

Insights from the May 20 Community Conversation with the Center for Health Care Affordability

Community Conversation with Advocates

The [Center for Health Care Affordability](#) (the Center) convened its second community conversation with patient and consumer advocates on May 20, 2026. Held virtually, more than 50 participants took part in the conversation, including individual advocates and community members, as well as representatives from interested organizations such as the Minnesota Nurses Association, Minnesota Independent Pharmacists, Minnesota Association of Family Physicians, and others.

Meeting Objectives

- Update on the Center’s task forces and their work
- Share initial affordability priorities and gather input
- Engage with each other to understand where healthcare affordability work is happening in Minnesota

Presentation Overview

The meeting began with a brief overview of the healthcare affordability challenges facing Minnesotans that led to the establishment of the Center in 2023. The presentation then turned to the two task forces convened by the Center: The [Health Care Affordability Advisory Task Force](#) (HCAATF) and the [Provider and Payer Advisory Task Force](#) (PPATF). Since its first meeting in September 2025, the HCAATF has explored healthcare affordability challenges in Minnesota, the potential drivers of healthcare spending, and prioritized areas of focus. These areas of focus will be offered to the Center as recommended areas for research and policy development.

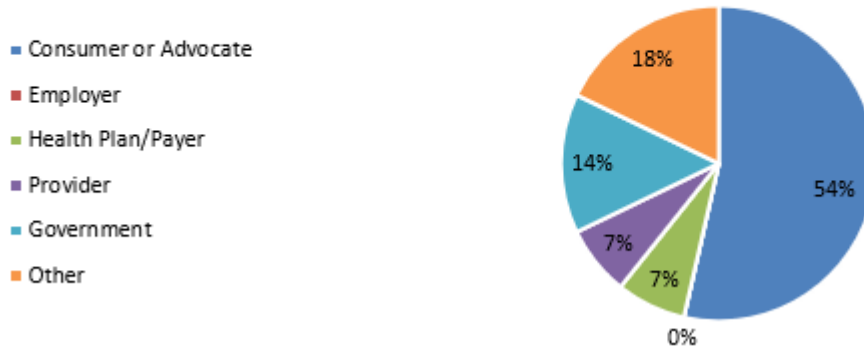
The five initial priority topic areas identified by the HCAATF and presented at the meeting were:

- Provider prices and price growth
- Concentrated healthcare markets
- Pharmacy benefit managers (PBMs)
- Private equity ownership in healthcare
- Health insurance affordability

After brief explanations of each topic area, attendees participated in a Mentimeter poll with a series of questions about the priority topics and engaged in discussion via the chat or audio. Of the over 50 attendees, 28 participated in the poll and represented a range of perspectives – see Chart 1.

Chart 1

Which of the following most closely aligns with the perspective you're bringing today?

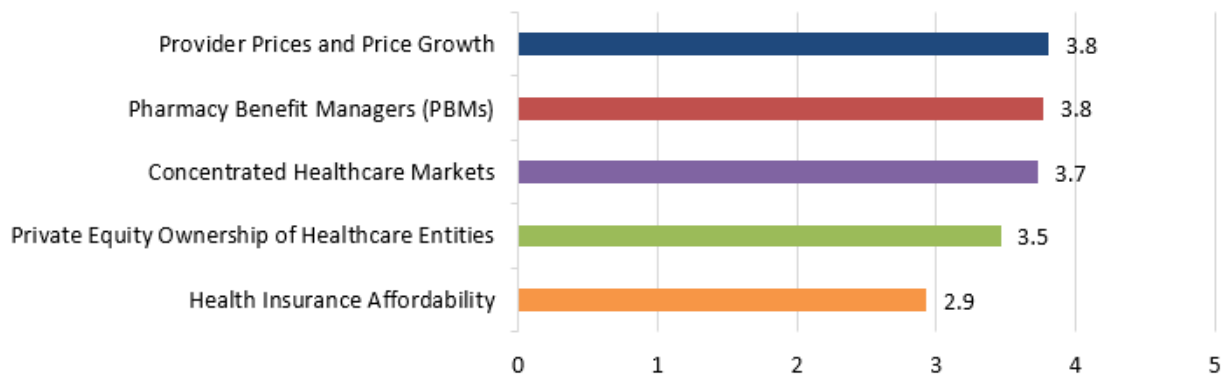


Poll Results and Discussion Themes

Overall, meeting attendees and poll respondents seemed to agree that the priority topic areas identified by the HCAATF are worth continuing to explore. Participants were **asked to what extent each priority had the potential to improve healthcare affordability**. There was no one priority area deemed to have the highest potential—see Chart 2.

Chart 2

To what extent do you think these priorities have potential to make healthcare more affordable? (Score of 0 to 5)



The poll also included open-ended questions that sparked discussion orally and via the chat. The following bullets reflect the input participants shared on the priorities as well as current work on healthcare affordability in Minnesota.

Interconnected priorities

Several participants emphasized that the priorities are interconnected and should not be addressed in isolation, raising questions about where the most upstream intervention points lie. For example,

Addressing that systemic problem will have downstream effects on something like “provider prices and price growth.” Lack of competition, price fixing, and fraudulent/anticompetitive practices are HUGELY impacting prices.

