DEPARTMENT OF HEALTH

Center for Health Care Affordability

LEGISLATIVE REPORT

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Center for Health Care Affordability Legislative Report

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Minnesota Senate
Health and Human Services Committee
The Honorable Melissa Wiklund, Chair
2107 Minnesota Senate Building
The Honorable Paul Utke, Ranking Member
2403 Minnesota Senate Building
Human Services Committee
The Honorable John Hoffman, Chair
2111 Minnesota Senate Building
The Honorable Jordan Rasmusson, Ranking Member
2409 Minnesota Senate Building

Minnesota House of Representatives
Health Finance and Policy Committee
The Honorable Jeff Backer, Co-Chair
2nd Floor, Centennial Office Building
The Honorable Robert Bierman, Co-Chair
5th Floor, Centennial Office Building
Human Services Finance and Policy Committee
The Honorable Mohamud Noor, Co-Chair
5th Floor, Centennial Office Building
The Honorable Joe Schomacker, Co-Chair
2nd Floor, Centennial Office Building

February 13, 2026

To the Honorable Chairs and Ranking Members:

I am pleased to share this first report from MDH's Center for Health Care Affordability. Established as a key priority during the 2023 legislative session, the Center's purpose is to study factors contributing to high health care spending and recommend policies that make health care more affordable.

This inaugural report shares an update from the Center's work over the past year and looks ahead to what it aims to accomplish in 2026. Health care affordability remains a top priority for Minnesotans, especially in the wake of expired federal enhanced premium tax credits and forthcoming federal changes to Medicaid. According to the Minnesota Health Access Survey, almost a quarter of Minnesotans reported delaying or forgoing needed health care in 2023 due to cost. The portion was even higher among Minnesotans with chronic conditions (32.0%) or who are uninsured (52.7%).

We can and must do better to ensure Minnesotans can access the care they need at a cost they can afford to pay. The Center is working to better understand what is driving health care spending growth and engaging stakeholders to develop recommendations for systemic, common-sense solutions to these challenges. I appreciate your support for the Center and its mission. We all share an interest in more affordable health care for Minnesotans.

Sincerely,

Brooke Cunningham, Commissioner

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Executive Summary

The Center for Health Care Affordability (CHCA) (the Center) was established by the legislature in 2023 to address high and growing health care costs in Minnesota. The Center was created in statute (Minnesota Statutes, Section 62J.312) to study what is driving high health care spending and to recommend policies that make health care more affordable.

This is the Center's first legislative report. It describes the scope of Minnesota's health care affordability challenges, offers initial high-level data about factors contributing to health care spending growth, and provides an update on the Center's implementation activities during 2025 – including staffing, stakeholder engagement, and early insights. The report also previews work planned for 2026. MDH will continue to provide periodic updates on this work to the legislature.

Key takeaways:

- **In 2025, MDH made significant progress in establishing the Center's staff, advisory bodies, community partnerships, and analytic priorities.** This groundwork positions the Center to expand analysis, communications, public participation, and initial policy recommendations in 2026.
- **Health care affordability remains a consistent and growing concern for Minnesota families, employers, and taxpayers**. According to the Minnesota Health Access Survey, almost a quarter (24.5%) of Minnesotans reported delaying or forgoing needed health care in 2023 due to cost. The portion was even higher among Minnesotans with chronic conditions (32.0%) or who are uninsured (52.7%). Health care spending is also taking up a growing share of the state budget. In 2013, 30.3% of the State of Minnesota's budget was spent on health services, including state and federal spending for Minnesota Health Care Programs, the State Employee Group Insurance Program (SEGIP) and other health-related spending. By 2023, this percentage had grown to 37.6% of the state's budget (MDH Health Economics Program (HEP), 2025).
- **The Center is focused on improving affordability for individual Minnesotans while also slowing total health care spending growth.** For individuals, making health care more affordable will mean ensuring premiums and out-of-pocket costs are manageable and do not lead to people delaying or forgoing needed care. At the same time, lasting change will require slowing overall growth in what Minnesota spends on health care year over year since those rising costs show up in employer premiums, public spending, and individual tax bills. With input from advisory bodies, the Center is therefore prioritizing affordability solutions for both individuals and the health care system as a whole.
- **The Center's stakeholder engagement efforts are underway.** The Center launched the Health Care Affordability Advisory Task Force in September 2025 and convened the Provider and Payer Advisory Task Force in January of 2026. The Center is also meeting with interested employer and consumer-focused organizations, coordinating across state agencies, and establishing communications vehicles for keeping the public informed about the Center's activities. The Center is also beginning public conversations with community members to inform its long-term planning.

- **The Center is partnering closely with the MDH Health Economics Program (HEP) to both leverage existing analyses of health care spending and expand the scope of research to better understand the various factors driving health care spending growth**. Minnesota has a strong foundation of health care data and analysis to employ in this work. For example, HEP's existing research shows that health care prices charged are the most influential contributing factor to spending growth for Minnesotans covered by commercial insurance. According to HEP's 2025 analysis of spending, prices, and utilization in Minnesota, prices of health care services in the commercial market increased 20.0% from 2019–2023, while utilization declined by 3.4% over the same time period (MDH HEP, 2025). The Center will also leverage other upcoming analyses from HEP, including estimates of Minnesota's current spending on low-value health care and administrative costs, pharmaceutical costs, and market consolidation.
- **As we look ahead to 2026, MDH will release new health care spending driver dashboards using Minnesota All Payer Claims Database data.** These dashboards will be launched in 2026 and will visualize health care spending trends across markets, service categories (e.g., pharmacy, inpatient facility), price and utilization trends, and variation by payer, geography, and facility type. The dashboards will equip the Center, its two task forces, and other stakeholders with analysis on what drives health care spending in Minnesota, and what additional research will help inform health care affordability policy development.
- **In creating the Center, Minnesota is investing in a focused approach to tackling health care spending growth and affordability challenges.** Minnesota is drawing lessons from other states to identify which affordability policies have worked. The Center is integrating these lessons with a focus on Minnesota-specific market conditions, geography, and population needs as it evaluates policy options and makes recommendations to improve health care affordability for Minnesotans. The Center is also aligning with best practices for health care spending growth research and policy development, including analyzing spending drivers and engaging stakeholders to inform policy solutions.

During the summer of 2026, the Health Care Affordability Advisory Task Force will submit initial directional recommendations to MDH for consideration and to inform future analysis and learning.

