input and delivered by a team of professionals working in harmony. We use a model that gathers patient acuity information and feedback directly from our bedside nurses and care teams to adjust staffing according to changing circumstances. Our clinical and nurse leaders shape every aspect of our staffing model, from how we implement care on the floor, to the governance structures, to the quality and outcomes for our patients.

This language undermines how patient care is delivered at Mayo Clinic. It is in direct opposition to our primary value to put the needs of patients first. Indeed, changes in Article 9 codify a policy that fails to support patients. Mayo Clinic knows that nurses accept the calling to help and care for people when they are ill. They did not become nurses to turn patients away. We all have an obligation to support nurses and our hospital staff, so they can care for patients. The new language in Article 9 fails to do this.

Thank you again for the opportunity to voice these concerns on behalf of our staff, communities and patients.

Sincerely,

A handwritten signature in cursive script that reads "Ryannon K. Frederick RN".

Ryannon K. Frederick, RN  
Chief Nursing Officer, Mayo Clinic