Minnesota Rural Health
Policy Summit

2025 Minnesota Rural Health Policy Summit Report

Prepared by:

MRHA
Minnesota Rural Health Association

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Overview of Policy Summit

MRHA Policy Summit is an opportunity for rural health leaders and stakeholders to learn and collaborate on a shared vision for rural health policy.

Plenary Presentations

"**Looking Toward the Future of Rural Health: Insights from Chris Hasse, PhD, MBA, FACHE, FACMPE, Chief Administrative Officer, Mayo Clinic Health System"**
Chris Hasse's presentation offered a forward-looking view of how digital innovation, integrated care models, and system-level strategies can strengthen rural health across the full continuum—from primary care and hospital operations to specialty, surgical, and home-based care. By highlighting tools such as Primary Care on Demand, Advanced Care at Home, tele-neonatology, eICU, and AI-supported clinical practices, the session underscored how technology can expand access, improve continuity, and support workforce capacity in rural settings. Hasse's emphasis on shared vision, triad leadership, and data-driven decision-making directly aligns with the Summit's mission and the five priority areas, especially around workforce, access, system sustainability, and community-centered care. *The presentation ultimately reinforced the day's group discussions by showing how coordinated, innovative approaches can help rural healthcare not only survive but truly thrive.*

"Rural Health Solutions Close to Home: Steve Gottwalt, Executive Director, Minnesota Association of County Health Plans"
Steve Gottwalt's presentation highlighted the urgent need for rural, community-driven solutions to strengthen access, sustainability, and equity in Minnesota's public-payer health care programs. By tracing the history and impact of County-Based Purchasing and introducing the new County-Administered Rural Medical Assistance (CARMA) model, Gottwalt underscored how local governance, integrated services, and reinvestment can better meet the needs of rural residents. His emphasis on local control, stronger partnerships, and addressing health-related social needs aligns closely with the Summit's five priority areas—especially access, workforce stability, system sustainability, and community well-being. *The presentation reinforced group discussions by showing how rural counties can lead durable, place-based innovations that advance the Summit's mission of improving rural health across Minnesota*.

"Sharing Solutions that Support Rural Workforce: Kelley Asche, Senior Researcher, Center for Rural Policy & Development; Jennifer Gearman, Executive Director, Medi-Sota, Inc.; and Summer Hagy, State Advisor & Executive Director, Minnesota HOSA"
The workforce panel brought together three complementary perspectives that illuminated both the urgency and the opportunity within Minnesota's rural health workforce landscape. Kelley

Asche outlined the demographic and economic forces driving persistent labor shortages, emphasizing that future rural vitality will depend on intentional strategies to attract and retain people—not just jobs. Jennifer Gearman highlighted Medi-Sota consortium's on-the-ground initiatives that strengthen school partnerships, expand career pathways, and support rural providers in building a sustainable workforce pipeline. Summer Hagy showcased Minnesota Health Occupations Students of America's (MN HOSA) role in cultivating the next generation of healthcare professionals, aligning directly with the Summit's mission and priority areas around workforce, access, community vitality, and long-term system sustainability. *Together, the panel reinforced group discussions by demonstrating how data, partnerships, and youth engagement can fuel durable, community-rooted workforce solutions across rural Minnesota.*

Summit Audience and Participants

At the 2025 Policy Summit, 77 individuals, representing 61 agencies and organizations, gathered in St. Cloud and participated in 5 policy priority area group discussions.

Intended Audience of Policy Summit include rural leaders across the state that are engaged in or influence health care; using a broad definition of health care to include:

1. Rural MN legislators and health care committee legislative staff
2. County commissioners that are engaged with health care committees or policy
3. Hospital executive leaders and policy specialists
4. Providers of care that are interested in policy, including focus on: primary care, behavioral health, emergency services, oral or dental, allied health, home health, hospice, and palliative
5. Health-oriented association executive leaders and policy specialists
6. Rural health network leaders
7. Rural community leaders across the state; mining, agriculture, forestry, manufacturing, and education

Listing of participating organizations and agencies (in alphabetical order)		
1. Advocates for Better Health 2. Allina Health 3. Alluma Inc. 4. Apple Tree Dental 5. Arrowhead Regional Development Commission 6. Bethal University 7. Blood Cancer United 8. Blue Cross Blue Shield of MN 9. Caring Hands Dental Clinic	22. LeadingAge Minnesota 23. Life Guard Anesthesia Services 24. Lockridge Grindal Nauen, PLLP 25. Mayo Clinic 26. Medical Transportation Management, MTM Health 27. Medi-Sota, Inc 28. MidWest Mobile Health 29. Mille Lacs Health System 30. MN APRN Coalition	41. MN Rural Health Cooperative 42. MN School-Based Health Alliance 43. MN State University Mankato 44. National Rural Health Resource Center 45. North Memorial Ambulance 46. Northern Dental Access Center 47. Novartis

