

Wednesday, March 18, 2026

Submitted Electronically

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

Thank you for the opportunity to share the Minnesota Hospital Association's perspective on Hennepin Healthcare and its role in Minnesota's health care system.

Minnesota's hospitals are operating in one of the most challenging environments in decades. Inadequate public reimbursement, persistent workforce shortages, rising costs, and growing levels of uncompensated care have placed extraordinary strain on our statewide system of care. More than two-thirds of hospital patients in Minnesota are covered by programs that do not fully pay the cost of care. The result is a system with increasingly narrow margins, limited reserves, and very little room for disruption.

Within that system, every hospital plays a role that cannot easily be replaced. Hennepin Healthcare is no exception — it is one of the essential pillars holding the structure together.

Hennepin County Medical Center is one of Minnesota's Level I adult and pediatric trauma centers and one of the state's most significant safety-net providers. It operates the busiest emergency department in Minnesota, with more than 100,000 visits annually. Its patient population is more than 75% publicly insured or uninsured. Nearly one-third of its patients come from outside Hennepin County, and in recent years, approximately 40% of those requiring trauma or burn specialty care have traveled from elsewhere in the state. This is not a county resource. It is a statewide one.

For rural and regional hospitals across Minnesota, Hennepin Healthcare functions as a critical partner and backstop. When a patient suffers a life-threatening farm injury in southern Minnesota, a serious crash in greater Minnesota, or a complex burn requiring specialized care, that patient is often stabilized locally and transferred to Hennepin County Medical Center for definitive treatment. If that capacity were weakened, the impact would cascade across the entire delivery system — overwhelming emergency departments, straining specialty networks, and placing additional pressure on already vulnerable rural hospitals that have nowhere else to turn.

Hennepin Healthcare is also central to Minnesota's health care workforce pipeline. It trains roughly one-third of the state's graduate medical education physicians and more than one-quarter of its undergraduate medical trainees — with 43% of those trainees being people of color, helping to build a physician workforce that reflects the communities it serves. It operates the only addiction medicine fellowship in the state. The majority of its trainees remain in Minnesota to practice, filling gaps in communities

experiencing severe shortages in primary care, emergency medicine, and behavioral health. Through programs like Project ECHO, Hennepin Healthcare extends clinical expertise to providers in more than 50 Minnesota counties, strengthening care delivery far beyond the metro area.

At the same time, Hennepin Healthcare faces severe financial strain that mirrors and magnifies the pressures confronting hospitals across the state. Uncompensated care exceeds \$100 million annually, including tens of millions attributable to patients residing outside Hennepin County. The system operates with roughly five days of cash on hand — a margin that leaves almost no capacity to absorb additional financial shock. And the worst may be yet to come. As the impacts of federal policy changes become clearer, every nonprofit hospital and health system in Minnesota faces the prospect of deepening losses that could call into question the very viability of our statewide system of care. These challenges are not theoretical. They are immediate, they are accelerating, and they will not be confined to any single institution.

Minnesota's health care system depends on the strength of each of its parts: community hospitals and clinics, regional referral centers, and tertiary trauma and specialty hubs. When one of those parts weakens, the consequences do not stay local — they ripple outward across the state. Hennepin Healthcare is one of the pillars that rural hospitals, regional systems, and patients across Minnesota depend on in their most critical moments. If it falters, every Minnesotan — urban and rural alike — will feel the consequences.

Preserving the strength and stability of Hennepin Healthcare is not simply a local concern. It is a matter of statewide health security.

Thank you for your attention and leadership on this important issue.

Sincerely,



Michelle Benson
Senior Director of State Government Relations
mbenson@mnhospitals.org



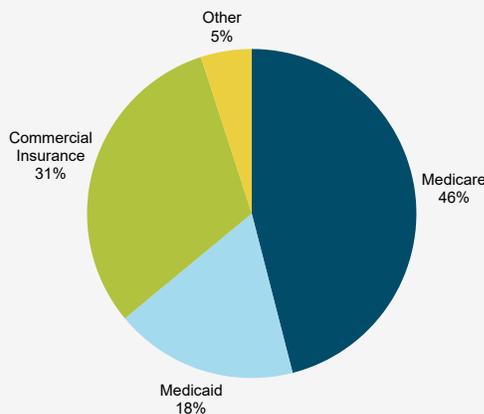
Danny Ackert
Director of State Government Relations
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Over 30% of Minnesota's hospitals are operating in the red.

Hospitals face rising costs: drug prices, skilled workforce, supplies, and the cost of employer mandates. Yet government programs **don't cover the full cost of care** and charity care is growing. As a result, over 30% of Minnesota hospitals are losing money.

