the MNA SM
ADVOCATE
for Nurses and Healthcare Professionals

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ VOL. 96 NO. 1

Solidarity Across State Lines
page 13

March 2026

MNA SM Massachusetts Nurses Association
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SAFETY FIRST

MNA SM

Day of Action

Join us on May 5th to kick off Nurses Week 2026 with ***SAFETY FIRST*** an ***MNA Day of Action*** at the Massachusetts State House.

Bring your insight, your experience, and your voice to Beacon Hill in support of improving workplace safety for nurses, healthcare professionals and patients.

Legislators need to hear directly from you how these issues affect you and your patients – their constituents – and what needs to be done to make healthcare spaces safer in the Commonwealth.

There will be a speaking program followed by meetings with individual legislators. MNA staff will accompany you to these meetings and there will be several virtual prep sessions ahead of May 5th to help you prepare.

WHEN: Tuesday, May 5th 11 a.m.—3 p.m.

WHERE: Massachusetts State House - Boston MA

Transportation will be available from designated locations and lunch will be provided.

REGISTER NOW →

President's Column

Katie Murphy

Greetings, fellow MNA members,

As I look out at the lingering snow, I'm reminded of how this winter's blizzard halted activity in our region and challenged how we, as nurses and healthcare professionals, could get to work and care for patients.

Some of us faced impenetrable snowdrifts that kept us from leaving home. Many others left home hours before the storm to ensure hospital staffing, while some arranged for patient safety at home. In other words, we showed up.

We take pride in putting patients first. That commitment guides both our work and our efforts to create safe workplaces. Just as we show up for patients, we must also show up for colleagues and our communities when they are in danger.

Each day, we face challenges at our jobs, although some have existed for decades: short staffing, unrealistic productivity demands, and dangerous working conditions. Now is the time to address them.

On May 5, we will hold another "Day of Action" on Beacon Hill. As you know, decisions about our practice are often made far from the bedside. At the same time, we continue to hear almost daily about nurses and healthcare workers being hit, punched, or spat upon while doing their jobs. For many years, we have worked to pass real protections against workplace violence. Our Workplace Violence Prevention bill has already passed the Massachusetts House of Representatives and now needs approval in the Senate before it can reach the Governor's desk.

Commit to join us on May 5 and speak up for the passage of this critical legislation. Coming together around a shared goal is an opportunity to hear from colleagues and connect with fellow MNA members as we work to make our workplaces safer. I look forward to seeing you there.

Our members continue to stand up for democracy in our workplaces and in our communities. These are challenging times, and I hear from many members who want to make a difference. I encourage you to look around and find ways to do just that. Healthcare workers and the labor movement must make our voices heard.

Contact your legislators and urge them to maintain and strengthen healthcare funding. Let them know that cuts put patients and providers at risk. Speak up; your advocacy can protect lives.

It was wonderful to see many of you at the Labor Summit, and I look forward to seeing you again on our Day of Action.

In Solidarity,

Katie Murphy RN

Use QR code on opposite page for May 5th signups.

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the MNA ADVOCATE
for Nurses and Healthcare Professionals

ISSN 0163-0784: USPS 326-050

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Published quarterly by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021. Periodical postage paid at Canton, MA and additional mailing offices.

Postmaster: Send address corrections to Massachusetts Nurse, Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

The Possible Difficulties, Dangers, and Problems Hanging Over Nurse Licensure Compact

Massachusetts has, unfortunately, officially joined the Nurse Licensure Compact (NLC), marking one of the most significant changes to nursing licensure policy in the Commonwealth in decades.

Implementation of Compact is still a ways off in Massachusetts, but, at some point, eligible nurses residing here and in other participating states will be able to hold a single multistate license that permits practice — in person or via telehealth — in other participating states without obtaining additional individual state licenses.

Supporters of Compact framed it as a workforce mobility solution. The MNA, however, long maintained that mobility alone does not address the real causes of the nursing shortage: unsafe staffing, burnout, workplace violence, moral injury, and retention failures driven by employer decision-making. Over the years, the MNA consistently argued that sustainable staffing comes from investing in the existing workforce, improving workplace safety, and ensuring competitive wages and benefits … not from Compact.

Why the Massachusetts Nurses Association Fought Compact

The MNA opposed Compact because it does not address the root causes of the workforce crisis and may introduce new risks for both nurses and patients.

Frontline nurses raised concerns that Compact could encourage employers to rely more on out-of-state or temporary labor rather than investing in retaining experienced local nurses. There was also concern that employers could use Compact participation to avoid pressure to improve staffing ratios, workplace protections, and compensation standards that are critical to retaining nurses in Massachusetts.

The MNA repeatedly emphasized the potential for uneven regulatory oversight across states. Nursing licensure has historically been regulated at the state level, allowing Massachusetts to maintain the strongest of professional and patient safety standards. Over the years, the MNA argued that Compact's "shared multistate licensure" structure would negatively affect that standard.

This shift raises important questions about:

- Consistency in competency validation
- Differences in disciplinary thresholds
- Variation in mandatory reporting requirements
- Differences in continuing education enforcement
- Differences in scope and practice enforcement

The Most Important Risk Nurses Must Understand: Discipline Can Extend Across All Compact States

The single most important issue nurses must understand is how investigations and discipline function under Compact.

Under Compact rules, disciplinary and investigative information is shared across participating states through national data-sharing and regulatory coordination systems. Actions taken in one state can directly affect a nurse's ability to practice in other Compact states.

In practical terms, if a nurse participating in one Compact state is investigated or disciplined in another participating state:

- The nurse's home licensing state is notified, as that is the state that controls the multistate license.
- That information is also shared with all participating Compact states
- If your license becomes restricted or requires reinstatement following an investigation in a Compact state, the consequences can affect your ability to practice across the entire compact system until your home-state license is fully cleared and your multistate privileges are restored.
- In other words, practicing under Compact provides an opportunity for all participating states to determine the status of your license, including in your home state.

