

Notes from MN Nursing Community Policy Forum

November 14, 2018

Agenda

- Welcome
- Speed Networking Exercise
- Discussion of Collective Impact with examples of Virginia Nurses' Association Public Policy Platform, AORN 2018 Policy Agenda, Nursing Community Coalition (national)
- History of Provider Tax - Sue
- Land Stewardship Project - Kathi
- Individual nursing organizations: sharing legislative and policy issue interests for 2019. Can others help?
- Networking opportunities- looking for common ground

Proposed Goals of Policy Forum:

Leverage the power of nurses across all areas of nursing (Home Health, LTC, Acute Care, APRN etc.) to support public policies which improve the health of Minnesotans.

Build the capacity of the nursing community for grassroots organizing to support the goal of improving the health of Minnesotans. (communication, activating membership)

Identify and discuss legislative issues relevant to state wide nursing organizations that could benefit from a collective impact agenda.

Dan Pesut described **Collective Impact Principles of Practice** - a framework for tackling complex problems:



- Design and implement the initiative with a priority placed on equity.
- Include community members in the collaborative.
- Recruit and co-create with cross-sector partners.
- Use data to continuously learn, adapt, and improve.
- Cultivate leaders with unique system leadership skills.
- Focus on program and system strategies.
- Build a culture that fosters relationships, trust, and respect across participants.
- Customize for local context.

Video describing Collective Impact

Kathi Koehn described examples of Collective Impact:

- Virginia Nurses Association - [Nursing's Public Policy Platform](#)
 1. Enable Advanced Practice Registered Nurses (APRNs) to contribute to the healthcare solution by practicing to their full scope of education and training.
 2. Improve students' access to school nurses to ensure Virginia's youth are healthy, safe, and ready to learn.
 3. Support legislative solutions that create and sustain conditions that support the health and well-being of all Virginians.
- MN Land Stewardship Project [Healthcare Petition](#), calling on new governor to take these initial steps:
 1. A moratorium on the closing of rural hospitals or clinics.
 2. Establish a people-centered Rural Healthcare Access Taskforce.
 3. Make MinnesotaCare available as an option for all Minnesotans so that everyone can have a healthcare plan available to them that provides meaningful care.
- [Nursing Community Coalition](#), a partnership of national professional nursing organizations that builds consensus and advocates on a wide spectrum of health care issues. Currently there are 61 national nursing organizations that represent the cross section of education, practice, research, and regulation within the profession.

Mary Chesney identified issues that Minnesota nursing organizations might support:

- Sensible gun laws (a common-sense approach)
- Rural health care
- Replicating California's recent passage of a bill that makes them the first state will to require publicly traded companies to have at least one woman on their board of directors. (<https://www.npr.org/2018/10/01/653318005/california-becomes-1st-state-to-require-women-on-corporate-boards>)

Sue Stout provided some background on the history of the Minnesota Provider Tax

- Early 1990's - source for MinnesotaCare healthcare access fund
- 2% tax on gross revenues - tax passed onto insurance companies
- Tax sunsets in 2020 - need either a different funding source or extend the provider tax - \$611 mil/year.

Policy Issues identified by attendees:

MNA:

- Provider tax
- MinnesotaCare buy-in
- Reinsurance excess
- Gun violence prevention
- NPSN funding, support (voluntary donation of \$10 with renewal of license)

SNOM:

- Medication disposal (failed in last session due to omnibus bill veto)
- Support/improve students' access to school nurses
- Rural health care
- Gun violence
- Mental health issues
- Questions about medical cannabis in schools
- Nurse Licensure Compact

MNORN:

- Gun violence
- Rural health
- NPSN bill, support
- Health equity
- Climate change

MN Board of Nursing:

- Nurse Licensure Compact - believes it will be introduced by a healthcare organization this next session
- Dept. of Health will submit a bill revoking the requirement that the Board of Nursing monitor nurses with HIV, HBV and HCV (<https://www.revisor.mn.gov/laws/1992/0/559/>)