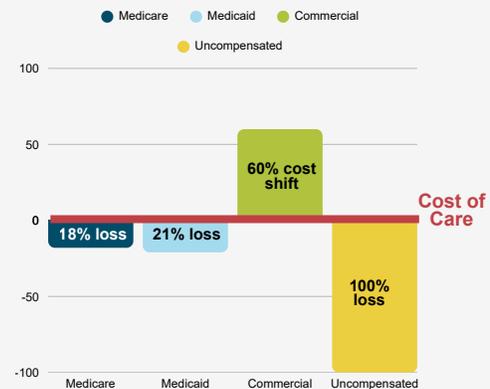
How are Minnesota hospital patients insured?

Percent based on patient volume



How much do insurers pay?

Percent paid of cost of care by payer



In 2024, hospitals invested **\$2.6 billion** to cover losses from Medicare underpayments and other uncompensated care.

And things are about to get worse.



Last year's bipartisan hospital Statewide Directed Payment Program that would have brought approximately one billion dollars to Minnesota hospitals may not be approved by CMS. **If it is approved, the program will be significantly scaled** back as a result of federal law changes passed as a part of H.R. 1, the One Big Beautiful Bill Act.



Medical Assistance (MA) redetermination and work reporting requirements may lead to more than 140,000 Minnesotans without coverage, increasing the likelihood that hospitals will serve **more Minnesotans without coverage**.



Increasing out-of-pocket insurance costs may lead to more Minnesotans being uninsured or underinsured meaning **more Minnesotans in need of debt forgiveness or charity care**.



The 340B Drug Pricing Program redirects resources from **multi-billion-dollar pharmaceutical companies** to provide medications at reduced cost for patients and to support community-based care. This essential program keeps the lights on, and in many cases **keeps hospitals out of the red**.



Federal Rural Health Transformation Program funding must be used entirely for new programs that have the potential to improve rural health access. BUT the funds cannot be used for direct patient care or to backfill likely MA losses, **leaving hospitals across the state without a guaranteed lifeline**.

Legislators must:

- **Protect existing hospital funding.** Our statewide nonprofit system of care cannot afford additional cuts to existing funding streams.
- **Commit to no new burdensome mandates.**
- **Invest** in nonprofit hospitals and health systems to deliver the highest impact for Minnesotans who need care.

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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.



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

March 13, 2026

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

On behalf of Allina Health, I am writing to convey our support for legislative efforts directed at identifying solutions that provide financial assistance for all healthcare delivery systems and specifically to Hennepin Healthcare System.

Minnesota's nonprofit healthcare ecosystem, including Allina Health, is experiencing sustained financial pressure driven by inadequate reimbursement for the growing percentage of patients covered under Medicare and Medicaid, rising levels of uncompensated and undercompensated care and inflationary pressures for supplies and labor. Medicaid continues to reimburse below the cost of care, creating structural gaps that impact all healthcare providers and disproportionately affect safety net providers responsible for caring for the state's most complex and vulnerable populations. This current state does not reflect the significant additional headwinds of the full implementation of OBBBA in 2027.

Hennepin Healthcare occupies a uniquely critical role as Minnesota's largest Medicaid provider, a comprehensive safety net hospital, and a Level I trauma center with specialized clinical capabilities that serve patients from across the state. Maintaining the viability of Hennepin Healthcare is a matter of statewide system stability, not solely local support.

Hennepin Healthcare also serves as a referral partner for Allina Health for Level I trauma such as burns, carbon monoxide poisoning and gunshot wounds. It is simply not feasible to replace the trauma expertise and capacity provided by Hennepin within the current healthcare landscape. Moreover, the volume of uninsured, Medicaid and complex patient care delivered cannot be redistributed across other providers without creating material financial risk and potential access challenges throughout the broader delivery system.

It is imperative that policymakers view this request through the lens of ecosystem stewardship and the challenges of the nonprofit healthcare system. A strong and stable safety net hospital is foundational to preserving emergency preparedness and trauma capacity across Minnesota. Failure to adequately support this infrastructure at Hennepin Healthcare will bring an increased risk of broader service reductions, workforce strain and emergency department boarding across the state.

We respectfully urge your support for policy and funding solutions for all healthcare delivery systems and specifically for Hennepin Healthcare to carry out its mission and maintain its essential role in Minnesota's healthcare infrastructure.

Sincerely,

A handwritten signature in black ink that reads "David Joos".