Bottom Line for MNA Members

If your license becomes restricted or requires reinstatement following an investigation in one Compact state, the consequences can affect your ability to practice across the entire compact system unless/until your home-state license is fully cleared and your multistate privileges are restored.

Key Points to Know If You Are Considering Compact

Your Home State Controls Your Multistate License

Your primary state of residence determines your licensing authority and multistate eligibility.

Investigations Do Not Stay Local

Complaints, investigations, or disciplinary findings can be visible across participating states.

Practice Laws Still Vary by State

Even with a multistate license, nurses must follow the practice laws of the state where the patient is located.

License Monitoring Is More Important Than Ever

Documentation issues, complaints, or investigations can have broader implications than under a single-state system.

Multistate Licensure Expands Regulatory Exposure

Greater mobility also means broader accountability across jurisdictions.

For Massachusetts nurses, understanding how Compact changes licensure risk, regulatory authority, and professional accountability will be essential as implementation moves forward. ■

Do you know...

According to the largest workers' compensation insurance provider in the United States,* overexertion injuries—lifting, pushing, pulling, holding, carrying or throwing an object— cost employers **$13.4 billion** every year.

If you are interested in joining the **Safe Patient Handling and Mobility Task Force**, please contact Terri Hudson at thudson@mnarn.org, Associate Director in the MNA's Health & Safety division.

* Traveler's Compaines Inc.

Stronger Teams, Safer Care:
Why Healthcare Professionals Are Essential to Patient Outcomes

Healthcare is often remembered through moments — the first steps after surgery, the first safe swallow after a stroke, the moment a patient returns home after a long hospitalization. But those moments do not happen by accident. They happen because healthcare professionals (HCPs) are present at every step, applying skill, compassion, and clinical expertise to help patients heal, adapt, and regain independence.

Across Massachusetts and throughout today's healthcare system, occupational therapists, physical therapists, speech-language pathologists, pharmacists, respiratory therapists, social workers, dietitians, laboratory professionals, and many others play essential roles in patient care. They work side by side with nurses and physicians, forming the teams patients and families rely on during some of the most vulnerable moments of their lives.

Inside hospitals, HCPs are essential members of interdisciplinary care teams. Physical therapists help patients regain mobility after surgery, injury, or serious illness. Occupational therapists help patients relearn daily skills needed to live safely and independently. Speech-language pathologists help patients regain communication skills and safely manage swallowing difficulties after strokes or other neurological injuries. Pharmacists help ensure medications are safe and appropriate, protecting patients from harmful drug interactions and dosing errors.

These roles are especially critical as patients are discharged earlier and often sicker than in the past. HCPs who work with patients in their homes ensure discharge is not only timely but also safe. They assess readiness, identify risks, educate families, and help prevent complications that could lead to readmission, directly supporting patient safety and long-term outcomes. Their work is personal, intimate, and meaningful.

Home healthcare professionals also see what others often cannot: The realities of daily life. They see the stairs that are too steep, kitchens that are no longer safe to navigate, medication bottles that are difficult to manage, and social isolation that can quietly undermine recovery. By addressing these barriers, HCPs help keep patients stable, prevent avoidable hospitalizations, and enable them to remain safely in their homes and communities.

Across all settings, healthcare professionals are also educators and advocates. They teach patients and families how to manage complex conditions, train staff on specialized techniques and safety practices, and identify gaps in care that require system improvement. Their work requires clinical expertise, strong communication skills, cultural competency, and deep commitment to patient-centered care.

The Massachusetts Nurses Association is, as always, committed to supporting, recognizing, and celebrating healthcare professionals across disciplines and care settings. The MNA understands that safe patient care depends on strong, supported healthcare teams. That commitment is reflected in advocacy for safe staffing, fair wages, strong professional practice standards, and meaningful representation for healthcare professionals within the organization and across the healthcare system.

This commitment was reinforced at last year's annual convention. MNA members voted to change the name of this publication from *The MassNurse Advocate* to *MNA Advocate: For Nurses and Healthcare Professionals*. This change reflects the reality of today's healthcare workforce and affirms what MNA members have long known: that healthcare professionals are essential to patient care and to the strength of our healthcare system.

Like nurses, healthcare professionals face growing pressures, including staffing shortages, productivity demands, administrative burden, and increasing patient acuity. As healthcare continues to evolve, it will remain essential that HCPs are recognized as highly trained clinical providers whose work directly affects patient outcomes.

Investing in healthcare professionals — through fair wages, safe staffing levels, continuing education, and strong professional practice standards — protects patients and strengthens communities. Healthcare systems function best when every member of the care team has the resources, respect, and support needed to practice at the top of their license and training.

Healthcare professionals represent the best of what modern healthcare strives to be: collaborative, patient-centered, and outcome-driven. As care continues shifting toward community-based settings and chronic disease management, their role will only grow more vital.

Today, and every day, healthcare works because healthcare professionals do. The MNA is proud to stand beside them, advocate for them, and celebrate the essential role they play in caring for our patients and communities. ■

Rod Heminway, Occupational Therapist with Boston VNA Healthcare Professionals

When I think about the most rewarding part of my job in home health, it really comes down to collaboration. I have the privilege of working closely with patients, their caregivers, and my colleagues to build a realistic, individualized plan that helps patients remain safely in their homes … and not just remain there but *truly thrive* in their own spaces. Sometimes that means guiding someone through recovery after an acute event, like a joint replacement.

Other times, it means helping adapt a home environment while a patient manages a chronic illness. Watching that plan come together — and seeing a patient regain confidence and independence — is incredibly fulfilling.

Serving as a union chairperson offers its own distinct rewards. One of the most meaningful aspects is advocating for members when they face unjust grievances from their employer. Standing with someone during a vulnerable moment and ensuring they're treated fairly matters. I also find great purpose in bargaining contract language that directly improves our members' professional lives, whether that's clarifying job responsibilities, securing equitable staffing ratios, or fighting for compensation that truly reflects the value of their work. Those wins have a lasting impact.

