



Transition-to-Practice Repeal Act HF1794 (Virnig) / SF1794 (Kupec)

Current MN Statute Harms APRN-Led Clinics and Access to Care

The expansion of Advanced Practice Registered Nurse (APRN) led clinics is constrained by an outdated and burdensome “transition-to-practice” requirement in Minnesota statute. APRNs in Minnesota have full practice authority, however MN Statute 148.211 requires nurse practitioner (NP) and clinical nurse specialist (CNS) graduates to complete their first 2,080 hours in a setting that also employs a physician. This requirement:

- Bars APRN-led clinics from hiring new graduates, even when those graduates trained in the clinic and are prepared to continue serving that patient population, unless the clinic is able to shoulder the cost of a contract with a physician.
- Restricts employment opportunities for new NPs and CNSs, who cannot practice in APRN-led settings without a physician on staff.
- Drives workforce loss to neighboring states, such as Iowa and North Dakota, that do not impose similar barriers.
- Distorts market competition, favoring large health systems that can easily meet the statutory requirements over small, community-based practices.
- Doesn't add value or address a problem. APRN's education and licensure requirements prepare them for practice, as evidenced by research showing APRNs have excellent outcomes in terms of health markers, chronic disease control, length of hospital stay, readmissions, patient satisfaction, and more.¹

HF1794/SF1794 is a bipartisan, no cost solution to remove this unnecessary burden, grow and retain our healthcare workforce and expand access across the state.

Here are a few stories of how TTP is impacting care in Minnesota:

Mental Health Clinical Nurse Specialist Linda Jo Volness owns and operates **Quality Life Counseling in Fargo, North Dakota**. Her clinic emphasizes a holistic mind–body approach, providing a healing environment with comprehensive mental health services. Although Ms. Volness lived in Minnesota and intended to establish her clinic here, due to the state's restrictive transition-to-practice requirement she opened her practice in neighboring North Dakota. Consequently, Minnesota residents have reduced access to these much-needed mental health services.

Dakota Child and Family Clinic, a Nurse Practitioner-led nonprofit clinic located in Burnsville, MN, served the community for 23 years providing patient-centered, integrated primary care to children and adults. Nearly 64% of the patients were either uninsured or underinsured. The clinic specialized in serving neurodiverse individuals and those with

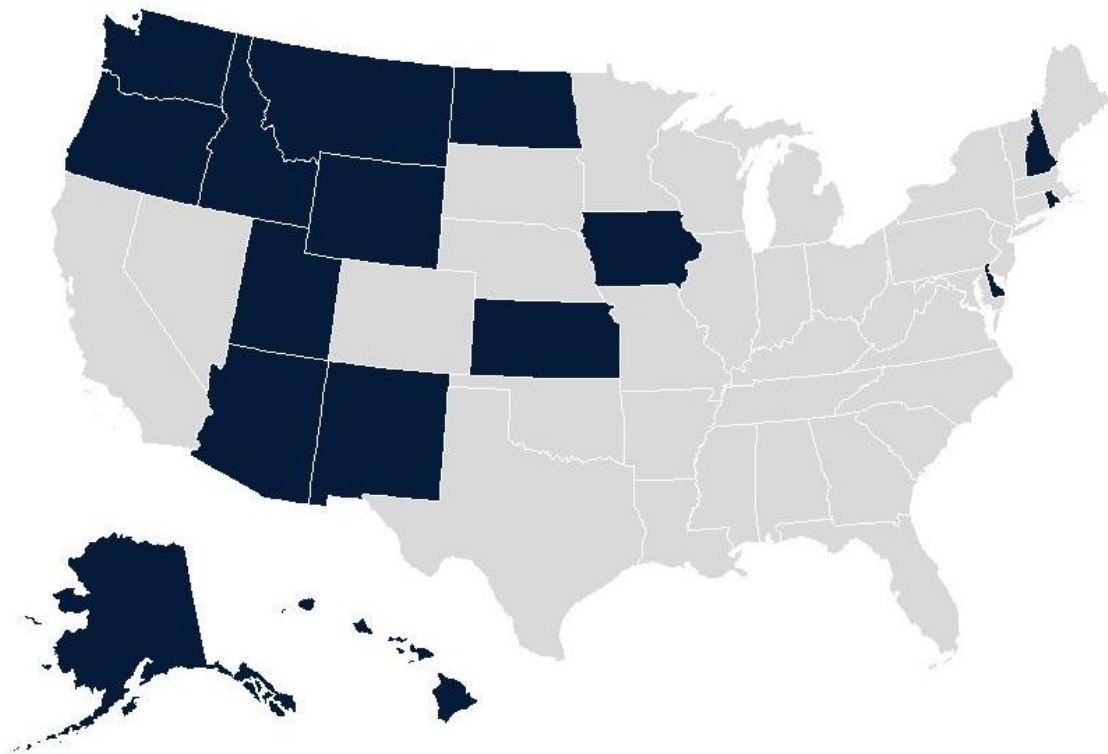
significant behavioral health issues, and received referrals from physicians, nurse practitioners, community and service organizations, and healthcare systems. The clinic closed in January of 2025 due to challenges including the inability to hire recent graduates. Clinic founder, nurse practitioner Dr. Gretchen Moen noted, “I firmly believe we would have had a different outcome if we were able to hire NP students we’d trained.”

Selah Wellness Clinic LLC, led by nurse practitioner Dr. Naomi Koenig, runs three clinic sites across East Central Minnesota in areas experiencing significant provider shortages. These clinics deliver integrative primary care, psychiatric services, and substance use treatment, and have received numerous state awards for high-quality care and strong health outcomes. Dr. Koenig spends tens of thousands of dollars annually to comply with the TTP mandate in current statute. Repealing the transition-to-practice requirement would allow these resources to be redirected toward essential health care services.

These examples reflect how the current statutory barrier limits growth of APRN-led care and constrains Minnesota’s ability to meet rising demand for services.

HF1794 / SF1794 Removes this Unnecessary Regulatory Burden

The Transition to Practice Repeal Act eliminates this statutory barrier to practice, expanding access to mental health and primary care services, particularly in Greater Minnesota and underserved urban areas. Enacting this legislation would align Minnesota with 16 other states and DC that have full practice authority like MN but do not require a transition-to-practice period. (See map below.)



¹ <https://www.aanp.org/advocacy/advocacy-resource/position-statements/quality-of-nurse-practitioner-practice> Updated 4/26