David Joos
President, Abbott Northwestern Hospital, part of Allina Health



FIREFIGHTERS

— FOR HEALING —

3/16/26

Dear Chair Davids & Chair Gomez and House Tax committee members,

On behalf of Firefighters For Healing we write to urge decisive legislative action this session to ensure the continued strength and stability of Hennepin Healthcare, including Hennepin County Medical Center by passing SF / HF XXX to repurpose the ballpark sales tax to a health care sales tax.

When firefighters are burned in the line of duty, the stakes are life-altering. The difference between recovery and lifelong disability — or even survival — often depends on immediate access to specialized, expert care. Our members and their families have relied on Hennepin Healthcare's Regional Burn Center and trauma services during their most critical moments. We have seen firsthand the extraordinary skill, compassion, and commitment of the teams who care for Minnesota's bravest on the worst days of their lives.

Hennepin Healthcare is not simply another hospital. It is Minnesota's premier Level I trauma center for adults and children, home to the state's regional burn and hyperbaric centers, and a leading academic medical institution that trains more than half of Minnesota's physicians. When catastrophic injuries occur — structure fires, explosions, industrial accidents, multi-vehicle crashes — communities across our state depend on its full operational capacity.

Firefighters face inherent risks every time they respond to a call. Severe burns require highly specialized surgical care, intensive monitoring, infection control, skin grafting, rehabilitation, and in some cases hyperbaric oxygen therapy. These services are complex, resource-intensive, and not easily replicated. Without a fully supported and financially stable Hennepin Healthcare, injured first responders could face longer transport times, delayed interventions, and diminished outcomes.

Beyond individual cases, Hennepin Healthcare plays a foundational role in Minnesota's emergency preparedness and public safety infrastructure. Its trauma readiness, burn expertise, hyperbaric access, ECMO capability, and comprehensive tertiary services ensure that when disaster strikes — whether affecting a single firefighter or an entire community — the system is ready.

For the firefighters and families we serve, this issue is personal. We respectfully ask you to prioritize passage of a Hennepin County health care sales tax to stabilize funding solutions that secure Hennepin Healthcare's financial stability and preserve its critical role in Minnesota's health care and emergency response infrastructure.

Sincerely,

Jake LaFerrere

March 13, 2026

Dear Senator and Members of the Committee,

On behalf of 1400 frontline healthcare workers who serve patients every day at Hennepin Healthcare, I write to express strong support for efforts to stabilize and strengthen our public health system.

Hennepin Healthcare is not just a local hospital. It is a statewide safety-net institution, a Level I trauma center, and a training ground for future healthcare professionals. Patients from every corner of Minnesota rely on its specialized services. When Hennepin Healthcare is financially unstable, the impact is felt far beyond Hennepin County.

As workers, we see firsthand the consequences of chronic underfunding. Staffing shortages, service reductions, and delayed investments do not just affect balance sheets — they affect patient care, worker retention, and the long-term health of our communities. Stable, sustainable funding is essential to ensure that this public institution can continue meeting its mission.

We support solutions that recognize the statewide importance of Hennepin Healthcare and protect access to care for the people who depend on it. Public institutions require public investment, and we appreciate the Legislature's attention to strengthening Minnesota's healthcare infrastructure.

Thank you for your leadership and consideration.

Sincerely,

Sara Franck

Dental Assistant

AFSCME 2474 President

763-221-3044



MINNESOTA ACADEMY of
EYE PHYSICIANS and
SURGEONS

March 16, 2026

Representative Aisha Gomez, Co-Chair
House Taxes Committee
Representative Greg Davids, Co-Chair
House Taxes Committee
(electronic delivery)

Dear Co-Chairs Gomez and Davids:

On behalf of the Minnesota Academy of Eye Physicians and Surgeons (MAEPS), we urge you to support legislation this session to protect the long-term financial stability of Hennepin County Medical Center (HCMC).

HCMC is central to Minnesota's emergency eye care system. Minnesota has five adult and four pediatric Level 1 trauma centers, but not all maintain continuous ophthalmology coverage and therefore rely on contingency plans, including transfer arrangements with hospitals that have 24/7/365 ophthalmic surgical capability. HCMC provides that essential capacity.

HCMC is a major receiving center for the most serious eye injuries, including those caused by motor vehicle crashes, gunshot wounds, chemical burns, and fires. It is also a principal source of emergency eye trauma care in Minnesota, especially in the Twin Cities, where it provides round-the-clock care for adults and children. Without timely access to this specialized care, patients face a greater risk of permanent blindness or severe visual impairment.