The greatest challenge in home health is always being prepared for the unexpected. You walk into a home with a plan, but that plan can shift immediately. A patient may show signs of respiratory compromise, fluid retention, infection, or even sepsis. Or you might be in the middle of a visit in congregate housing when a fire alarm suddenly goes off. You have to think quickly, prioritize, and adjust. Creativity and flexibility aren't just nice traits to have in home healthcare: They're essential tools in our clinical toolbox.

On a broader level, being part of an MNA bargaining unit has honestly been life-affirming. Having confident, experienced MNA staff to guide us through bargaining and day-to-day enforcement of our contract is invaluable. Before unionizing, we went five years without a pay increase. Five years. Since organizing, we've secured a pay increase every single year. That kind of change doesn't happen by accident. Collective bargaining works, and I've seen firsthand how it transforms both workplaces and lives.

Shirley Kraft, Occupational Therapist with U7, the MNA Bargaining Unit for HCPs and Nurses Working for the State of Massachusetts

I've worked as an occupational therapist across a wide range of settings — rehab centers, acute care hospitals, school systems, home health, and nursing homes — and each experience has shaped how I practice and view patient care. For the past 16 years, I've been employed as an OT at the Veterans Home in Chelsea, where I'm also a proud member of MNA Unit 7.

In addition to my clinical work, I've been deeply involved in union leadership. I've served as a union steward and as secretary for the past eight years, and since 2023, I've had the honor of serving on the MNA Board of Directors. Advocating not only for my patients but also for my colleagues has been an important part of my professional journey.

One of the most meaningful aspects of my career is serving veterans. Before working at the Veterans Home, I served as an OT in the Army Reserves myself. Because of that experience, I have a deep, personal appreciation for the sacrifices our veterans have made. It's incredibly rewarding to support them in maintaining independence, dignity, and quality of life.

What I find most challenging, though, are those moments when colleagues devalue union membership — until the day comes when they need representation. It can be difficult to see the importance of solidarity questioned, especially when we know how critical collective action is in protecting our professions and our patients. But those experiences also reinforce why I stay involved. Advocacy, like occupational therapy, is about consistently showing up and making sure people have the support they need when it matters most.

Who's an HCP Exactly? Unit 7 Knows Best!

Many MNA bargaining units have members who practice as HCPs rather than nurses. But there is no better bargaining unit to recognize for its inclusion of HCPs than Unit 7, which comprises the state-employed healthcare professionals and nurses who have long been unionized with the MNA. Their list is extensive and truly captures the diversity of HCPs and the essential role they play in the Commonwealth's healthcare system.

Assistant Physician
Audiologist
Clinical Specialist/Psychiatric Mental Health Nursing
Community Mental Health Nursing Advisor
Community Psychiatric Mental Health Nurse
Dentist
Health Care Facility Inspector
Health Care Facility Inspector
Medical Assistant
Nurse Practitioner
Nursing Instructor
Occupational Therapist
Pediatric SANE Nurse
Pharmacist
Physical Therapist
Physician Assistant
Physician
Physician Specialist
Podiatrist
Psychiatrist
Psychiatrist Specialist
Psychological Assistant
Psychologist
Psychopharmacologist
Public Health Nursing Advisor
Registered Nurse
SANE Nurse
Speech-Language Pathologist

BMC South Nurses and HCPs Authorize Three-Day Strike Over Proposed Staffing and Benefit Cuts

Registered nurses and healthcare professionals at Boston Medical Center (BMC) South — formerly Good Samaritan Medical Center — have voted overwhelmingly to authorize their bargaining committee to call a three-day strike in response to proposed cuts to staffing, retirement benefits, health insurance, paid time off, and wages.

Ninety-nine percent of those voting supported strike authorization, with 96% of eligible staff participating in the secret ballot vote. The bargaining unit includes registered nurses, pharmacists, social workers, physical and occupational therapists, laboratory scientists, speech pathologists, and substance use counselors, all represented by the MNA. This vote follows the BMC Brighton nurses' 97% "yes" vote last December, as many of the same issues are on the table in those negotiations.

The vote does not mean a strike will automatically occur, and no date has been set. The bargaining committee will decide next steps based on management's conduct in ongoing negotiations. If a strike is scheduled, the union will provide the required 10-day notice.

Union members say BMC's proposals would cost most staff thousands of dollars annually while weakening recruitment, retention, and patient safety. MNA attorneys have filed federal labor charges alleging that BMC implemented health insurance changes without bargaining and discriminated against union members by denying them bonuses offered to non-union employees doing the same work.

The negotiations follow BMC's acquisition of the hospital from Steward Health Care after its bankruptcy. During that transition, the Commonwealth provided BMC with hundreds of millions of dollars in cash support, property transfers, and loans to stabilize operations at both BMC South and the Brighton campus. Nurses at the Brighton campus recently held a similar strike authorization vote.

Union members argue that, despite receiving substantial public funding, BMC is now seeking significant concessions, including:

- Eliminating the defined benefit pension plan for many current and all future employees
- Increasing employee health insurance costs
- Reducing paid time off accruals
- Freezing wage scales for three years, with only a 1% annual increase for those at the top step
- Cutting clinical pharmacist positions and removing certain staffing commitments

Staff say these changes would undermine patient care and the hospital's ability to compete for experienced clinicians.

"When management chooses cuts over care, we stand together," said Maureen Healy, RN, co-chair of the MNA bargaining unit at BMC South. "We are committed to protecting patient safety and the staff who have remained dedicated to this hospital through difficult times."

The MNA represents more than 480 nurses and healthcare professionals at BMC South. Contract negotiations began Oct. 15, 2025. ■

2026 License Renewal Application: What You Need to Know

As Massachusetts nurses renew licenses this year, many have noticed new questions on the application that were not included previously. Some questions concern personal health, disabilities, and other sensitive topics. These types of questions are optional and the MNA advises not answering them.

