



March 20, 2026

Representative Aisha Gomez, Co-Chair
Representative Greg Davids, Co-Chair
Minnesota House of Representatives, Taxes Committee
Centennial Office Building
St. Paul, MN 55155

Dear Co-Chair Gomez and Co-Chair Davids,

We write today on behalf of the Minnesota Dermatologic Society, representing dermatology professionals in Minnesota, to urge legislators to take action this legislative session to ensure the continued strength and stability of Hennepin Healthcare, including Hennepin County Medical Center.

Patients across Minnesota depend on Hennepin Healthcare as a cornerstone of our state's care delivery system. It is Minnesota's premier Level I trauma center for both adult and pediatric patients, home to the state's regional burn and hyperbaric centers, and a leading academic medical and research institution that trains more than half of Minnesota's physicians. Its role is not optional — it is foundational.

As dermatologists, we rely on Hennepin Healthcare to take care of some of our most challenging patients including those with Toxic Epidermal Necrosis, a skin eruption that often requires care in a burn unit. Additionally, it is a foundational component of the University of Minnesota's dermatology training component, which has trained the most dermatologists practicing in the state.

Ensuring Hennepin Healthcare's long-term sustainability protects not only vulnerable Minnesotans but stabilizes the broader health care system by preventing cost shifting and capacity strain across other hospitals and health systems.

We respectfully ask you to prioritize a sales tax that will secure Hennepin Healthcare's financial stability and preserve its critical role in Minnesota's health care infrastructure.

Sincerely,

Lynda Kauls, MD
President, Minnesota Dermatological Society



March 18, 2026

Representative Aisha Gomez, Co-Chair
Representative Greg Davids, Co-Chair
Minnesota House of Representatives, Taxes Committee
Centennial Office Building
St. Paul, MN 55155

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

We write to urge legislators to take action to ensure the long-term strength and stability of Hennepin Healthcare, which is under severe and growing financial strain.

Hennepin Healthcare is a critical component of Minnesota's care delivery system. The organization provides the largest volume of hospital services for people covered by Minnesota Health Care Programs and for the uninsured. Three in four of its patients are publicly insured or uninsured, and it serves people from all 87 Minnesota counties. As Minnesota's busiest Level I Trauma Center, Hennepin Healthcare accepts referrals and offers 24/7 emergency consultation for hospitals statewide. Forty percent of trauma and burn patients come from outside Hennepin County.

Several services Hennepin Healthcare provides exist nowhere else in the region. It operates the only 24/7 emergency hyperbaric facility in the region, one of only two ABA/ACS verified burn centers in Minnesota, and the Minnesota Regional Poison Center, which saves an estimated \$12 to \$18 for every dollar invested. It also operates the state's largest inpatient psychiatric intensive care unit, at a time when psychiatric capacity across the state is already stretched dangerously thin.

More than half of Minnesota physicians received clinical training at Hennepin Healthcare, making it a major pipeline for the state's physician workforce, including through rotations in rural, Tribal, and medically underserved communities.

The impact of losing this organization, or seeing its services significantly cut, would be felt statewide. Thousands of Minnesotans could be forced to forgo needed care or seek it in other venues such as emergency departments, driving up costs across the system. Uncompensated care costs would be redistributed to other providers. Hospitals and health systems that are ill-equipped to absorb the volume would face increased strain. Services that exist nowhere else in the region would simply be gone.

The State of Minnesota should recognize Hennepin Healthcare as a statewide asset that deserves statewide investment. We respectfully ask that you act to establish meaningful and sustained state funding support.

Sincerely,

Christian Schloss
VP, Finance



HCAPE

HENNEPIN COUNTY ASSOCIATION
OF PARAMEDICS AND EMTS

Chair Davids, Chair Gomez, and House Taxes Committee Members,

On behalf of the paramedics, EMTs, and EMT/EMDs of HCAPE, I am writing to urge legislative action this session to ensure the long-term stability of Hennepin Healthcare (HCMC).

Hennepin Healthcare is not just a county hospital system; it is a cornerstone of Minnesota's public health infrastructure and a statewide asset. As Minnesota's largest Medicaid provider and Level I adult and pediatric trauma center, HCMC delivers care that no other facility can fully or adequately replace. It is also home to the state's regional burn and hyperbaric centers and serves as a leading academic and research institution.

More than 75% of the patients at HCMC are publicly insured or uninsured, and nearly 29% of patients come from outside Hennepin County. Between 2020 and 2024, 40% of trauma and burn specialty patients that received care at HCMC were from outside of Hennepin County. In 2024 alone, HCMC absorbed \$104 million in uncompensated care while operating with an average of five days cash on hand. With roughly 75% of its revenue tied to public programs, the financial margins are structurally thin despite the system's critical and essential statewide role.

Our members are a part of the vital services provided at HCMC. When patients require advanced trauma care, complex surgical procedures interventions, ECMO, burn treatment, or 24/7 hyperbaric services, HCMC is there. When we care for critically injured or severely ill patients, we rely on HCMC to receive those patients and provide specialized care, advanced capabilities, and clinical expertise to achieve the best possible outcomes. All of these services depend on highly trained frontline professionals, at all levels of care, whose experience and dedication make lifesaving care possible around the clock.