HCMC is also the state's largest safety-net hospital providing eye care for underinsured and uninsured Minnesotans. If HCMC is forced to reduce services or close, the consequences will be felt statewide. Minnesota would lose critical eye trauma capacity, emergency operating room access would be strained, and pressure on other hospitals would increase significantly.

HCMC plays a vital role in training Minnesota's future ophthalmologists, most of whom will go on to provide essential eye care across the state. All 15 University of Minnesota ophthalmology residents train with HCMC's trauma and burn services, where they receive their only exposure to Level 1 eye trauma and burn care, and five first-year residents spend a full year in HCMC hospital services before specializing.

Protecting HCMC means protecting emergency vision care, preserving a critical safety-net provider, and sustaining Minnesota's trauma care capacity. We urge you to prioritize legislation that secures HCMC's financial stability and preserves this essential statewide resource.

Sincerely,

Michelle Atchison, MD
President-Elect

Amanda Maltry, MD
Immediate Past President

Jane Bailey, MD
Treasurer

Matthew Cossack, MD
Secretary



March 18, 2026

Co-Chair Rep. Aisha Gomez
5th Floor Centennial Office Building
St. Paul, MN 55155

Co-Chair Rep. Greg Davids
2nd Floor Centennial Office Building
St. Paul, MN 55155

Dear Chair Gomez, Chair Davids, and Members of the House Taxes Committee:

I write today to urge legislators to take decisive action to ensure the continued strength and stability of Hennepin County Medical Center (HCMC) in downtown Minneapolis.

HCMC is a critical asset for downtown Minneapolis and the state of Minnesota. It is the premier Level I adult and pediatric trauma center, the largest safety net hospital in Minnesota, 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.

As a major public hospital, HCMC plays a vital role in downtown's economic health, serving as a primary provider for tens of thousands of Minnesotans, a destination for unique specialized care and a significant employer. In fact, HCMC is now the largest employer in downtown Minneapolis, employing more than 7,500 people at its primary facility is on six city blocks. Not only do the employees of HCMC strengthen the health of the downtown economy but thousands of hospital visitors annually eat in our world-class restaurants, shop at our vibrant storefronts, and stay in our beautiful hotels.

We can't afford to lose this nationally renowned hospital and its unmatched expertise. I respectfully ask you to prioritize funding solutions that secure Hennepin County Medical Center financial stability and preserve its role in downtown Minneapolis and for Minnesotans across the state.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adam Duininck', written in a cursive style.

Adam Duininck

President & CEO, Minneapolis Downtown Council

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



March 18, 2026

Dear Members of the House Taxes Committee,

On behalf of the Minnesota Medical Association (MMA), representing over 10,000 physicians and physicians-in-training across the state, I want to emphasize the essential contributions that the Hennepin Healthcare System, including the Hennepin County Medical Center, offers Minnesota's health care infrastructure.

Hennepin Healthcare serves a disproportionate number of uninsured and underinsured patients, providing care regardless of their ability to pay. Preserving this safety-net function protects vulnerable Minnesotans, while also stabilizing the broader health care system. If Hennepin Healthcare's capacity were diminished, patients in every region of Minnesota would face delayed care, longer transport times, and increased risk during their most critical moments.

Patients, providers, and other systems depend on Hennepin Healthcare for our state care delivery system. It is Minnesota's premier Level 1 trauma center for both adult and pediatric patients, home to the state's regional burn and hyperbaric centers, and a leading teaching institution that trains much of Minnesota's physician workforce. Hennepin Healthcare is one of Minnesota's most important physician training sites, with many of these physicians ultimately practicing where they are needed most - in rural and underserved communities. Protecting Hennepin Healthcare's training pipeline is essential to sustaining Minnesota's health care workforce and ensuring access to care across the state.

In recent months, Hennepin Healthcare has faced unique challenges. As federal and other funding sources become scarcer, the system has been forced to make difficult financial decisions. In addition, many of their patients and employed healthcare providers have been profiled and targeted by federal immigration enforcement. These challenges must be overcome if Minnesota is to continue as a leader in health outcomes and access to care.

I urge you to prioritize solutions that secure Hennepin Healthcare's financial stability and preserve its critical role in Minnesota's health care infrastructure. The health and safety of patients across Minnesota depend on it.

Sincerely,

Lisa Mattson, MD
President, Minnesota Medical Association



March 15, 2026

Dear Chair Davids and Chair Gomez and House Tax committee members,

On behalf of the Minnesota Orthopaedic Society and the orthopaedic surgeons and advanced practice providers who care for patients across Minnesota, we write in strong support of **sustainable funding for Hennepin Healthcare System (HHS) and Hennepin County Medical Center (HCMC)**.

