



**MINNESOTA NURSES ASSOCIATION**

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April 28, 2026

Minnesota House Health Finance and Policy Committee

Minnesota State Capitol Building

75 Rev. Dr. Martin Luther King Jr. Blvd.

St. Paul, MN 55155

Dear Co-Chair Bierman, Co-Chair Backer, and Members of the House Health Committee,

The Minnesota Nurses Association's nearly 23,000 members represent 80% of the RNs that actively work at the bedside in hospitals across Minnesota, as well as nurses serving patients in nursing homes, assisted living facilities, clinics, the state prisons and mental health facilities, local public health agencies, state agencies, and elsewhere. 1,700 of our members call HCMC their workplace. Between the integral position that Hennepin County Medical Center (HCMC) serves as our state's largest safety net hospital, the vital role it plays in educating and training huge numbers of Minnesota's healthcare workforce, and the sheer number of nurses and other healthcare workers that it currently employs, HCMC is too important for our state healthcare delivery system to allow it to fail.

But simply providing HCMC with enough funding this session to just keep the doors open for another year or two is not a solution. Every patient that relies on HCMC regularly for care deserves to know that their nurses and other providers will be there for them in the long run, just as every nurse and worker at HCMC deserves to know that the hospital they call their workplace is going to be there, too. Workers and patients, and the community where HCMC is nestled, all deserve certainty. And the only way to get certainty, for anyone, is for the Legislature to act this session in a way that shows a commitment for long-term, meaningful investment for our state's largest safety net hospital.

MNA understands the political complexities at play this session. These dynamics have allowed what is nearly unanimous sentiment being expressed by legislators, in both parties and both chambers, that "HCMC is too important to allow it to fail" to, unfortunately, get bogged down on "the how", but without discussing it much publicly, in hearings. MNA appreciates the bipartisan attention to this issue, and the number of legislators working to build consensus around strong solutions, but we also implore legislators

to take that consensus-building spirit a step further and deliberate on these proposals, publicly, during the final few days for hearings that we have left this session. MNA has discussed many of these ideas with legislators, some much stronger than others, but ultimately it is members of the legislature – particularly the members and chairs of the Taxes and Health Committees – who are going to need to bring these proposals out into the public light to flesh them out, adjust them accordingly, and get them to the floor.

It has been challenging for MNA to advocate for the right policy proposal this session when important data and contextual information sometimes is challenging to come by. However, MNA has managed to compile together enough data internally to ascertain that any legislative proposal that does not provide HCMC with at least \$150M annually will likely result in a significant reduction of services being provided at HCMC that will be harmful to workers, as well as considerable layoffs to nurses and other healthcare workers. In turn, we know that a lack of funding for HCMC here will also push costs off onto other hospitals in the state, including rural hospitals that transfer patients to HCMC and other Metro trauma centers. While we understand the Legislature is interested in exploring new governance and operational models for HCMC moving forward, it would be catastrophic for the Legislature to effectively forcibly implement drastic changes by simply neglecting to provide the hospital with enough funding to remain whole.

**In addition to prioritizing sustainable, long-term funding solutions through the Tax Bill, we urge the Legislature to provide as much short-term funding as possible while lawmakers and stakeholders explore key questions related to hospital governance and HCMC’s role as the state’s largest safety net hospital for providing uncompensated care.**

While MNA would prefer to raise tax revenues by targeting wealthier corporations or individuals that have the greatest financial means to contribute, given the political realities of this legislative session, MNA supports the repurposing the Hennepin County stadium ballpark tax to raise revenues that HCMC needs. **MNA’s preference for a tax bill is one that dedicates new revenues solely to HCMC**, such as Chair Gomez’ legislation, H.F. 4849, which MNA strongly supports.