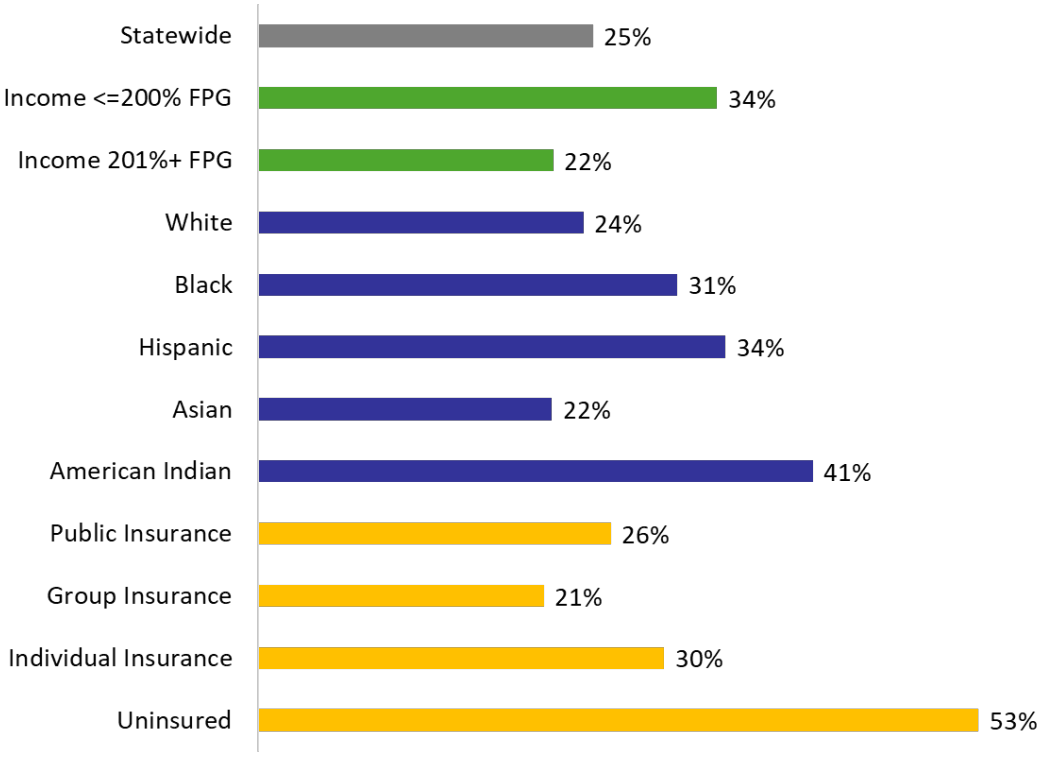
Why the Center for Health Care Affordability Matters Today

Health care is already unaffordable and growing more so for consumers and patients, for employers, and for the state's budget. Health care spending growth in Minnesota continues to outpace wage growth (MDH HEP, 2025). Health care spending accounted for 30.3% of Minnesota's state budget in 2013 and grew to 37.6% by 2023 (MDH CHCA; September 12, 2025). Growing health care costs force the state, individuals and employers to increasingly spend more on health care, requiring difficult choices between health care and other important spending priorities, and making it difficult to balance the state budget.

The trajectory of spending growth at unsustainable rates has real impacts on Minnesotans:

- In 2023, almost a quarter (24.5%) of Minnesotans reported forgone care due to cost. The portion was even higher among Minnesotans with chronic conditions (32.0%) or who were uninsured (52.7%) (MDH HEP, 2025).

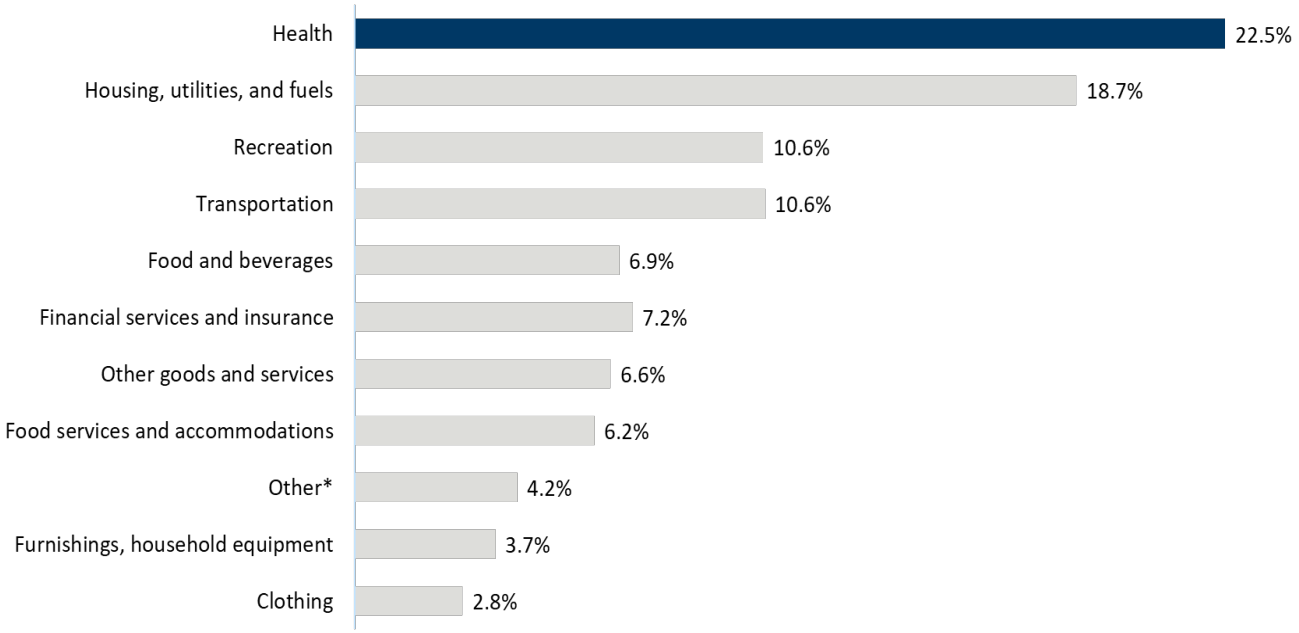
Chart 1: Percentage of Minnesotans Forgoing Care, 2023



Source: 2023 Minnesota Health Access Survey (MNHA) (PDF): *Table 1*. March 2024

- Affordability challenges are borne by all Minnesotans, even for the majority of residents that obtain their health care coverage through their employer. Though most employers continue to offer coverage and most employees participate, an increasing proportion of employees are declining that coverage. In 2018-2019, 75% of eligible employees took up their employer-sponsored coverage; by 2022-23, 69% of eligible employees did so (MDH HEP, 2025).
- According to the Bureau of Economic Analysis, in 2023, Minnesotans reported spending 22.5% of their household budgets on health-related expenditures, including outpatient services, hospital and nursing home services, and health insurance. Health-related spending consumed the largest portion of Minnesota household budgets, even outpacing expenditures on housing, utilities and food (Bureau of Economic Analysis, 2023).

Chart 2: Minnesota Household Spending, 2023



Notes: *Other spending includes communication, education, and net foreign travel and expenditures abroad. Health includes spending on outpatient services (physician services, dental care, and paramedical services), hospital and nursing home services, and spending on health insurance. **Source:** MDH, Health Economics Program analysis of Bureau of Economic Analysis (BEA). "Personal consumption expenditures (PCE) by Function (SAPCE4)" 2023. BEA Regional Data and Personal Income

- Rising health care costs also place growing pressure on Minnesota employers, affecting their ability to compete, invest, and support their workers. The average annual health insurance premium for family coverage offered through employers was $24,334 in 2023-2024, up from $15,478 in 2011-12 (MDH HEP, 2025). As health care costs consume a larger share of employer budgets, businesses face difficult tradeoffs – such as limiting wage growth, increasing employee cost-sharing, narrowing benefits, or reducing investments in workforce development, innovation, and hiring. Small and mid-sized employers are especially at risk, as they have fewer resources to absorb year-over-year increases. These pressures can make it harder for employers to offer coverage at a cost their employees can afford to pay.