As a safety-net institution, HCMC serves a disproportionate share of uninsured and underinsured patients, providing care regardless of a patient's ability to pay. Sustainable funding is not just about a balanced budget; it is about protecting access to lifesaving trauma and specialty services and maintaining a health system that can serve all Minnesotans. One important component of this effort is the proposed extension of the ballpark tax to support Hennepin Healthcare. Utilizing this existing revenue stream to stabilize the system represents a practical and responsible approach that avoids creating a new tax while ensuring that Minnesota's most critical safety-net hospital remains strong. The services provided by HCMC benefit not only Hennepin County residents but also patients and communities across the entire state. Ensuring the financial stability of this institution through tools like the ballpark tax will protect access to trauma care, burn care, specialty medicine, and the broader continuum of emergency and public health services that Minnesotans rely on every day.

We respectfully urge your support for legislative solutions that provide long-term structural stability for Hennepin Healthcare. We stand ready to partner with you to protect this vital institution.

Respectfully,

Shane Hallow
President
Hennepin County Association of Paramedics and EMTs

From: Mark Brakke

Hennepin County Medical Center must remain open and able to function effectively. It is the responsibility of the elected officials of MN to be sure that this happens and we are confident they will be up to the task.

Hennepin County Medical Center (HCMC) is a Minnesota healthcare gem. HCMC provides routine healthcare for many in Hennepin County. HCMC provides the highest levels of burn and trauma care for Hennepin County and the entire state. HCMC is a teaching hospital providing a steady flow of well trained physicians for our entire state. To allow HCMC to close or even have to reduce its volume of work would be highly detrimental and must be prevented.

We think the responsibility of supporting HCMC should be shared by the entire state even if the majority of funding comes from the Minneapolis, St Paul metropolitan area. The Governor, the legislature, the Mayors of St Paul and Minneapolis as well as other political and healthcare leaders in the state need to collaborate to ensure HCMC can thrive.

This is an appropriate time to think about the whys of HCMC's financial distress. A significant portion of HCMC's work involves care for people who are underinsured and are unable to pay for the excellent care they receive. In our current world many patients have high deductible insurance plans which leave patients with major debt and the hospital partially unpaid. In addition to that HCMC has a high percentage of low income patients who are on Medical Assistance which has extremely low reimbursement rates, putting the hospital in the position of providing needed care but not being adequately reimbursed. Minnesota, like the rest of the United States, does not have a coherent healthcare system. We have a situation, not a system. The situation we have is highly dysfunctional. Many Minnesotans lack adequate insurance. There is no system to allow sensible planning and funding for Minnesota's healthcare needs. HCMC is the tip of an iceberg. The iceberg includes rural hospitals and rural health systems which are underfunded, unable to provide all the services their communities need and sometimes at risk of closure. Nursing homes are underfunded and consequently understaffed. Ambulance services are underfunded and stretched thin. Obstetrical care is becoming less available to rural areas. Many people have high levels of medical debt. Many avoid needed care because their insurance is inadequate or they may not be able to afford any health insurance.

The problem is not a lack of dollars dedicated to healthcare. The US spends thousands of dollars per person per year more than the second most costly country in the world but we are 49th in the world for life expectancy and our infant mortality and maternal mortality numbers are the worst in the modern world. The problems are lack of adequate universal health insurance, excess administrative expenses and a lack of sensible priorities. We should do better. We can do better. Let's get HCMC on track and then create a true healthcare system in MN which is efficient, great for patients, nurses, doctors and the whole Minnesota community.

4/7/2026

Health Care for All Minnesota
HCA-MN.org

March 4th, 2026

To Whom it May Concern,

We write as the Chairs of our respective County Boards to urge your support for Hennepin Healthcare System (HHS) and its flagship hospital Hennepin County Medical Center (HCMC). HHS is a critical part of the metro and statewide healthcare ecosystem and must remain open.

HHS treats patients from all across Minnesota – in fact, nearly 40% of the patients who receive trauma or specialty burn care come from outside Hennepin County and nearly one-third of all their patients do not live in Hennepin. We know that our residents receive care at HHS. At a time when all health systems and hospitals face an increasingly challenging financial landscape, we cannot afford to see HHS close. The cascading effect closure would have on other systems would be detrimental as no system can afford to absorb HHS’s payor mix or volume of patients.

HHS operates the busiest Emergency Department in the state, seeing 100,000 patients per year. Their doctors and nurses offer world-class care in the face of mass casualty incidents, such as the Annunciation school shooting. As a safety-net hospital, they saw more than \$104million in uncompensated care in 2024, of which \$24million in costs came from outside Hennepin County.

This year, Hennepin County will bring forward legislation to repurpose the Target Field sales tax to raise the revenue necessary to keep HHS open and operating. We urge your support of this legislation as counties have limited means to raise revenues and property taxes cannot absorb the cuts coming as a result of changes in federal Medicaid policy.

As leaders in the seven county metro area, we come together because of the importance Hennepin Healthcare System has to our hospitals, communities, and residents. Thank you for your consideration.

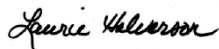
Sincerely,



Scott Schulte, Chair, Anoka County Board



Karla Bigham, Chair, Washington County Board



Laurie Halverson, Chair, Dakota County Board



Rafael E. Ortega, Chair, Ramsey County Board



Jon Ulrich, Chair, Scott County Board



Tom Workman, Chair, Carver County Board



April 7, 2026

Committee on Taxes
Minnesota House of Representatives
658 Cedar Street
Saint Paul, MN 55155

Dear Chairs Gomez and Davids, and Committee Members:

On behalf of the Mental Health Legislative Network (MHLN), we write in strong support of HF 4841.