MNA believes that North Memorial Health, who are conveniently expected to announce which out-of-state entity they plan to be acquired by just after the Legislature adjourns for the year, should use some of the \$50M in profits they made off of the North Memorial-Maple Grove Hospital last year to financially stabilize the North Memorial-Robbinsdale Hospital – and to finally agree, after over a year of bargaining, to a fair contract with Maple Grove nurses. Instead, North Memorial continues to refuse to settle a fair contract with nurses, they plan to break ground on a \$450M expansion of the North Memorial-Maple Grove Hospital in 2027, and they are not using those profits to stabilize North Memorial-Robbinsdale. In MNA’s opinion, the actions of the North Memorial CEO and other executives, over the past several years, prove that they have been more focused on marketing themselves for sale and lobbying the Legislature for their direct cut of taxpayer money than they have been on actually being good stewards of the important community goods they are responsible for overseeing.

Given the state of healthcare funding in this country, especially as the federal cuts stemming from HR1 (“The One Big Beautiful Bill Act”) start hitting safety net hospitals across the state, we urge the Legislature to focus the funding of the tax bill on HCMC and not elsewhere. MNA supports the additional HCMC

funding proposal put forward by Senator Wiklund within the HHS omnibus bill (SF4612), including the hospital stabilization grant program for other hospitals who will experience the most financial strains from the cuts of HR1. MNA believes that it would be most appropriate for North Memorial Health to seek financial support from the state through the hospital stabilization program, just like every other private hospital who is potentially eligible.

While MNA appreciates the number of legislators who are exploring possible funding solutions this session, we encourage everyone to start coalescing behind a joint-funding solution that combines a significant direct appropriation for the hospital (perhaps from “the rainy day fund” to ensure that it is adequately sizeable), in addition to longer-term funding via repurposing the ballpark tax. Collectively, MNA believes these revenues need to provide HCMC with at least \$150M in annual funding to avoid disaster. We hope that this is the goal the Health Committee, and other committees, will also set as they move forward.

Sincerely,

A handwritten signature in black ink that reads "Chris Rubesch". The signature is written in a cursive, flowing style.

Chris Rubesch, RN  
President, Minnesota Nurses Association

April 28th, 2026

Dear Chair Bierman and Members of the House Health Committee,

My name is Grace Aysta and I am a registered nurse at a critical access hospital in southwestern Minnesota. I am writing to urge you to keep Hennepin County Medical Center open. HCMC is a critical resource that my patients rely on. Prior to my career as a registered nurse, I worked as a scribe at HCMC. I got to see firsthand the world of HCMC. HCMC is not just a hospital, it is a school, a home, and a critical link for Minnesota's care. HCMC's programs produce new paramedics, nursing assistants and support continuing professional education for doctors and advanced practice providers. Their residencies and fellowships are expansive, featuring specialties from geriatrics to transplant surgery. I would like to share a few examples of the unique and important care delivered at HCMC:

- For most Minnesotans, if you have a tooth infection, you go to the dentist and have it taken care of. But for many Minnesotans, dental care is a luxury that they cannot afford. Dental infections have a uniquely higher risk of spreading to the heart due to their proximity and causing endocarditis, a life-threatening heart valve infection. I do not know of any hospital in Minnesota with dental care except HCMC, and the care they provide in their dental clinic saves lives.
- If you have tuberculosis, a disease considered by many Americans to be eradicated but still widely endemic in areas of the world, there is a small category of antibiotics available for your treatment. If you are allergic to these antibiotics, you will die from tuberculosis unless you can get concurrent treatment for your allergy, an expensive and laborious process. At HCMC, they will take that extra step.
- You may be familiar with the term non-compliance. I like to consider it in the context of Maslow's hierarchy. If you are struggling to keep a roof over your head, medical care becomes a lower priority to day-to-day survival. We know, however, that medical care is a non-negotiable: it is a human right. HCMC refuses to accept non-compliance. They have a team of street outreach doctors, nurses, and social workers that help deliver care in non-traditional settings, and also understand that housing is part of medical care, working to find shelter for Minnesotans.

If you walk into *any* emergency room in Minnesota, there is a good chance your provider trained at the HCMC Emergency Medicine Residency Program. Think about the relief you experience knowing your provider has seen almost every condition under the sun and is

experienced in trauma care and working with a diverse population. When I'm a patient, I know it personally makes me feel like I am in good hands.