Optional Disability and Health Questions

The renewal application now asks nurses to indicate whether they experience various physical, mental, or cognitive conditions. These include statements such as:

- "I am blind or have trouble seeing even when wearing glasses."
- "I am deaf or hard of hearing."
- "I have trouble walking or climbing stairs."
- "I have trouble getting dressed or taking a bath or shower."
- "I have trouble concentrating, remembering, or making decisions because of a physical, mental, or emotional condition."
- "I have serious difficulty learning how to do things most people my age can learn."
- "I have serious difficulty understanding or being understood by others."
- "I have serious difficulty in my daily life caused by mood, intense feelings, controlling impulses, or sensing things others do not."
- "I have difficulty doing errands alone, such as visiting a doctor's office or shopping."
- "I have a disability or medical condition not described above."

The application also allows nurses to select "none of the above" or "prefer not to answer."

Because these questions are optional and are not required for licensure, nurses are advised not to answer them. The Board does not need your personal medical or disability information.

Why This Matters

Licensing in Massachusetts falls under administrative law. This gives licensing boards broad authority when investigating licensees. In some cases, BORN may review information beyond sealed records and certain privacy protections.

Be careful when providing information during license renewal. Unnecessary personal details may increase risk if the Board reviews or investigates your license.

Criminal History Disclosure

You must answer all required criminal history questions.

Nurses must disclose:

- All criminal convictions (misdemeanors and felonies) within the past 10 years
- Any sexually based offense, regardless of when it occurred

If a nurse has a sealed criminal record, Massachusetts law allows them to respond "no record" when asked about prior arrests, court appearances, or convictions.

If a nurse answers "yes" to a criminal history question, they must provide an explanation and supporting documents. The Board can review criminal records, pending cases, and other professional records during the licensing process.

A criminal record does not automatically disqualify someone from licensure. However, the Board may review the issue and determine whether further action is necessary.

Child Abuse Registry Authorization

The renewal application includes language allowing the Department of Children and Families (DCF) to search its Central Registry. DCF checks for supported reports of child abuse or neglect involving the licensee. If a supported report is found, DCF may give those records to the Bureau of Health Professions Licensure.

Additionally, nurses must answer a Good Moral Character (GMC) question asking whether, since their last renewal, they have had:

- Any allegations of abuse or neglect filed against them, or
- Any sexually based allegations investigated and supported by DCF.

Be Careful When Completing the Application

Be accurate when completing the renewal application. If your answers misrepresent information, the Board may open a complaint. If that happens, BORN staff can take disciplinary action.

If a complaint is triggered, the process can be long, stressful, and expensive to resolve.

For this reason, if you are unsure about how to answer a question — especially those about criminal history or abuse allegations — consult an attorney who practices administrative law or professional license defense before submitting your application.

A Changed Renewal System

Nurses should be aware that the Board's renewal database and application process now differ significantly from those used two years ago. Many nurses are concerned about the increased amount of requested information.

As Massachusetts moves toward participation in the Nurse Licensure Compact (see pages 4-5), nurses should remain attentive to how licensing processes may evolve. ■

Demystifying The MNA Election Process:

This is Your Opportunity to Strengthen The Union

By P. Karen Duffy, BSN-RN; Region 3 Vice Chair

Each year, the Massachusetts Nurses Association (MNA) holds elections to fill positions on the Board of Directors, Regional Councils, and Standing Committees (Bylaws and Nominations & Elections). These elections re-elect members whose terms are expiring and fill vacant seats.

For members who have never run for office, the process can seem intimidating. Because MNA is a member-driven organization, it is important that members feel informed and empowered to participate.

Understanding the Election Cycle

MNA elections operate on a three-year cycle. Elections are held in years one and two; there are no elections in year three, and then the cycle repeats.

In election years, from January through May, any MNA member in good standing may run by submitting a Consent-to-Serve form to the MNA Canton office by the May deadline (see page 11 or visit bit.ly/4unvDpO).

The form lists all open positions and includes descriptions of duties and qualifications. Candidates may run for more than one position, but can accept only one seat in the end.

Campaign Statements and Voting

Candidates may submit an optional campaign statement outlining their background and goals. These statements are published in the July *MNA Advocate*. Ballots list only the candidate's name and the position sought.

Voting is conducted by secret mail-in ballot in August. Results are announced at the October MNA Convention and published in the *MNA Advocate* and on MNA social media.

Uncontested Elections and Vacancies

If all candidates run unopposed, a ballot is not required. In accordance with MNA Bylaws, the Board Secretary casts one vote to finalize the election.

If vacancies remain or occur between election cycles, qualified members may submit a Consent-to-Serve Volunteer Application. The Board of Directors may appoint a member to complete the term. To continue serving beyond that term, the member must run in the next election cycle.

How to Get Involved

To explore available seats, deadlines, or forms, please email mnaelections@mnarn.org or visit bit.ly/4unvDpO.

Your regional office can also connect you with current or former leaders who can share their experiences.

