



February 4, 2015

Professional Distinction

Personal Dignity

Patient Advocacy

Representative Tara Mack
Chair, House HHS Reform Committee
Minnesota State House of Representatives
Saint Paul, Minnesota

Dear Chair Mack,

With 20,000 members, the Minnesota Nurses Association (MNA) is the largest voice for professional nursing in the State of Minnesota. We represent a majority of acute care nurses practicing in Minnesota hospitals and continue to be a leader in promoting the general well-being and safety of patients. On behalf of our members and thousands of other Registered Nurses practicing across Minnesota, we want to express several questions we have regarding the expansion of EMT duties and concerns regarding patient safety, as proposed in HF 261.

MNA shares the Committee's desire to reduce unnecessary hospital visits and has no objection to EMTs being compensated for addressing a medical emergency that does not result in a visit to the Emergency Room. We continue to have concerns, however, that this solution results in expanding the work of emergency medical technicians by hiring them to perform scheduled care visits at patients' homes, which would normally be performed by a public health nurse.

Much of our frustration stems from a healthcare system that often focuses on the cheapest form of care, rather than the safest and most effective. Over the last few decades, we have seen increasingly sicker patients routinely discharged from hospitals at a faster pace than ever before. At this same time, we have seen cities and counties drastically reducing the number of Public Health Nurses and community support systems that allow individuals to remain healthy in the community. We recognize that this problem will not be solved overnight, but we are hesitant to support any legislation that enables this damaging trend.

We are open to continuing conversations about how we can alter bill language to alleviate some of our concerns, outlined below:

1. We also have questions surrounding the communication between EMTs, ambulatory medical directors, and patients' primary care physicians. Who is actually coordinating the patient's care? Will the EMTs meet with the primary care physicians to understand their role in the discharge plan? Will the ambulatory medical director know the patients about whom they are giving care orders?

345 Randolph Avenue
Suite 200

St. Paul, MN 55102

Tel: 651.414.2800

800.536.4662

Fax: 651.695.7000

Email: mnnurses@mnnurses.org

Web: www.mnnurses.org

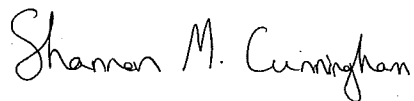
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2. The legislation does not allocate money nor outline requirements for training and education for EMTs to perform care coordination and patient education, among other duties. Without proper training in these and other areas, patient safety is put at risk.
3. The language in the proposed legislation is overly vague. For instance, the terms on lines 1.22 to 1.23, “episodic population health support,” “episodic individual patient education,” “prevention education programs,” and on lines 3.9 to 3.11, “interventions,” “care coordination,” “diagnosis-related patient education,” and “population-based preventive education” are not defined.
4. The workgroup that the Commissioner will gather to determine reimbursable services does not have any participation from the Minnesota Board of Nursing or Board of Medical Practice, which oversee the scope of practice for Nurses and Medical Doctors. Their input on this taskforce would be essential to avoiding conflict among the professional healthcare scopes.
5. When EMTs are operating in emergent situations, they are regulated by the Emergency Medical Services Regulatory Board. Because the activities EMTs would be performing under this proposal would be non-emergent, would the EMSRB retain regulatory authority? The Board of Medical Practice? We believe it is essential for any person practicing health care to be overseen by a regulatory or licensing board.

Again, MNA is a strong supporter of preventing frequent Emergency Room trips and 9-1-1 calls and has no objection to EMTs being reimbursed for emergency visits that do not result in a trip to the ER. As written, however, we cannot support this proposal. We ask the Committee to allow us more time to address these issues with the Chair and advocates.

Sincerely,



Shannon Cunningham
Director of Political, Legislative and Community Advocacy
Minnesota Nurses Association