



Caring Hands Dental Clinic

31 March 2025

Caring Hands Dental Clinic Supports County Administered Rural Medical Assistance (CARMA) [HFXXXX]

Dear Co-chair Backer, Co-chair Bierman, and House Health Finance and Policy Committee Members:

The Caring Hands Dental Clinic is in strong support of the proposed CARMA bill. The Association of Minnesota Counties (AMC) and the state's County-Based Purchasing (CBP) (§256B.692) plans have worked closely with the Minnesota Department of Human Services (DHS) over the last two years to develop this advancement in county-based delivery of public programs. Our experience at Caring Hands through working with CBP organizations is truly unrivaled, and their approach to serving Minnesotans is how fiscally responsible healthcare balanced with compassion creates success.

CARMA is all about building on the success story already in place that has been proven by CBP plans in rural Minnesota by enhancing the partnership with DHS and rural healthcare providers to deliver healthcare programs to those in need. The framework that has already been constructed collaboratively prioritizes patient well-being for the best possible care and is administered by those who know and serve their citizens every day, local county elected officials. This is a new and modern, county-based approach to serving those enrolled in public programs. It is a unique, county owned, and county commissioner governed alternative to the Prepaid Medical Assistance Program (PMAP), that integrates overall healthcare with public health and social services, addressing Health Related Social Needs (HRSN). The modernization format features increased accountability through an updated and more efficient set of systems better supporting fewer overall MA enrollees and rural providers.

Caring Hands is excited to support the CARMA proposed bill while striving to reach the best outcomes for the people we serve. CARMA drives improvement in addressing population health across Greater Minnesota.

My sincerest appreciation and heartfelt thanks to each of you as you consider this important proposal, and for your continued support and leadership strengthening rural healthcare in Minnesota.

Very Respectfully,

John A. Kunelius
Executive Director
E: john@caringhandsdc.org
P: 507-384-1056

Cc: Steve Gottwalt



April 1, 2025

Re: AMC Supports HF 2955 - County-Administered Rural Medical Assistance (CARMA)

Dear Co-chair Backer, Co-chair Bierman, and House Health Finance and Policy Committee Members:

The Association of Minnesota Counties (AMC) enthusiastically supports Rep. Backer’s County-Administered Rural Medical Assistance (CARMA) legislation, HF 2955. This important rural health care innovation is the result of historic collaboration over the last two years among counties and the Department of Human Services (DHS), and AMC has been an active participant in helping develop the CARMA program.

CARMA builds on the 45-year success story of County-Based Purchasing plans (§256B.692) across Greater Minnesota and is an important opportunity to “do better together” among counties, DHS and rural care providers in delivering public health care programs to people in need. It leverages what counties do best, representing a bipartisan, innovative solution that can serve as a rural health model to the nation.

Last year, the Legislature passed bipartisan legislation directing counties and DHS to work together to bring forward CARMA to be ratified this session. We have worked together diligently and are proud to bring forward this proposal. CARMA is an advancement of the county-based approach to delivering public programs, and a distinct, county owned and administered alternative to the Prepaid Medical Assistance Program (PMAP). It features greater integration of health care, public health and social services to address Health Related Social Needs (HRSN), accounts for the smaller number of Medical Assistance enrollees and providers in rural counties, streamlines systems to better serve enrollees, and promotes greater accountability for outcomes.

AMC thanks you for your leadership and dedication to strengthening rural health care. We appreciate your consideration of this important proposal and appreciate your continued support of county-based solutions as we strive to “do better together.”

Sincerely,

Julie Ring, Executive Director
Association of Minnesota Counties



PrimeWest Health Community Reinvestment in Addressing American Indian Member Health Care Disparities

COMMUNITY REINVESTMENT GRANTS

PrimeWest Health (PrimeWest) actively pursues a community reinvestment philosophy for building and supporting rural health care and human services infrastructure and capacity. This includes awarding nearly \$2.4 million in grants to Tribal entities for a wide range of Tribal efforts to address health care disparities, including:

- hiring a pediatric dentist to expand and improve dental access for American Indian children
- hiring an internal medicine physician to improve local access to primary care for Tribal members
- hiring a social worker embedded in Tribal schools for their Suicide Prevention Program
- purchasing four medical transportation vans to increase local access to non-emergency medical transportation
- expanding the Hotels to Home project to address housing instability
- purchasing a van to improve access to non-emergency medical transportation for individuals struggling with housing instability
- integrating traditional Tribal health care with prenatal and postpartum care for Indigenous women by addressing systemic disparities and providing holistic, culturally informed care that supports immediate and long-term health outcomes
- extending and adapting the work of maintaining access to integrated traditional healing, wellness, and Western medicine provided by Indigenous health care providers
- Implementing an elderly Fall Prevention Project
- Supporting a new residential substance use disorder treatment facility center including funding nursing and medical staff salaries, hiring additional mental health professionals, expanding medication-assisted treatment and withdrawal management services, and developing and integrating cultural programming by providing traditional teachings and ceremonies and supporting the integration of Anishinaabe Tribal ways into treatment