Member participation strengthens our union. By serving in an elected or appointed role, you help shape MNA's future and strengthen our collective voice for fair wages, safe working conditions, and quality patient care. ■

Call for Nomination/Consent to Serve for the 2026 MNA General, Regional Council & NENA Delegate Elections

I am interested in active participation in:

1 MNA General

- ❑ **President, Labor*,** 1 for 3 years
- ❑ **Secretary, Labor*,** 1 for 3 years
- ❑ **Director, Labor*,** (5 for three years) [1 per Region]
- ❑ **Director At-Large, General*,** (3 for 3 years)
- ❑ **Director At-Large, Labor*,** (4 for 3 years)
- ❑ **Labor Program*,** (1 for 3 years) [non-RN]
- ❑ **Nominations Committee,** (5 for 3 years) [1 per region]
- ❑ **Bylaws Committee,** (5 for 3 years)

2 Regional Council

❑ **At-Large Position in Regional Council**
(3-year term; 2 per Region)

3 NENA Delegate

❑ **NENA Delegate**
(9 for 3 year term)

**"General" means an MNA member in good standing and does not have to be a member of the labor program. "Labor" means an MNA member in good standing who is also a collective bargaining unit member. "Labor Program Member" means a non-RN health care professional who is a member in good standing of the labor program.*

Please type or print - Do not abbreviate

Name & credentials _____
(as you wish them to appear in candidate biography)

Work Title _____ **Employer** _____

MNA Membership Number _____ **MNA Region** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Non-work email:** _____

Educational Preparation

School	Degree	Year

Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) *Past 5 years only.*

MNA Offices	Regional Council Offices

Candidates may submit an *emailed* statement not to exceed 250 words. Briefly state your personal views on nursing, health care and current issues, including, if elected, what your major contribution(s) would be in particular to the position which you seek. This statement will be used in the candidate biography and published on the Massachusetts Nurses Association website. Statements, if used, must be emailed to **mnaelections@mnarn.org**, **subject: Elections** - no later than May 29, 2026.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline: All nominations/consent forms and candidate statements must be received by 4:30 p.m. on May 29, 2026.

Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021
email: mnaelections@mnarn.org

- Application must be mailed, faxed or emailed to the attention of the Nominations and Elections Committee. Candidate statements must be emailed to mnaelections@mnarn.org. Statements will NOT be edited.
- Acknowledgment of receipt of your submission will be emailed to your non-work email account within 48 hours of receipt.
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org, under applications and forms.

MNA℠ Massachusetts Nurses Association

A Pension You Can Count On: Guaranteed Retirement Security for MNA Nurses and Healthcare Professionals

The MNA's Nurses and Local 813 IBT Retirement Fund is a multiemployer defined benefit pension plan that provides a guaranteed lifetime monthly benefit, which can be negotiated by MNA members and staff and directly into MNA contracts. It was created to provide nurses and healthcare professionals (HCPs) with real retirement security while strengthening recruitment and retention at MNA-represented facilities.

The overview below offers a clear explanation of how the plan works and why it matters. For full details, use the QR code below. From there, reach out to your MNA labor AD to discuss further.

What is a multiemployer defined benefit pension plan?

A defined benefit pension plan guarantees a fixed monthly payment for life at retirement. In a multiemployer plan:

- Two or more employers contribute under collectively bargained agreements.
- Employers currently contribute 5% of W-2 earnings (per contract).
- The Fund is jointly administered by trustees appointed equally by labor and management.
- Assets are held in a legally separate trust and managed by professional investment firms under federal regulation.
- Benefits are portable: nurses moving among participating facilities continue accruing credit.

Current participating facilities include BMC Brighton, BMC South, Brown University Health, Morton Hospital, and Merrimack Valley Lawrence, Methuen, and Haverhill. Nurses from Carney, Nashoba Valley, and Norwood hospitals remain covered.

Defined Benefit Pension Plan vs. Defined Contribution Plan

Defined Benefit Plan

- Guarantees a lifetime monthly benefit.
- Investment risk is shared by employers and trustees.
- Benefits are protected by law and cannot be reduced without trustee vote and federal approval (with limited exceptions).
- Employers remain responsible for negotiated contributions.

Defined Contribution Plan (401(k)/403(b))

- Retirement income depends on account balance.
- Employees bear all investment risk.

- Employer obligation ends after contributions are made.
- Market downturns directly reduce retirement savings.

Is It One or the Other?

No. Employers may still offer a 401(k) or 403(b) as a supplemental savings option for employees.

Performance Comparison

Research from the Boston College Center for Retirement Research shows that defined benefit plans have outperformed defined contribution plans by about 1% annually (10.7% vs. 9.7%), resulting in roughly 20% higher retirement income over a 40-year career. During the 2008 recession, average 401(k) balances fell 31%. Workers with defined benefit pensions are less likely to face inadequate retirement income. Women benefit in particular from longer life expectancy and guaranteed lifetime payments.

How the MNA Plan Works

The plan uses a percent-of-contribution formula (1.25% monthly / 15% annually). Benefits reflect total career contributions, accommodating nurses whose hours or pay fluctuate. Members can reduce their hours later in their careers without affecting their retirement benefits.

Key Benefits

- Guaranteed lifetime income.
- Career-long calculation, ideal for nurses who work part-time or take leave.
- Stronger long-term value, particularly for younger nurses.
- Retention incentive for participating hospitals

In short, the MNA multiemployer defined benefit pension plan provides portable, professionally managed, guaranteed lifetime retirement income, offering greater security and long-term value than a 401(k)-style plan. ■

MNA Nurses and HCPS Support NYSNA

MNA members stood shoulder to shoulder with New York State Nurses Association (NYSNA) nurses during their historic multi-location strike, traveling to New York more than once to walk the picket lines and demonstrate cross-state solidarity.

The strike, which began on January 12, was one of the largest private-sector nurses' strikes in recent U.S. history. It involved nearly 15,000 nurses at Mount Sinai, Mount Sinai Morningside and West, Montefiore, and New York-Presbyterian. The strike came after months of negotiations over safe staffing, patient safety, and working conditions.

The NYSNA nurses' eventual settlement, which came in mid-February, demonstrated the impact of collective action at scale. With nurses from the northeast, including the MNA, showing up in New York for rallies and to walk picket lines, NYSNA nurses secured meaningful contractual improvements that directly addressed the staffing crisis driving the strike.

MNA's visibility in New York served as both a gesture of solidarity and a reminder that organized nurses are part of a larger movement. When one group takes bold action to protect patient care and professional standards, others will show up — on buses, in the cold, and on the picket line — to stand with them. ■

Nurses at Baystate Franklin Medical Center (BFMC), represented by the Massachusetts Nurses Association (MNA), delivered a petition in the form of a giant banner to hospital management during contract negotiations on Wednesday, February 11, signed by an overwhelming majority of BFMC nurses.

