

Health Care Affordability Advisory Task Force Meeting Summary #3

Date: December 16, 2025, 9:00 am – 11:30 am

Amherst Wilder Foundation, Auditorium A

Meeting Summary and Key Themes

Welcome and Introductions

Alex Caldwell (Director, Center for Health Care Affordability) welcomed task force members and other participants attending both in person and online.

Updates from the Center for Health Care Affordability

Alex shared several updates about the task force's work. Two members, Matt Anderson and Sheila Kiscaden, will serve as co-chairs and help guide the group. Alex also explained that CHCA plans to continue connecting with people across the state to better understand their experiences with health care costs. Two members, Andrew Knox and Sheila Moroney, will support CHCA's outreach to community and patient advocates, rural stakeholders, and direct consumers.

Reflections on the November 20 Community Conversation

Members reflected on the November 20 community conversation, where participants shared their concerns about rising health care spending. They described the event as energetic and meaningful. Several members said it is important to meet people where they already are, such as community gatherings, so that those with health challenges, busy schedules, or transportation barriers can still participate. Members also encouraged CHCA to hold conversations in many regions of the state, not just urban centers. Task force members highlighted findings captured in that meeting's summary: [Insights from the First Community Conversation with the Center for Health Care Affordability \(PDF\)](#).

Updated Values and Principles

The task force then reviewed updated values and principles drafted by CHCA based on feedback from the task force. Members confirmed the emphasis on evidence, innovation, and equity, and agreed on the importance of acknowledging the tradeoffs involved in addressing health care affordability. The task force agreed to use this updated set of values and principles as a working version going forward.

October Post-Meeting Survey Results

Julie Sonier, the task force's lead facilitator, shared results from a survey completed by members after the October meeting. The responses highlighted a strong interest in keeping Minnesotans' real-life experiences at the center of the group's work. Members said they want to understand why people skip or delay needed care. At the same time, they emphasized the importance of looking at broader issues in the health care system that affect affordability.

Priority Information Needs and Key Questions

Members pointed to three areas they want more information about:

1. The role of health care organizations that do not provide clinical services directly to patients (such as pharmacy benefit managers),
2. Trends and variation in health care prices across Minnesota, and
3. The burden and associated cost of administrative requirements within the health care system, including time taken away from patient care.

During the discussion, members also raised questions about how benefit design may change in the future, how Minnesota's changing population may affect health care spending, and how access to health services varies across different parts of the state. Some members noted that people with self-funded insurance plans may face different affordability challenges because these plans are not subject to state-level rules.

Framework for Understanding the Problem

Julie then presented a framework to help the group better understand why health care spending continues to rise without similar increases in quality or value. Members reflected on how each of the challenges outlined in the framework, which includes failure of care delivery, poor care coordination, low-value care, pricing failures, fraud and abuse, and administrative complexity, appear in Minnesota.

They also raised additional concerns, such as the impact of complex regulations, malpractice fears as a potential driver of health care spending, the influence of profit-seeking behavior, and executive compensation. Some members noted the use of emerging technologies, like artificial intelligence, could also shape future care delivery and spending. Other members noted that providers are not always incentivized to provide coordinated, value-based care that promotes population health. Through the discussion, members agreed that everyone in the system—providers, health plans, employers, government, and individuals—plays a role in making care more affordable.

State strategies to Control Health Care Spending

Julie shared examples of strategies that other states use to control health care spending and discussed how these might apply in Minnesota. Members expressed interest in understanding how price caps have worked in other states and what lessons could be useful for Minnesota. They also discussed ways to help people choose high-quality, lower-cost care through clearer benefit design. Several members highlighted the need for stronger oversight of provider consolidation and pharmacy benefit managers, especially as these areas can affect prices and access to care. Others expressed an openness to a cost growth target program as a way to focus

attention on the problem, while recognizing that other tools will be needed to meet the targets.

Behavioral Health and Rural Considerations

Members noted that Minnesota's behavioral health system faces challenges beyond crisis care and that any strategy should take these broader gaps into account. They also emphasized the importance of looking at price differences and access issues across the state, especially in rural communities.

Small Group Discussion: Priority Topics for Future Meetings

Members participated in small group conversations to identify which topics should receive more attention in coming meetings. While the discussion covered many areas, several common themes emerged including interest in learning how multiple strategies might work together, identifying strategies that could be implemented quickly, and exploring why Minnesotans delay or skip care due to cost.

Members also discussed several topics for continued exploration:

- Stronger oversight of where dollars are flowing through the health care system including through health care mergers and acquisitions, and the role of private equity, pharmacy benefit managers, and other health care entities
- Advanced benefit designs that help people choose lower-cost providers
- Price regulation, including how it may affect rural communities
- Variations in care models
- Administrative spending, particularly activities that add cost but not value

Members agreed that future discussions should continue to be guided by strong data, comparisons to other states, and the voices of Minnesotans who experience affordability challenges firsthand.

Closing and Next Steps:

Alex closed the meeting by outlining key next steps, including the kickoff of the Provider and Payer Advisory Task Force on January 22 and the next Affordability Task Force meeting on February 25.

Reference Links:

- [Insights from the First Community Conversation with the Center for Health Care Affordability \(PDF\)](https://www.health.state.mn.us/data/affordability/docs/20251110summary.pdf)
[\(https://www.health.state.mn.us/data/affordability/docs/20251110summary.pdf\)](https://www.health.state.mn.us/data/affordability/docs/20251110summary.pdf)

ABOUT THE CENTER FOR HEALTH CARE AFFORDABILITY

The Minnesota Center for Health Care Affordability at the Minnesota Department of Health is committed to making health care more affordable for all Minnesotans.

The Center identifies cost drivers, provides transparent research, and advances solutions that stabilize health care spending so that Minnesotans can afford the high-quality care they need.

Minnesota Department of Health
Center for Health Care Affordability
625 Robert Street N
St. Paul, MN 55102
651-201-5000
Health.Affordability@state.mn.us
www.health.state.mn.us/data/affordability/index.html