Listing of participating organizations and agencies (in alphabetical order)		
10. Center for Rural Policy & Dev. 11. Center for Rural Behavioral Health 12. CentraCare Health System 13. Des Moines Valley, Health and Human Services 14. Diane Thorson Public Health Consulting LLC 15. Ewald Consulting 16. HealthPartners 17. Herzing University 18. Hiawatha Valley Mental Health Center 19. Homestyle Direct 20. Hutchinson Health – HealthPartners 21. Integrity Health Network	31. MN Assoc County Health Plans 32. MN Association of Nurse Anesthetists 33. MN Community Health Worker Alliance 34. MN Congressman Tom Emmer 35. MN Department of Health 36. MN HOSA - Future Health Professionals 37. MN House of Representatives 38. MN Oral Health Coalition 39. MN Public Health Association 40. MN Rural Health Association	48. PrimeWest Health 49. Project Turnabout 50. Rainy Lake Medical Center 51. Rural Behavioral Health Clinic at Minnesota State University Mankato 52. Sanford Health 53. Sleepy Eye Medical Center 54. Sourcewell 55. Stratis Health 56. Thaddeus Medical 57. University of Minnesota 58. Well Being Development 59. Wilderness Health, Inc. 60. Woodland Centers 61. Yellow Medicine County Family Service

Summit Objectives

- Gain understanding and clarity on circumstances and possibilities impacting rural Minnesota health and wellness
- Explore and capture policy and strategy ideas to address critical challenges impacting health in rural communities across the state using MRHA's 5 policy priority areas as discussion stations: Access, Funding, Innovation, Regulation, Workforce

MRHA's 5 policy priority area definitions

- **Access**: Ensuring all Minnesotans—regardless of geography—can obtain timely, affordable, and individually appropriate care.
- **Funding:** Advocate for sustainable and equitable funding models that reflect the unique needs of rural providers and communities.
- **Innovation:** Promoting rural-centered innovation in care delivery, technology, and community partnerships to ensure sustainability.
- **Regulation:** Supporting regulatory frameworks that protect patient safety and reduce administrative burdens that build flexible rural health systems.
- **Workforce:** Strengthening the rural health workforce by expanding education pathways, incentivizing rural practice, and embracing community-rooted solutions

Group Discussions of Policy and Strategic Solutions

Methodology of Group Discussion

1. Using an open space format, participants identified and selected key discussion topics within each of MRHA's 5 policy priority areas.
2. At each priority area station questions were provided to guide the discussion, ideas were captured on flip charts by station facilitators:
    - BIG QUESTION: "***What are possible policy and strategy solutions that address this issue?"***
    - Guiding Questions at each station:
        - **Reflect on why this specific priority area TOPIC is important**: Small group discussion started with this question to identify common understanding of the topic and highlight significant issues that participants have top of mind within each priority area.
        - **Explore possible policy and strategy level solutions**: Small group discussion to identify possible policy and strategy solutions that improve health and wellbeing in rural communities.
        - **Highlight possible impacts to health and wellness**: Small group discussion focused on this question to identify possible results and impact of making progress toward addressing the identified topic within each priority area. These ideas help inform possible metrics and measures to monitor change.
        - **Identify possible 12-month actions that move solutions forward:** Small group discussion to identify ideas for actions in the coming year that would move policy and/or strategic solutions forward.

Policy *solutions focus on internal rules, guidelines, or principles that describe how decisions are made and aim to ensure consistency of applying those decisions over time.*

Strategic *solutions are high-level action-oriented steps for achieving policy objectives, outcomes, or goals. A strategy describes a key step to achieve a change, goal, or outcome.*

Summary by Priority Area

There were five policy area stations that each held the same conversation focused on key topics identified by the Summit participants. Topics were identified using an open space format and selected through participant voting. *Specific discussion topics were then articulated by the group participants. The discussion topics are shown in the narratives and comparison tables below, in blue font.* Rural leaders, state policy makers, strategic planners in health care and rural communities are invited and encouraged to use the following findings from the 2025 Rural Health Policy Summit group discussions to inform your work and make a difference in improving the health and wellness within our rural communities across the state.

Access

When considering **access priorities**, the Minnesota Rural Health Association is committed to *ensuring that all Minnesotans can obtain timely, affordable, and individually appropriate care*. The Policy Summit small group discussion focused on the topic: lack of appropriate Non-Emergency Medical Transportation (NEMT) across our state. There was an abundance of interest in the problem that many rural communities face where there is little to no flexible transportation available for our most vulnerable community members to access health care. There are many examples of both physically and mentally ill individuals not being able to make appointments and access care. The lack of NEMT looks like chronic illness escalating into crisis, avoidable ER visits, and a drain on emergency medical services.

- **Policy solutions** look to changing state transportation standards, revising, and/or eliminating the state's single provider NEMT system, providing funding reimbursements to rural drivers for wait-times and non-loaded miles, and incenting volunteer drivers.
- **Strategic solutions** consider alternatives that reduce a need for transportation, such as, co-locating care services. Co-locating services include leveraging the successes of school-based care and community health workers
- Ideas for **actions that could take place in 2026** include: lobbying for NEMT solutions, engaging with key partners that have common interest, collecting and telling stories of real circumstances, the economic impact of missed appointments, and successes of improved outcomes, and commit to keeping community-based and locally impactful collocated services and community health worker (CHW) solutions funded.