The petition urges hospital owner Baystate Health to agree to "a fair union contract that protects safe staffing levels at BFMC, strengthens nurse recruitment and retention, and preserves access to high-quality care for the Greenfield area community."

MNF
Massachusetts Nurses Foundation
Scholarship ◆ Research ◆ Education
2026 scholarship applications now available
Deadline to apply: June 1, 2026
For full information visit massnurses.org/mnf/scholarships

Scholarship Eligibility:
- Be an MNA member in good standing
- Be a child of an MNA member in good standing
- Must be accepted into a degree program in nursing or health care field which includes Microbiologist, Dietitian, Social Worker, Pharmacist, Speech Therapist, Physical Therapist, Occupational Therapist

DPH Finds Brigham and Women's Hospital Burn Unit 'Necessary' as Nurses Send Letter Urging MGB Leaders to Halt the Planned Closure

In mid-February, the Massachusetts Department of Public Health (DPH) issued a formal finding that the inpatient burn service at Brigham and Women's Hospital (BWH) was "in fact necessary for preserving access and health status within the Hospital's service area," a decision that aligns with the concerns of Brigham burn unit nurses who sent a letter to the MGB Board Chair and CEO urging them to stop the planned closure.

In its Essential Services Finding, DPH required Mass General Brigham (MGB) to submit a detailed plan within 15 calendar days explaining how access to inpatient burn services would be maintained. Included in the finding was a requirement that MGB address two central concerns raised by nurses during the January 20 public hearing:

- "Competency of Staff" – DPH cited testimony about "the loss of a specially trained staff that was built over time and cannot be quickly recreated should the service be closed," and required MGB to explain "how the Hospital intends to maintain staff competency once the burn unit has closed."
- "Burn Surge Capacity" – DPH required MGB to address "the role Brigham and Women's Hospital will play in such an emergency where the number of burn victims is great, and MGH has reached capacity."

On Tuesday, February 17, a strong majority of nurses working in the combined ICU and step-down unit at BWH sent a letter to MGB Board Chair Scott Sperling and CEO Dr. Anne Klibanski, urging them to reverse the closure decision.

"We are writing as nurses who care for burn patients at Brigham and Women's Hospital, and we urge you to reverse the decision to eliminate burn care services at BWH," the nurses stated in the letter. "Collectively, we have many decades of specialized nursing expertise and institutional knowledge that could not be easily replaced or safely relocated."

The nurses emphasized in the letter that burn care "is among the most complex forms of critical care," requiring years of experience in advanced wound care, infection prevention, pain management, and long-term recovery. They warned that once this expertise was dismantled, "it cannot simply be rebuilt."

The letter, like the testimony of nurses during the DPH hearing, also raised serious concerns about regional burn capacity, citing a recent incident in which a severely burned patient reportedly waited hours for admission while capacity was strained elsewhere. Nurses stressed that Massachusetts "did not have enough burn capacity to absorb the loss of the Brigham burn unit," particularly during emergencies or mass-casualty events.

With DPH's finding that the service was necessary, nurses are continuing their call for MGB to halt its consolidation plan and reinvest in the BWH burn unit to preserve patient safety and regional capacity. "We are proud of the care we provide and the expertise we have built over decades," the nurses wrote in their letter. "This is lifesaving care. It belongs at the Brigham." ■

Alex Pretti Honored, Remembered at Two MNA Vigils

The MNA held two vigils on Jan. 29, one in Worcester and the other in Northampton, to honor the life and legacy of Alex Pretti, RN, an ICU nurse with the Veterans Administration who had been killed by federal agents in Minneapolis while exercising his lawful right to observe and document the actions of ICE officials.

On Jan. 25, one day after Pretti's death, the MNA issued a statement condemning what it described as the unwarranted and brutal killing of Pretti and calling on elected officials and advocates for social justice to hold the Trump administration accountable for ongoing violations of constitutional and human rights.

"Alex spent his career working in the space between life and death, giving patients dignity, care, and a chance to heal," the statement reads. "In his final act, he again put himself in that space — standing in front of others to protect them from further brutality. In losing Alex, nurses and healthcare professionals across the country felt we had lost one of our own."

The vigils honored Pretti's service as a nurse, his advocacy for human rights, and the veterans and communities he had served.

"Alex Pretti was a nurse who dedicated his life to caring for others and standing up for the dignity and safety of the people he served," said Katie Murphy, RN and MNA president. "We gathered to honor his life, support his loved ones, and reaffirm that nurses would not be silent when human rights and public health were put at risk." ■

It Just Got Easier to Connect With the MNA

Use the Member Portal and App Today!

If you've ever wondered…

- *Am I up to date on my dues?*
- *Where's a copy of my contract?*
- *How do I get the latest member discounts?*
- *What's the quickest way to sign up for free CE courses?*
- *When's the next MNA event, and how do I register for it?*

… you can now find the answers, and more, all in one place: the MNA's **Member Portal**.

This members-only hub puts your union, your benefits, and endless professional resources at your fingertips.

Getting started is simple. Visit massnurses.org, click the **Member Portal** tab at the top (or find the tab in the right-hand corner dropdown menu on your smartphone), and either log in with your existing username and password or complete a quick registration to create them. Once you're in, the portal is yours to explore.

Union Power in Your Pocket

After you've set up your **Member Portal** account, take it to the next level by downloading the **Mass Nurses** app from your app store. It's designed to keep you connected and empowered, wherever you are.

One of its most valuable features? Instant access to essential reporting forms, including:

- ICU staffing form
- Mandatory overtime form
- Unsafe staffing form
- Workplace violence form

Although these forms also live in the portal and on the MNA homepage, having them on your phone means you can report issues quickly and easily. That's how to protect your patients, your practice, and your license.

