DEPARTMENT OF HEALTH

Minnesota e-Health

Summary: Minnesota e-Health Advisory Committee Meeting

Meeting Date: 1/15/2026

Objectives

- Hear updates from the Artificial Intelligence (AI) and Bridging Information and Care (BIC) Work Groups following their first meetings
- Review and discuss the HTI-5 proposed rule and a proposed coordinated response
- Provide an update on the Rural Health Transformation Program
- Discuss whether the “Expert in Clinical Guideline Development” seat should be changed to better reflect expertise needed on the committee

Summary

Update on work groups’ first meetings

Please note that additional information about the AI and BIC Work Groups, including meeting agendas and summaries, charges, staff contacts, and related materials are available on [Minnesota e-Health Initiative Work Groups (www.health.state.mn.us/facilities/ehealth/workgroups/index.html)](www.health.state.mn.us/facilities/ehealth/workgroups/index.html).

AI Work Group

AI Work Group co-chair Adam Stone provided the update on their first meeting.

- 52 attendees
- Results from a pre-meeting survey identified gaps in representation across several settings, including alternative and complementary care, correctional health, emergency medical services, free-standing emergency departments and urgent care, tribal public health, and school health.
  - Advisory Committee members were encouraged to recommend individuals who could help fill these gaps or to share the opportunity with their networks. Recommendations can be sent to Kari Guida at kari.guida@state.mn.us.

The work group sought feedback on proposed revisions to its charge, including updates to the purpose, key activities, and deliverables.

For the purpose of this summary, the proposed revised language that was discussed is presented below.

Purpose

- “The work group will serve as a forum to identify AI health-related activities, workforce training opportunities, partners and collaborations, and resources to create consensus on next steps for the Minnesota e-Health Initiative’s pursuit of safe, ethical, trustworthy, equitable, and effective use of AI across the care continuum.”

- “Deliverables on AI impacts on the environment (e.g., energy and water usage) and labor management relations/union negotiations on AI are also out of scope.”

Key Activities

- “Learn how AI is being used in the care continuum including to:
  - support prevention, diagnosis, treatment, patient education and monitoring, payment/administration, and other support services advances/efficacies
  - perform data integration tasks such as patient matching and natural language processing and identify data anomalies including uncovering fraud, waste, and abuse
  - conduct research
  - benefit patients, caregivers, and community (e.g., disease-specific community, rural community)”

Deliverables

- “Engage with and share current and planned AI use by some partners in the Minnesota care continuum.”
- “A curated list of essential AI resources for the care continuum and to support the work of the Minnesota e-Health Initiative.”

Comments were shared on the proposed revisions to the charge’s purpose, including suggesting changing "equitable" to "unbiased" to reduce potential challenges with federal funding opportunities, and changing "labor management relations" to "employee management relations." The Advisory Committee moved to endorse the proposed revisions, with the suggestions that were made. Upon further consultation with co-chairs of the Advisory Committee and Work Groups, MDH determined that keeping the term “equitable” but also including the term “unbiased” was appropriate and important language to keep in the AI Work Group purpose statement.

Bridging Information and Care Work Group

Bridging Information and Care Work Group co-chairs Steve Johnson and Laura Topor provided the update.

- 24 attendees
- Highlights from the meeting included:
  - level-setting on health information exchange definitions
  - review and discussion of the draft work group charge
  - presentation of a high-level environmental scan of Minnesota’s health information exchange landscape, including use of health information organizations, EHRs, and the Minnesota Encounter Alert Service.
- Participants also brainstormed and identified information exchange needs that will inform the development of a use case inventory.

An example of the proposed use case inventory and a draft agenda for the next meeting, scheduled for January 16, 2026, were shared.

The work group requested endorsement from the Advisory Committee on the overall direction of its work. The Advisory Committee moved to approve.

Review HTI-5 Proposed Rule

MDH staff provided an overview of the Minnesota e-Health Initiative's coordinated response process, which is used to collect and submit feedback on state and federal definitions, criteria, standards, and/or proposed regulations related to e-health. The Initiative plans to submit a coordinated response during the public comment period for the HTI-5 Proposed Rule.

- The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) released the Health Data, Technology, and Interoperability: ASTP/ONC Deregulatory Actions to Unleash Prosperity (HTI-5) Proposed Rule with a 60-day comment period.
- The proposed rule seeks to:
  - reduce burden on health IT developers by streamlining the ONC Health IT Certification Program
  - update information blocking regulations to better promote access, exchange, and use of electronic health information
  - advance a new foundation for AI-enabled interoperability through modernized standards and certification
- Advisory Committee members were encouraged to participate in the coordinated response, share the opportunity with their networks, and inform staff of comments being submitted by their organizations or other groups.
- Information about the coordinated response, including a link to the comment form for Advisory Committee members, is available on [Minnesota e-Health Coordinated Responses (www.health.state.mn.us/facilities/ehealth/coordresponse/index.html)](www.health.state.mn.us/facilities/ehealth/coordresponse/index.html). Comments are due by Friday, February 13 at 5:00 p.m.
- Members were also encouraged to approach their review of the proposed rule by considering the Minnesota e-Health Initiative's vision, mission, and guiding principles, the Advisory Committee's areas of interest, and whether the proposed rule is likely to achieve its stated goals.