MHLN is focused on increasing access to critical mental health care across Minnesota, and HF 4841 plays a vital role in protecting that access by preventing reductions to essential services at Hennepin County Medical Center (HCMC).

HCMC is a cornerstone of Minnesota's safety net and a statewide asset for high-acuity and specialized care, including mental health and substance use services. Minnesotans depend on HCMC for emergency psychiatric care, crisis stabilization, inpatient treatment, and complex behavioral health services that are often unavailable elsewhere. When other systems are at capacity or unable to meet need, HCMC is where Minnesotans turn.

HF 4841 is critical because it helps ensure that these services are not reduced at a time when demand continues to grow. Any loss of capacity at HCMC would have immediate and far-reaching consequences – increasing wait times, exacerbating emergency department boarding, and placing additional strain on already limited community-based resources across the state.

Protecting HCMC's ability to provide this level of care is essential to maintaining access for Minnesotans in crisis and supporting the broader continuum of care. This bill is a necessary step to preserve these critical services and ensure that Minnesotans can continue to access timely, lifesaving mental health care.

We strongly urge your support for HF 4841.

Sincerely,

Marcus Schmit
Executive Director
NAMI Minnesota
Co-Chair, MHLN

Shannah Mulvihill
Executive Director
Mental Health Minnesota
Co-Chair, MHLN

April 9, 2026

Dear Members of the Minnesota House Taxes 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. ([Hennepin Emergency Medicine Residency](#)).

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—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 8, 2026

Rep. Aisha Gomez & Greg Davids
Chairs, Minnesota House of Representatives
658 Cedar Street
Centennial Office Building, 5th Floor
St. Paul, MN 55155

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

On behalf of the Metro Minnesota Council on Graduate Medical Education (MMCGME), I write to urge immediate legislative action this session to ensure the financial stability and continued operation of Hennepin Healthcare, including Hennepin County Medical Center, a cornerstone of Minnesota's healthcare and medical education system.

MMCGME is a 12-member board overseeing graduate medical education across Minnesota. Hennepin Healthcare is a critical training site within that system, serving as a primary training site for 31 percent of all Graduate Medical Education trainees in our state. Its stability is directly tied to the future physician workforce in Minnesota.

Hennepin Healthcare is facing a severe and immediate fiscal cliff. With only five days of cash on hand and \$104 million in annual uncompensated care losses, the system is one disruption away from a significant interruption of services. This crisis is exacerbated by projected federal policy changes that could result in \$1.7 billion in losses over the next decade. This is not a local concern; it is a statewide emergency. We urge the Committee to pursue all available fiscal solutions to help ensure Hennepin Healthcare's stability.

As one of the region's largest employers and a major driver of healthcare-related economic activity, Hennepin Healthcare also plays a critical role in supporting jobs, local businesses, and the state's tax base. Ensuring its long-term sustainability protects vulnerable Minnesotans and stabilizes the broader healthcare system by preventing cost shifting and capacity strain across other hospitals and health systems.

We respectfully ask you and the Committee to advance and support sustainable funding solutions to ensure Hennepin Healthcare's financial stability and preserve its critical role in Minnesota's healthcare infrastructure. The health and safety of patients and the viability of Minnesota's future medical workforce depend on it.

Sincerely,



Robert Miner, MD
Board Chair, Metro Minnesota Council on Graduate Medical Education

April 7, 2026

Representative Aisha Gomez, Co-Chair
Representative Greg Davids, Co-Chair
Minnesota House of Representatives, Taxes Committee
Centennial Office Building
St. Paul, MN 55155

Dear Co-Chair Gomez and Co-Chair Davids,

We write today on behalf of pharmacists, students, residents, fellows, and pharmacy technicians to urge legislators to take action this legislative session to ensure the continued strength and stability of Hennepin Healthcare, including Hennepin County Medical Center.

Patients across Minnesota depend on Hennepin Healthcare as a cornerstone of our state's care delivery system. It is Minnesota's premier Level I trauma center for both adult and pediatric patients, home to the state's regional burn and hyperbaric centers, and a leading academic medical and research institution that trains countless Minnesota healthcare professionals. Its role is not optional—it is foundational.

Minnesota pharmacists rely on Hennepin Healthcare . . .

- Hennepin Healthcare employs nearly 400 dedicated pharmacy professionals and trains dozens of pharmacy residents and students each year
- Hennepin Healthcare provides much-needed clinical and community pharmacy services to at-risk patient populations. Areas of unique expertise include the pharmacist-led poison center, leadership in acute care, and a network of ambulatory pharmacists spread across the community
- Annually, Hennepin Healthcare provides tens of millions of dollars of uncompensated medications to patients with socioeconomic barriers and insurance gaps

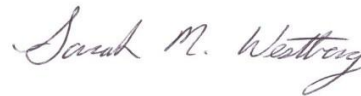
Ensuring Hennepin Healthcare's long-term sustainability protects not only vulnerable Minnesotans, but stabilizes the broader health care system by preventing cost shifting and capacity strain across other hospitals and health systems.

We respectfully ask your support of repurposing the ballpark sales tax to a health care sales tax that will secure Hennepin Healthcare's financial stability and preserve its critical role in Minnesota's health care infrastructure.

