PUBLIC SUMMARY

Advisory Task Force on Governance and Financing of Hennepin Healthcare System, Inc.

First meeting, Wednesday, August 26, 2026

The meeting	The first meeting of the Task Force. It was an organizational meeting, held to introduce members and orient them to the work.
Date and format	Wednesday, August 26, 2026. Held virtually and open to the public.
Who created the Task Force	The Minnesota Legislature, in Minnesota Session Law 2026, Chapter 127, Article 3, Section 18.
Members	Nine members appointed by the Governor. The member appointed from the Health Subcabinet serves as chair.
What it must deliver	A report to the Legislature by January 15, 2027, and a final report in January 2028.
Next meeting	Tuesday, September 22, 2026, 9:00 a.m. to 12:30 p.m., in person.
Status of this document	A summary for public information. The Task Force has not adopted official minutes for this meeting.

About this summary

This is a plain language account of the first meeting of the Advisory Task Force on Governance and Financing of Hennepin Healthcare System, Inc. It is written for anyone following the Task Force's work, whether or not they attended the meeting.

It is a summary, not a transcript, and it is not the official minutes of the Task Force. Where the Task Force or the Minnesota Health Subcabinet keeps its own record of the meeting, that record governs. Nothing in this summary is a finding or a recommendation. The Task Force has not yet reached any conclusions about Hennepin Healthcare.

No financial amounts appear in this summary. Figures were presented at the meeting, and they are being checked against the enacted law before they are used in any Task Force report. Publishing them here, before that check is finished, would risk putting numbers into circulation that later have to be corrected. The presentation given at the meeting is posted on the Task Force website.

If you believe something here is wrong, please write to health.subcabinet.mmb@state.mn.us and say what should be changed.

Why this Task Force exists

Hennepin Healthcare is Minnesota's largest safety net hospital system. A safety net system is one that treats everyone who comes through the door, including people with no insurance and people covered by public programs that pay less than the cost of care. Hennepin Healthcare also trains a large share of the state's doctors and runs emergency and trauma services that the rest of Minnesota relies on.

In 2026 the Legislature provided one time stabilization funding and created a reserve the system can draw on under certain conditions. Throughout the first meeting, that money was described as a bridge rather than a solution. It steadies the system for now; it does not answer how the system should be owned, governed, or paid for over the long term. Answering that is what the Legislature asked this Task Force to do.

Who governs Hennepin Healthcare has changed more than once. An independent board began serving in 2007. In 2025 the Hennepin County Board removed that board and began acting as the health system's board itself. The 2026 law requires the County Board to put an independent board back in place by January 15, 2027, and the County Board is working on that now. January 15, 2027 is also the day the Task Force's first report is due to the Legislature.

What the Task Force has been asked to do

The law gives the Task Force a specific list of tasks.

- Examine how Hennepin Healthcare is governed and financed, including who its patients are, how it is paid, and who owns it.
- Assess whether public health care programs pay enough to cover the care the system provides.
- Identify what the system needs in staffing, buildings, equipment, and technology.
- Look at how comparable publicly owned hospital systems around the country are governed and funded.
- Recommend a future ownership structure, along with governance arrangements and a sustainable financing approach, and provide draft legislative language to carry it out.
- Consult with the ten areas of expertise the law lists at Minnesota Laws 2026, Chapter 127, Article 3, Section 18, Subdivision 4(7). They include physicians, nurses, emergency medical services, community clinics, and public health agencies.

Two reports carry this work. A report to the Legislature is due January 15, 2027. A final report follows in January 2028. The Task Force intends to complete as much of its work as it can by the January 2027 deadline.

What happened at the first meeting

The first meeting was an orientation rather than a working session. Its purpose was to put the members in the same room, ground them in the law that created the Task Force, and give them a first structured look at the institution they are being asked to evaluate. The meeting also recognized legislative leaders, staff, and the Governor's Office for the bipartisan support that produced the 2026 legislation.

Members met each other

Members introduced themselves and described their backgrounds. With the exception of the designated representatives from Hennepin Healthcare, Hennepin County, and the Health Subcabinet, members were appointed for their expertise rather than to represent an organization. Among them are people who have led state health agencies, run hospitals, managed county finances, and worked in academic medicine and public health. Many described long personal and professional ties to Hennepin Healthcare.

The charge and the timeline were presented

Members were walked through what the law requires and by when. The timeline is short. Six substantive meetings are planned before the first report is due, and the report is written a piece at a time across those meetings rather than all at the end.

Hennepin Healthcare presented an overview

The system gave members an overview of its role: the patients it serves, its work as a teaching hospital, its research, and its emergency and trauma services. The presentation is posted on the Task Force website.