It's Your Union: Make the Most of It

The **Member Portal** and **Mass Nurses** app are more than tools, they're gateways to staying informed, supported, and engaged.

Here's how to start today:

1. Go to massnurses.org and click Member Portal
2. Register or log in
3. Explore all the members-only features and benefits
4. Download the **Mass Nurses** app for on-the-go access

Questions?

Email membership@mnarn.org.

MNA℠ Massachusetts Nurses Association

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IN-PERSON OFFERINGS

REGION 2

Forty-Four Years and Counting to the Half-Century Mark: The Evolution of HIV Care from 1981–2025

Date: Thursday, June 11; 5:30–7:45 p.m. (registration/dinner: 5–5:30 p.m.)
Location: Teamsters Local 170, Health and Welfare Fund; 330 Southwest Cutoff, Worcester
Description: HIV has evolved in our lifetime from a frightening and misunderstood illness to its status as a manageable chronic health condition. This program will address HIV from the beginning of the epidemic through the development of effective treatment strategies and address modalities to stem the spread of HIV.

REGION 3

Clinical Management of Type 2 Diabetes

Date: Monday, April 6; 6–8 p.m. (registration/dinner: 5:30–6 p.m.)
Location: Massachusetts Maritime Academy, Conference Room TBD; 11 Buttermilk Way, Buzzards Bay
Description: This program will explore best-practice standards for Type 2 diabetes and prediabetes. Clinical management strategies will be reviewed, and key information for patient education will be provided.

REGION 4

Polypharmacy: Implications for Patients and the Healthcare System and Strategies for Risk Mitigation

Date: Tuesday, April 28; 6–8:15 p.m. (registration/dinner: 5–6 p.m.)
Location: Danversport Yacht Club; 161 Elliot Street, Danvers
Description: This program will define polypharmacy, discuss its implications for both patients and healthcare systems, and outline the deprescribing process.

REGION 5

Mental Health Update: Bipolar Disorder and Borderline Personality Disorder

Date: Thursday, May 21; 6–8 p.m. (registration/dinner: 5:30–6 p.m.)
Location: MNA Headquarters; 340 Turnpike Street, Canton
Description: This program will enhance nurses' ability to care for patients with a spectrum of mood and personality disorders by reviewing diagnostic focus, treatment approaches, and impacts on other areas of health.

MNA HEADQUARTERS

Breath by Breath: Enhancing Patient Outcomes in Mechanical Ventilation

Thursday, April 9; 5:30–8 p.m. (registration/dinner: 5–5:30 p.m.)
Location: 340 Turnpike Street, Canton
Description: This comprehensive program is designed for healthcare professionals seeking to acquire or strengthen their knowledge and skills related to mechanical ventilation.

VIRTUAL OFFERINGS

REGION 1

From Burnout to Balance: Self-Care Practices for Providers

Date: Wednesday, April 15; 6–7:15 p.m. (log in: 5:30–6 p.m.)
Description: Nurses are highly skilled at caring for others, but they often neglect their own self-care — especially during busy shifts. Yet high-quality patient care depends on nurses taking care of themselves first.

Multi-Generational Nursing Workforce: Challenges and Opportunities

Date: Thursday, April 30, 2026; 6–8:15 p.m. (log in: 5:30–6 p.m.)
Description: Today's nursing workforce includes five generations. Differences in work attitudes, beliefs, and values can create new challenges — and opportunities — in building a harmonious workplace.

REGION 5

Sleep Support with Herbs: Practical Insights for Nurses and Their Patients

Date: Tuesday, May 5; 6–8:15 p.m. (log in: 5:30–6 p.m.)
Description: This program explores how herbs can support sleep for nurses managing stress, irregular schedules, and shift work, while also equipping them to assist patients experiencing sleep challenges.

MNA HEADQUARTERS (VIRTUAL)

Nursing Knowledge Meets Legal Expertise: Navigating Legal Waters with Attorneys

Date: Tuesday, June 16; 5:30–8:30 p.m. (log in: 5–5:30 p.m.)
Description: Designed for nurses considering a move into legal nursing, this course builds on clinical knowledge to develop foundational skills for working as a legal nurse consultant. Led by an experienced legal nurse, the program covers the role of the legal nurse consultant and how to apply clinical expertise to launch a new — and potentially lucrative — second career.

OTHER IMPORTANT DATES

MNA Clinical Nursing Conference

Date: Wednesday, May 13; 8 a.m.–4:30 p.m.
DoubleTree by Hilton Hotel, Boston–Westborough; 5400 Computer Drive, Westborough

For more information and to register for any of these events: sign in to the MNA App/events section or sign in to the MNA Member Portal at https://mna.yourassociation.org and click the CE Programs/Events button. For questions or for nonmembers to register, please contact Liz Chmielinski at 781-830-5719.

The MNA℠ Traveler

in collaboration with collette

The world is a book, and those who do not travel read only one page.

Prioritize your well-being and escape on an MNA Tour of Europe in 2026!

Discover Tuscany and the Italian Riviera - May 22 – 30, 2026. 9 Day Tour, Priced at $4,649* pp Double Occupancy

Experience the romance of travel to these amazing Italian destinations. Enjoy the elegant palazzos of the regal city of Turin, Italy. Explore the colorful coastline of Cinque Terre in the Italian Riviera and stay in the quaint town of La Spezia. Relax and discover the rolling hills of Tuscany. Our tour includes a 3-night stay at the Villa Casa Grande in Tuscany, a luxurious Tuscan experience. We will visit wineries in the Chianti region of Italy. During a day excursion to Florence, you can take-in the historic sites of the famous city. This tour packs so many amazing sites and experiences into one trip. Don't miss it! Book before November 23, 2025 to save $100 with the price listed above.

