

Protect Minnesota's trauma care and safety-net hospital system: Repurpose the ballpark sales tax

Recent changes to Medicare and Medicaid programs — combined with growing levels of uncompensated care — put Hennepin County Medical Center (HCMC) and the broader Hennepin Healthcare system at significant risk of closure, jeopardizing access to care for Minnesotans statewide.

Legislative action is needed to stabilize Hennepin's essential health care system. Lawmakers must protect the future of critical regional and statewide health care services by repurposing the ballpark sales tax in the 2026 session.

Minnesotans across the state rely on Hennepin's health care system

Health facilities in Hennepin County provide essential care to residents of the metro region and the state of Minnesota:

- Minnesota's busiest emergency department and Level 1 trauma center for adults and pediatrics, caring for patients in over 100,000 visits annually.
- The state's cornerstone safety-net hospital serving low-income, uninsured, and vulnerable populations.
- An essential teaching hospital training physicians who practice across Minnesota.
- A medical examiner facility serving Hennepin, Scott, and Dakota counties.
- NorthPoint Health and Wellness, a multi-specialty medical, dental, and mental health center in North Minneapolis.



The future of this essential health care system is now at risk

Hennepin Healthcare System faces severe, immediate fiscal cliff as a result of recent federal cuts and growth of uncompensated care. The system now faces potential closure, at tremendous risk to Minnesotans across the state and the statewide health system. HHS faces:

- \$50 million shortfall now just to keep doors open
- \$100 million annually in uncompensated care losses
- \$1.7 billion in federal cuts over the next decade

Lawmakers can protect Minnesotans by repurposing the Ballpark Sales Tax

The Ballpark Sales Tax was established in 2005 to build Target Field. Because of strong financial stewardship, the stadium bonds will be paid off more than a decade early. This creates a once-in-a-generation opportunity: refocus the existing Ballpark Sales Tax as a Healthcare Sales Tax and provide a sustainable funding source to protect Minnesota's most critical safety-net healthcare system.

Our state's healthcare system cannot absorb this loss

Lawmakers must act now to protect against the loss of a healthcare system that is essential to the entire state of Minnesota.

- Patients from across the state receive care in Hennepin County that is uncompensated
- Rural hospitals rely on Hennepin Healthcare for specialty care — including burn, trauma, transplant.
- If Hennepin Healthcare is forced to close, rural hospitals will face unmanageable growth in patient loads.
- The lives of Minnesotans are at stake — from the injured farmer in southern Minnesota to the child in northern Minnesota needing trauma care. These services are irreplaceable.

- Minnesota cannot afford to lose a Level I trauma center that serves the entire state.

A repurposed ballpark sales tax would:

- Extend the existing 0.15% sales tax to a 1 cent sales tax.
- Dedicate more than 90% of revenues to support health facilities and healthcare services provided through Hennepin County, including approximately \$320 million annually for healthcare facilities and services.
- Ensure continued operation of Hennepin County's Level I trauma center and the regional safety-net system.
- Ongoing support Target Field and public infrastructure.
- Continue existing support for youth activities and extended Hennepin County Library hours.

The time to act is now

Lawmakers can and must act now to preserve essential services by repurposing ballpark sales tax. Supporting this measure is not just a fiscal choice — it is a moral imperative.

Together, we can protect Minnesota's health care future.

Tour Hennepin Healthcare's campus or ride along with Hennepin EMS to see life-saving care in action. Contact **Susie Emmert** (susie.emmert@hcmcd.org) or **Jessica Oaxaca** (jessica.oaxaca@hcmcd.org) to schedule.

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Exceptional care for every patient. Every day.

For more than 35 years, Hennepin Healthcare has been verified by the American College of Surgeons (ACS) as a Level I Trauma Center — **the nation’s highest designation**. We serve as Minnesota’s first and **busiest Level I Trauma Center**. As a regional referral and resource center, we deliver advanced care to patients across the state, support trauma programs in other hospitals, and provide education, outreach, and ongoing research.