All these priorities are interconnected and self reinforcing, what is the most upstream approach.

I think of private equity and consolidation as a broader pattern of corporatization.

Administrative spending

Some argued that the administrative spending associated with a multi-payer system was most important to address to make healthcare affordable for Minnesotans. For example,

US healthcare costs are high because the multipayer system is administratively costly and there is no effective agent to negotiate for the patient i.e., we have a dysfunctional situation, not a system. I fear we are ignoring the lessons from other countries which have more reasonable prices and better outcomes. We should add this issue to the problems being addressed. Excess administrative costs are the biggest issue.

Agree that administrative costs are a huge problem. Direct price regulation and prohibiting conflicted business models (e.g., insurer-, PBM- and private equity-ownership or control of healthcare providers) and practices (e.g., prior auth) would help eliminate administrative cost drivers.

Continue to involve providers

Several participants underscored the importance of continuing to involve providers working in care delivery as potential solutions are developed and refined.

I’m grateful we’ve been brought into the conversation. I think providers are currently underutilized in the crafting and implementation of solutions.

Physical therapists are working to remove the financial and administrative barriers to cost-saving care.

Current healthcare affordability work in Minnesota

One meeting objective was to help the Center and the meeting participants understand what healthcare affordability work is underway in Minnesota. The Center hopes that these meetings

provide an opportunity for different groups to connect and share with each other. Some of the efforts shared included:

Blood Cancer United has developed cost of care reports focused on cancer care prices, provider consolidation and more.

We are releasing a healthcare policy agenda next month that includes recommendations to break up Big Medicine, bring down healthcare prices, and build capacity.

HCA-MN [Health Care for All – Minnesota] is working for transformational change in how we pay for health care, removing the private health insurance industry and its influence, to move MN/U.S. to a universal single payer system.

Advocating for PBM reform legislation at the state and federal level. Growing an interconnected network of MN's indy pharmacies. Educating EVERYONE on the inner workings of community pharmacy/PBMs.

MN Academy of Family Physicians works to center primary care in health care reform. We have a system that undervalues the work that primary care teams do to keep people healthy.

Advocating for increases to Medicaid reimbursement rates which can reduce cost shifting and reduce reliance on emergency rooms.

Next Steps

The Center will continue planning future stakeholder engagement work to share and offer opportunities for reflection on the task force's affordability priorities.

Links Shared by Participants

- American Economic Liberties Project – [UnitedHealth Group is a Bank: How Policymakers Can Protect Independent Physician Practices from Becoming Loan Shark Bait](https://www.economicliberties.us/wp-content/uploads/2025/12/UnitedHealth-Group-Is-a-Bank-FINAL-12-12-2025-1.pdf) (<https://www.economicliberties.us/wp-content/uploads/2025/12/UnitedHealth-Group-Is-a-Bank-FINAL-12-12-2025-1.pdf>) (2025)
- Blood Cancer United – [Higher prices, higher stakes: Policy solutions to tackle rising healthcare costs](https://llsorg.widen.net/s/vhflbqw6x/en-high-prices-higher-stakes) (<https://llsorg.widen.net/s/vhflbqw6x/en-high-prices-higher-stakes>) (2025)
- Millbank Memorial Fund – [California's Sutter Health Settlement: What States Can Learn About Protecting Residents from the Effects of Health Care Provider Consolidation](https://www.milbank.org/wp-content/uploads/2020/09/Sutter-History-Report_v3.pdf) (https://www.milbank.org/wp-content/uploads/2020/09/Sutter-History-Report_v3.pdf) (2020)

- Blood Cancer United and Center on Health Insurance Reform, Georgetown University – [What to Ask \(About\) a Hospital: A guide to better understanding organizational and financial differences across hospitals in the United States](https://chir.georgetown.edu/hospitalguide/) (<https://chir.georgetown.edu/hospitalguide/>) (2025)
- Center on Health Insurance Reform, Georgetown University – [The Complex Web of Health Care Financial Interests and Their Implications for Ever Higher Spending: An Expert Perspective](https://georgetown.app.box.com/s/rtmi4pbcyz2wav084pphsmvof9085ibp) (<https://georgetown.app.box.com/s/rtmi4pbcyz2wav084pphsmvof9085ibp>) (2025)
- 2025 Minnesota Statutes – [145D.01 Requirements for certain health care entity transactions](https://www.revisor.mn.gov/statutes/cite/145D.01) (<https://www.revisor.mn.gov/statutes/cite/145D.01>)

Reference Links

- [Center for Health Care Affordability](https://www.health.state.mn.us/data/affordability/index.html) (<https://www.health.state.mn.us/data/affordability/index.html>)
- [Health Care Affordability Advisory Task Force](https://www.health.state.mn.us/data/affordability/ataskforce.html) (<https://www.health.state.mn.us/data/affordability/ataskforce.html>)
- [Provider and Payer Advisory Task Force](https://www.health.state.mn.us/data/affordability/ppataskforce.html) (<https://www.health.state.mn.us/data/affordability/ppataskforce.html>)

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