Countryside of the Emerald Isle – September 6 – 16, 2026, 11 Day Tour, Priced at $5,949*pp Double Occupancy *(Optional 4-Night Belfast, Pre-Tour Extension is available)*

Enjoy this small group tour experience with only 12-24 passengers. We begin the tour with a 2-night stay in historic city of Dublin and discover all this amazing sites this city has to offer. Then off to East Cork via the scenic country roads. We will visit the Jameson Distillery for a taste of world-famous Irish Whiskey. A ferry boat ride will take us to the Garnish Islands for the day The countryside tours will include the mountains of Cork, Kerry and the colorful Dingle Peninsula. We will discover the untouched beauty of the Aran Islands with an overnight on this charming island. We will ferry back to the mainland in view the famous Clifts of Moher and end our tour with a two-night stay in the quaint town of Ennis. The $200 price reduction, listed above, is only available until February 7, 2026

London and Paris Holiday – December 2 – 10, 2026, 9 Day Tour, Priced at $4,649* pp Double Occupancy *(Optional 3-Night Amsterdam Post Tour Extension is available)*

From the cosmopolitan city of London to the romantic charm of Paris! Explore the best of these two world famous and historic cities, elegantly decorated for the holiday season. While in London we will enjoy a walking tour of the famous sites of Big Ben, Houses of Parliament, Buckingham Palace, Westminster Abbey and the charming holiday markets of Covent Garden. The Eurostar high-speed train will whisk us to the heart of Paris, known as the City of Lights. There is no shortage of museums and sites to enjoy in Paris. Book soon, the $300 discounted price, listed above is only available until June 3, 2026.

Preview of the 1st MNA trip in 2027! Spotlight on the French Riviera – Featuring Nice's Carnival and Menton Lemon Festival, February 18 – 26, 2027, 9 Day Tour, Priced at $3,949*pp Double Occupancy *(Optional 3-Night Paris Post Tour Extension is available)*

With Nice as our "home away from home," you will unpack once and explore the fabulous French Riviera. Nice is a seaside paradise with an average of 300 sunny days per year which makes it the perfect setting for the French Carnival and Flower Parade with over 100,000 flowers. We will visit the charming town of Menton for the famous Lemon Festival. An excursion to Eze, France will take us to a historic perfume factory. We will excursion to the historic principality of Monaco and visit the Monte Carlo Casino. There is ample time to relax and absorb the charms of the Riviera. We will end our tour with an optional excursion to Dolceacqua, Italy. This tour is sure to sell out, so take advantage of the $300 discounted price, listed above, by booking before August 19, 2026.

***Prices listed above are the early booking rates. Tours above include:** air from Boston, departure taxes & fees, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast on MNA tours. Click on the specific tour QR code for trip details and to book the tour. Life is uncertain, so we highly recommend you take out travel insurance. Collette Travel offers "cancel for any reason" tour protection up until the day of travel and protection while you travel. For questions, contact Carol Mallia at cmallia@mnarn.org.

Sign up to receive periodic email updates regarding the MNA travel program:

MNA Massachusetts Nurses Association

Annual Clinical Nursing Conference

May 13, 2026

FREE for MNA members **Enrollment limited to 400!**

New Location – Doubletree by Hilton, 5400 Computer Drive, Westborough MA

Schedule

7 – 8:15 a.m. ***Registration, Continental Breakfast, & Welcome***

8:15 – 9:45 a.m. ***Keynote Address***

Understanding the Consequences of Addictive Substances & Behaviors on the Adolescent Brain

Dr. Stephen Dewey, addictions researcher

9:45 – 10:15 a.m. ***Break***

10:15 – 11:45 a.m. ***Concurrent Breakout Sessions:***

Maintaining the Humanity of Nursing in a Future Geared Towards Technology Based Clinical Practice

Donna White, RN, PhD, CNS, LADC I

From Injury to Recovery: The Workers' Compensation Journey

Attorney Susan McDonald

Demystifying Perimenopause, Menopause, and Sexual Health

Lara Simondi, APRN, CNM, MPH, MSCP

11:45 a.m. – 1 p.m. ***Lunch***

1 – 2:30 p.m. ***Concurrent Breakout Sessions:***

Update in Clinical Practice – Best Practice Recommendations

Frank J. Domino, MD

Beyond the Scales: Evidence and Practice for Obesity Medications

Hailey Choi, PharmD, BCACP, CDCES

Navigating the Pharmaceutical & Insurance Industry: Brand vs Generic & What It Means for Practice

Laura G Leahy, DrNP, APRN, PMH-CNS/FNP, CARN-AP, FAANP, FAAN

2:30 – 3 p.m. ***Break***

3 – 4:20 p.m. ***Closing Session***

Mastering Nursing Regulations; Advocacy & Due Process

Maggie Ortiz, MSN, RN

Notes: Parking is free at the hotel.

ANCC Contact Hours will be provided: The Massachusetts Nurses Association is accredited as a provider of Nursing Continuing Professional Development by the American Nurses Credentialing Center's Commission on Accreditation.

The Massachusetts Nurses Association is accredited as a provider of Nursing Continuing Professional Development by the American Nurses Credentialing Center's Commission on Accreditation.

The Massachusetts Nurses Association is a private, non-profit professional membership organization for nurses in the Commonwealth. MNA encourages and appreciates the benefits of the diverse perspectives of our members in our events, programs, and educational offerings. Nonetheless, MNA reserves the right, at its sole discretion, to restrict, or to exclude the participation of any member(s) or guest(s) from any event, program, or educational offering when MNA reasonably believes that there is an actual or potential conflict of interest or other relevant factor that may adversely affect the full and fair participation of other members or guests in attendance.

Register to attend the All-Day 2026 MNA Clinical Conference to be held on May 13, 2026 at the new location of Doubletree by Hilton, Westborough, MA.

Registration: Members register by signing in to the MNA App/events section or sign in to the MNA website (follow QR code), and click the Events button.

For questions, please contact Liz Chmielinski at echmielinski@mnarn.org or 781-830-5719

https://mna.yourassociation.org