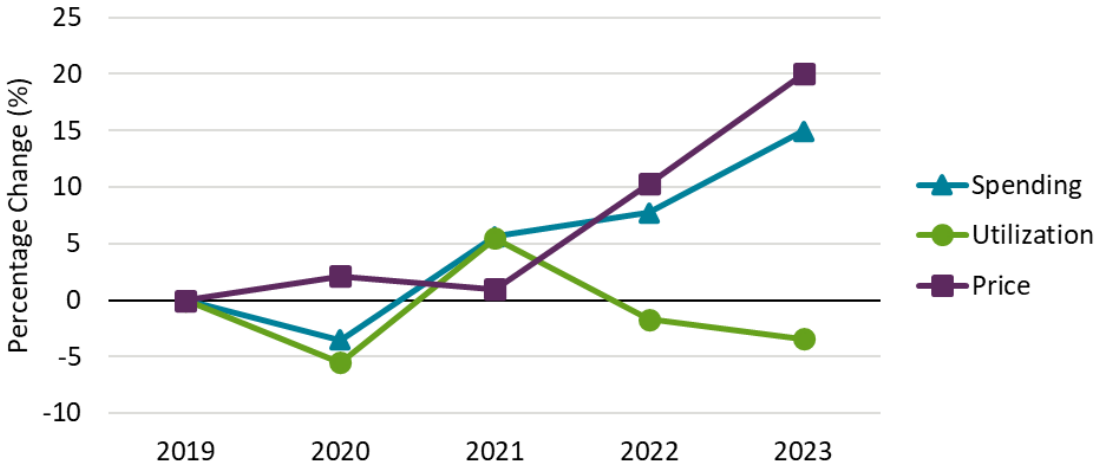
Changes to the eligibility and enrollment provisions of both the state Medicaid program and MNsure, as well as federal funding reductions – including the end of the enhanced premium tax credits – are expected to increase the number of uninsured or underinsured Minnesotans and lead to more delayed and forgone care. When consumers lack coverage due to perceived or actual high costs or other reasons and forgo needed care, opportunities are missed to identify and treat health issues at earlier stages or to appropriately manage chronic conditions (Collins et al., 2019). Consequently, individuals are more likely to seek care later in emergency and other high-cost settings and are more likely to have adverse health outcomes (National Academy of Medicine, 2002). This will, in turn, put additional burden on Minnesota safety net clinics and hospitals because they will need to provide increased levels of uncompensated care (Haught, et al., 2025). For facilities that are already facing financial headwinds, this creates even more stress.

What Factors Are Driving Health Care Spending?

The Center is working closely with MDH's Health Economics Program to help our partners, task forces and policymakers understand what is driving high health care spending and spending growth in Minnesota. These analyses are grounded in peer-reviewed literature on national and international health care spending growth and strategies for improving affordability (Institute of Medicine, 2010; Shrank et al, 2019). HEP's analyses to date show that rising health care spending in Minnesota is driven by several interconnected factors and not a single cause.

For example, HEP's analysis of health care prices and utilization between 2019 and 2023 found that prices, not utilization, drove spending growth in Minnesota's commercial market during the study period. Spending on health care services is the product of both utilization (the volume and mix of services used) and the price of services and drugs. HEP's September 2025 report, "Health Care Spending, Prices, and Utilization in Minnesota: 2019 to 2023 (PDF)," found that the most influential contributing factor to spending growth for Minnesotans covered by commercial insurance between 2019 and 2023 was the rise of prices. Commercial market prices increased 20.0% over this time period, while utilization declined by 3.4% (Chart 3). This trend remained consistent despite COVID-19 related disruptions in 2020-21. This means Minnesotans with employer-sponsored insurance paid more during the study period largely because the same services cost more, and not because people were receiving more care (MDH HEP, 2025).

Chart 3: Cumulative Growth in Health Care Spending, Prices, and Utilization, 2019 to 2023



Source: Health Care Spending, Prices, and Utilization in Minnesota: 2019-2023 (PDF) Minnesota Department of Health, Health Economics Program analysis of data from the Minnesota All Payer Claims Database, Extract 27.

The 2025 study also segmented spending growth by health care service types to reveal that some categories drove up spending in the commercial market more than others. For example, retail prescription drug spending grew significantly faster over the study period (34.5%) than outpatient (17.0%), professional fees (10.5%), and inpatient services (2.6%). Still, price growth — not utilization — was the primary driver of increased spending across the different categories during the study period. Retail prescription drug prices charged in the commercial market, for example, jumped by 41.0% between 2019 to 2023 (MDH HEP, 2025).

Health care spending growth in Minnesota varies by service type, geography, and market – suggesting health care affordability policy solutions must be multi-faceted. To help guide this effort, and as part of the Center's research function, the Center and HEP are partnering to analyze health care spending drivers with the development of "spending driver dashboards" similar to those produced in Connecticut, Rhode Island, and Washington (State of Connecticut, 2025; State of Rhode Island Office of The Health Insurance Commissioner, 2025; Washington State, 2022). MDH looks forward to publishing these analyses or Minnesota as they become ready in 2026. The dashboards will serve as both additional research tools to explore detailed questions about spending drivers for specific populations and geographic locations and will also put powerful information into the hands of Minnesotans interested in understanding more about health care affordability issues.

Beyond prices and utilization, the Center and HEP will partner on examining other factors contributing to health care spending growth. These factors could include but are not limited to structural forces such as market consolidation and private equity investment in health care delivery; the availability and rapidly growing use of costly prescription drugs; and demographic trends, including an aging population.

Update on the Center's Establishment

Purpose of the Center for Health Care Affordability

The Center's purpose is to research and identify the key factors driving health care spending in Minnesota, and to recommend evidence-based policies that slow spending growth and improve health care affordability for Minnesotans. To do this work, the Center conducts data analysis, stakeholder engagement, and evidence-based policy development to analyze spending trends and share findings and recommendations with policymakers and community leaders. More specifically, Minnesota Statutes, Section 62J.312 charges the Center with increasing transparency and identifying strategies that help to:

- Reduce waste and low-value care
- Eliminate unproductive administrative spending
- Enhance the provision of effective, high-value care
- Consider the sustainability of health care spending growth and the relationship of health care spending growth to health equity
- Identify delivery system, payment, and health care market reforms to increase health care affordability

Staffing & Capacity

MDH began staffing the Center in early 2025, onboarding its inaugural Director in January and hiring its Stakeholder Engagement & Governance Manager in September. MDH engaged external consultants to help stand up the Center and support its stakeholder engagement work, including nationally recognized experts in the field of state health care affordability policies, and local resources with expertise in developing new programs and initiatives.

MDH also participated in conferences and numerous virtual learning opportunities with other states to learn more about their health care affordability challenges and how they are addressing those issues, including through dedicated affordability centers similar to Minnesota's Center for Health Care Affordability.

Stakeholder Engagement Underway

Stakeholder engagement is central to the Center's purpose of linking health care spending data and policy research with the experience of Minnesotans and identifying creative, workable solutions that make sense. The Center has convened two advisory task forces and is pursuing outreach efforts, including meeting with interested organizations; conducting public meetings around the state; and providing regular updates on Center activities to interested members of the public.

Advisory Task Forces

The Center has convened two advisory task forces that will work in complementary roles to recommend strategies to reduce cost growth and improve health care affordability:

- The **Health Care Affordability Advisory Task Force**, made up of consumer advocates, employers, health care purchasers, and health policy experts, was launched in September 2025 and will develop policy recommendations and affordability initiatives grounded in the experiences and needs of those accessing and paying for health care.
- The Center's **Provider and Payer Advisory Task Force** convened in January 2026 and will play a crucial role in shaping and informing those strategies by offering insights into delivery system dynamics, operational realities, and potential impacts, as well as elevating promising innovations that promote value and efficiency.

As the Health Care Affordability Advisory Task Force considers policy recommendations to MDH, the Provider and Payer Advisory Task Force will offer feedback and share strategic guidance with the Affordability Task Force. The Provider and Payer Advisory Task Force's input will be critical to understanding how to most effectively design and implement affordability solutions the Health Care Affordability Advisory Task Force is considering recommending.