Quite frankly, HCMC takes care of difficult patients. Patients who are a challenge to the traditional hospital model, including those who are unhoused and uninsured, those who are incarcerated, who are sick with infectious diseases not native to Minnesota, who are experiencing addiction, mental health crisis, massive trauma, burns. HCMC is also a place for hope. Hope for people living with HIV, hope for people living with traumatic brain injury, hope for transgender Minnesotans, hope for burn victims. Allowing HCMC to close would end their hope.

In 2024, HCMC took care of 156,000 people. This included an average daily census of 356 occupied beds. I know you are aware of these numbers, but I want you to consider what this means for the rest of the state's resources. Other hospitals in Minnesota cannot simply absorb these patients. For the patients who use HCMC due to its proximity to their homes and affordability, many of these patients are underinsured and unhoused, so moving them around the state for beds is impractical, but also costly and removes them from their established support system in their own community. For the patients who use HCMC because of the specialties such as surgical and trauma services, there is little to no equivalent available in Greater Minnesota, and similar services in the Twin Cities area are already stressed and under pressure. Smaller hospitals would lose a vital partner they rely on to take in the most extreme and serious transfers, and that will inevitably mean life or death for patients in the future who may need to be medevacked further away.

I want lawmakers to fully understand what healthcare providers across the State of Minnesota all know: *we all need HCMC*. I urge you for your support in keeping HCMC open.

Thank you for considering my perspective,

Grace Aysta, BSN, PHN, RN-PCCN

Walnut Grove, Minnesota

April 28, 2026

Dear Chair Bierman, Chair Backer, and Members of the House Health Finance & Policy Committee,

I am writing as a Registered Nurse with experience working in both a regional emergency department and a St. Paul metropolitan emergency department. I have cared for patients across the full spectrum of acuity: from rural transfers requiring higher levels of care to critically ill trauma patients arriving by ambulance in the metro. Through this experience, I have seen firsthand how deeply our healthcare system depends on Hennepin County Medical Center (HCMC), a Level I Adult and Pediatric Trauma Center in Minneapolis. The potential closure of HCMC would have devastating and immediate consequences for the Twin Cities and the entire state of Minnesota.

HCMC is not simply another hospital, it is the busiest emergency department in Minnesota, caring for over 100,000 patients annually and receiving more than 70,000 ambulance transports each year. It serves as Minnesota's first and busiest Level I Trauma Center, treating more than 3,000 of the most critically injured patients annually with 24/7 access to trauma surgeons, operating rooms, and specialized care teams.

From my experience in a regional emergency department, HCMC is one of the two Level 1 Trauma/Burn receiving centers for my hospital to transfer patients to who cannot be managed locally. These include:

- Multi-system trauma from farming, industrial, and motor vehicle accidents;
- Severe traumatic brain injuries and spinal cord injuries;
- Complex burns requiring specialized burn ICU care;
- Penetrating trauma, including gunshot and stabbing injuries;
- Critically ill patients requiring immediate surgical or ICU-level intervention;
- Hyperbaric Oxygen Chamber needs for those suffering from carbon monoxide poisoning, smoke inhalation, and tissue injuries.

When these patients require transfer, time is everything. Even now, we experience delays in securing accepting facilities due to capacity constraints across the metro and state. Adding further strain, or removing HCMC entirely, would result in significantly prolonged transfer times. Patients who today have a chance at survival would face delays that could lead to preventable disability or death.

In my work within a St. Paul metro emergency department, I am already seeing the system under strain. Emergency departments are routinely boarding patients for extended periods due to lack of inpatient beds, and ambulance offload delays are increasingly common. These delays are not theoretical, and they directly impact patient outcomes.

We have already seen a local example of what happens when hospital capacity is reduced. After the closure of St. Joseph's Hospital in St. Paul, surrounding emergency departments, including Regions Hospital and United Hospital, experienced significant increases in patient volume, longer wait times, and increased boarding of admitted patients. This shift has strained staff, delayed care, and reduced the ability of our facilities to absorb additional high-acuity patients. The closure of HCMC would magnify these effects exponentially across the entire metro area.