- **Matthew’s TBI Journey (Winthrop, MN)**

After a severe motorcycle crash near Lake Minnetonka, Matthew from Winthrop, MN suffered profound brain injury and was rushed to Hennepin Healthcare, where surgeons performed a lifesaving decompressive craniectomy and weeks of ICU care. He participated in the HOBIT hyperbaric oxygen research trial to support brain healing. Months later, he returned with his wife and daughter to thank the SICU and Hyperbaric teams who guided his recovery.

- **Kim’s Story**

Kim, a former public-school teacher, survived a gunshot and traumatic brain injury treated at Hennepin Healthcare. Over months of therapy across specialties — from physical rehab to speech-language support — she regained function and independence. Kim now gives back to others as a volunteer, embodying hope and resilience.

- **Pam’s Story**

Pam faced life-altering injuries and scars after a burn injury that covered 41% of her body. Hennepin Healthcare supported her physically and emotionally, ensuring her recovery extended beyond medical treatment into holistic healing, helping her regain strength and confidence through compassionate care and rehabilitation.

- **Wrestling Accident to Miraculous Recovery (Lowry, MN)**

Brenden, from Lowry, MN, sustained a brain injury during a high school wrestling practice and faced a daunting recovery journey. Referred to Hennepin Healthcare’s TBI outpatient program, he underwent intensive therapy — physical, occupational, and vision — that helped him regain mobility and function. Within a year, he went from wheelchair-bound to walking independently, celebrating his progress with the care team that guided him.



- **Conrad's Path to Recovery**

Twenty-one-year-old Conrad was in a motorcycle accident and spent many days in our Surgical Intensive Care Unit (SICU) in a coma. His mom shared one of his nurses, "...took care of my son like he was one of her own." Conrad went on to receive care in our Knapp Rehabilitation Center, physical, occupational and speech therapy and returns to Hennepin Healthcare often for checkups.

- **Jill's Story (North Dakota)**

Jill's was transferred to Hennepin County Medical Center (HCMC) due to a Methicillin-resistant Staphylococcus aureus (MRSA) infection that had spread to multiple sites throughout her body. This required the involvement of multiple specialties to decide on the best approach to clear the infection as quickly as possible with as few surgeries as possible. Doctors from Internal Medicine, Infectious Disease, Interventional Radiology, Surgery, Neurosurgery, Dermatology, Rheumatology, Podiatry and Physical Medicine and Rehabilitation (PM&R) were all involved in Jill's care. They were able to quickly and efficiently treat Jill's complex, life-threatening infection, thanks to the many different specialists on staff who have experience with complex medical and surgical cases.

- **Crue's Broken Arm (North Dakota)**

Three-year-old Crue from West Fargo, North Dakota was airlifted to Hennepin Healthcare when complications from a broken arm caused loss of blood flow, requiring urgent vascular and orthopedic surgery. The multidisciplinary team coordinated complex care that restored circulation and repaired his fracture.

- **Young Burn Patient from Nepal**

A toddler from a remote mountain village in Nepal with 40 % body burns was transported over 7,000 miles to Hennepin Healthcare when local resources couldn't fully meet her needs. The burn team provided critical nutritional rehab and interpreter supported care, creating a supportive environment for her and her mom. After treatment, she returned home healthier and thriving, thanks to the coordinated effort of clinicians and support services.

- **Katie's Story**

Fifteen-year-old Katie was flown to our Pediatric ICU after a devastating fall from a golf car left her with a life-threatening brain injury. The trauma team quickly stabilized her, monitored brain pressure, and performed necessary procedures that were critical to her survival. Katie's mom said, "[They] helped us navigate challenges like insurance, transportation, our jobs, and even finding a place to stay while Katie was hospitalized...The nurses not only provided exceptional care for Katie, but they also supported my husband and me in many ways. "