Funding

When considering **funding priorities**, the Minnesota Rural Health Association is committed to *advocating for sustainable and equitable funding models that reflect the unique needs of rural providers and communities*. The Policy Summit small group discussion combined two significant issues and focused on the topic: rates that truly cover cost of care while considering new provider types like community health workers (CHWs) and rural specific advance practice registered nurses (APRN) for both policy and strategic solutions. Funding sustainability was a common concern considering the increasing cost of providing safe and quality care in rural communities and recognition that rural providers continue to do more with less resources. The participants noted the need for many perspectives to be present for rate setting with Department of Human Services and County Administered Rural Medical Assistance (CRMA) and highlighted that parity is needed between all provider roles. The group highlighted the success of CHWs as a solution for both improving care and reducing costs and noted that there is a need to increase demand for this role in rural communities. Addressing funding challenges in a meaningful way will result in improved care and outcomes with reduced patient care interruptions and delays, and improved efficiencies and less staff burnout that will lead to overall decreased costs.

- **Policy solutions** focused on aligning Federal and State rules for parity payment and aligning parity between all care provider roles, expanding CHW coverage, shifting the burden, within high-deductible health insurance plans, of collecting health care debt from the care provider to the health plans, and financially supporting teaching hospitals to assist in covering teaching related costs.

- **Strategic solutions** identified the need for strategic partnerships between local elected officials and state health committee legislators and encouraged the use of stories to help legislators understand and be motivated to engage in policy changes. The group suggested considering ways to control costs of health care supplies, allow independent providers to charge provider and facility fees, and generate revenue with a tax on social media posts and tax on medication advertising that providers spend time correcting with their patients. The group highlighted available data documenting positive socio-economic results of reduced substance use addiction and suicide with reduced chronic health disease.

- Ideas for **actions that could take place in 2026** include consensus on required quality measures documentation by all health plans, county-based purchasing make a case to justify increased provider rates, and demonstrate with data how investing now will lead to lower costs long term.

Innovation

When considering **innovation priorities**, the Minnesota Rural Health Association is committed to *promoting rural-centered innovation in care delivery, technology, and community partnerships to ensure sustainability*. The Policy Summit small group discussion focused on the topic: change management in adopting high-tech innovative solutions (virtual health and AI) that alleviate workforce shortages. The participants noted the opportunity to use technology to empower patients and help them manage their own care, for example using Artificial Intelligence (AI) to educate patients and provide answers to common questions. The group highlighted that innovative solutions focus on prevention and shift concepts of health care away from a sick-care model. Leveraging innovation solutions will result in improved overall health and increased life expectancy, decreased costs with less sick days within the workforce, and a shift of providers' earnings toward preventative care.

- **Policy solutions** focused on payment or incentive solutions that focus on prevention, address specific needs, or provide specific services, have controls for security, and means to monitor outcomes. The group emphasized that innovations should integrate environmental impacts. Policy suggestions include making the virtual visits telehealth extender permanent and aligning payments for virtual visit models with in-person visit models.

- **Strategic solutions** identified an opportunity to match, or align, state and national level rules to allow for policy solutions. When considering alignment of rules, the group identified a strategic solution focused on ensuring all providers use an electronic medical record (EMR) and that the EMRs are interoperable. When considering education and training opportunities for the workforce, the group identified an opportunity to leverage the community health worker (CHW) role to provide the content. Other suggested strategies focused on patient centered-care where health providers are going to the patents using, for example, technology and AI. The group highlighted that a payment strategy is needed that supports utilization of AI and high-tech solutions.

- Ideas for **actions that could take place in 2026** emphasized patient engagement and accountability for personal wellness and prevention. The small group focused on local and customized solutions, for example, educating patients and utilizing technology.

Regulation

When considering **regulation priorities**, the Minnesota Rural Health Association is committed to *supporting regulatory frameworks that protect patient safety and reduce administrative burdens that build flexible rural health systems*. The Policy Summit small group discussion focused on the topic: wasted time getting prior authorizations (P.A.). The participants noted increased costs across the health care systems with increased amounts of needed resources and staffing, interruption of care, staff burnout, delayed care, and subjectiveness of the prior authorization process. Addressing regulation challenges and finding policy and strategic solutions will result in improved health outcomes with less interruptions and delays, decreased costs with improved efficiencies and happier staff.

- **Policy solutions** focused on making the Interoperability Rule effective 1/1/2026 and emphasized that chronic conditions do not need to re-do a prior authorization and that a denied or lack of approved prior authorization should not solely delay a medical event or decision. Another policy suggestion is to crosswalk information from a provider, to payer, to payer.
- **Strategic solutions** identified opportunity to improve efficiencies of the prior authorization process and reduce the subjectiveness or ambiguity within the process. The group identified a need to clarify P.A standards, in particular chronic care P.As. and an opportunity to provider education on interoperability and P.A. legislation.
- Ideas for **actions that could take place in 2026** include exploring possible amendment or clarification of P.A. language, provider education by state office including payers, medical schools, and health systems. The group suggested that DHS revisit previous P.A. framework with a new workgroup that includes both providers and users.