Other hospitals in Minneapolis and St. Paul are already operating near or at capacity. They do not have the infrastructure, staffing, or specialty resources to absorb the loss of a Level I Trauma Center of this magnitude. HCMS is one of only three Level 1 Trauma Hospitals in the Twin Cities area that include Regions Hospital in St. Paul and North Memorial Hospital in Robbinsdale. Trauma patients would be diverted

farther distances, potentially even out of the metro to Duluth or Rochester. Thus, placing additional burden on EMS systems.

Hennepin EMS alone responds to over 100,000 emergency calls annually. Removing HCMC as a central receiving hospital would require ambulances to travel farther distances, increasing response times, decreasing availability of EMS units in the community, and delaying care not just for trauma patients, but for all emergencies including strokes, heart attacks, and pediatric crises.

As an emergency department nurse, I can say with certainty: longer transport times and delays to definitive care cost lives. In trauma care, minutes matter. The loss of a Level I Trauma Center will result in unwarranted and preventable deaths.

Equally concerning is the loss of HCMC as a safety-net hospital. Approximately 75% of its patients are uninsured or rely on public insurance. HCMC provides one of the largest psychiatric programs in the state, and serves a disproportionate number of patients experiencing homelessness, substance use disorders, and severe mental illness.

In my practice, I routinely care for patients who depend on emergency departments as their only access point to healthcare. Without HCMC, these vulnerable populations will face even greater barriers to care, leading to worsening chronic illness, increased psychiatric crises, and higher rates of preventable death. The burden of this unmet need will not disappear, it will just shift to already overwhelmed emergency departments, law enforcement, and EMS systems in and out of the Metro.

HCMC is also a cornerstone of medical education and workforce development, training physicians, nurses, paramedics, and other healthcare professionals in high-acuity, real-world settings. Its loss would have long-term consequences not only for patient care today, but for the future of our healthcare workforce in the Twin Cities.

From both my regional and metro emergency nursing experience, I can say unequivocally that our system is already operating under strain. The removal of HCMC would not simply redistribute patients, it would destabilize emergency care across Minnesota.

Patients will wait even longer. Transfers will take longer. EMS systems will be stretched thinner. And critically ill and injured patients who could have survived will not.

I urge policymakers and community leaders to recognize the indispensable role HCMC plays in our healthcare system and to take immediate action to ensure its sustainability. The health, safety, and lives of Minnesotans depend on it.

Respectfully,

Michelle A Radtke, BSN, RN, CCRN, MBA

Twin Cities Area Regional and Metro Emergency Department Registered Nurse

Hastings, Minnesota

April 28, 2026

Dear Chair Bierman, Chair Backer, and Members of the House Health Committee,

My name is Riley Williams, and I'm a Registered Nurse who treats patients at an exurban hospital outside of Hennepin County, but I am writing to express my deep concern regarding Hennepin County Medical Center (HCMC) financial strain. The loss of such a critical healthcare resource would have significant and far-reaching consequences, not only for the immediate community it serves, but also for surrounding regions, healthcare systems, and the professionals who sustain them.

A Level I Trauma Center provides the highest level of emergency care, offering comprehensive, specialized services for the most critically ill and injured patients. Its closure would substantially reduce access to life-saving interventions, particularly in time-sensitive situations such as severe trauma, complex surgical emergencies, and other critical conditions requiring advanced expertise and coordination. We have seen these resources used in a time of need through the bridge collapse and most recently the school shooting.

Of particular concern is the loss of specialized services such as the burn center and hyperbaric chamber. Burn centers deliver highly specialized, multidisciplinary care that cannot be easily replicated. Patients with severe burns depend on immediate and ongoing treatment to reduce complications, improve survival rates, and optimize long-term outcomes. Likewise, hyperbaric oxygen therapy is essential in treating conditions such as carbon monoxide poisoning, chronic non-healing wounds, and certain infections. The elimination of these services would require patients to travel greater distances for care, increasing delays and the risk of adverse outcomes.