Hennepin Healthcare's **Burn Center and Acute Burn Clinic** are nationally recognized, providing intensive, acute, and rehabilitative burn care to children and adults. Our highly trained, multidisciplinary team works closely with patients and families in a supportive, state-of-the-art environment. Treating an average of 12 inpatients per day and 20+ patients per day in the clinic, **we are one of the busiest centers in the nation** and one of the finest, **verified by the American Burn Association and the American College of Surgeons.**

- **Chris' Story (Rogers, MN)**

Chris suffered severe burns over 46% of his body while rescuing horses from a barn fire and was airlifted to Hennepin Healthcare for lifesaving treatment. He spent more than three weeks in an induced coma and underwent more than 10 skin graft surgeries in the burn center. After stabilizing, Chris continued his recovery at the Knapp Rehabilitation Center, where therapists helped him relearn how to eat, dress, stand, and walk. With intensive rehabilitation and support from the care team, he walked out of the hospital after just nine weeks—far sooner than the six months doctors initially expected.

- **Valerie's Story (Wyanett Township, MN)**

In Isanti County, 66-year-old Valerie Zdenek escaped a house explosion that left her with burns over about 30% of her body, including hands, arms, and legs. She was flown to our burn unit for intensive treatment and recovery.

- **Jeffrey's Frostbite Caution (Spooner, WI)**

A grandfather from Wisconsin was treated in our burn center after suffering significant frostbite after spending time outside during single-digit wind chills. Jeffrey endured treatment, including surgery and a skin graft, and recovered alongside other burn patients. Winter injuries like this one can require high-level medical care similar to burn treatment.

- **Joanne's Story (Lincoln, WI)**

Joanne suffered serious grease burns over 20% of her body after accidentally spilling 375-degree oil while making rosettes at home. She was airlifted to our burn center where our specialized team determined she needed advanced burn management, including skin grafting and intensive recovery planning. Roughly half of the burned area required graft surgery and under our center's expert surgical and rehabilitative care, Joanne healed so well she was discharged home after just over a month.



Hennepin Healthcare provides **ECMO (Extracorporeal Membrane Oxygenation)**, an advanced life-support technology that temporarily takes over the work of the heart and lungs when they fail. ECMO is used for patients facing severe conditions such as Acute Respiratory Distress Syndrome (ARDS), trauma and burn injuries, toxic exposures, hypothermia, and more—often serving as their final pathway to survival. **Our ECMO program received the Award for Excellence in Life Support – Platinum Level, the highest designation level given by the Extracorporeal Life Support Organization (ELSO).**

- **Jodie’s Story (Shoreview, MN)**
Nurse and mom of two, Jodie from Shoreview, suffered a severe allergic reaction that caused Stevens-Johnson Syndrome with toxic epidermal necrolysis, leaving her lungs failing and on the brink of death. She was transferred to Hennepin Healthcare where the critical care team used advanced ECMO support—at one point with multiple circuits—to keep her alive while her lungs recovered. Thanks to rapid intervention and continuous care in the Medical ICU, Jodie’s lungs healed and she survived a life-threatening condition that no ventilator could have supported.
- **Shawn’s Story (Dresser, WI)**
Shawn from Dresser was hospitalized at Hennepin Healthcare with acute hypoxic respiratory failure from severe influenza pneumonia that left his lungs unable to function. Hennepin’s team placed him on Veno-Venous (VV) ECMO for 18 days, a life-saving intervention that allowed his lungs to rest and recover. After nearly two months in the Medical ICU and extensive rehabilitation, Shawn returned home.
- A patient (**from outside of Hennepin County**) with chronic lymphocytic leukemia, transferred to HCMC with severe legionella pneumonia. The patient slowly worsened and they were eventually placed on VV ECMO for many days. Despite suffering a small head bleed and a stroke, the patient was discharged to a long-term acute care rehabilitation hospital and was able to return home. The patient was back to work part time a month after going home.

STATEWIDE ASSET

Hennepin Healthcare System (HHS) is a Level I adult and pediatric trauma center, a teaching hospital, and the largest Medicaid provider system in Minnesota. Minnesota depends on us to care for them when they need it and to train the future healthcare workforce.