As illustrated in Appendix E, "Task Force Roadmap to Recommendations," the task forces are taking a phased, cyclical approach to finding solutions. They are narrowing their focus to a small number of priority topics at a time, developing and offering initial recommendations, and then refining those recommendations through additional analysis and learning. This iterative process allows them to offer early, directional input while continuing to clarify areas for action over their two-year terms (2025-27).

Health Care Affordability Advisory Task Force

The Center engaged in an extensive recruitment and open application process through the Secretary of State's Office starting in May of 2025 and launched the Health Care Affordability Advisory Task Force (Affordability Task Force) in September 2025. The Affordability Task Force is a 15-member body representing consumer advocates, employers, and health policy experts (see Appendix A for a membership roster).

Its core purpose is to identify spending drivers and develop recommended policy options to improve affordability for Minnesotans. The Affordability Task Force met three times in 2025 to clarify their purpose and role, learn about health care coverage and spending trends, and to understand the impacts of high health care costs on consumers, employers, and the state budget.

The Affordability Task Force discussed some initial criteria for selecting priority topics to study as part of its recommendation process, including the following (MDH CHCA; October 16, 2025):

- What is the magnitude and/or timing of potential impact on health care spending for this issue?
- Is the topic relevant across stakeholder groups or limited to certain groups?
- Is the topic relevant to systemwide issues or focused on specific payers/services/populations?
- Is the topic related to a factor playing the most substantial roles in Minnesota health care spending growth trends?
- Will addressing this topic produce one-time or ongoing savings?
- Do policymakers have the ability to influence this topic directly?

The Affordability Task Force expressed interest in and received an overview of other states' strategies to address health care affordability challenges (MDH CHCA; December 12, 2025). These strategies are based in peer-review literature studying their feasibility, potential for savings, and tradeoffs (Hwang et al, 2022). Those strategies reflect a range of approaches, including but not limited to:

- Creating a health care cost growth benchmark or target
- Setting limits or restricting increases in provider or pharmacy prices
- Strengthening oversight of market consolidation
- Tying pricing in the commercial market to other market benchmark pricing
- Promoting population-based provider payment arrangements
- Reducing administrative spending

The purpose of this discussion was for the task force members to begin to learn and establish a shared foundation of knowledge about other states' approaches. Meeting materials and summaries are available on the task force website (MDH CHCA, 2026). The Affordability Task Force will have more opportunities to explore strategies of particular interest in depth in the coming months as part of its recommendation development process.

Provider and Payer Advisory Task Force

The Center began recruiting applicants for the Provider and Payer Advisory Task Force in October 2025 through a formal application process through the Secretary of State's Office (MDH CHCA, 2026). The Provider and Payer Advisory Task Force includes 15 members representing clinicians, provider systems, hospitals and payers with expertise in health care delivery, hospital systems and financing, rural health care, pharmaceutical trends, health insurance, and other related fields (see Appendix B for membership roster). Members may be currently or previously affiliated with a provider and/or payer organization. The Center convened its first meeting in January 2026.

The Provider and Payer Advisory Task Force's purpose is to provide input on evolving policy recommendations to ground potential affordability solutions in operational realities and implementation feasibility. The Provider and Payer Advisory Task Force has several key objectives, including the following:

- **Offer technical insights on cost growth trends**. Review and understand cost growth trends reported by MDH and provide input to the Center on the systemic factors driving spending growth.
- **Share expertise on market dynamics.** Provide practical insights and context on how prices, utilization, and other market trends affect health care spending growth.
- **Analyze strategic options**. Review draft strategies to improve affordability, and offer feedback on their feasibility, potential impacts, and key conditions or parameters that support or hinder successful implementation.
- **Advise on how to measure impact.** Provide input on how the Center could measure the impact of potential cost growth reduction strategies over time.
- **Highlight innovations that support affordability**. Share examples of care delivery, insurance, and payment models that improve care value, reduce waste, and lower costs for patients and purchasers.

Outreach and Public Engagement

The Center has begun its outreach and public engagement efforts by building relationships with an array of stakeholders and by laying the groundwork for collecting direct input from individuals who experience health care affordability challenges firsthand. To date, this work has included meeting with individual organizations; establishing ongoing communications with interested members of the public; and conducting the Center's first public meeting. Table One shows a sampling of organizations the Center engaged in 2025.

Table One: Sampling of CHCA Outreach to Organizations in 2025

Consumer Advocacy Leaders	Health Care & Health Policy Leaders	Employer/Business Leaders and Groups
Service Employees International Union (SEIU) Healthcare Minnesota & Iowa	University of Minnesota School of Public Health	Minnesota Chamber of Commerce
ISAIAH	State Health Access Data Assistance Center	Minnesota Black Chamber of Commerce
Mid-Minnesota Legal Aid	Minnesota Community Measurement	Minnesota Hmong Chamber of Commerce
Advocates for Better Health	Stratis Health	Latino Chamber of Commerce MN
TakeAction Minnesota	Wilder Research	Minnesota Small Business Development Center

Consumer Advocacy Leaders	Health Care & Health Policy Leaders	Employer/Business Leaders and Groups
Hue-man Partnership	Minnesota Hospital Association	Minnesota Business Coalition for Racial Equity
Health Care for All Minnesota	Minnesota Academy of Family Physicians	Governor's Workforce Development Board
Minnesota Farmers Union	Federally Qualified Health Center Unified Health Network	Small Business Majority
Minnesota Nurses Association	Wilderness Health	Education Minnesota
Minnesota Budget Project	Minnesota Council of Health Plans	Minnesota Business Partnership
Immigrant Law Center	Minnesota Association of Community Health Centers	Minnesota Council of Nonprofits

The Center currently shares updates through a public listserv, with almost 4,300 individuals subscribed as of December 2025. That listserv is intended to support two-way engagement by informing Minnesotans about the Center's work and inviting participation in its activities.

First Public Meeting

The Center hosted its first public meeting in November 2025 at the Wilder Center in St. Paul. The purpose was to give community leaders working on health care affordability initiatives an opportunity to get to know the Center and help shape its priorities – especially in community engagement. More than 30 people participated to share their input on how the Center can effectively connect with Minnesotans across the state to understand the health care affordability challenges they face, including gathering stories of Minnesotans' experiences with those challenges.

Participants included individual advocates and community members, as well as representatives from interested organizations such as LeadingAge Minnesota; HealthCare for All Minnesota; ISAIAH; Blue Cross Blue Shield Minnesota; Portico HealthNet; Children's Defense Fund; American Federation of State, County and Municipal Employees (AFSCME); Service Employees International Union Healthcare Minnesota & Iowa; and others.

Participants shared perspectives on how the Center can more effectively connect with Minnesotans across the state and gather input on lived experiences with health care costs. Participants also emphasized the importance of the Center being clear about the purpose of regional meetings and story collection, and recommended working with trusted local partners and messengers to reach individuals who may not typically participate in policy discussions. Attendees also stressed the need for consistent communication with people who share their time and experiences, so they can understand how their input is used.

Additional suggestions included:

- Selecting regional meeting locations that carefully balance urban centers like Duluth or Mankato with rural communities to ensure the Center hears from Minnesotans with a variety of affordability and access challenges.

- Using creative outreach methods to reach individuals directly in meetings and story collection, leveraging social media and other communication strategies.
- Offering multiple ways for Minnesotans to share their experiences, including QR codes, conversations with community leaders, and more – with clear information about how those stories will be used and how storytellers will be protected.
- Reducing barriers to participation in the Center's events whenever possible by providing food, care assistance, incentives, and transportation, and by meeting people where they already are – such as at clinics, workplaces, schools, and other community hubs.