Sincerely,



Benjamin Anderson, PharmD, MPH, FASHP, FMSHP
President, Minnesota Society of Health-System Pharmacists



Sarah Westberg, PharmD, FCCP, BCPS
President, Minnesota Pharmacists Association





MINNESOTA NURSES ASSOCIATION

345 Randolph Ave. Ste.200, St. Paul, MN 55102
651.414.2800 | mnnurses@mnnurses.org

April 9, 2026

Minnesota House Taxes Committee
Minnesota State Capitol Building
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Dear Co-Chair Gomez, Co-Chair Davids, and Members of the House Taxes 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. MNA advocates for sound public policies that will improve Minnesotans' access to quality patient care and serve to promote better public health outcomes. 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.

MNA would prefer to see legislation advance that dedicates new revenues solely to HCMC, such as Chair Gomez' legislation, H.F. 4849, which MNA supports. But MNA supports this legislation, H.F. 4841, as a means of ensuring that this vital statewide healthcare asset remains open to serve patients. We are grateful for the attention and diligence being taken by Rep. Agbaje, Co-Chair Gomez, Co-Chair Davids, and others to find the best solution, which we hope will result in a sustainable funding mechanism for HCMC.

HCMC helps meet the healthcare needs of Minneapolis, Hennepin County, the Metro Area, the entire state, and a huge four-state region. HCMC serves 100,000 patients annually, and these patients come from all across the state and Upper Midwest, accepting patients from rural hospitals that do not have the infrastructure or ability to provide for the needs of all the patients HCMC regularly treats. Patients from 65 Minnesota counties regularly take advantage of HCMC for its dental care program, which many depend on because their local dentists will not accept new patients on public insurance. From treating severe burns to carbon monoxide poisoning, MNA nurses across the state are accustomed to preparing patients for transfer to HCMC so they can get the care that they need.

In addition to being our state's largest safety-net hospital, it is also hugely important for the healthcare workforce that HCMC remain open. In most cases, HCMC nurses and other staff get fewer benefits than their counterparts in the private sector, but they do it because they love the work of providing care, the patients they care for, and the charitable mission of the hospital that sets it apart from privately operated hospitals. HCMC closing would have catastrophic impacts to the nursing workforce in our state, as well as

for providers (who rely on HCMC for medical education), therapists, EMS, and all the other healthcare professionals that help make HCMC what it is today. We urge legislators to be cautious of short-term funding alternatives, as looming uncertainty around the future of the hospital, without sustainable funding passed this session, will cause more and more nurses to explore or secure employment elsewhere. A lack of long-term investment by the legislature this session would likely be catastrophic for worker retention and recruitment moving forward at HCMC.

HCMC is too critical to Minnesota for the legislature to allow it to fail. But unless new revenues are passed this session, our largest safety net will be no more. That is why MNA supports repurposing the stadium sales tax to keep this vital piece of our healthcare delivery system operational. That is also why MNA would enthusiastically support a modified version of this proposal that more narrowly directs revenues to the hospital (such as H.F.4849). And it is why MNA would also support another progressive tax to raise longer-term revenues for the hospital. No matter the final form of this legislation, we hope that you will support us by passing some version of this bill to provide HCMC with the sustainable revenue needed for our state's largest safety net hospital to remain there for Minnesotans for years to come.

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 7, 2026

Committee on Taxes
Minnesota House of Representatives
658 Cedar Street
Saint Paul, MN 55155

RE: HF 4841

Dear Chairs Gomez and Davids, and Committee Members:

On behalf of NAMI Minnesota, I write to express my strong support of HF 4841.

At NAMI Minnesota, our focus is on ensuring that individuals and families across the state can access timely, effective mental health care – especially in moments of crisis. HF 4841 is critical to that mission because it helps prevent reductions to essential services at Hennepin County Medical Center (HCMC), one of Minnesota’s most important providers of high-acuity mental health care.

HCMC serves as a vital safety net and a statewide resource for individuals experiencing mental health crises. People from across Minnesota rely on HCMC for emergency psychiatric care, inpatient services, and crisis stabilization when other options are unavailable or at capacity. For many, it is the only place they can go to receive immediate, lifesaving care.

Preventing cuts to these services is essential. Any reduction in capacity at HCMC would have ripple effects across the entire state – leading to longer wait times in emergency departments, increased pressure on community providers, and greater barriers to care for individuals and families already struggling to access services.

At a time when demand for mental health care continues to rise, Minnesota cannot afford to lose critical capacity at one of its most relied-upon providers. HF 4841 represents an important step in preserving access to care and ensuring that people in crisis are able to get the help they need, when and where they need it. I strongly urge your support for HF 4841.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marcus Schmit", is written over a light blue circular background.

Marcus Schmit
Executive Director

April 2026

To Whom it May Concern:

My name is Dr. Nicole Stoik, MD. I am a practicing emergency medicine physician with Emergency Care Consultants. I am the Emergency Department Medical Director for Owatonna Hospital, as well as several area emergency departments.

Owatonna Hospital is a 24-bed hospital with the ability to admit general surgery, OB/GYN, mental health and many other medical patients. We have 4 Special Care Unit beds, but do not have a full-capability ICU. We are a level 4 trauma hospital and, as such, do not have ready access to trauma surgery, neurosurgery, plastic surgery, or burn care. We do not have inpatient GI, Urology, ENT, Dental, Dermatology, Rheumatology and many other specialties. We care for as much as possible locally, but given our limited resources, we do rely on tertiary and quaternary care centers like HCMC, Regions, Mayo and U of MN for more complex patients that have needs we cannot accommodate.