Many of our patients face significant barriers that result in detrimental health outcomes. We primarily, and proudly, serve communities of color and low-income adult and pediatric populations experiencing social and medical complexities such as chronic health conditions, unstable housing, transportation, food insecurity, and language barriers.

75%

Our health system serves over 75% of patients who are publicly insured or uninsured. We take care of Minnesotans regardless of their ability to pay or where they come from.

#1

Our expertise in Trauma and Burn wounds are the #1 reason patients outside of Hennepin County residents utilize Hennepin Healthcare.



40%

Between 2020 and 2024 40% of patients needing trauma or burn specialty care were from outside Hennepin County.

29%

29% or ~1/3 of all our patients, systemwide, are from outside of Hennepin County.

Factors that impact our services

Varying factors like **lack of adequate reimbursement, increased staffing costs, and inflation** place detrimental financial strains on our health system. HHS averages **~5 days cash on hand**. We have strived to reduce losses but with narrow margins we are one unexpected challenge away from significant disruption of services, and our ability to serve Minnesotans.

In 2024 our **uncompensated care** (costs absorbed by Hennepin Healthcare annually for unpaid care provided to patients) total was **\$104M**, of that, **\$24M** was for care provided to patients outside of Hennepin County.

Costs of Uncompensated Care - per Audited Financials



*amounts are in the 000s; e.g. 2024 data = \$104,462,000

*Uncompensated Care represents the total of Charity Care and Bad Debt write-offs. Unpaid deductible & co-pays contribute to the uncompensated care.

We also estimate impacts from policy changes at the federal level, including H.R. 1, will compound the financial strains we already face with an approximate \$1.7B in losses over the next ten years.

Training Minnesota's future workforce

Our Hennepin Assault Response Team (HART) took care of **1,262 patients from 32 counties across MN in 2025**. Our program provides technical assistance to forensic nursing programs across the state and serve as a vital resource for sustaining forensic nursing capacity in rural communities where maintaining 24/7 Sexual Assault Nurse Examiners (SANEs) coverage presents unique workforce challenges.

22

accredited residency
and fellowship programs

As an academic medical center, we pair research and innovation to prepare and diversify of the future healthcare workforce in Minnesota. HHS serves as a training site for **31% of all Graduate Medical Education trainees** and **60% of Undergraduate Medical Education trainees** in Minnesota.

346

graduates chose to stay
in MN to practice

In academic year 2024- 2025, **43% of learners** that trained at Hennepin Healthcare were trainees of color and **71% of all learners** stayed in MN.

In the last 10 years, 346 graduates chose to stay in MN to practice, of those 64 indicated they were moving to rural practice in MN. Of those 64, 11 were surgeons, 11 internal medicine, 10 family medicine, and 6 Critical Care.

1 of 1

in Minnesota

We are **home to the only Addiction Medicine Fellowship program in Minnesota** (Sponsored by the University of Minnesota). Graduates of this program have gone on to serve communities across the state including Native American reservations, Duluth, for the East African community and many other sites, yet **most counties still do not have even one addiction trained doctor**.

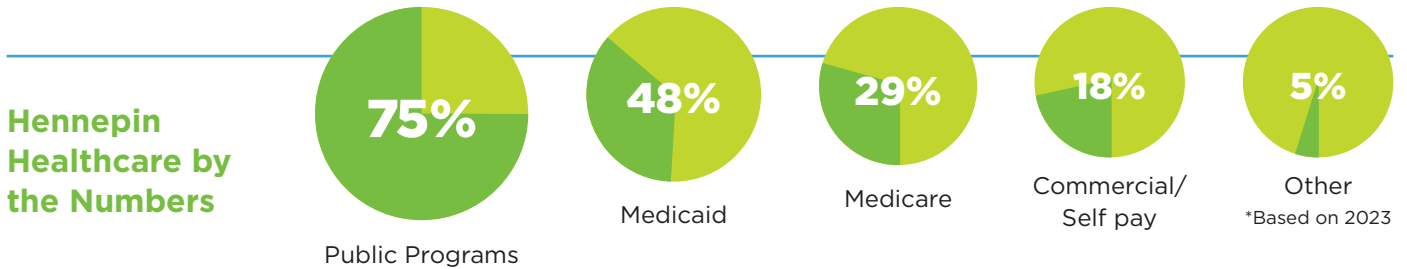
Our tele-mentoring program, Project ECHO expands access to quality care across the state and has the most ECHO programming and highest participant count in the state, including **reaching 51 counties across the state**.




