

Stakeholder input and response

Public consultation, participation, and documenting public input

Item VI

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Tuesday, September 22, 2026 | 11:55 a.m., 20 minutes | Room 1200, Minnesota Senate Building

Task Force decision

Three questions to resolve and one decision to make

1

Who gets consulted, and on what?

The law names public health leaders across the state and ten areas of expertise.
Decision is needed regarding who is asked, in what order, and about which questions.

2

How can the public take part?

What is open to the public?
Where to send written comments or content?
What is the cut off date for inclusion in the report?

3

How is public input documented?

Every consultation is assigned a number, addressed in writing, and published in both reports.

And one decision

There is no defined process for documenting verbal public comments.
Three options are presented to the Task Force.

Two distinct sources of input

Different rules, different audiences, and different records

1 Consultation

Required by law

- Invite feedback from people with specific skill sets:
 - public health leaders
 - Experts from ten areas named in the law
- Virtual using a standard set of questions.
- Participants selected by Health Subcabinet.
- Every conversation is numbered, documented with written response.

2 Public participation

Unsolicited input

- Meetings are open to public, recorded and posted online.
- Written comments accepted throughout each phase.
- An invitation, specific expertise, or schedule is not needed.
- Designated location for submission of written comments.
- No required format for public input during meetings.

Consultation process

Set by the Health Subcabinet and documented by Laurel Health Advisors

13

FIRST MEETINGS

Representatives from each of the ten areas participate and respond to same set of questions.
Responses recorded to inform report.

4

FOLLOW UP MEETINGS

Following first set of meetings.
Reactions to draft language.

6

GROUP MEETINGS

The full consultation group convened prior to each Task Force meeting.
Content of discussion is shared with Task Force members.

All meetings will be virtual to ensure participation regardless of geography.

Individuals selected by Health subcabinet which identifies which individuals represent a specific field.

The areas of expertise named in the statute are listed on the next slide.

Areas of expertise named in the statute

Minnesota Laws 2026, Chapter 127, Article 3, Section 18, Subdivision 4, paragraph (7)

The Task Force is to engage with public health leaders throughout the state and with individuals who have qualifications or expertise in the following areas:

i Rural hospitals and rural health systems

ii Urban, nonprofit hospitals other than Hennepin County Medical Center

iii Physicians licensed and practicing in Minnesota with experience in emergency medicine, trauma care, critical care, or hospital medicine

iv Registered nurses

v Organized labor representing hospital workers or health care workers

vi Ambulance service providers or emergency medical services

vii Local public health departments or community health boards

viii Federally qualified health centers or other community clinics serving low-income patients

ix Consumer or patient advocates with experience accessing services from a safety net hospital

x State legislators, county commissioners, and state agency commissioners

Open participation

Four ways to submit input

1

Meeting attendance

All Task Force meetings are open to the public. Meetings will take place at the Minnesota Senate Building.

2

View online

All meetings will use the Microsoft Teams platform. This provides flexibility for individuals to join the meeting virtually or viewing the meeting later.

3

Continuous comment period

Written comment can be submitted at anytime. All comments will be shared with members.

4

Accommodations

Requests to share non written material outside of a meeting and other accommodations must be submitted in advance.

Timing, in plain terms

The report will be an iterative process with chapters drafted sequentially. Timely input will be used to shape the chapter while information provided later in the process may result in the need for revisions.

What happens to what people send

*Every consultation is numbered, documented, and made available to the public*²⁴

Ledger field	Example of an entry (illustrative)
Entry number	C-014
Which area named in the law	Rural hospitals and rural health systems, item (i) of the ten
Who, how, and when	Chief financial officers from three Minnesota rural hospitals Structured interview, October 2026
Information shared	Swings in supplemental payments threaten solvency more than base rates do, so any ownership model has to keep the system eligible for public financing streams.
Sections where input is integrated	The funding options brief for Meeting 5, and the financing chapter of the report
Status: How the information was used by the Task Force	Adopted. It became one of the tests recommendation 4 has to meet. Published in the cycle 5 update

All comments, including those that are not adopted, are recorded, documented, and assigned a number.

The record informs the Task Force meeting

Record is publicly available and continuously updated to support transparency

Before each meeting	The consultation group convenes. Deliberations and decisions are included in reading package provided to members prior to each meeting.
Within five business days after	Every new entry is assigned a number, addressed in writing, and published. Responses are available within 5 business days.
At every version of the report	The published ledger is not summarized into the report. It becomes a detailed, verbatim record published as an appendix in both reports.

To maintain an accurate and reliable consultation record, responses will be documented and published within one week of submission. Timely publication enables participants to verify and correct the record while discussions remain fresh. This strengthens accountability and preserves the integrity of the process.

Current status

Confirmed decisions. Actions underway. Outstanding issues.

Decisions

- The ten areas are fixed by the law, at Subdivision 4(7), and not subject to change.
- Subcabinet identifies the individuals.
- Thirteen first meetings/four follow ups.
- Group sessions prior to each meeting.
- Transparency:
 - Share post ledger format
 - Document 5-day publication cycle
 - Captured in appendices

Activities

- Ledger established and ready.
- Standard question set drafted
- Questions to be asked in same order at every first meeting.
- Public page and the posting route in place for each cycle.

Pending

- Health Subcabinet identifying consultants.
- Current focus is on process.
- Developing process to solicit input from state and county commissioners.
- Health Subcabinet deliberations in compliance with open meeting rules.
- Thirteen meetings to be scheduled once list of consultants is finalized.

Consultations will begin once invitation list is available.

Question for the Task Force

How should meeting comments be documented and incorporated into the record?

Written comment and formal consultations have established places in the record.
Task Force must deliberated decide where and how to include verbal comments from meetings.

A Minutes only

Meeting record reflects only what was said.

Pros: Cost effective, common strategy.

Cons: No answer provided to speaker and considerations not documented.

B Logged as written comment

Incorporated into written comment file, summarized and grouped by topic. Responses available to entire group rather than each person.

Pros: Comments permanently captured.

Cons: Modest effort; Individuals cannot see how their specific comments are addressed.

C Entered into ledger

Assigned a number, clearly documented in ledger along with written disposition. Same as approach used for consultations

Pros: Strongest record, and speaker can see how their comment was addressed.

Cons: High effort, no control over volume.

Task Force must make a decision prior to Meeting 3 so approach is consistently applied.

What happens next

Today	Task Force determines how to document spoken comment. Other information can be transmitted in writing.
When the list arrives	Schedule the first thirteen meetings and publish dates and meeting materials.
Five days after every meeting	Update and publish the ledger beginning immediately.
At every version of the report	The published ledger included as consultation chapter. Complete ledger included as appendix in both reports.

Anyone who takes the time to participate should be able to see what they said and what came of it.