Participants also named several areas of research that would help their organization's work in health care affordability, including topics such as analyses of health care spending drivers, administrative spending, price variability, low value care, and insurance rate review.

While the Center's work in stakeholder engagement is still in its first stages, Minnesotans have already demonstrated strong interest in the Center's work and health care affordability. Initial stakeholder input suggests a strong interest in greater transparency and accountability around health care costs and access.

What's Next

In 2026, the Center will shift from setup mode to deeper learning and analysis, including broad public engagement and early policy development. The Center will work intensively with both advisory task forces to examine health care spending drivers, evaluate potential strategies, and develop an initial set of policy recommendations to improve health care affordability for Minnesotans. Input from health plans and health care leaders from primary care, safety net clinics, and rural care settings will meaningfully inform these recommendations by grounding them in operational realities and implementation considerations.

In parallel to supporting the work of the advisory task forces, the Center will expand analytic tools in partnership with HEP, and it will broaden public engagement to inform the work of the task forces. Planned activities include:

- **Host regional public engagement forums and publish synthesized findings.** The Center will host both in-person and virtual regional public engagement forums across Minnesota to hear directly from community members about how health care costs affect their lives, families, and businesses, and to inform the direction of the Center's task forces. These forums will be designed in partnership with trusted local organizations to reduce barriers to participation and reach Minnesotans in both urban and rural communities. Input from these forums will be synthesized and shared publicly, helping inform the Center's understanding of affordability challenges and ensuring that policy discussions reflect real-world experiences and priorities of Minnesotans.
- **Produce public dashboards on health care spending drivers using MN APCD data.** In partnership with MDH's HEP team, the Center will launch and analyze findings from public dashboards using

Minnesota's All Payer Claims Database. These dashboards will make health care spending trends and spending drivers easier to segment for a broad set of audiences by showing:

  - The role that prices and utilization play in driving health care spending across different service category, provider type, geographic region, and other factors
  - How prices, utilization, and spending vary by those same factors

- **Develop policy recommendations informed by both task forces.** Drawing on data analysis, input from members of both task forces, and community engagement, the HCAATF aims to submit initial recommendations to MDH in the summer of 2026 for consideration and to inform future analysis and learning. These recommendations will inform the development of proposed strategies to slow health care spending growth and improve affordability for Minnesotans as well as advise on issues for further exploration as part of the Center's research agenda.

The Center's efforts are intended to build a clearer understanding of what is driving health care costs in Minnesota and where meaningful opportunities for improvement exist. By grounding its work in data, stakeholder input, and community experience, the Center aims to support careful, evidence-based policy discussions and recommendations for slowing cost growth and making health care more affordable over time, with transparent consideration of impacts, trade-offs, and potential unintended consequences.

Appendix A: Authorizing Legislation

2025 Minnesota Statutes, Section 62J.312 (https://www.revisor.mn.gov/statutes/cite/62J.312)

62J.312 CENTER FOR HEALTH CARE AFFORDABILITY. Subdivision 1. Center establishment; research and analysis. (a) The commissioner shall establish a center for health care affordability within the Minnesota Department of Health. The commissioner, through the center, shall carry out the duties assigned under this section.

(b) The commissioner shall conduct research on and analyze the drivers of health care spending growth in order to increase transparency and identify strategies that help to reduce waste and low-value care; eliminate unproductive administrative spending; enhance the provision of effective, high-value care; consider the sustainability of health care spending growth and the relationship of health care spending growth to health equity; and identify delivery system, payment, and health care market reforms to increase health care affordability.

(c) To perform the duties under paragraph (b), the commissioner shall: (1) identify additional data needed from health care entities and the level of granularity of required reporting, while limiting additional reporting burdens to the extent possible by ensuring effective use of existing data and reporting mechanisms; (2) establish the form and manner for data reporting, including but not limited to data specifications, methods of reporting, and reporting schedules; (3) assist reporting entities in submitting data and information; and (4) conduct background research and environmental scans, perform qualitative and quantitative analyses, and perform economic modeling.

Subd. 2. Public input. (a) The commissioner shall obtain public feedback on the research agenda for the center for health care affordability and on the research activities conducted under this section by consulting with health care entities, licensed physicians and other health care providers, employers and other purchasers, the commissioners of human services and management and budget, patients and patient advocates, individuals with expertise in health care spending or health economics, and other stakeholders. The commissioner may convene an advisory body or bodies to obtain public feedback.

(b) The commissioner shall hold public hearings, at least annually, to share initial and final analyses conducted under this section, solicit community input on strategies to strengthen health care affordability, and hear testimony about experiences and challenges related to health care affordability.

Subd. 3. Reporting. The commissioner shall provide periodic reports to the chairs and ranking minority members of the legislative committees with jurisdiction over health care finance and policy describing the analyses conducted under this section and making recommendations for strategies to address unsustainable rates of health care spending growth.

Subd. 4. Contracting. In carrying out the duties required by this section, the commissioner may contract with entities with expertise in health economics, health care finance, accounting, and actuarial science.

Subd. 5. Access to information. (a) The commissioner may request that a state agency provide data in a usable format as requested by the commissioner at no cost to the commissioner.

(b) The commissioner may also request from a state agency unique or custom data sets. That agency may charge the commissioner for providing the data at the same rate the agency would charge any other public or private entity.

(c) Unless specified elsewhere in statute, any information provided to the commissioner by a state agency must be de-identified. For purposes of this requirement, "de-identified" means that a process was used to prevent the identity of a person from being connected with information and to ensure that all identifiable information has been removed.

(d) Notwithstanding any provisions to the contrary, the commissioner may use data collected and maintained under section 62U.04 to carry out the duties required under this section.

(e) Any health care entity subject to reporting under this section that fails to provide data in the form and manner prescribed by the commissioner is subject to a fine paid to the commissioner of up to $500 for each day the data are past due. The commissioner may grant an extension of the reporting deadlines upon a showing of good cause by the entity. Any fine levied against the entity under this subdivision is subject to the contested case and judicial review provisions of sections 14.57 and 14.69.

(f) Any data submitted to the commissioner must retain their original classification under the Minnesota Data Practices Act under chapter 13.

Appendix B: Health Care Affordability Advisory Task Force Member Roster

Consumer Advocates

- Andrew Knox III, Attorney at Mid-Minnesota Legal Aid
- Jamie Rancour, HSS Strategic Initiatives Coordinator at Mille Lacs Band of Ojibwe
- Justin Stofferahn, Antimonopoly Director at Minnesota Farmers Union
- Laura Zabel, Executive Director at Springboard for the Arts

Members with Health Policy Expertise

- Matthew Anderson (Co-Chair), Health Policy and Management Lecturer at the University of Minnesota
- Marie Dotseth, Retired (former MDH leader and hospital patient safety expert)
- Sheila Kiscaden (Co-Chair), Retired (former state senator and county commissioner)
- Lois Stevens, Retired (former health care executive and consultant)

Employers/Purchasers

- Olivia Brandt, Director of Health and Benefits at Willis Towers Watson
- Adam Janiak, Negotiations Specialist at Education Minnesota
- Mike O'Brien, Retired (former health care benefits consultant)
- Breanne Ostrom, Total Rewards Director at Vessco Water

At-Large

- Phillip Cryan, Executive Vice President at SEIU
- Sheila Moroney, Executive Director at Patient Revolution
- John Naylor, Consultant at Cibolo Health

Appendix C: Provider and Payer Advisory Task Force Membership Roster

Health Care Delivery Members

- Aaron Bloomquist, CFO at Ridgeview Medical Center
- Adam Horst, CFO at Mayo Clinic
- Amy McNally, VP of Surgery at Minnesota Oncology
- Joel Beiswenger, President & CEO at Astera Health
- Kate Schreck, Family Medicine Primary Care Clinician at Park Nicollet
- Kevin Boren, CFO at Essentia Health
- Lin Nelson, VP of Public Affairs at Blue Cross and Blue Shield of MN
- Mallory Koshiol, VP of System Safety & Quality at Allina Health
- Tyler Winkelman, Staff Physician at Hennepin Health Care

Health Care Financing and Administration Members

- Ghita Worcester, Retired (former health plan executive)
- Shaun Frost, Medical Director for Care Delivery Systems at HealthPartners Health Insurance Plan
- Svetlana Sandberg, VP of Innovation & Strategy at United Health Group

At-Large Members

- Brittney Dahlin, COO & Director of Quality Improvement, Minnesota Association of Community Health Centers
- Cassandra Beardsley, ED at Wilderness Health
- Thompson Aderinkomi, Co-Founder & CEO at Nice Healthcare

Note: Co-chairs will be determined in spring 2026.