Our Interdisciplinary Simulation and Education Center uses state-of-the-art procedural technology to support hands-on, interactive training.

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MINNESOTA'S SAFETY NET HOSPITAL


Hennepin Healthcare System is Minnesota's largest Medicaid provider system and safety-net level I trauma hospital. We have primary care clinics located across Hennepin County and serve the most complex patient population from across the entire state. Healthy communities are thriving communities and we strive to deliver exceptional, equitable healthcare without exception.



-  **\$104M** Uncompensated care
-  **\$13.8M** provided in free medications using 340B program savings
-  **OVER 400** patients a day seen in our Addiction Medicine clinic

One of the few safety net hospitals nationally* with a dental program serving the community, with patients from:

- 65** different counties in MN
- 17.4%** of our patients have Developmental Disabilities and/or Autism




Patient-Centered Care

Many of our patients face significant barriers that result in detrimental health impacts and outcomes. We primarily, and proudly, serve communities of color and low-income adult and pediatric populations experiencing social and medical complexities such as chronic health conditions, unstable housing, transportation, food insecurity, and language barriers.

We invest in the health of our community and lower health care costs by providing

- Culturally responsive and trauma-informed care strategies
- Food and transportation support
- A Coordinated Care Clinic for high utilizers of Emergency Department care
- Medication Therapy Management
- A Pediatric and Postpartum Mobile Health Clinic
- Health equity programs
- Spiritual care
- Interpreter services support in 19 languages



Workforce and Innovation

As an academic medical center, we pair research and innovation to prepare and diversify the future healthcare workforce.

- Home to **the only Addiction Medicine Fellowship program in Minnesota** (Sponsored by the University of Minnesota).
- Our telementoring program, Project ECHO expands access to quality care across the state and has **the most ECHO programming and highest participant count in the state**, including reaching 51 counties across the state.
- Our Talent Garden program **hosts the only 'Youth with Stethoscopes' hands-on learning events in the state** to introduce BIPOC youth to healthcare jobs. Since 2021, over 1,000 youth have participated.

In academic year 2024- 2025

277 TOTAL

residents and
fellows sponsored



22

accredited
residencies and
fellowships



118

of those were
trainees of color



71%

of our learners
stayed in Minnesota



April 8, 2026

Taxes Committee
Minnesota State House of Representatives
Saint Paul, MN

Dear Chair Davids, Chair Gomez and Members of the Committee,

On behalf of Greater Twin Cities United Way, I write in strong support of **HF 4841**, the legislation modifying Hennepin County's local sales tax authority to support county health care facilities, including Hennepin County Medical Center (HCMC).

This legislation is deeply consistent with the values and work of Greater Twin Cities United Way, which for decades has partnered with communities, nonprofits, businesses, and government to ensure that everyone regardless of race, income, or place has access to health, housing, and economic stability.

Greater Twin Cities United Way, in partnership with United Ways of Minnesota and United For ALICE, produces the ALICE in Minnesota research to illuminate the realities faced by households that are Asset Limited, Income Constrained, Employed – working families who earn above the federal poverty level but cannot afford the basic cost of living.

The most recent ALICE data are clear and sobering:

- More than 36% of Minnesota households (over 830,000 families) are living paycheck to paycheck, including both households in poverty and ALICE households.
- Since 2010, the number of ALICE households in Minnesota has grown by more than 30%, even as wages have increased, because the cost of housing, child care, food, transportation, and health care continues to outpace earnings.