The impact of this closure would extend well beyond Minneapolis. Surrounding hospitals and healthcare systems would be required to absorb increased patient volumes, placing additional strain on already limited resources. Emergency departments in neighboring facilities would likely experience increased overcrowding, longer wait times, and delays in care. Patients requiring hospital admission could face prolonged boarding times due to constrained inpatient capacity.

Additionally, access to specialty providers would become increasingly limited. Patients who previously relied on the trauma center would compete for care elsewhere, resulting in longer wait times for consultations, delayed diagnoses, and postponed treatments.

Equally important is the impact this decision would have on the healthcare workforce. Increased patient volumes and operational strain would likely lead to higher patient-to-provider ratios, contributing to unsafe staffing conditions. Nurses, physicians, and support staff are already experiencing significant levels of burnout. Further increases in workload and stress would exacerbate workforce shortages, diminish care quality, and pose risks to patient safety.

The broader implications of hospital closures, consolidation, and fewer accessible services are already being experienced in other communities, in Minnesota and just across the border. In Eau Claire, Wisconsin, the closure of multiple hospitals in recent years has resulted in a single facility absorbing a significantly increased patient load. This has led to expanded emergency department capacity, increased demands on staff, and ongoing strain on resources. Such examples underscore the “trickle-down” effect that occurs when healthcare infrastructure is reduced, placing unsustainable pressure on remaining systems.

From a clinical perspective, I have personally seen the importance of maintaining access to high-level trauma services. Patients requiring specialized follow-up care, including burn treatment, depend on these centers for continuity and quality of care. The absence of such resources would create gaps that are difficult, if not impossible, to adequately fill.

The closure of a Level I Trauma Center represents more than the loss of a single institution—it is the erosion of a critical safety net for an entire region. It risks overwhelming neighboring healthcare systems, delaying essential care, and intensifying the ongoing challenges associated with healthcare workforce sustainability.

I respectfully urge decision-makers to carefully evaluate the full scope of these impacts and to explore all possible alternatives before proceeding with such a decision. Preserving access to comprehensive trauma care is essential to ensuring the health, safety, and resilience of both the community and the broader healthcare system.

Thank you for your time and thoughtful consideration.

Sincerely,

Riley Williams, MSN/MBA, BSN, RN

Eau Claire, Wisconsin

April 28, 2026

Dear Chair Bierman, Chair Backer, and Members of the House Health Committee,

As a Psychiatric nurse in Hibbing, Minnesota, I am writing to sounding the alarm about the harms that would come about, not just in the Twin Cities but statewide, if HCMC closes and the 102 beds there for treating psychiatric patients are lost. This would result in far-reaching and dire effects, for patients, hospitals, and communities across the state.

HCMC provides specialized psychiatric services that are in high-demand throughout the state, with these services have extremely limited availability elsewhere. For example, our rural hospital, Hibbing Range, has only six high acuity beds available, all of which are typically occupied by patients receiving treatment most days during the year. When these beds are full, our hospital is often forced to decline providing the care that individuals may need. In some cases, when our hospital cannot provide for the needs of some patients, we transfer those patients to HCMC – where they have the beds, and the resources.

People with mental health crisis are often not seen by our larger society as having true medical needs, as evidenced by the fact that mental health services are typically the first on the chopping block when hospitals and health systems are looking to make cuts. The closure of State Hospitals, as well as the closure of St. Joseph's during the pandemic and Southdale Hospital's Behavioral Health Unit three years ago, have all left holes in our state's mental health care delivery system. That holes have still not been filled, and those beds have not been replaced. So where are these patients supposed to go?

If we lose HCMC, it will impact emergency rooms across the state. But the negative impacts will go further: jails, other acute inpatient behavioral health units, patients, families, healthcare providers, me, and you – we will all feel the effects. Please do not allow the most vulnerable among us to continue to scream into the void. Please hear my alarm, move to action, and save these services by saving HCMC.

Wayne Garrett, RN

Hibbing, Minnesota