Appendix D: Health Care Affordability Advisory Task Force Charter

Overview

During the 2023 Minnesota Legislative Session, the legislature directed the commissioner of health to establish a Center for Health Care Affordability ("the Center") at the Minnesota Department of Health (MDH) (Laws of Minnesota 2023, Chapter 70, Article 16). The Center's purpose is to conduct targeted analysis of the drivers of health care spending, engage with the public, and convene advisory bodies, all in an effort to identify and advance strategies that improve health care affordability.

The Center is convening two advisory task forces that will work in complementary roles to recommend strategies to reduce cost growth and improve health care affordability:

- The Health Care Affordability Advisory Task Force, made up of consumer advocates, employers, health care purchasers, and health policy experts, will develop policy recommendations and affordability initiatives grounded in the experiences and needs of those accessing and paying for health care.
- The Center's Provider and Payer Advisory Task Force will play a crucial role in shaping and informing those strategies by offering insights into delivery system dynamics, operational realities, and potential impacts, as well as elevating promising innovations that promote value and efficiency.

As part of their work, members of the **Health Care Affordability Advisory Task Force** will provide input on the Center's reports on health care affordability and support the Center's efforts to convene at least annual public meetings for Minnesotans to discuss health care affordability challenges and solutions.

Health Care Affordability Advisory Task Force Objectives

- Analyze spending trends: Review and understand cost growth trends reported by MDH to advise the Center and to inform the Minnesota legislature and the public on the impact of rising health care costs.
- Explore cost drivers: Advise MDH on additional data or analyses needed to understand cost growth drivers and identify potential strategies for slowing cost growth.
- Evaluate strategic options: Advise MDH on potential affordability strategies to pursue, providing guidance on benefits and trade-offs.
- Recommend actionable solutions: Develop and recommend evidence-based strategies to slow cost growth and improve affordability, ensuring that access, quality, and equity are not compromised. Recommendations will be shared with the Center and with the Commissioner of Health.
- Support public engagement and transparency: Support the Center's public reporting and engagement efforts, including the Center's annual reporting and at least one public hearing per year.

- Advise the Center on evaluating impact. Provide input on how the Center could measure the impact of potential cost growth reduction strategies over time.

The Center for Health Care Affordability may charge the Health Care Affordability Advisory Task Force with other related responsibilities over time.

Expectations for Meetings and Members

Task Force Member Commitments

- Engage actively: Attend and participate in quarterly meetings and any workgroups as needed. Notify the Center's staff if unable to attend, and review missed materials.
- Collaborate in good faith: Participate constructively and respectfully. Listen to different perspectives, consider trade-offs, and work towards solutions, consensus or shared understanding where possible.
- Contribute expertise and perspective: Represent the views of their community, sector, or organization and consult with those constituencies between meetings.
- Commit to the public's interest: Consider statewide affordability goals beyond individual or organizational interests.
- Support the Center's policy development: Review cost and policy research and help shape affordability recommendations. Recognize that final decisions about policy recommendations and affordability strategies rest with the Center and/or MDH.
- Uphold professional conduct: Communicate respectfully in meetings and written communication. Avoid misrepresenting others' views.

MDH's Commitments

- Support Task Force Members: Compile timely, concise, and meaningful data and research, and share materials in advance of all meetings.
- Center consumers and purchasers: Ensure that the voice of those who pay for care – patients, consumers, and purchasers – play an influential role in health policy related to affordability.
- Offer bold leadership: Challenge existing health care paradigms to promote affordability and value.
- Foster collaboration: Coordinate between the Provider and Payer Advisory Task Force and the Health Care Affordability Advisory Task Force to ensure recommendations are informed by operational realities while addressing the needs of patients and purchasers.

Terms and Level of Effort

- Meetings will be convened at least quarterly, each running approximately two hours in length. Longer and/or more frequent meetings may be required in specific circumstances (e.g., as the Task Force is beginning its work or is finalizing a report or policy review).

- Some meetings will be conducted in person with a hybrid option and some meetings will be held in a virtual only mode. Members are encouraged to attend in person if possible when meetings involve a hybrid option.
- Members may be asked to join optional virtual/hybrid working group meetings in between the task force meetings. The length and cadence of these meetings will be decided in partnership with members and MDH but are expected to last 60 to 90 minutes.
- Members should plan to dedicate up to five hours per month to activities such as reviewing pre-reading materials, providing feedback, or participating in one-on-one meetings with the Center's staff.
- Term Lengths: Members are expected to serve two-year terms.
- Removal: Members may be removed at the discretion of the Center for failure to fulfill responsibilities as outlined in this charter.
- Role Changes: Members of the Task Force who no longer provide the perspective of the organization or role for which they were selected will be expected to step down from the Task Force. They may continue to serve on the Task Force, however, at the Center's discretion.
- Recruitment: Members are appointed by the Center through an open recruitment process.
- Annual Membership Review: At the end of each calendar year, the Center will conduct a membership review to:
  - Offer members an opportunity to opt out if capacity or interests change
  - Assess whether the group continues to reflect a balanced range of perspectives
  - Address consistent participation issues

Role of Co-Chairs

- MDH will select two Co-Chairs.
- Chairs will work with the Center's staff to develop meeting agendas, support meeting facilitation, and otherwise ensure a productive meeting.
- Chairs will encourage full participation of Task Force members and assist in building consensus if possible.

Meeting Operations

- The Task Force shall meet at times and places proposed by MDH staff and in agreement with Co-Chairs or by a majority of members.
- Task Force meetings are open to the public and will be conducted under the provisions of Minnesota Public Meetings Law (Open Meeting Law, Minnesota Statutes Chapter 13D).

- All meetings of the Task Force shall be recorded and written summaries prepared. The records shall be posted to the Task Force's website.
- Task Force records, including presentations, documents, discussion drafts, and meeting summaries, are public records.

Membership

Members

The Task Force will include up to 15 members appointed by the Commissioner of Health that include representatives of:

- Employers and business groups and employer associations
- Consumer and patient advocates
- Other purchasers and people negotiating the purchase of health care (e.g., union representatives and others)
- Health policy experts, including people with expertise in health economics, health care financing, rural health care financing, and hospital financing

All appointed members must have knowledge and demonstrated expertise in one or more of the following areas: health care finance, health economics, health care management or administration at a senior level, health care consumer advocacy based on professional or personal experience, purchasing health care insurance as a health benefits administrator, health plan company administration, public or population health, and addressing health disparities and structural inequities.

No member may be a current employee of a health care provider or payer/insurer organization. Former employees of providers or payers are eligible if they are not currently employed in those roles and can bring independent expertise.