1753 Cottonwood Circle • Saint Cloud, MN 56303 • www.machp.org

April 2, 2025

TO: House Health Finance and Policy Committee

RE: County-Administered Rural Medical Assistance (CARMA) HF2955

Dear Co-Chairs Backer and Bierman, and Committee Members:

The Minnesota Association of County Health Plans (MACHP) is an alliance of County-Based Purchasing Plans serving more than 80,000 members enrolled in Minnesota Health Care Programs (MHCP) each month across 32 counties. **CBP plans, and the 32 counties that own and operate them, strongly support HF2955 CARMA** as an important advancement of this unique rural health model that has successfully served public program enrollees for 45 years.

The CARMA model was first proposed in 2022 by mediators in that year's disputed state public programs procurement. After years of disagreements with DHS over county authority in procurements under current CBP law, **mediators felt it was time for counties and DHS to build something better together.** The first CARMA Work Group met early in 2023, and has engaged in nearly monthly Steering Committee meetings, with dozens of technical sub-group meetings, ever since. Last year, the legislature directed DHS, AMC and the CBP plans to bring forward this CARMA model legislation in 2025. We thank Rep. Jeff Backer and Rep. Peter Fischer for carrying this important legislation.

CARMA represents a distinct, county owned and administered alternative to the Prepaid Medical Assistance Program (PMAP) in rural counties. It moves from a convoluted PMAP procurement process to direct multi-year contracting, allowing stability and time for real results. Rural counties can choose either CARMA or traditional PMAP. CARMA has a unique focus on integration of care with county social services, public health and other county programs and services, particularly in the area of Health-Related Social Needs (HRSN).

CARMA represents **historic collaboration among counties and DHS** in advancing county-based care and solutions. We appreciate your careful consideration, and **encourage your support of HF2955.**

Sincerely yours,

Steve Gottwalt
Executive Director
952-923-5265
steve@machp.org

Cc: MACHP Board of Directors
Association of MN Counties



The Minnesota Association of County Health Plans (MACHP) represents Minnesota's three county-based purchasing (CBP) plans serving more than 80,000 Minnesota Health Care Programs (MHCP) enrollees across 32 rural counties.

COUNTY-ADMINISTERED RURAL MEDICAL ASSISTANCE

- County-based plans have been **successfully serving public programs enrollees across Greater Minnesota for more than 40 years**. 32 counties now serve about 80,000 Minnesota Health Care Programs (MHCP) enrollees under the county-based purchasing (CBP) model started in the 1980s.
- County commissioners, who govern these plans, are passionate about the importance of local, county-based care delivery, integration with other county services, partnering with our local providers and supporting our local communities. It makes for **great care and outstanding outcomes**.
- We have had disputes with DHS over Minnesota's current CBP laws that **passed on a bi-partisan basis in 1997**. CARMA is an important opportunity to move past that.
- **CARMA HISTORY:**

In 2022 the CARMA model was first proposed by mediators in that year's disputed MHCP procurement. After years of disagreements with DHS over county authority in procurements under current CBP law, **mediators felt it was time for counties and DHS to build something better together**.