There are no level 1 trauma hospitals within the Allina system so we rely on other systems to help us care for these types of patients. We transfer within the Allina system whenever we can, and we transfer many patients to either Mayo Rochester or Mayo Mankato when needed, because it is geographically closer.

Despite these facts, I cannot stress to you the importance of HCMC to us in the Minnesota and Western Wisconsin medical communities, both directly and indirectly. Hospitals we typically transfer to often operate near or at maximum capacity, this leads to patients boarding in our 12-bed emergency department for hours and sometimes days. If HCMC were to close, shifting their volumes to the other large hospitals, there would more often be nowhere for our trauma, burn and other more complex patients to go, as Regions, Mayo, and the U of MN would be further overwhelmed.

HCMC also has some highly specialized resources that, while we don't need them often, we are unable to find anywhere else, like Hyperbaric oxygen therapy (HBOT). A patient we transferred from Owatonna to HCMC in 2025 had a central retinal artery occlusion, which is basically a stroke in your eye that can cause permanent vision loss if not treated quickly. HBOT increases the amount of oxygen dissolved in your blood plasma, allowing oxygen to reach the dying retina of the eye, essentially bypassing the blockage until the vessel can be reopened. This can save someone's vision when done expediently and is available at HCMC.

Another patient we transferred to HCMC had a disfiguring dog bite to the face. The facial plastics team at HCMC was able to accept and care for this patient when Mayo and Regions did not have capacity to accept them due to volume.

We transferred a dialysis patient with severely elevated potassium to HCMC for emergent dialysis when other hospitals were unable to accept them due to volumes. In this case, the ready availability of dialysis, which we cannot do at Owatonna, likely saved the patient's life.

If HCMC were to close, the burden on the current Minnesota medical landscape would be insurmountable. The demand this would place on the other hospitals in the area would lead to increased boarding, delays in necessary care at all levels, and greatly increased patient morbidity and mortality. The removal of the safety net that HCMC

provides would be devastating to anyone needing medical care in the region. I urge you to do whatever it takes as our legislators to find a way forward that doesn't result in this devastating blow to the state of Minnesota. Your or your family's lives may well depend on it.

Sincerely,

Dr. Nicole Stoik, MD, FACEP

April 2026

Chair Gomez and Chair Davids and House Tax
Committee Members
Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

Chair Rest and Senate Tax Committee
Members
Minnesota Senate Building
95 University Ave. W.
St. Paul, MN 55155

Dear Chairs and Committee Members,

I write today to urge legislators to take decisive action this legislative session to ensure the continued strength and stability of Hennepin Healthcare System, including Hennepin County Medical Center.

Health systems across Minnesota depend on Hennepin Healthcare as a cornerstone of our state's care delivery system. It is Minnesota's premier Level I trauma center for both adult and pediatric patients, home to the state's regional burn and hyperbaric centers, and a leading academic medical and research institution that trains more than half of Minnesota's physicians. Its role is not optional – it is foundational.

Ridgeview, like many other regional health systems outside the metro core, relies on Hennepin Healthcare to accept transfers of patients whose medical needs exceed the specialty services we are equipped to provide. When our patients require advanced trauma care, complex surgical interventions, ECMO, burn treatment, or 24/7 hyperbaric services, Hennepin Healthcare is there, regardless of the patient's ability to pay for services. Without its full operational capacity, patients in every region of Minnesota would face delayed care, longer transport times, and increased risk during their most critical moments.

As a state, we must preserve and strengthen our safety net of highly specialized systems like Hennepin Healthcare, which serves a disproportionate share of uninsured and underinsured patients. Ensuring its long-term sustainability protects not only vulnerable Minnesotans but also stabilizes the broader health care system by preventing cost shifting and capacity strain across other hospitals and health systems.

Please accept this letter of support for the repurposing of the ballpark sales tax to a health care sales tax. We respectfully ask that you prioritize this funding solution to secure Hennepin Healthcare's financial stability and preserve its critical role in Minnesota's health care infrastructure. The health and safety of patients across our state depend on it.

Sincerely,



Michael J. Phelps
President & Chief Executive Officer
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Executive Offices

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April 2026

Representative Greg Davids
Co-Chair, Taxes Committee
658 Cedar St.
Centennial Office Building, 2nd Floor
St. Paul, MN 55155

Representative Aisha Gomez
Co-Chair, Taxes Committee
658 Cedar St.
Centennial Office Building, 5th Floor
St. Paul, MN 55155

Dear Representative David, Representative Gomez and Members of the Committee,

I write on behalf of University of Minnesota Physicians (UMP), the clinical practice for the University of Minnesota Medical School, in support of legislative action to stabilize finances and operations at Hennepin Healthcare, including Hennepin County Medical Center (HCMC). I am also an ICU doctor and surgeon who has worked with and seen the important impacts of the physicians and teams who care for patients at HCMC.

Hennepin Healthcare faces a financial crisis that threatens its public service to Minnesotans. As a surgeon and University of Minnesota Medical School professor, I see a painful reality for our state, its patients and our collective ability to train the next generation of Minnesota's doctors without legislative intervention that recognizes Hennepin Healthcare's irreplaceable role in Minnesota's healthcare.

As the practice for the University of Minnesota Medical School faculty, UMP faculty physicians not only care for patients with Hennepin Healthcare, but they also teach and train the next generation of Minnesota's doctors alongside others at HCMC. Hennepin Healthcare's mission is to ensure access to outstanding care for everyone, improve health and wellness, and to teach and conduct research. UMP and our faculty doctors recognize Hennepin Healthcare's critical responsibility to care for all patients who walk through its doors.