Discussion

- One member noted the potential for significant impacts to direct protocol because the HTI-5 Proposed Rule suggests removing some of the certification and security requirements that are the underpinnings for direct protocol, which are being called redundant. Direct protocol has widespread use and has been around for 10-15 years so what is being proposed could be a major change.
- Co-chair Bryan Jarabek encouraged partner with your organization's policy teams and shared that his organization is thinking about how, while these deregulatory actions may have benefits, it also

carries potential risks and there may need to be a continued need for guidance to ensure that AI and interoperability efforts deliver meaningful value.

  - He also encouraged the work groups to think about if there are connections they'd want to comment on between HTI-5, their work, and getting value out of their use cases.

- Another member noted that the ASTP/ONC also released an RFI related to AI: Request for Information: Accelerating the Adoption and Use of Artificial Intelligence as part of Clinical Care (www.federalregister.gov/documents/2025/12/23/2025-23641/request-for-information-accelerating-the-adoption-and-use-of-artificial-intelligence-as-part-of).

Update on the Rural Health Transformation Program

The information shared during the presentation contained details about Minnesota's initial RHTP program proposal and does not reflect any possible future amendments made during the grant-making process in partnership with the Centers for Medicare and Medicaid Services (CMS).

Laura Sutter (supervisor with the Office of Rural Health and Primary Care at MDH) provided an update on the Rural Health Transformation Program (RHTP) since Minnesota was rewarded funding. Advisory committee members can stay up to date on the RHTP through the Rural Health Transformation Program (www.health.state.mn.us/facilities/ruralhealth/ruraltrans.html) webpage which includes a link to sign up for the listserv and more information, and contact staff via email at rural.transformation.mdh@state.mn.us.

- The RHTP is funded through a $50 billion federal investment over five fiscal years (FY 2026–2030) with $10 billion distributed nationally each year.
- Minnesota was awarded $193 million.
- MDH is currently clarifying and revising the program budget.
- Continuation funding beyond the first year will be contingent upon demonstrating "satisfactory progress," as defined by the Centers for Medicare & Medicaid Services, and upon achieving of self-imposed metrics, milestones, and targets.
- MDH structured Minnesota's RHTP around five strategic initiatives, including a fifth initiative focused on technology, "Invest in technology, infrastructure, and collaboration for financial viability."
  - This initiative is intended to support acquisition of data management software licenses, technical assistance and skill building, and investments that enable rural providers to leverage AI applications to improve clinical operations efficiency and support clinical staff in working at the top of their license. Additional areas of focus include investment in a secure, integrated statewide rural health data network, cybersecurity to support safe use of advanced technologies, and revenue cycle management tools.

Discussion

- Are there opportunities to align the Initiative's work group recommendations related to interoperability and the technology-focused RHTP initiative with the RHTP work? MDH staff acknowledged the interest,

noted some constraints due to the approved CMS application, and identified potential value in ongoing information sharing and coordination to avoid duplication and support alignment, including sharing finalized work group charters as a next step.

- The need for RHTP funding to be distributed across rural communities, rather than concentrating in or near metropolitan areas, emphasizing the urgency of supporting rural health systems that are under significant strain. The advisory committee/Initiative was offered as a partner to help inform and support RHTP efforts.
- The importance of ensuring RHTP funds go to credible, experienced organizations that understand rural and clinical contexts. This is both an integrity and fiduciary responsibility. The advisory committee can help the state identify trusted partners.
- The value of investing in local capacity in light of workforce challenges (especially the loss of primary care providers) as a critical issue for rural Minnesota.
- Attracting interest in primary care is a current – and will be – an ongoing challenge. It is also challenging to get specialists willing to work in rural settings.
- How can we better support our rural colleagues? Because providers can no longer reach out to other providers to ask questions, seek support from others, technological solutions and virtual visits could help with workforce challenges.
- Challenges can come from fragmentation, rather than the lack of infrastructure so it will be important to be aware of and build upon existing capacity/resources rather than spending on something new that might not resolve the issues. There is opportunity to look at each community and what isn't working, use funding to enhance and sustain what is already there, and use technology as a support tool.

Discuss “Expert in Clinical Guideline Development” seat

MDH staff explained that the Expert in Clinical Guideline Development has been difficult to fill and the advisory committee may want to change this seat to represent another, needed perspective. Feedback was sought on changing the seat to “Expert in Emerging Technology and Innovation” or if there is another perspective that is needed. Advisory committee members were encouraged to reflect on what gaps currently exist to determine if and how the seat should change.