Workforce

When considering **workforce priorities**, the Minnesota Rural Health Association is committed to *strengthening the rural health workforce by expanding education pathways, incentivizing rural practice, and embracing community-rooted solutions*. The Policy Summit small group discussion focused on the topic: students access to healthcare careers, for example encouraging a pathway from a certified nurse assistant (CNA) to an emergency medical technician (EMT) using school-based clinics and career technical education. The group highlighted a broad workforce shortage in health care jobs across the state and an awareness that there has been success with Career and Technical Education (CTE) but also students have low exposure to health care career options. A key point was made that although a "grow your own" strategy works it has limitations and that more work is needed to expand awareness of career options and support education in the health care arena. Finding and implementing workforce policy and strategic solutions will result in increased access to care, decreased wait-times for patients, and personalized care, improved health care workforce pay incentivizes more people to consider employment, and better jobs with more pay bolsters the local economy.

- **Policy solutions** focused on making it easier and less expensive for providers, preceptors, and student interns in rural areas with tax reduction, paying interns, funding internships, loosening graduation requirements, and leveraging shadowing opportunities. The group suggested making licensing by endorsement easier and encouraged consideration of universal credentialing.
- **Strategic solutions** identified that collaborations between school districts and health care professionals are key to successfully connecting students to a wide-variety of health care jobs. The group suggested grants to support rural students and interns to help support housing and child care needs. The group highlighted the importance of using research and longitudinal data to identify issues, trends and opportunities and better inform decisions.
- Ideas for **actions that could take place in 2026** include supporting healthcare discovery days in schools across our state and focusing on credentialing issues. One specific idea is to talk with CentraCare about their new Dual Training Pipeline Grant program. The group highlights the importance of collaborating and suggests working with legislators to get started.

Addendum

Facilitation Documentation

Each of the five priority area group discussions were supported by a facilitator and guided by common questions. The documentation, provided below in five separate sections, captures what was written on provided flip charts by the station facilitators. Facilitators were instructed to support the group discussion and distill or summarize the conversation in bullet points in the presence of the small group participants. Consensus agreement was not formally reached however, robust and open discussion was captured in a transparent manner.

Access **priority area** focuses on ensuring all Minnesotans—regardless of geography—can obtain timely, affordable, and individually appropriate care.	
What are key critical issues, questions, circumstances, or challenges that we want to discuss today; seeking to identify good policy and strategic solutions that will make a positive impact on our rural communities' health and wellness?	
VOTE	**Brainstorm List:** (highest vote count becomes discussion topic)
28	• Transportation not flexible for critical appointments like chemo and dialysis, that is sustainable, person centered, designed for aging population and declining rural infrastructure (less resources) + Transportation
	• Go to patients, like school-based care for communities [and community-based CHWs]
8	• How will 87 counties, the majority which are in Greater MN, be able to efficiently and accurately implement compliance
7	requirements for HR1 such that providers in the continuum will still be able to serve MA beneficiaries and receive timely payment?
	• Expansion of NP, PAs, and RNs to community resources
6	• How do we address a growing number of counties that have less than 1 essential provider in transportation support
1	post-acute care, dentistry, etc.
	• Actionable solutions to funding cuts to those most impacted
DISCUSSION TOPIC: Lack of appropriate Non-Emergency Medical Transportation (NEMT)	

Access **priority area** focuses on ensuring all Minnesotans—regardless of geography—can obtain timely, affordable, and individually appropriate care.	
WHY is this specific priority area TOPIC critical to discuss?	
• Trickle-down effect of lack of means to move the patient • Transporation needed in rural areas to access services	• Need to understand how many people do not get served • Increase access to medical appointments
Exploring POLICY solutions	**Exploring STRATEGIC solutions**
• Eliminating single provider NEMT system • Move away from DOT standards • Tax [incentives to offset] implications for volunteer drivers • Reimbursement for wait times and non-loaded miles	• Co-located services which reduce the need for transportation • Collaboration between facilities • Potential to utilize technology to coordinate providers • [Financially] support local solutions, i.e. taxi service • [Find funding] for car care solutions
What are anticipated impacts to health and wellness in rural MN communities?	
• Sense of security with less missed appointments that leads to better outcomes • Saves money with right care at right place	• Co-located services reduce time away from work by reducing travel time • Emergency services – EMS and ER resources more available
What are ideas of critical next steps and actions that will move policy and/or strategic solutions forward	
• Lobby for these [NEMT solutions] • Engage with RTCC and TCAP • Gather data of missed appointments	• Community needs assessment • Combine barriers list • Keeping local resources open and supported

Funding **priority area** focuses on advocating for sustainable and equitable funding models that reflect the unique needs of rural providers and communities.

What are key critical issues, questions, circumstances, or challenges that we want to discuss today; seeking to identify good policy and strategic solutions that will make a positive impact on our rural communities' health and wellness?

VOTE	**Brainstorm List:** (highest vote count becomes discussion topic)
17	• Rates that truly cover cost of care delivery
17	• Improved reimbursement for roles that are care extenders, i.e. CHW, to connect people to care or address SDOH
	• Rates across the state, not metro vs rural
5	• APRN reimbursement rates, rural specific
4	• Public partnerships and community clinic reimbursement
	• Shared savings that help pay for CHWs and other partnerships that address HRSN

DISCUSSION TOPIC: Rates that truly cover cost of care; new provider types like CHWs and rural specific APRN.

