

MN Nursing Community Policy Forum Meeting Notes

March 1, 2022

5:00 - 6:30 PM

Agenda:

1. Welcome and Introductions
2. Individual nursing organizations: sharing legislative and policy issues for 2022.
3. Networking opportunities. Knowing that there are issues where we are not in agreement, are there issues we can work together?

Attendees:

Sara McCumber	MNNP
Kim Miller	MN Board of Nursing
Amanda Tolenburg	NAPNAP
Tony Narr	MOLN
Andrea Robers	MANA
Mary Gruber	MN CNS
Liz Zeno	SNOM
Eileen Weber	Healthcare Legal Partnership
Colleen Quesnell	MNORN
Kathi Koehn	MNORN; steering committee
Susan Stout	steering committee
Mary Chesney	steering committee
Dan Pesut	steering committee

After introductions, we began with a review of the purposes/goals of the MN Nursing Community Policy Forum. These purposes/goals are:

- To 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.

- To build the capacity of the nursing community for grassroots organizing to support the goal of improving the health of Minnesotans. (communication, activating membership)
- To identify and discuss legislative issues relevant to statewide nursing organizations that could benefit from a collective impact agenda.

Principles of Collective Impact Practice as a way of 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.

Essential Mind Shifts for Collective Impact:

- Get all the right eyes on the problem
- The relational is as important as the rationale
- Structure is as important as strategy
- Sharing credit is as important as taking credit
- Pay attention to adaptive work and not just technical solutions
- Look for silver buckshot instead of silver bullet

Kania, J., Hanleybrown, F., & Splansky Juster, J. (2014). Essential mindset shifts for collective impact. *Collective Insights on Collective Impact*, 2-5.

Principles guiding the MN Nursing Community Policy Forum:

- Minnesotans should have access to affordable high-quality healthcare.
- Addressing mental health and suicide prevention are crucial to the wellbeing of Minnesotans and our state.
- Access to high quality healthcare should be supported and improved for Minnesotans living in rural communities.
- All students should have access to on-site school health services.
- Minnesota should address gun safety and prevention of gun violence as public health issues.
- Healthcare workers should be able to practice in settings that are safe and free from violence.

These principles have been supported by the following organizations of 1/16/2020: MN NACNS, MNORN, MOLN, NAPNAP, SNOM

Attendees reviewed these principles and offered the following comments:

- Suggestion of an additional principle about the need for investment/reinvestment in public health in Minnesota
- Suggestion to include diversity, inclusion, equity, and belonging. Perhaps look at how other organizations have included DEI in their documents. Also, look at Minnesota data.
- Suggestion of including a goal about the wellbeing of nurses, especially in light of the latest survey from the American Nurses Foundation [Pulse of the Nation's Nurses Survey Series: Mental Health and Wellness "Taking the Pulse on Emotional Health, Post-Traumatic Stress, Resiliency, and Activities for Strengthening Wellbeing."](#)

To Do: Attendees agreed to bring these principles and suggestions back to their respective organizations for input. We will continue to discuss at our next meeting.

The Dr. Lorna Breen Health Care Provider Protection Act:

- Establishes grants for training health profession students, residents, or health care professionals in evidence-informed strategies to reduce and prevent suicide, burnout, mental health conditions, and substance use disorders. The grants would also help improve health care professionals' well-being and job satisfaction.
- Seeks to identify and disseminate evidence-informed best practices for reducing and preventing suicide and burnout among health care professionals, training health care professionals in appropriate strategies, and promoting their mental and behavioral health and job satisfaction.
- Establishes a national evidence-based education and awareness campaign targeting health care professionals to encourage them to seek support and treatment for mental and behavioral health concerns.
- Establishes grants for employee education, peer-support programming, and mental and behavioral health treatment; health care providers in current or former COVID-19 hotspots will be prioritized.
- Establishes a comprehensive study on health care professional mental and behavioral health and burnout, including the impact of the COVID-19 pandemic on such professionals' health.

This bill has passed in both the House and Senate and is awaiting the President's signature



Sara McCumber suggested that [RNAction.org](https://www.rnaction.org), an ANA advocacy initiative is helpful for keeping current on federal legislative initiatives impacting nurses and healthcare. You do not need to be a member to join.

Reports from Nursing Organizations:

Healthcare Legal Partnership: Eileen Weber described healthcare legal partnerships and efforts to to integrate attorneys into clinical sites, particularly Federally Qualified Healthcare Centers. Background: Eileen founded the Healthcare Legal Partnership (HLP) Collaborative, a growing network of healthcare providers with embedded civil legal services to serve patients who need legal help in overcoming negative social determinants of health. Her mission is to advance innovations in HLPs to promote just, equitable, and fair healthcare through the integration of legal services and healthcare delivery.