For ALICE families, access to consistent, affordable health care is not a luxury – it is a stabilizing force that determines whether a household can remain employed, housed, and financially afloat. When preventive care is inaccessible, emergencies escalate and HCMC is where many of those emergencies ultimately land.

Without intervention, HCMC faces up to \$50 million in operating losses in 2026 and \$1.7 billion in projected losses over the next decade, putting it at risk of beginning closure processes as early as this year. The ripple effects would be immediate and statewide.

From a United Way perspective, this is not only a health care crisis; it is a housing crisis, a workforce crisis, and an equity crisis rolled into one.

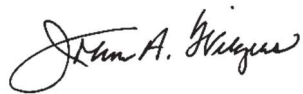
Greater Twin Cities United Way has long championed data-informed policy solutions that address root causes rather than symptoms. This legislation does exactly that by:

- Responsibly leveraging an existing local sales tax as stadium-related debt sunsets,
- Directing funds toward uncompensated care, capital improvements, and public health priorities,
- And doing so without creating unconstitutional debt or relying on short-term budget fixes.

This bill advances a shared Minnesota value: that a person's health and ability to thrive should not depend on their income, job, or insurance status. By stabilizing HCMC and strengthening county health care infrastructure, the Legislature has the opportunity to protect ALICE families, uphold fiscal responsibility, and prevent a cascading statewide crisis.

For these reasons, and in strong alignment with Greater Twin Cities United Way's mission and values, I respectfully urge your support for this legislation.

Sincerely,



John Wilgers
President and CEO
Greater Twin Cities United Way



April 9, 2026

To: Chair Gomez and Members of the House Taxes Committee

Re: Support of HF 4841- Protecting Critical Health Infrastructure for Minnesotans with Disabilities

Chair Gomez and Members of the House Taxes Committee,

On behalf of disability advocates across Minnesota, we write in strong support of HF 4841.

HF 4841 would provide critical financial support to county health care facilities - institutions that are not optional components of our health system, but foundational pillars of care for Minnesotans with disabilities and complex health needs.

For many individuals with disabilities, these facilities are where care is received at the most critical and vulnerable moments of their lives: during medical crises, following traumatic injury, during acute mental health episodes, and when highly specialized or safety-net care is required. These hospitals often serve patients who cannot be turned away. These patients often have complex conditions and rely on systems that are already under significant strain.

HCMC is a cornerstone of Minnesota's healthcare infrastructure statewide. Its role extends far beyond its immediate geography. It supports regional care networks, absorbs high-acuity cases, and ensures that other hospitals across the state are not overwhelmed.

If this facility were to close or significantly reduce services, the consequences would be profound and immediate:

- Patients with disabilities would face delays or complete loss of access to critical care
- Emergency departments across Minnesota would experience dangerous overcrowding
- Rural and community hospitals would lose a key referral and stabilization partner
- The entire health care system would be pushed closer to a breaking point

For Minnesotans with disabilities - who already face barriers to accessing timely, appropriate care - this kind of disruption is not theoretical. It is life-altering.



We urge the Committee to support HF 4841. Protecting HCMC means protecting the health, dignity, and lives of Minnesotans with disabilities, as well as safeguarding the stability of our statewide health care system.

Thank you for your time and consideration,

KiloMarie Granada and Danielle Indovino Cawley

MNCCD Policy Committee Co-Chairs



April 9, 2026

Dear Co-Chairs and Members of the House Taxes Committee,

On behalf of Unidos MN, we write in support of HF4841, a proposal to ensure stable and sustainable funding for Hennepin County Medical Center (HCMC), including through the expansion of the Hennepin County Ballpark Tax.

Unidos MN is a grassroots organization that builds power with Minnesota's working families to advance social, racial, and economic justice for all. As an intersectional and intergenerational organization led by women and multiracial communities, we believe that public investments should reflect our shared values—ensuring that all Minnesotans, regardless of income, background, or immigration status, can access the care they need to thrive.