Every health system in Minnesota has a unique role in meeting our state's needs. Rural hospitals and clinics are the first source of care for patients outside of metro areas. By design, they must refer patients to higher levels of care located in the population centers, where each hospital also has a market-driven

niche of services. Some hospitals focus on heart care, others organ transplant, and equally important are those that specialize in the highest levels of trauma care. Hennepin Healthcare does it all – exceptionally well – across 500 beds at HCMC, and they do it for a majority of rural communities across Minnesota. They are also only one of three hospitals in the metro area that provide the highest level of adult trauma care and one of only two that provide the highest level of pediatric trauma care. They do it for patients regardless of where they come from and when they are most in need: following car accidents, severe burns and gun violence.

Without Hennepin Healthcare, there would be a void in Minnesota’s ability to care for these patients. Yes, neighboring hospitals could adapt, but it would take time with critical institutional knowledge lost. I often say that our hospital at the University of Minnesota is a 1,200 bed hospital with only 900 beds. Simply put: While possible, it would be extremely difficult for Minnesota to sustain the loss of 500 beds that are just as in need as other beds in hospitals across the Twin Cities.

As a major clinical training site – both in partnership with the University of Minnesota Medical School and as its own hospital system – Hennepin Healthcare also supports medical education for nearly one third of our state’s future doctors. It is home to 22 medical residency and fellowship programs, which include Minnesota’s largest residency training programs in Emergency Medicine and Family Medicine. These two programs alone are essential for the health of Minnesotans, from primary to secondary to tertiary care. If Hennepin Healthcare faces closure, and these programs with it, Minnesota would lose more than 20 new, talented emergency medicine and family medicine doctors it would otherwise graduate every single year. These are often the first doctors patients would see whenever they need care, and there are already too few of them to go around.

This reduction would be in addition to the 20 internal medicine physicians, 12 general surgeons and eight psychiatrists that Hennepin Healthcare trains and graduates for out state each year. Without these new doctors to replace the one in every five Minnesota doctors who plan to retire or leave practice in the next five years, our state’s patients will face even greater barriers to accessing the care they need. Training the next generation of doctors is one of Hennepin Healthcare’s most essential contributions to Minnesota – and it is imperative that it continue with legislative support.

I respectfully ask you and the Committee to support sustainable funding mechanisms to stabilize Hennepin Healthcare’s service to Minnesota, including repurposing the ballpark sales tax to a healthcare sales tax. It is essential to for both the near- and long-term future of Minnesota’s care for our neighbors.

Yours,

A handwritten signature in black ink, appearing to read 'Greg Beilman', with a stylized flourish extending to the right.

Greg Beilman, MD
CEO, University of Minnesota Physicians
Professor of Surgery, University of Minnesota
720 Washington Ave SE
Suite 200
Minneapolis, MN, 55414

A Patient Story: Why Hennepin Healthcare Matters

My name is Mark Lynn. I am a clinical child psychologist in Minneapolis and have worked in healthcare for more than a decade. I am also someone whose life was saved at Hennepin Healthcare.

Several years ago, I developed a rapidly progressing infection involving epiglottitis and a retropharyngeal abscess - a condition that can quickly become fatal when not recognized early. Before coming to Hennepin, I sought care at another major health system in the Twin Cities three separate times. Each time, I was told my symptoms were likely anxiety or a routine illness. At one point, when I described the severity of my symptoms - including difficulty swallowing and choking on my own saliva - I was openly dismissed by attending physicians and used as an example of a “psychosomaticizing patient” in front of medical trainees. I requested additional imaging because I felt something was seriously wrong, but those concerns were not taken seriously.

Over the next several days, my condition continued to deteriorate.

By the time I decided to come to Hennepin Healthcare, I was extremely ill. I remember arriving primarily because I thought their urgent care might at least give me IV fluids. Instead, something remarkable happened: I was believed.

From the moment I arrived, the team at Hennepin listened to my symptoms and immediately recognized the seriousness of what I was describing. They acted quickly. I was taken to the emergency department’s stabilization area and ultimately intubated. I later learned that my airway was closing and that **without intervention I could have died - the emergency physician estimated I may have had no more than two hours left.**

The teams in the ED stabilization room, the Medical ICU, and the ENT service worked together to treat the infection and stabilize my airway. I spent days in the ICU and additional time recovering on the hospital floor. During that time, my family experienced something I will never forget: calm, competence, and deep respect from every person who cared for me.

When patients arrive in the hospital critically ill, families are often terrified. My family certainly was. Yet again and again, the staff at Hennepin showed patience, humanity, and reassurance. One nurse held my hand while preparing me for intubation and calmly told me everything would be okay. That simple moment of compassion mattered more than I can put into words.

After I was extubated and recovering in the ICU, I began to see something else that struck me deeply: the way this hospital treats every patient.

One night, I woke to the sounds of a medical emergency elsewhere on the unit. When the patient died, the staff quietly gathered to honor that person’s life and ensure they were treated with dignity even in death. It was clear to me that this respect was not reserved for certain patients or circumstances - it was the culture of the place.

This experience changed me.

I am someone who understands healthcare systems. I have a doctoral degree and I have worked in healthcare for years. I know how to communicate with clinicians and advocate for myself in medical settings. And yet, even with those advantages, my illness was initially dismissed elsewhere.

What saved my life was not just clinical expertise - it was a culture of listening to and believing patients.