MOLN:

- Not sure if will introduce Nurse Licensure Compact
- Considering gun violence
- Access to care - provider tax
- Rural health care
- NPSN funding, support

MNNP:

- Impact of changes in reimbursement in government programs and reimbursement in general (Dec. 1st change in billing)
- Scope of practice
- Access to home health care for seniors
- Gun violence
- Rural health
- Telehealth
- APRN compact
- Preceptor incentives

United Health Group:

- Partnership between problems in public sector and private programs
- Goal to decrease the cost of health care for our patients
- Question: how do we partner with APRNs?
- Reduce barriers to care
- Better identification of at-risk populations
- Communication across systems

MN APRN Coalition:

- Signature recognition to bring in line with full practice authority

ACNM:

- Maternal/child health in rural communities
- Health equity
- Movement to bring certified midwives and certified nurse midwives together as full partners in Minnesota. Currently discussions with Board of Nursing at staff level.

MANA:

- Re-boarding retiring CRNAs
- Converting Masters to DNP
- Fluoroscopy

LPNA:

- Issue of increasing minimum wage to \$15.00 - makes it close to salary of LPNs
- LPN shortage, especially in long term care, assisted living - not enough LPNs
- Unlicensed personnel providing care like medication management and vent care

NAPNAP:

- Gun violence

- Treatment of children and families at US borders

ENA:

- Workplace violence
- Workplace injury
- Mental health care



Comments from organizational priority sharing:

- Possibility of using Quadruple Aims as organizing principle
- Emerging roles of unlicensed personnel to fill needs

The Steering committee was charged to work on principles and draft a document to disseminate to participants for approval from their respective organization. This document should take into consideration the Quadruple Aims.

Here are 6 Principles for your organizations' consideration:

Principle 1: Minnesota citizens deserve to live free of gun violence and there are ways to reduce inappropriate access to guns within the second amendment.

We support legislation which maintains the rights of facilities to continue to ban guns from their facilities and/or campus. We support the strengthening of criminal background checks for gun purchase to include withholding gun purchases from those with a documented history of domestic violence and those who have current valid protection orders against them. The state should direct the MN Student Survey to be modified to include collection of data on gun violence, including suicide by gun as well as questions about access/use of guns by youth.

Principle 2: Our organizations support access to affordable high-quality health care for all Minnesotans.

We support fully financing the Health Care Access Fund (HCAF) which supports MinnesotaCare including maintaining the provider

tax and assuring that all funds raised by the provider tax are allocated to the HCAF.

Principle 3: Access to high quality health care should be supported and improved for Minnesotans living in rural communities.

We support the addition of reimbursement incentives for rural health care providers to maintain services in rural communities as well as increased educational opportunities aimed at health care providers who practice in rural and underserved communities.

Principle 4: Health care institutions should be settings that are safe and free from violence.

We support legislation which directs the Department of Health to set reporting standards for violence in all healthcare settings and to conduct ongoing studies of these reportable incidences examining factors that contribute to these incidents and make recommendations to address those factors. Some factors to include are necessary staffing (including clinical staffing and security staffing) and the workplace environment.

Principle 5: All students should have access to adequate health care screening and on-site school health services.

We support improving students' access to appropriate health care in school by assuring their access to certified school nurses at a minimum level of one school nurse for every 750 students.

Principle 6: New and emerging roles for unlicensed health care personnel should be supported and appropriately regulated.

We support state and federal recognition of emerging roles for unlicensed personnel in health care provided these new roles have evidence of patient safety and that proposed regulations require appropriate supervision allowing for care coordination. Reimbursement by the state needs to be adequate to support the roles as well as costs associated with supervision.

Next meeting: January 8th, 4-6PM at MN Hospital Association

MN Nursing Community Policy Forum Attendees 11-14-18

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