The consulting team was introduced, and its limits explained

The Task Force is supported by an outside consulting firm that carries out research, gathers evidence, analyzes options, and helps draft the report. The boundary was stated plainly at the meeting and it holds: the consultants do not decide anything and do not make the recommendations. The findings and recommendations in the reports to the Legislature belong to the Task Force.

Members raised the questions they want answered

The meeting closed by collecting what members need before they can deliberate. Those requests are summarized in the next section.

What members asked for

Members made three formal requests for information and raised four themes they want the work to address.

Information requested	Why it matters	Where it stands
Where patients come from	Whether Hennepin Healthcare functions as a county hospital or as a statewide one. Almost every question about ownership and funding rests on the answer.	Expected in the materials Hennepin Healthcare has committed to provide by Thursday, September 10, 2026.
Statewide trauma system data, including how much care goes unpaid	How much of the state's emergency and trauma load the system carries, and what carrying it costs.	The Minnesota Department of Health is preparing this analysis. It may not be ready in September and is expected by October.
Comparison with similar hospitals elsewhere	An outside benchmark, so that options are drawn from what has actually happened elsewhere rather than invented.	Underway, as part of a review of publicly owned hospital systems around the country.

The four themes were these.

- Governance. How the county's own review of its governance fits with the new hospital board, how the county and the hospital work together in practice, and what role the State should have in future oversight and support.
- Workforce. How to keep staff confidence and the organization's culture intact through a period of change in governance. Members treated this as a practical risk, not a soft one.
- The wider system. Whether safety net care across Minnesota is sustainable, not just at one institution.
- Lessons from elsewhere. Members asked what happened to safety net systems in other places, naming Detroit, the Maryland all payer model, and Charity Hospital in New Orleans. Some of those are cautionary examples rather than models to copy, and the research will treat them that way.

How the Task Force will work

Part of the work	How it works
Meetings	Six substantive meetings before the January 2027 report, held in person and virtually. All meetings are open to the public.

Part of the work	How it works
Agendas	Posted in advance of each meeting.
Materials	Members receive reading materials before each meeting. Those materials are posted for the public as well.
Written record	A record of each meeting is produced within a few days of it.
The report	Written and reviewed in pieces across the meetings, so members work on real language as they go rather than seeing a finished draft at the end.
Consultation	The Task Force will hear from the ten areas of expertise the law lists. Members were asked to suggest people to include.

Meetings ahead

The second meeting is scheduled. The later meetings are proposed, one of them does not yet have a date, and the Task Force is expected to adopt its full meeting calendar at the September meeting. Check the Task Force website before relying on any date, and note that meeting dates have already changed once.

Meeting	Date	Status and format
Meeting 2	Tuesday, September 22, 2026	Scheduled, in person, 9:00 a.m. to 12:30 p.m.
Meeting 3	October 2026	Date not yet set
Meeting 4	Thursday, November 5, 2026	Virtual
Meeting 5	Thursday, November 19, 2026	Virtual
Meeting 6	Thursday, December 17, 2026	May be held in person. The meeting at which the report is expected to be adopted.

How to follow this work

- Meetings are open to the public. Anyone may attend.
- Agendas, meeting materials, and records are posted at Taskforce on the Future of Hennepin Healthcare / Minnesota Management and Budget (MMB).
- To ask for an accommodation so that you can take part, contact the Health Subcabinet at health.subcabinet.mmb@state.mn.us. Please ask as far in advance of a meeting as you can.
- To request this document in another format, contact the Health Subcabinet at health.subcabinet.mmb@state.mn.us.
- Questions about the Task Force should go to the Minnesota Health Subcabinet at health.subcabinet.mmb@state.mn.us.

About this document

Prepared by	Laurel Health Advisors, LLC, which supports the Task Force under contract to the Minnesota Health Subcabinet. The firm prepared this summary. It does not speak for the Task Force.
Status	Final, issued September 9, 2026, and revised September 11, 2026 following an accessibility review by the Minnesota Health Subcabinet. The Task Force has adopted no official minutes for this meeting.
Financial figures	Not repeated in this summary. The presentation given at the meeting is posted on the Task Force website.
Data classification	Government data under Minnesota Statutes chapter 13, prepared on the assumption that it is public.
Accessibility	Built to the State of Minnesota Accessibility Standard v4.0, which applies WCAG 2.1 Level AA. Headings begin at Heading 1 and are applied in order; each table is marked with a header row or a header column, and header rows repeat across pages; links are underlined as well as colored; and no meaning is conveyed by color alone.
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