At Hennepin, the care I received reflected something deeper: a commitment to dignity and patient-centered care for every person who walks through the door. I saw it in how staff treated me. I saw it in how they treated the patient in the next room. And I saw it in how they supported my family during the most frightening days of our lives.

That level of care is not accidental. It is the result of a safety-net institution built around the principle that every patient matters.

When I was discharged from the hospital, I remember feeling a profound sense of regret that I had left Hennepin Healthcare years earlier for another organization. I eventually returned professionally, in large part because of what I experienced as a patient.

Today I serve at Hennepin Healthcare as part of our psychology leadership, and I see every day how deeply the staff here care about the people they serve. The patients who come through these doors are incredibly diverse. Many face complex medical, social, and financial challenges. Yet the same dignity and respect that saved my life is extended to each of them.

Hospitals like Hennepin Healthcare are essential to the health of our communities. They care for everyone - regardless of insurance status, background, or ability to pay. They train the next generation of healthcare professionals. And they deliver life-saving care every day.

I am alive today because Hennepin Healthcare exists.

As you consider decisions about the future of our healthcare system, I hope you will remember that behind every line item in a budget is a human story like mine - a life that depended on the presence of a strong, well-supported safety-net hospital.

For me and my family, that hospital was Hennepin Healthcare.

*Submitted by: Mark Lynn, PhD, LP, ABPP
Board Certified, Clinical Child/Adolescent Psychology
Psychology Manager, Child and Adolescent Psychiatry*

March 17, 2026



April 8, 2026

Minnesota House Taxes Committee
Minnesota House of Representatives
Saint Paul, Minnesota

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

On behalf of the Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG), we write to express our support for HF4841 to bolster the critical role of Hennepin County's healthcare facilities, including Hennepin County Medical Center (HCMC) by securing funding that will help these facilities continue operations. As physicians dedicated to the health and well-being of Minnesota patients, we recognize the critical role HCMC plays as a safety-net hospital and essential provider of obstetric and gynecologic care.

Safety-net hospitals are a cornerstone of Minnesota's health care system. They care for patients regardless of their ability to pay and serve a disproportionately high number of individuals covered by Medicaid, MinnesotaCare, or who are uninsured. These hospitals provide vital access points for comprehensive care, including prenatal services, labor and delivery, postpartum care, and emergency obstetric services. Ensuring the financial stability of institutions like HCMC helps protect access to care for families who might otherwise have nowhere else to turn.

Access to labor and delivery services is particularly important. Across the country and in Minnesota, hospitals have increasingly struggled to maintain obstetric services due to workforce shortages, financial pressures, and rising operational costs. When labor and delivery units close, patients must travel farther for care, which can increase risks for pregnant patients and their babies and create additional barriers for families already facing transportation, financial, or language challenges.

HCMC and North Memorial play vital roles in ensuring that labor and delivery services remain available for patients in the Twin Cities region, particularly those with complex medical or social needs. Obstetricians and gynecologists depend on strong safety-net hospitals to ensure that all patients—including those with high-risk pregnancies—can access timely, high-quality care.

Maintaining stable funding for these hospitals is therefore not only a financial issue but also a matter of maternal and infant health. Preserving strong safety-net institutions helps ensure that obstetric care remains available when and where patients need it, protects access to emergency maternity services, and supports healthier outcomes for Minnesota families.

Strengthening the resources available to safety-net hospitals will help ensure that critical services—including labor and delivery—remain available to patients across our communities.

Thank you for your leadership on this issue.

Sincerely,

Erin Stevens, MD
Legislative Chair
Minnesota Section, American College of Obstetricians and Gynecologist



March 17, 2026

Dear Members of the House Tax Committee,

The **Association of Minnesota Counties**, an organization representing all Minnesota's 87 counties, **writes to express appreciation for your attention to recent news regarding the fiscal challenges facing Hennepin Healthcare System and its flagship hospital Hennepin County Medical Center (HCMC).**

The AMC Board of Directors, composed of over 30 elected leaders from across the state, met earlier this month to hear a presentation on the current state of the hospital, its financial predicaments, and the potential impact from the hospital closures. During that meeting, AMC Board members expressed concern regarding the potential closure of HCMC and the far-reaching consequences such an outcome would have for communities throughout our state.

While located in Minneapolis, HCMC serves a much broader mission than that of a single county hospital. As Minnesota's busiest Level I trauma center and a critical safety-net provider, the hospital serves patients from across the state and regularly receives complex transfers from smaller and rural hospitals that do not have the capacity or resources to manage high-acuity cases.

AMC supports Hennepin County's proposal to repurpose the Target Field sales tax to raise the revenue necessary to keep HCMC open and operating. As this committee is well aware, counties have limited means to raise revenues and property taxes alone cannot absorb the impact of a cascading series of fiscal challenges.

For counties statewide, the potential loss of this institution raises several concerns.