WHY is this specific priority area TOPIC critical to discuss?

- Sustainability
- Need to do more with less resources
- Contracting out behavioral health claims processing to for-profit plan, such as, Optum
- Collaborative rate setting needs to occur sooner not later with provider input not just DHS and CRMA counties
- Need business case to increase use of CHWs, we now have more trained CHWs than demand
- Decreasing cost [by provider] is challenging due to increased costs of doing business
- Parity for NPs, PAs, CRNAs is not equal to MDs, can be 15-40% lower

Exploring POLICY solutions, *not prioritized*	**Exploring STRATEGIC solutions,** *not prioritized*
• CHW expanded coverage [to address] SDOH	• Prove health need and economics with data points, for example, treating depression decreases suicide rate
• Parity [payment] for allied providers with MD	• Tax for social media posts
• [Do not create] individual mandates [that] increase risk pools	

Funding **priority area** focuses on advocating for sustainable and equitable funding models that reflect the unique needs of rural providers and communities.	
• Align Federal and State rules for parity payments (example state auto insurance pays for CRNA and health plans do not) • High-Deductible Health plan payment contract should require health plan to collect out of pocket amount • Stratify Federal Medicare rates for Teaching hospital to cover higher costs, for example MERC funding [at state level does not cover teaching costs.] • Connect with elected officials using stories of impact on local constituents • Term limits [suggest up to 3 terms]	• Tax medication [pharmacy] advertising, [i.e. marketing that promotes medication to patients that providers spend time correcting, for example, a female patient does not need a medication that treats prostrate conditions.] • [Develop] strategic partnerships between local [elected officials] and committee legislators for-profit companies control prices for supplies, etc., that negatively impacts nonprofit plans and providers • Level playing field by allowing independent provider to also charge provider and facility fees • Increase MERC resources at state level
What are anticipated impacts to health and wellness in rural MN communities?	
• Increase or maintain access • More convenient and timely care leads to improved outcomes. • Improve health equity	• Lower costs with prevention and early detection rather than more expensive treatment Lower health disparities • Increase workforce • Reduce health [professional] provider burnout
What are ideas of critical next steps and actions that will move policy and/or strategic solutions forward	
• Can county-based-purchasing demonstrate that total cost of care is a solution for PMAP to justify higher provider rates? • Show how investing now will lead to lower costs long term, [using examples]	• Captur of and mining of data sets to answer [questions] of cost with outcomes • [All health plans] agree on the quality measures [they want to] monitor to help our provider burden

Innovation **priority area** focuses on promoting rural-centered innovation in care delivery, technology, and community partnerships to ensure sustainability.

What are key critical issues, questions, circumstances, or challenges that we want to discuss today; seeking to identify good policy and strategic solutions that will make a positive impact on our rural communities' health and wellness?

VOTE	**Brainstorm List:** (highest vote count becomes discussion topic)
14	• Change management in adopting high tech and innovation solutions that alleviate workforce shortage(s)
	• What could expansion or enhancement of IHP models look like?
6	• Look for critical data from non-conventional group that could link to patient dated
4	• Investment cost of technology solutions
3	• Go to patient, such as school-based health centers, 60% increase in last 3 years)
1	• How Mayo innovation can be facilitated to other rural areas
1	• Want to build on earlier innovation; to keep innovating without starting over. How can we do that?
	• How can AI help improve care and access?

DISCUSSION TOPIC: Change management in adopting high tech innovative solutions (virtual health and AI) that alleviate workforce shortages.

WHY is this specific priority area TOPIC critical to discuss?

- Focus on prevention, not just a sick care model like school-based care did in the pandemic
- More policy and protection in AI models to use it correctly
- Education for users
- Using AI models to look at internal data to answer common questions and keep in person call centers
- Use technology to help patients manage their own care, empowering people
- Where is the accountability of the person to engage, i.e. patient accountability

Innovation **priority area** focuses on promoting rural-centered innovation in care delivery, technology, and community partnerships to ensure sustainability.

Exploring POLICY solutions	**Exploring STRATEGIC solutions**
• Change payment or incentive to focus on prevention • Create outcome, metrics, and model for prevention models • Create controls or security around language models – proof of concepts • Understanding Environmental impact • Virtual models are not paid like in person visit • Virtual visits telehealth extender [made] permanent • Policy made for type of services instead of all inclusive • Having integrated system to share data across all provider types	• Create education and training for users and workforce – utilize CHW or other to do education • Payment strategy to support utilization of AI and high-tech solutions • Matching state and national level rule regulation to allow for some of the policy solutions • Make or ensure all providers use EMR and they are interoperable • Leveraging technology to go to patients instead of patient to health provider • Providers to where the people of to provide care
What are anticipated impacts to health and wellness in rural MN communities?	
• Increase life expectancy • Better health • Decrease costs	• More engage workforce • Healthcare providers earn more on prevention models than sick models • Less sick days at work
What are ideas of critical next steps and actions that will move policy and/or strategic solutions forward	
• Education and training for users and workers to support patient accountability • Use technology to support accountability	• Identify what technology is needed to increase patient accountability • Focus on local and customized solution

Regulation **priority area** focuses on supporting regulatory frameworks that protect patient safety and reduce administrative burdens that build flexible rural health systems.