To the greatest extent possible, Task Force members shall represent the geographic, ethnic, gender, racial, and economic diversity of Minnesota.

Appendix E: Provider and Payer Advisory Task Force Charter

Overview

During the 2023 Minnesota Legislative Session, the legislature directed the commissioner of health to establish a Center for Health Care Affordability ("the Center") at the Minnesota Department of Health (MDH) (Laws of Minnesota 2023, Chapter 70, Article 16).

The Center's purpose is to conduct targeted analysis of the drivers of health care spending, engage with the public, and convene advisory bodies, all in an effort to identify and advance strategies that improve health care affordability.

The Center is convening two advisory task forces that will work in complementary roles to recommend strategies to reduce cost growth and improve health care affordability:

- The **Health Care Affordability Advisory Task Force**, made up of consumer advocates, employers, health care purchasers, and health policy experts, will develop policy recommendations and affordability initiatives grounded in the experiences and needs of those accessing and paying for health care.
- The Center's **Provider and Payer Advisory Task Force** will play a crucial role in shaping and informing those strategies by offering insights into delivery system dynamics, operational realities, and potential impacts, as well as elevating promising innovations that promote value and efficiency.

As part of their work, members of the **Provider and Payer Advisory Task Force** will share perspectives on cost trend analyses, offer insights on the feasibility and impacts of draft affordability strategies, identify barriers and enablers for implementation, and highlight innovations that could support affordability goals.

Provider and Payer Advisory Task Force Objectives

- **Offer technical insights on cost growth trends.** Review and understand cost growth trends reported by MDH and provide input to the Center on the systemic factors driving spending growth.
- **Share expertise on market dynamics.** Provide practical insights and context on how prices, utilization, and other market trends affect health care spending growth.
- **Analyze strategic options.** Review draft strategies to improve affordability, and offer feedback on their feasibility, potential impacts, and key conditions or parameters that support or hinder successful implementation.
- **Advise on how to measure impact**. Provide input on how the Center could measure the impact of potential cost growth reduction strategies over time.
- **Highlight innovations that support affordability.** Share examples of care delivery, insurance, and payment models that improve care value, reduce waste, and lower costs for patients and purchasers.

The Center for Health Care Affordability may charge the Provider and Payer Advisory Task Force with other related responsibilities over time.

Expectations for Meetings and Members

Task Force Member Commitments

- **Engage actively**: Attend and participate in quarterly meetings and any workgroups as needed. Notify the Center's staff if unable to attend, and review missed materials.
- **Collaborate in good faith:** Participate constructively and respectfully. Listen to different perspectives, consider trade-offs, and work towards solutions, consensus or shared understanding where possible.
- **Contribute expertise and perspective**: Represent the views of their community, sector, or organization and consult with those constituencies between meetings.
- **Commit to the public's interest:** Consider statewide affordability goals beyond individual or organizational interests.
- **Support the Center's policy development**: Review cost and policy research and help shape affordability recommendations. Recognize that final decisions about policy recommendations and affordability strategies rest with the Center and/or MDH.
- **Uphold professional conduct**: Communicate respectfully in meetings and written communication. Avoid misrepresenting others' views.

MDH's Commitments

- **Support Task Force Members:** Compile timely, concise, and meaningful data and research, and share materials in advance of all meetings.
- **Center consumers and purchasers:** Ensure that the voice of those who pay for care – patients, consumers, and purchasers – play an influential role in health policy related to affordability.
- **Offer bold leadership:** Challenge existing health care paradigms to promote affordability and value.
- **Foster collaboration:** Coordinate between the Provider and Payer Advisory Task Force and the Health Care Affordability Advisory Task Force to ensure recommendations are vetted for feasibility and impact while addressing the needs of patients and purchasers.

Terms and Level of Effort

- Meetings will be convened **at least quarterly**, each running approximately **two hours** in length. Longer and/or more frequent meetings may be required in specific circumstances (e.g., finalizing a report or policy review).

- Some meetings will be conducted **in person with a hybrid option** and some meetings will be held in a **virtual only** mode. Members are encouraged to attend in person if possible when meetings involve a hybrid option.
- Members may be asked to join **optional virtual/hybrid working group meetings** in between the task force meetings. The length and cadence of these meetings will be decided in partnership with members and MDH but are expected to last 60 to 90 minutes.
- Members should plan to dedicate **two to four hours per month** to activities such as reviewing pre-reading materials, providing feedback, or participating in one-on-one meetings with the Center's staff.
- **Term Lengths:** Members are expected to serve two-year terms.
- **Removal:** Members may be removed at the discretion of the Center for failure to fulfill responsibilities as outlined in this charter.
- **Role Changes**: Members of the Task Force who no longer provide the perspective of the organization or role for which they were selected will be expected to step down from the Task Force. They may continue to serve on the Task Force, however, at the Center's discretion.
- **Recruitment:** Members are appointed by the Center through an open recruitment process.
- **Annual Membership Review:** At the end of each calendar year, the Center will conduct a membership review to:
  - Offer members an opportunity to **opt out** if capacity or interests change
  - Assess whether the group continues to reflect a **balanced range of perspectives**
  - Address consistent participation issues

Role of Co-Chairs

- MDH will select two Co-Chairs.
- Chairs will work with the Center's staff to develop meeting agendas, support meeting facilitation, and otherwise ensure a productive meeting.
- Chairs will encourage full participation of Task Force members and assist in building consensus if possible.

Meeting Operations

- The Task Force shall meet at times and places proposed by MDH staff and in agreement with Co-Chairs or by a majority of members.
- Task Force meetings are open to the public and will be conducted under the provisions of Minnesota Public Meetings Law (Open Meeting Law, Minnesota Statutes Chapter 13D).

- All meetings of the Task Force shall be recorded and written summaries prepared. The records shall be posted to the Task Force's website.
- Task Force records, including presentations, documents, discussion drafts, and meeting summaries, are public records.

Membership

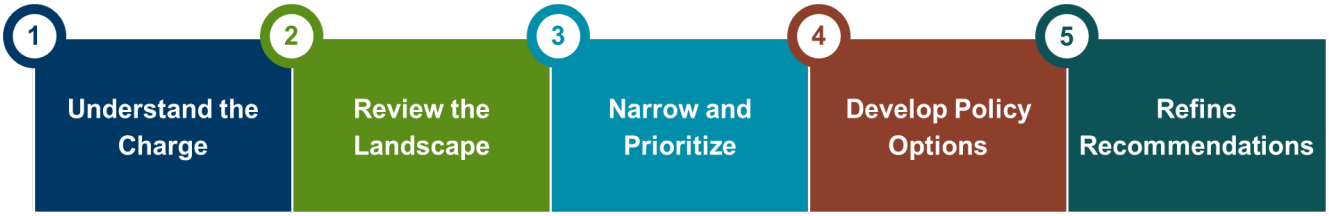
The Task Force will include up to 15 members appointed by the Commissioner of Health that include representatives of:

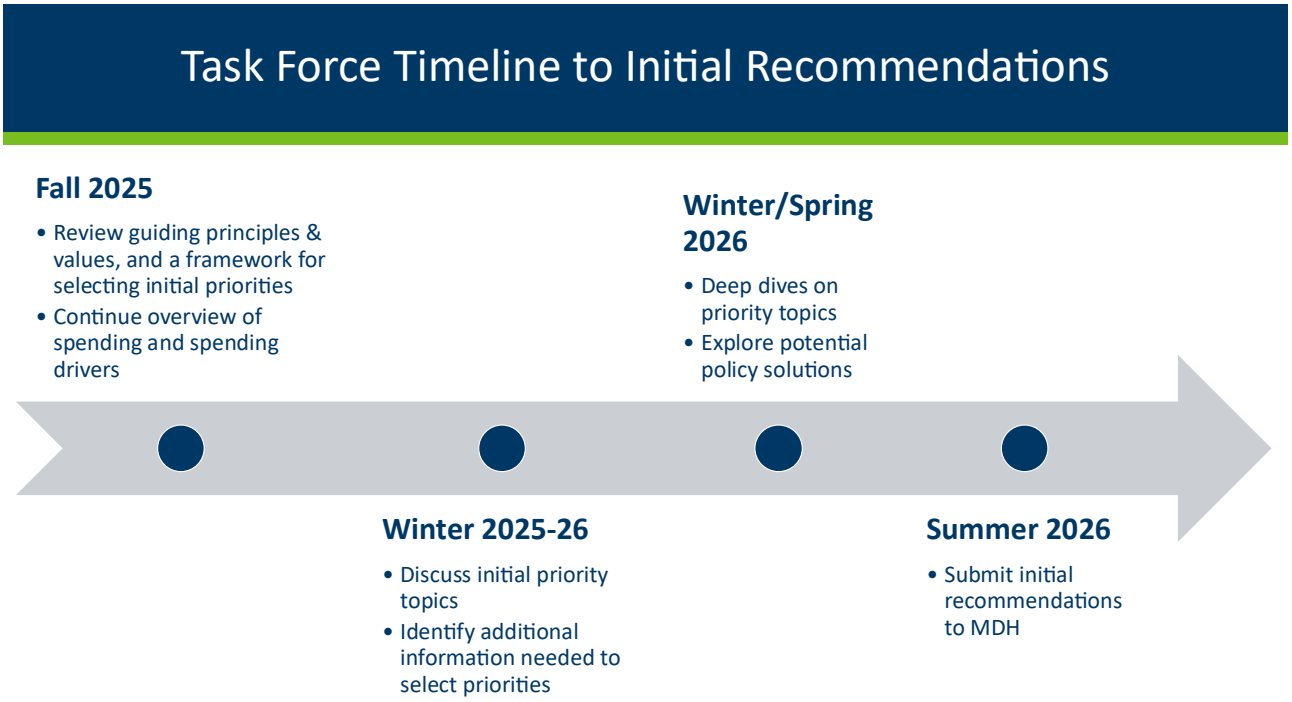
- Large and small health systems and hospitals
- Rural clinics, health systems and/or hospitals
- Safety net providers (e.g., FQHCs, other community clinics)
- Frontline clinicians (e.g., behavioral health, oral health, pediatrics, primary care, pharmacists, medical or surgical specialists)
- Insurers operating in Minnesota’s large group, small group and/or individual market(s), and/or participating in Minnesota Health Care Programs such as Medical Assistance or MinnesotaCare
- Provider and health plan associations
- Pharmacy Benefit Managers (PBMs) and pharmaceutical manufacturers

All appointed members must have knowledge and demonstrated expertise (current or past) in one or more of the following areas: delivering or financing health care, designing or administering health insurance, drug pricing and supply chains, public or population health, health policy or health care markets, or addressing health disparities and structural inequities.

To the greatest extent possible, Committee members shall represent the geographic, ethnic, gender, racial, and economic diversity of Minnesota.

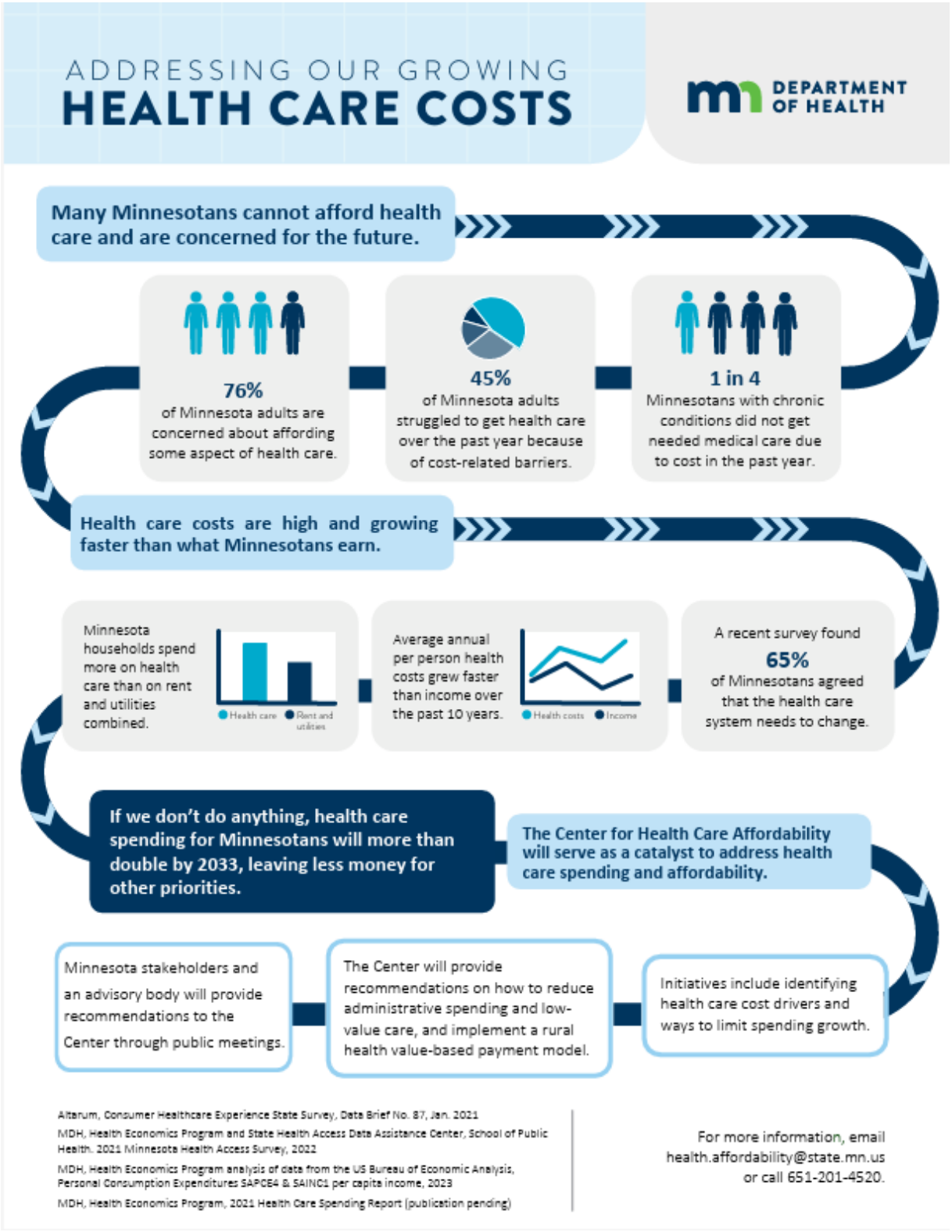
Appendix E: Task Force Roadmap to Recommendations





Appendix F: Center for Health Care Affordability Infographic

Addressing Our Growing Health Care Costs Infographic (PDF)



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Links

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- Open Meeting Law (https://mn.gov/admin/data-practices/meetings)
- Minnesota Statutes Chapter 13D (https://www.revisor.mn.gov/statutes/cite/13D)
- Addressing Our Growing Health Care Costs Infographic (PDF) (https://www.health.state.mn.us/data/economics/docs/chcagraphic.pdf)