Discussion

A few members expressed agreement with changing the seat to “Expert in Emerging Technology and Innovation” and it could generate more interest and add expertise that is being seen at the work groups onto the actual advisory committee. Discussion centered around the prospect of this seat.

- Clinical guideline development is no longer a primary area of activity.
- There is a variety of perspectives someone in the seat could have and would be helpful (consent and privacy, ethical use, unbiased use, patient or provider protections around the use of these

technologies, policy, technical competency, expertise in understanding when technology should and shouldn't be used and unintended consequences).

- There were questions about which perspective(s) do we want and if we could add an additional seat.
  - MDH staff responded that adding an additional member seat could be a longer process, but a simpler solution would be, if we have two qualified candidates that each bring a different expertise/skillset, recommend one as a member, and the other as a designated alternate.

Next steps and closing

A reminder about the upcoming work group meetings in January was provided, as well as a reminder about the HTI-5 Coordinated Response opportunity.

Comments submitted by survey form

There were no comments submitted.

Attendance

Members present

Bryan Jarabek, MD, PhD, Chief Medical Informatics Officer, M Health Fairview
Co-chair, *Representing*: Large Hospitals

Najma Abdullahi, Executive Board of Directors-Member, UMN Community-University Health Care Center
Representing: Consumer Members

Stacie Christensen, Deputy Commissioner and General Counsel
Representing: Department of Administration

Brittney Dahlin, MS, RHIA, CPHQ, Chief Operating Officer, Director of Quality Improvement, Minnesota Association of Community Health Centers
Representing: Community Clinics/Fed Qual. Health Centers

Matt Hoenck, Director of IT & Analytics, South Country Health Alliance
Representing: Health Plans

Steve Johnson, PhD, Associate Director, CTSI Health Informatics Program, University of Minnesota
Representing: HIT Training and Education

George Klauser, Executive Director - Community Services-ACO/Healthcare Consultant, Lutheran Social Services of Minnesota
Representing: Social Services

Lisa Klotzbach, MA, BA, PHN, Public Health Supervisor - Informatics, Dakota County Public Health
Representing: Local Public Health

Lisa Moon, PhD, RN, LHIT, LNC, CEO, Principal Consultant, Advocate Consulting, LLC
Representing: Experts in Health IT

Nathan Moracco, Technology Director
Representing: State of Minnesota, Direct Care and Treatment

Jane Pederson, MD, MS, Chief Medical Quality Officer, Stratis Health
Representing: Experts in Quality Improvement

Charles Peterson, Chief Executive Officer, The Koble Group
Representing: Health IT Vendors

Peter Schuna, Chief Executive Officer, Pathway Health Services
Representing: Long Term and Post-Acute Care

Laura Topor, President, Granada Health
Representing: Rotating Professionals - Pharmacy

Mary Winter, Senior EDI Analyst, PrimeWest Health
Representing: Health Care Purchasers and Employers

Members absent

Lindsey Sand, LHSE, NHA, Vice President of Population Health, Vivie
***Co-chair**, Representing*: Health Care Administrators

Kim Heckmann, MSN, FNP-C, SCRN, PHN, Primary Care NP Residency Program Director and APRN Educator, VA Medical Center
Representing: Nurses

Sarah Manney, DO, FAAP, Chief Medical Information Officer, Essentia Health
Representing: Physicians

Genevieve Melton-Meaux, MD, PhD, Senior Associate Dean, Health Informatics and Data Science, University of Minnesota
Representing: Academics and Clinical Research

Ashley Setala, Director of Regulation & Policy Strategy
Representing: Department of Commerce

Mathew Spaan, Manager, Care Delivery and Payment Reform
Representing: Department of Human Services

Tarek Tomes, Commissioner
Representing: MNIT

Laura Unverzagt, MBA, Vice Chair-Information Technology, Mayo Clinic
Representing: Health System CIOs

Alternates present

Alicia Jackson, MS, CPPM, Healthcare Analyst Principal, Blue Cross Blue Shield of Minnesota
Representing: Health Plans

Kari Majors, Vice President and Executive Director, CyncHealth
Representing: Health IT Vendors

Adam Stone, Vice President Services Delivery, Chief Privacy Officer, Secure Digital Solutions, Inc.
Representing: Experts in Health IT

Alternates absent

Alexandra De Kesel Lofthus, Associate Director, State Strategy, Unite Us
Representing: Consumer Members

Emilie Maxie, DNP, CCRN, ICU Enterprise Staffing Pool RN, Mayo Clinic
Representing: Nurses

Roxanee Pierre, MD, MHA, Medical Director/ Administrator, Eden Pathways Homecare Agency
Representing: Physicians

Tamara Winden, PhD, MBA, FHIMSS, FAMIA, Founder Principal Consultant, Winden Consulting, LLC
Representing: Academics and Clinical Research

Minnesota Department of Health
Center for Health Information Policy and Transformation
651-201-5979
mn.ehealth@state.mn.us
www.health.state.mn.us

2/19/26

To obtain this information in a different format, call 651-201-5979.