What are key critical issues, questions, circumstances, or challenges that we want to discuss today; seeking to identify good policy and strategic solutions that will make a positive impact on our rural communities' health and wellness?

VOTE	**Brainstorm List:** (highest vote count becomes discussion topic)
20	• Wasted time getting prior authorization
	• Allow RNs to work in EMS system with EMT' and allow them to do what paramedic do with training – in rural areas
8	• Enable whole-person care by removing carve outs
	• Full practice authority for NP, CRNA, APRN, and dental assistants, hygienists, and therapists – removal of transition language for APRNS to practice
8	
3	• Figure out to recognize community-based nonprofits for CHW as a solution for doing work like fixing a car to enable transportation option
2	• Organizations getting recognition and/or incentives for providing school-based care

DISCUSSION TOPIC: Wasted time getting prior authorization

WHY is this specific priority area TOPIC critical to discuss?

• Staff burn-out • Interruption of care • Challenges with scheduling • Subjectiveness • Number and age of system are outdated	• Amount of resources and staffing • Quality of care and safety • Delay of care • Costs to provider and system in general
Exploring POLICY solutions	**Exploring STRATEGIC solutions**
• Interoperability rule (Federal), effective 1/1/2027 • P.A. legislation, effective 1/1/2026, (can't delay solely for lack of P.A)	• Improve efficiencies • Clarify standards • Review for sustainability

Regulation **priority area** focuses on supporting regulatory frameworks that protect patient safety and reduce administrative burdens that build flexible rural health systems.	
• Crosswalk info from provider to payer to payer • Chronic condition does not need to re-do PA (no expiration date), effective 1/1/2026 • Golden ticket programs	• Revisit P.A. • Review chronic care P.A. legislation for clarity • Overhaul of DHS IT system • Provider education on interoperability rural and P.A. legislation
What are anticipated impacts to health and wellness in rural MN communities?	
• Less interruption and delays • Improve care and outcomes • Decrease costs	• Policy matching care realities • Improve efficiencies • Happy staff, less burnout
What are ideas of critical next steps and actions that will move policy and/or strategic solutions forward	
• Explore amending or clarifying P.A. language • Provider education by state office, payers, medical school, and health system	• IT overhaul • Legislation to require DHS to detail the scope of the project (funding for the project) and revisit previous framework with a new workgroup including providers and users.

Workforce **priority area** focuses on strengthening the rural health workforce by expanding education pathways, incentivizing rural practice, and embracing community-rooted solutions

What are key critical issues, questions, circumstances, or challenges that we want to discuss today; seeking to identify good policy and strategic solutions that will make a positive impact on our rural communities' health and wellness?

VOTE	**Brainstorm List:** (highest vote count becomes discussion topic)
7	• Students access to healthcare careers in clinics (school-based)
7	• Use CAN model for EMT
6	• Incentive full practice authority for reimbursement
4	• Making healthcare education accessible to rural areas
4	• Access to services like housing, child care in communities
4	• Expanding mindset to "other" workforce roles that are highly impactful and support the areas of shortage
	• Student career exploration – early and often
3	• Preceptor tax incentives
3	• Policy and incentives to support international recruitment
2	• Nursing faculty recruitment and pay – Dex pathways from PSEO to health careers
1	• Prioritize clinical placements (rural) with APRN schools that prioritize rural
	• Practice models, reimbursement for those models, i.e. splitting reimbursement requires 2 providers to the work of 1
	• Invest in CHWs both RB models and community based nonprofit models to deliver the care and provide compassionate support in between visits to providers and social workers

DISCUSSION TOPIC: Students access to healthcare careers, for example CNA → EMT with school-based clinics and using career technical education

WHY is this specific priority area TOPIC critical to discuss?

- Shortage of staff
- Exposure to career options
- CTE as an example of successful model
- Concern about "tracing"
- Tension, re: lack of technical assistance funding and transportation Funding available to support CTE
- Training (provided)in rural to keep them in rural; recognizing limitation to "grow your own" options

Workforce **priority area** focuses on strengthening the rural health workforce by expanding education pathways, incentivizing rural practice, and embracing community-rooted solutions	
Exploring POLICY solutions	**Exploring STRATEGIC solutions**
• Tax reductions for providers and preceptors in rural areas, income tax holiday • Loosening of school graduation requirements or don't add more • Leverage shadowing opportunities • Note make requirement to pay for internship, i.e. pay interns and fund to support internships • Make it easier for licensing by endorsement, e.g. compacts • Increase funds for MN CTSO's • Universal credentialing • Connect students to career professionals	• Organizations to work along with school districts to make changes and implement solutions Engage professionals acro programs and specialties in ways to support student and career development opportunities • Figure out how to appropriately pay faculty – get much less than in clinical practice • Grants to make educ. and training accessible in rural areas • Research and longitudinal data to better inform issues, trend, opportunities, etc. • Address issues like housing and childcare care that prevent providers from coming to rural areas
What are anticipated impacts to health and wellness in rural MN communities?	
• Increase access to care • Decrease wait-times • Services stay open • Better salaries • More incentives to stay • Offer retirement surge	• Exposure reduces stigma, making health care jobs cool again • Once they do it, they love it • Personalized care • Bolsters local economy • Services available for aging communities
What are ideas of critical next steps and actions that will move policy and/or strategic solutions forward	
• Healthcare discovery days in schools • Picks 1 issues and work with a legislator to get started • Work with CBP on credentialing issues	• Conversation with new centra care program • Commit to this work and hold each other accountable • Work together instead of in silos

Comparison Across Priority Areas

Focus Topics participant identified and prioritized discussion topics are listed below within each of the 5 priority areas, listed in priority order based on participant voting. The number of votes during the selection phase are in parenthesis ( ) below.

