



A post-Covid-19 agenda for Minnesota's state government: Healthcare

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For now at least, the emergency period of the Covid-19 pandemic in Minnesota is over. What did this traumatic experience show ought to be done in response to or in preparation for a possible repeat? The Cato Institute offers some suggestions in a new collection of essays titled Pandemics and Policy.

In Reform Regulation of Health Care Providers, Jeffrey A. Singer argues that state governments should:

- *enact laws granting reciprocal recognition to licenses held by health care practitioners already licensed in any of the 50 states or the District of Columbia;*
- *grant reciprocal health care licenses to more international medical school graduates who are experienced and licensed to practice in other countries; and*
- *consider replacing licensure with certification.*

All of these are good ideas which Minnesota's state government should act upon.

When the pandemic began, we at the Center argued that Gov. Walz should allow healthcare workers licensed in other states to work in Minnesota and shortly after he signed an order allowing healthcare workers licensed in other states to do so. This illustrated exactly why Minnesota should join the national Nurse Licensure Compact, a consortium that enables nurses licensed in their home state to work in 34 member states, as well, something we at the Center have long argued for.

The Covid-19 pandemic also showed that Minnesota must lift its moratorium on hospital construction. This was put in place to stop too many hospitals being built and it was hoped it would be more effective in doing so than the Certificate of Need laws which it replaced.