HCMC is a cornerstone of Minnesota's **statewide trauma system** and an essential partner in the delivery of orthopaedic and emergency care across the state. As a Level I Trauma Center and safety-net hospital, HCMC provides highly specialized care for patients with severe injuries, limb-threatening trauma, complex infections, and other life-altering conditions. These services are available to all patients regardless of circumstance and represent a critical public health resource for Minnesota.

HCMC also cares for a **disproportionate share of underinsured and uninsured patients**, many of whom face significant barriers to accessing healthcare. These barriers may include lack of insurance, housing instability, transportation challenges, language differences, and complex social needs. HCMC has developed the expertise, infrastructure, and mission-driven culture required to care for these patients effectively—work that many institutions are not structured or resourced to absorb at the same scale.

Orthopaedic surgeons and hospitals across the state rely on HCMC every day. When patients in community hospitals sustain devastating injuries—such as complex fractures, polytrauma, or limb-threatening conditions, HCMC provides the specialized surgical expertise, trauma infrastructure, and multidisciplinary resources necessary to treat them. This partnership allows local surgeons to continue caring for patients in their own communities while ensuring that advanced care remains available when it is needed most.

HCMC's role in the statewide trauma network is not easily replaced. Disruption or displacement of these services would create significant challenges for hospitals and physicians across Minnesota and would threaten timely access to life- and limb-saving care for patients throughout the region.

Beyond its clinical mission, HCMC also plays a critical **economic role in Minnesota's healthcare system**. By providing coordinated trauma care, specialty surgical services, and training for the next generation of clinicians, HCMC supports hospitals and providers across the state while helping control downstream healthcare costs associated with delayed or fragmented care.

For these reasons, the Minnesota Orthopaedic Society strongly urges the Legislature to support funding that will ensure the long-term stability of Hennepin Healthcare System. Maintaining a strong HCMC is essential not only for Minneapolis and Hennepin County, but for the effectiveness of Minnesota's statewide trauma system and the health of our communities.

Thank you for your leadership and for your continued commitment to protecting access to high-quality healthcare for all Minnesotans.

Sincerely,

A handwritten signature in black ink, consisting of a vertical line on the left, a small hook at the bottom, and a long, sweeping curve that extends to the right.

Brett Freedman, MD
President
Minnesota Orthopaedic Society



MINNESOTA NURSES ASSOCIATION

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March 18, 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 and other workers in nursing homes, assisted living facilities, clinics, the state prisons and mental health facilities, local public health agencies, state agencies, and other settings. MNA advocates for strong public policies that will improve Minnesotans' access to quality patient care and will serve to promote better public health. In addition to focusing on patients, our union also has a clear duty to fight for the jobs of our members. In all regards – when it comes to protecting our state healthcare delivery system, when it comes to protecting patients and their access, and when it comes to protecting nurses and the nursing workforce – it is clear that Hennepin County Medical Center is too important, and too big, for our state to allow it to fail. As such, MNA supports the proposed repurposing of the Hennepin County Stadium Tax to save HCMC.

HCMC helps meet the healthcare needs of Minneapolis, Hennepin County, the Metro Area, the entire state, and a huge four-state region. It is a vital asset within our state's healthcare delivery system, and the safety net that no private hospital system has ever committed itself to. Simply put: HCMC truly serves all patients, regardless of their insurance coverage or ability to pay, and it is absolutely imperative that the Legislature act this session in order to save this vital hospital. HCMC serves 100,000 patients annually, and these patients come from all across the state and region, accepting patients from rural hospitals that do not have the same infrastructure and ability to serve them to meet their care needs. Patients from 65 Minnesota counties regularly take advantage of HCMC for its dental care program, and for severe burn patients from anywhere in the state, 40% of the time they are treated at HCMC.

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. 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, and all the other healthcare professionals that help make HCMC what it is today.

HCMC is too big and too critical for our state legislature to allow it to fail by not passing new revenues to support the hospital and healthcare this session. That is why MNA supports repurposing the stadium sales tax to keep this vital piece of our healthcare delivery system operational. Please join us in supporting patients, nurses, healthcare workers, and our entire healthcare delivery system by making it a top priority this session to save HCMC.

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

March 12, 2026

Chair Davids and Chair Gomez
House Tax Committee
95 University Avenue West
Minnesota Senate Building
St. Paul, MN 55155

Dear 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, 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 both rural and 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.

We respectfully ask you to prioritize funding solutions that 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,



Mike Phelps
President & Chief Executive Officer
Ridgeview Hospitals & Clinics