Access	Funding	Innovation	Regulation	Workforce
TOPIC: Lack of appropriate Non-Emergency Medical Transportation (NEMT)	TOPIC: Rates that truly cover cost of care; new provider types like CHWs and rural specific APRN.	TOPIC: Change management in adopting high tech innovative solutions (virtual health and AI) that alleviate workforce shortages.	TOPIC: Wasted time getting prior authorization	TOPIC: Students access to healthcare careers, for example CNA → EMT with school-based clinics and using career technical education
• **(28) Transportation not flexible for critical appointments** • (8) [Care Providers] go to patients, like school-based care for communities [and community-based CHWs] • (7) How will Greater MN counties be able to efficiently and accurately implement compliance requirements for HR1 and still be able to serve MA beneficiaries and receive timely payment?	• **(17) Rates that truly cover cost of care delivery** • (17) Improved reimbursement for roles that are care extenders, i.e. CHW, to connect people to care or address SDOH • (5) Rates across the state, not metro vs rural	• **(14) Change management in adopting high tech and innovation solutions that alleviate workforce shortage(s)** • (6) What could expansion or enhancement of IHP models look like? • (4) Look for critical data from non-conventional group that could link to patient dated	• **(20) Wasted time getting prior authorization** • (8) Allow RNs to work in EMS system with EMT' and allow them to do what paramedic do with training – in rural areas • (8) Enable whole-person care by removing carve outs	• **(7) Students access to healthcare careers in clinics (school-based)** • (7) Use CNA model for EMT • 6) (Incentive full practice authority for reimbursement

Why is this specific priority area topic critical to discuss?

Small group discussion started with this question to identify common understanding of the topic and highlight significant issues that participants have top of mind within each priority area. Comments are listed in alphabetical order by first word.

Access	Funding	Innovation	Regulation	Workforce
• Increase access to medical appointments • Need to understand how many people do not get served • Transporation needed in rural areas to access services • Trickle-down effect of lack of means to move the patient	• Collaborative rate setting needs to occur sooner not later with provider input not just DHS and CRMA counties • Contracting out behavioral health claims processing to for-profit plan, such as, Optum • Decreasing cost [by provider] is challenging due to increased costs of doing business • Need business case to increase use of CHWs, we now have more trained CHWs than demand • Need to do more with less resources • Parity for NPs, PAs, CRNAs is not equal to MDs, can be 15-40% lower • Sustainability	• Education for users • Focus on prevention, not just a sick care model like school-based care did in the pandemic • More policy and protection in AI models to use it correctly • Use technology to help patients manage their own care, empowering people • Using AI models to look at internal data to answer common questions and keep in person call centers • Where is the accountability of the person to engage, i.e. patient accountability	• Amount of resources and staffing • Challenges with scheduling • Costs to provider and system in general • Delay of care • Interruption of care • Number and age of system are outdated • Quality of care and safety • Staff burn-out • Subjectiveness	• Concern about “tracing” • CTE as an example of successful model • Exposure to career options • Funding available to support CTE • Shortage of staff • Tension, re: lack of technical assistance funding and transportation • Training (provided) in rural to keep them in rural; recognizing limitation to “grow your own” options

Policy Solutions

Small group discussion to identify possible policy solutions that improve health and wellbeing in rural communities. **Policy** solutions focus on internal rules, guidelines, or principles that describe how decisions are made and aim to ensure consistency of applying those decisions over time. Comments are listed in alphabetical order by first word

Access	Funding	Innovation	Regulation	Workforce
• Eliminating single provider NEMT system • Move away from DOT standards • Reimbursement for wait times and non-loaded miles • Tax [incentives to offset] implications for volunteer drivers	• [Do not create] individual mandates [that] increase risk pools • Align Federal and State rules for parity payments (example state auto insurance pays for CRNA and health plans do not) • CHW expanded coverage [to address] SDOH • High-Deductible health plan payment contract should require health plan to collect out of pocket amount • Parity [payment] for allied providers with MD • Stratify Federal Medicare rates for Teaching hospital to cover higher costs, for example MERC funding [at state level does not cover teaching costs.]	• Change payment or incentive to focus on prevention • Create controls or security around language models – proof of concepts • Create outcome, metrics, and model for prevention models • Having integrated system to share data across all provider types • Policy made for type of services instead of all inclusive • Understanding environmental impact • Virtual models are not paid like in person visit • Virtual visits telehealth extender [made] permanent	• Crosswalk info from provider to payer to payer • Chronic condition does not need to re-do P.A. (no expiration date), effective 1/1/2026 • Golden ticket programs • P.A. legislation, effective 1/1/2026, (can't delay solely for lack of P.A) • Interoperability rule (Federal), effective 1/1/2027	• Increase funds for MN CTSO's • Leverage shadowing opportunities • Loosening of school graduation requirements or don't add more • Make it easier to do licensing by endorsement, for example compacts • Note make requirement to pay for internship, i.e. pay interns and fund to support internships • Tax reductions for providers and preceptors in rural areas, income tax holiday • Universal credentialing