Keeping HCMC's doors open is essential for Minnesota's health system and our communities.

HCMC serves as a true safety net hospital. It is the nearest and most welcoming provider of healthcare services for working families, including many in immigrant and Latino communities, who often face barriers to care elsewhere. For many, HCMC is not just an option—it is the only place they can turn for emergency and specialty care, and one of few options for preventative care. Ensuring HCMC's financial stability is essential to preserving equitable access to care.

HCMC plays a critical role in training Minnesota's healthcare workforce. Providers from across the state receive training at HCMC, strengthening the development of skilled professionals who go on to serve communities in every region. Immigrant and mixed-status families are rebuilding communities across the state, and both as patients and providers we rely on HCMC's development of diverse, well trained providers.

For all of these reasons, Unidos MN urges the Committee to support this proposal. Expanding the Hennepin County Ballpark Tax is a responsible use of public financing to advance the common good. This approach demonstrates how existing revenue tools can be leveraged to protect critical public infrastructure without creating new burdens. It reflects an important principle: public dollars should be deployed in ways that generate broad, community-wide benefits—not just private gain. Expanding the Hennepin County Ballpark Tax to sustain HCMC is not just a fiscal decision—it is a commitment to health equity, community stability, and the shared wellbeing of all Minnesotans.

Thank you for your leadership and for the opportunity to share our perspective.

Sincerely,

Emilia González Avalos

Executive Director



Unidos MN



Empowering our patients to achieve their best health

North Memorial Health delivers unmatched patient experience and empowers its patients to achieve their best health. With specialty and primary care clinics, urgent and emergency care offerings, medical transportation services and two hospitals in Maple Grove and Robbinsdale, North Memorial Health provides access to high-quality, low-cost care in the Twin Cities, across the broader state of Minnesota and surrounding states. The North Memorial Health system includes 900+ doctors and 6,000+ team members who are dedicated to delivering a more connected experience for our patients.

| | |
|---|---|
|  | 2 HOSPITALS: ROBBINSDALE + MAPLE GROVE |
|  | 21 PRIMARY CARE AND SPECIALTY CLINICS |
|  | 2 URGENCY CENTERS |
|  | 2 URGENT CARE CLINICS |

| | |
|--|--------------------------|
|  | 104 AMBULANCES |
|  | 9 HELICOPTERS |

The country's largest combined air and ground EMS service owned by one health system