Currently Eileen is in discussion with Sen. Erin Murphy regarding new funding opportunities through PMAP. She will update us with the status of this in the future.

SNOM (School Nurse Organization of Minnesota): Liz Zeno alerted us to HF 1188, SF 2280, a bill to create a licensed school nurse position in the Department of Education and appropriate funding. There is a House Hearing scheduled for March 15th in the Education Policy Committee.

Description: Licensed school nurse.

Subd. 1. Purpose and duties. Establishes a school health services specialist position at the Department of Education to assist districts and charter schools with the education-related health needs of students, provide information and support, and serve as a liaison to the Department of Health and other state agencies. Establishes duties of the specialist.

Subd. 2. Definition. Defines the "health services specialist" as a professional registered nurse with certain licensing and work experience.

Subd. 3. Requirements for position. Establishes professional requirements for the health services specialist, including fields of knowledge and skills.

Current status of school nurses: Minnesota law only requires a licensed school nurse if there are 1,000 or more students in the district—and only requires one LSN in a school district of 6,000 students—two-thirds of Minnesota students don't have access to a licensed school nurse. Schools without LSNs often get by with other staff who aren't necessarily licensed nurses. <https://mspmag.com/health-and-fitness/mn-school-nurses-pandemic/>

SNOM is hoping to get a slot for an audit of school nursing in Minnesota from the Office of the Legislative Auditor. Last year, they were almost able to get an audit - hopefully this year. [Link to how the topic selection process works](#)

Tony Narr suggested that it could be helpful for nurses to consider running for local school boards, where they could help address the status of school health.

MOLN: Tony Narr reported that the Nurse Licensure Compact (SF 2302, HF 2184), is MOLN's main focus this year. It has been passed in the Senate Health and Human Services Finance and Policy Committee and Finance Committee. It has not had a hearing in the House Health Finance and Policy Committee.

APRN Issues:

- Certified Midwife Bill (SF3323, HF 3699) - allowing professional midwives to practice in Minnesota. The bill was referred to the Senate Health and Human Services Finance and Policy committee, no hearing as of yet. There has not yet been a hearing in the House Health Finance and Policy Committee either.
- MNNP is monitoring some Physician Assistant and Pharmacist Bills. HF 2756, SF 2678 would allow pharmacists to administer drugs through intramuscular and subcutaneous administration and allow pharmacists to place drug monitoring devices. This bill has not had a hearing in either the Senate Health and Human Services Finance and Policy Committee or the House Health Finance and Policy Committee.
- End of Life Care - HF 3360, SF 3339 would require the commissioner of health to study issues related to the development of a statewide registry for provider orders for life-sustaining treatment. There have not been any hearings in either chamber as of yet. Of interest, authors are Democrat in the House and Republican in the Senate.
- Discussion of the NCSBN's APRN Compact and APRN organizations' concern about the requirement to fulfill 2,080 hours transition-to-practice requirement for all APRNs. This would take CRNAs and CNMs in MN backwards because they do not need to complete a transition-to-practice requirement under current MN law.
- NAPNAP is currently working to build DEI into all of their goals. They are willing to partner with other nursing organizations on issues we have in common.

Keeping Nurses at the Bedside Act (HF 3242, SF 3027)

MNA was not present at the meeting to discuss this bill. Here is a good summary of the bill from House Research: <https://www.house.leg.state.mn.us/hrd/bs/92/HF3242.pdf>

The bill was heard in the House Health Finance and Policy Committee, where it was laid over for possible inclusion in the Omnibus bill. It has not had a hearing in the Senate Health and Human Services Finance and Policy Committee.

Telehealth Federal Legislation: Here is the current status, from the perspective of ANA's lobbyists. "Regarding the status of telehealth bills, it remains the same – they are in committees. Through conversations I've had with individuals, I know some members of congress are still interested in gathering as much data as possible before the public health emergency and waivers end. In the same vein, as long as the public health emergency is activated, members don't see making anything permanent something that needs to be done in the immediate future."

Next meeting: Attendees agreed it would be helpful to have another meeting the first part of April. Additionally, a meeting soon after the November elections would be of interest.

Helpful Links:

From Dan Pesut:

- Frames. Framing and Reframing: <https://www.beyondintractability.org/essay/framing>
- Persuasion Principles: <https://changingminds.org/principles/principles.htm>

Information and reports of MN Nursing Community Policy Forum meetings: <https://www.mnorn.org/index.asp?SEC=760DFC42-E749-4DAD-AC5E-F2CE7D1FFAA1>

Facebook: the Minnesota Nursing Community Policy Forum has a Facebook page