Strategic Solutions

Small group discussion to identify possible strategic solutions that improve health and wellbeing in rural communities. **Strategic** solutions are high-level action-oriented steps for achieving policy objectives, outcomes, or goals. A strategy describes a key step to achieve a change, goal, or outcome. Comments are listed in alphabetical order by first word

Access	Funding	Innovation	Regulation	Workforce
• [Financially] support local solutions, i.e. taxi service • [Find funding] for car care solutions • Collaboration between facilities • Co-located services which reduce the need for transportation • Potential to utilize technology to coordinate providers	• [Develop] strategic partnerships between local [elected officials] and committee legislators • Connect with elected officials using stories of impact on local constituents • For profit companies control prices for supplies, etc., that negatively impacts nonprofit plans and providers • Increase MERC resources at state level • Level playing field; independent provider to also charge provider and facility fees • Prove health need and economics with data points, • Tax for social media posts • Tax med. Ads [pharmacy], [i.e. marketing that promotes meds to patients that providers spend time correcting • Term limits [suggest up to 3 terms]	• Create education and training for users and workforce – utilize CHW or other to do education • Leveraging technology to go to patients instead of patient to health provider • Make or ensure all providers use EMR and they are interoperable • Matching state and national level rule regulation to allow for some of the policy solutions • Payment strategy to support utilization of AI and high-tech solutions • Providers to where the people of to provide care	• Clarify standards • Improve efficiencies • Overhaul of DHS IT system • Provider education on interoperability rural and P.A. legislation • Review chronic care P.A. legislation for clarity • Review for sustainability • Revisit P.A.	• Address issues like housing and childcare care that prevent providers from coming to rural areas • Connect students to career professionals • Engage professionals acro programs and specialties in ways to support student and career development opportunities • Figure out how to appropriately pay faculty – get much less than in clinical practice • Grants to make education and training accessible in rural areas • Organizations to work along with school districts to make changes and implement solutions • Research and longitudinal data to better inform issues, trend, opportunities, etc.

Next steps for 2026 that will move policy and strategy forward

Small group discussion to identify ideas for actions in the coming year that would move policy and/or strategic solutions forward. Comments are listed in alphabetical order by first word.

Access	Funding	Innovation	Regulation	Workforce
• Combine barriers list • Community needs assessment • Engage with RTCC and TCAP • Gather data of missed appointments • Keeping local resources open and supported • Lobby for these [NEMT solutions]	• [All health plans] agree on the quality measures [they want to] monitor to help our provider burden • Can county-based-purchasing demonstrate that total cost of care is a solution for PMAP to justify higher provider rates? • Capture of and mining of data sets to answer [questions] of cost with outcomes • Show how investing now will lead to lower costs long term, [using examples]	• Education and training for users and workers to support patient accountability • Focus on local and customized solution • Identify what technology is needed to increase patient accountability • Use technology to support accountability	• Explore amending or clarifying P.A. language • IT overhaul • Legislation to require DHS to detail the scope of the project (funding for the project) and revisit previous framework with a new workgroup including providers and users. • Provider education by state office, payers, medical school, and health system	• Commit to this work and hold each other accountable • Conversation with new centra care program • Healthcare discovery days in schools • Picks 1 issues and work with a legislator to get started • Work together instead of in silos • Work with CBP on credentialing issues

Anticipated impact to health and wellness in rural MN communities

Small group discussion focused on this question to identify possible results and impact of making progress toward addressing the identified topic within each priority area. These ideas help inform possible metrics and measures to monitor change. Comments are listed in alphabetical order by first word

Access	Funding	Innovation	Regulation	Workforce
• Co-located services reduce time away from work by reducing travel time • Emergency services – EMS and ER resources more available • Saves money with right care at right place • Sense of security with less missed appointments that leads to better outcomes	• Improve health equity • Increase or maintain access • Increase workforce • Lower costs with prevention and early detection rather than more expensive treatment • Lower health disparities • More convenient and timely care leads to improved outcomes. • Reduce health [professional] provider burnout	• Better health • Decrease costs • Healthcare providers earn more on prevention models than sick models • Increase life expectancy • Less sick days at work • More engage workforce	• Decrease costs • Happy staff, less burnout • Improve care and outcomes • Improve efficiencies • Less interruption and delays • Policy matching care realities	• Better salaries • Bolsters local economy • Decrease wait-times • Exposure reduces stigma, making health care jobs cool again • Increase access to care • More incentives to stay • Offer retirement surge • Once they do it, they love it • Personalized care • Services available for aging communities • Services stay open