



Minnesota Rural Health **Policy Summit**

Administrative Overview of the 2025 Minnesota Rural Health Policy Summit Report

The 2025 Minnesota Rural Health Policy Summit brought together rural health leaders, practitioners, policymakers, and community partners from across the state to learn, collaborate, and shape a shared vision for rural health policy. Seventy-seven participants representing sixty-one organizations convened in St. Cloud to examine the most pressing challenges facing rural health systems and to identify actionable policy and strategic solutions aligned with MRHA's mission to strengthen the health, health care, and well-being of rural Minnesotans through leadership, advocacy, education, and collaboration.

Purpose and Structure of the Summit

The Summit was designed as a highly participatory, solutions-oriented event. Through plenary presentations and facilitated small-group discussions, participants explored five core policy priority areas that define MRHA's policy framework:

- **Access**
- **Funding**
- **Innovation**
- **Regulation**
- **Workforce**

Each discussion station used a consistent methodology to ensure comparable insights across topics. Participants identified why each issue matters, explored potential policy and strategic solutions, considered anticipated impacts on rural communities, and proposed next steps for 2026.

The open-space format allowed attendees to surface the issues most urgent to rural communities today, ensuring that the resulting recommendations reflect real-world needs and frontline experience.

Key Themes from Plenary Presentations

Three plenary sessions grounded the day's discussions in current trends and emerging opportunities:

- **Digital innovation and integrated care models** (Mayo Clinic Health System)
Highlighted how virtual care, AI-supported clinical tools, and system-level coordination can expand access and strengthen rural care delivery.
- **Locally governed public-payer models** (Minnesota Association of County Health Plans)
Demonstrated how county-administered approaches such as CARMA can improve sustainability, access, and responsiveness in rural communities.
- **Rural workforce development** (Center for Rural Policy & Development, Medi-Sota, MN HOSA)
Emphasized demographic realities, youth engagement, and community-rooted workforce pipelines as essential to long-term rural vitality.

These presentations reinforced the Summit's focus on collaboration, innovation, and community-driven solutions.

Summary of Priority Area Findings

Access: Non-Emergency Medical Transportation (NEMT)

Participants identified the lack of flexible, reliable NEMT as a major barrier to care across rural Minnesota. Missed appointments, avoidable emergency visits, and strain on EMS systems were common consequences.

Policy ideas included revising transportation standards, reconsidering the single-provider NEMT model, and improving reimbursement for rural drivers.

Strategic ideas emphasized co-located services, community-based solutions, and storytelling to illustrate the human and economic impact of transportation gaps.

Funding: Rates That Reflect the True Cost of Rural Care

Rural providers continue to operate with rising costs and limited resources. Participants stressed the need for reimbursement models that recognize new provider types such as CHWs and rural APRNs.

Policy ideas included parity across provider roles, expanded CHW coverage, and shifting

high-deductible plan collection burdens from providers to health plans.

Strategic ideas focused on partnerships with legislators, cost-control strategies, and using data to demonstrate long-term savings from early investment.

Innovation: Managing Change in High-Tech Care Models

Participants explored how virtual care, AI, and other technologies can alleviate workforce shortages and shift care toward prevention.

Policy ideas included aligning payment for virtual and in-person care, ensuring security and outcome monitoring, and making telehealth flexibilities permanent.

Strategic ideas emphasized EMR interoperability, CHW-supported patient education, and payment models that support technology adoption.

Regulation: Prior Authorization Burdens

Prior authorization delays were described as costly, inefficient, and harmful to patient care.

Policy ideas included implementing the federal Interoperability Rule, reducing repeated PAs for chronic conditions, and improving information sharing across payers.

Strategic ideas focused on clarifying standards, educating providers, and revisiting previous PA frameworks through a new DHS workgroup.

Workforce: Pathways into Rural Health Careers

Participants highlighted the need to expand awareness of health careers and strengthen rural training pathways.

Policy ideas included reducing barriers for rural preceptors, funding internships, and simplifying licensing by endorsement.

Strategic ideas emphasized school-health partnerships, grants for rural students, and using data to guide long-term workforce planning.

Cross-Cutting Insights

Across all five priority areas, several themes emerged:

- Rural communities need **flexible, locally driven solutions** rather than one-size-fits-all models.
- **Data and storytelling** are essential tools for influencing policy and demonstrating impact.
- **Collaboration across sectors**—health care, education, transportation, local government—is critical to sustainable progress.

- Investments made today in prevention, workforce, and community-based care will yield **long-term cost savings and improved well-being**.

Looking Ahead to 2026

Participants identified practical next steps to advance policy and strategy in the coming year, including:

- Coordinated advocacy on NEMT reform
- Unified quality-measure documentation across health plans
- Strengthening county-based purchasing arguments for higher provider rates
- Advancing EMR interoperability and telehealth payment alignment
- Supporting rural student pathways and credentialing reforms

These actions reflect a shared commitment to building a stronger, more resilient rural health system.