- **First, the implications for patient care across Minnesota would be immediate and severe.**
Hospitals throughout the state rely on HCMC to accept critically ill and injured patients requiring specialized trauma services. Rural and regional hospitals frequently transfer complex patients to HCMC when care exceeds local capacity. The loss of this facility would place extraordinary pressure on emergency departments and trauma systems statewide, creating delays in care and increasing strain on already stretched health systems.
- **Second, the closure would disrupt Minnesota's physician training pipeline.**
As a major teaching hospital affiliated with the University of Minnesota, HCMC plays a central role in training physicians, nurses, and other healthcare professionals. The hospital supports numerous residency and fellowship programs across specialties and is a critical training ground for future medical professionals who ultimately practice in communities across Minnesota and beyond. The loss of this training environment would have long-term consequences for our state's healthcare workforce.
- **Third, the ripple effects would reach every regional healthcare system.**
Minnesota's hospitals function as an interconnected network of care. When safety-net hospitals like HCMC are destabilized, the burden of uncompensated care, trauma care, and high-acuity patients shifts throughout the system. Regional hospitals and local governments would inevitably absorb new pressures—from increased emergency department volume to higher uncompensated care costs—creating financial and operational strain across the healthcare system.

We recognize the complexity of the financial challenges facing the Hennepin Healthcare System and the difficult decisions confronting policymakers. However, the potential loss of this institution is a statewide healthcare access issue, a workforce development issue, and would upend the statewide healthcare ecosystem.

AMC appreciates the opportunity to share our conversations and perspectives with committee members and the seriousness the Legislature is taking this issue--and the broader issue of hospital sustainability--this session.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Hilgart", with a long horizontal flourish extending to the right.

Matt Hilgart, Director of Government Relations
Association of Minnesota Counties

March 24, 2026

Dear

My daughter, Vivian, was shot while sitting in church on August 27th at Annunciation. Pieces of bullet fragments remain inside her today and will stay there for the rest of her life. She carries scars on her back and arm—visible reminders of that horrific experience.

When I received a phone call from a police officer that morning, he told me he was with Vivian in an ambulance on the way to Hennepin Healthcare. Alongside the panic of hearing she had been shot, I felt something else—relief. I knew she was being taken to the very best place possible. The doctors and nurses there would know exactly what to do. They would take care of her.

Hennepin Healthcare is Minnesota's largest Level 1 trauma center and a critical resource for our entire community, providing life-saving emergency care when it is needed most. I witnessed firsthand how their Emergency Department and Pediatric Intensive Care Unit respond in a moment of crisis, and it is nothing short of extraordinary.

If Hennepin Healthcare ceases to exist, the victims of the next mass shooting may not be as fortunate as the families of Annunciation. There simply are not words to fully capture the value this institution provides. They saved countless lives on August 27th and our community is forever grateful.

I urge you to do everything in your power to support Hennepin Healthcare and ensure it remains an essential, life-saving resource for Minnesotans.

Sincerely,

Malia Kimbrell



An association of resources and advocacy for children, youth and families
www.aspiremn.org

April 8, 2026

Dear Co-Chair Gomez, Co-Chair Davids and Members of the Taxes Committee,

AspireMN is a statewide association of children and family serving organizations with delivery of care in children's mental health, child welfare, and a variety of service models oriented to provide early intervention for families, meet critical needs and promote family preservation.

We are grateful for your consideration of HF4841 and encourage your support for this solution to advance in the 2026 session to preserve the asset that Hennepin County Medical Center (HCMC) is for all children and families statewide.

As an association of children and family service providers we can attest to the critical nature of quality health care as a foundation for healthy development. HCMC is a treasure for the entire state as it provides all of us access to top level emergency trauma care, develops our future professionals as a teaching hospital, innovative neonatal support, and countless other specialties that improve lives across Minnesota.

We encourage this committee to support HF4841 and all measures that preserve the incredible asset that HCMC represents for Minnesota children and families.

Warm regards,

Kirsten Anderson
Executive Director

AspireMN improves the lives of children, youth and families served by member organizations through support for quality service delivery, leadership development and policy advocacy.

1919 University Avenue W. #450, St. Paul, Minnesota 55104

A message from Callie Eide, Eden Prairie resident and a grateful patient in the Hennepin Healthcare Transplant program:

Callie has had careers in law, politics, radio, spiritual philosophy, and glassblowing and has been involved with Natural Health Care for 40 years. She acted as an advocate and lobbyist for chiropractic, natural health, personal injury, and worker's compensation for several decades. Callie and Dave were married for 17 years, and they each had a kidney that once belonged to Callie.

Let's explain.

Callie had a friend and colleague named Dave for many years. He was even her Naturopathic practitioner. Callie was a medical liaison for a law firm and went to Dave for opinions and advice. As life happens, over the years they lost touch for a while. Catching up over brunch one day in 2009, Dave told Callie that he was in renal failure and was on dialysis. Not skipping a beat, Callie offered him the waiting kidney.

Going through the testing process at HCMC it was determined they were an outstanding match. They began dating during this time, ultimately had the successful transplant (with absolutely no side effects for Callie except for a little tiredness), got married in a ceremony celebrating how they "shared more than their hearts" and honeymooned in the Bahamas.

Callie has also been a strong advocate for HCMC since her law office practice represented a severely head-injured young girl in the 1980s. Her mother held various positions at The General in the 1960s and 70s. She is an especially great advocate for the Hennepin Healthcare Transplant Program, where the living donor transplant occurred. "The thing that sets the transplant program here apart is the communication of the team and the longevity of their transplant expertise," said Callie.

During COVID, many people, particularly immunocompromised (your immune system's defenses are low which affects its ability to fight off infections and diseases) people couldn't get answers from doctors all over the nation. Callie and Dave heard many frustrated stories from clients. She adds, "Hennepin was right there – always responsive, caring for patients whether it was managing medications or answering tough questions. Nationally hospitals and clinics were tested, and Hennepin got an A."

70% of patients that are part of the Transplant Program for long-term care, are from outside Hennepin County.