| | |
|---|----------------------------------|
|  | 440+ PROVIDERS |
|  | 6,500+ TEAM MEMBERS |

NORTH - ROBBINSDALE HOSPITAL:
25+ YEARS
AS A LEVEL I TRAUMA CENTER

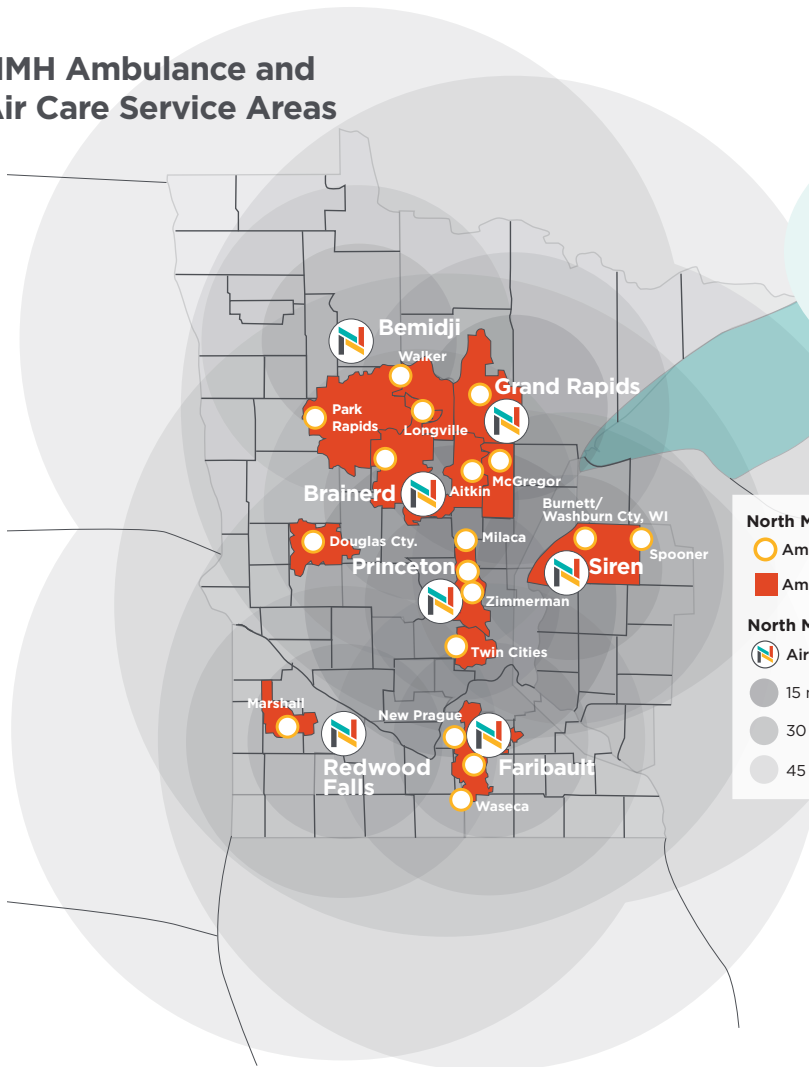
100+
SPECIALTY CARE
SERVICES



NORTH - MAPLE GROVE HOSPITAL:
**delivering the most
babies in Minnesota**
(2019, 2020, 2021, 2022, 2023)



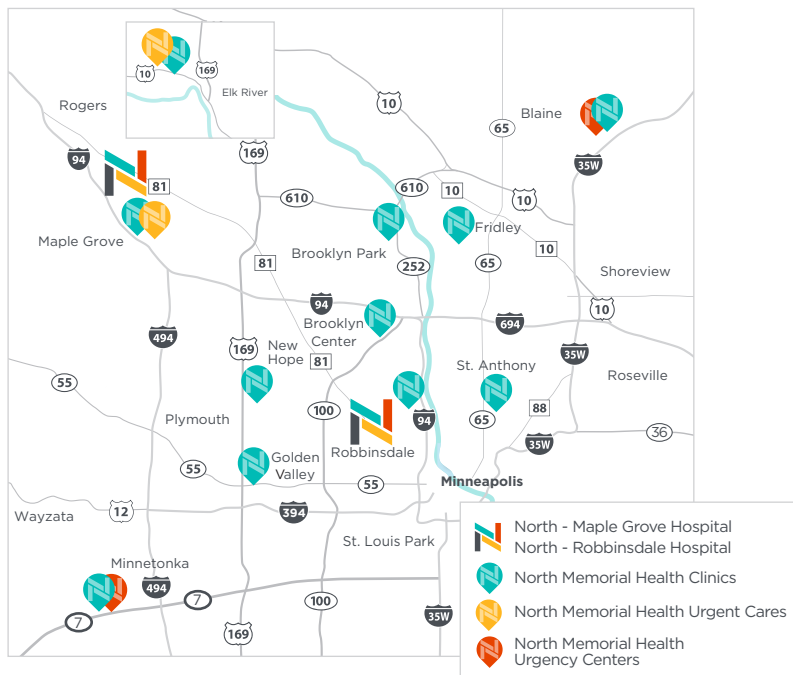
NMH Ambulance and Air Care Service Areas



Statewide Training Impact

The Professional Education office partners with **27 fire and police agencies** and trains more than **2,000** students each year.

NMH Primary and Specialty Care Service Locations



Serving our Community 2025



Learn more at northmemorial.com