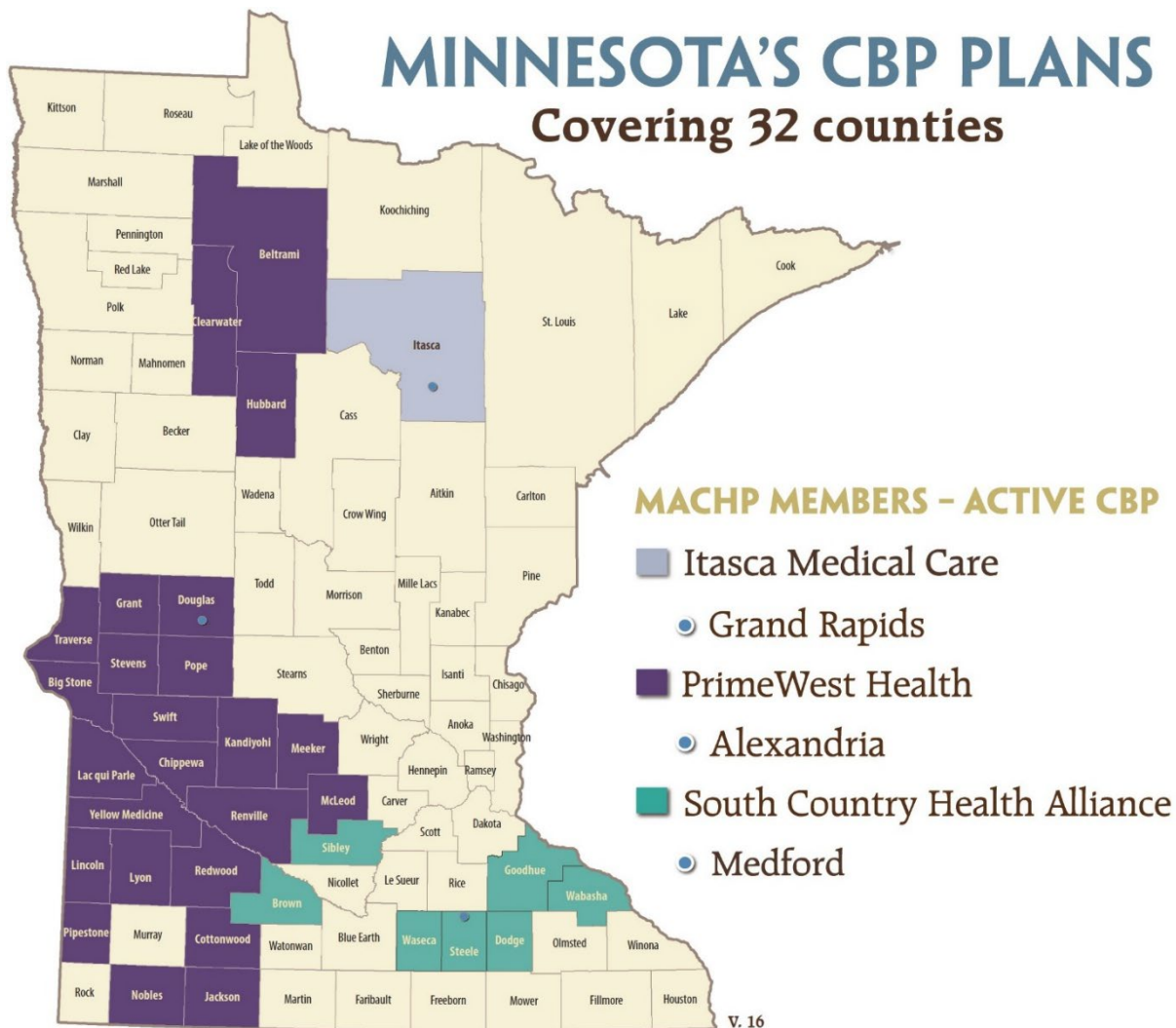
In 2023, the first CARMA Work Group met and has engaged in nearly monthly Steering Committee meetings, with dozens of sub-group meetings, ever since.

In 2024, we passed bi-partisan legislation directing creation of the CARMA model along with a detailed implementation plan.

In 2025, **we are introducing the CARMA model legislation and implementation plan**.
- **WHAT IS CARMA?** – CARMA is a new and innovative, county-based approach to serving MHCP enrollees **building on the current CBP model in Minnesota** (§256B.692). CARMA is a distinct, county owned and administered alternative to the Prepaid Medical Assistance Program (PMAP), featuring greater integration of health care, public health and social services to address Health Related Social Needs (HRSN). It seeks to account for the smaller number of Medical Assistance enrollees and providers in rural counties, and to promote greater accountability for outcomes.
- **KEY CARMA ELEMENTS** - CARMA moves from a convoluted PMAP procurement process to direct **multi-year contracting**, allowing stability and time for real results. Rural counties that choose to conduct CARMA, with DHS approval, will **replace PMAP with CARMA**. CARMA has **a unique focus on integration of care** with county social services, public health and other county programs and services, **particularly in the area of Health-Related Social Needs (HRSN)**.
- CARMA enjoys **strong support from Minnesota's counties**, and **strong, bi-partisan support** among state lawmakers.

Contact: Steve Gottwalt, MACHP executive director | 952.923.5265 | steve@machp.org

The Minnesota Association of County Health Plans (MACHP) is an alliance of the state’s three county-based purchasing (CBP) plans serving **more than 80,000 members** enrolled in Minnesota Health Care Programs (MHCP) each month across 32 counties of Greater Minnesota. Minnesota legislators wrote CBP into state law in the 1990s – a distinct and unique model, owned and operated by the counties they serve. CBP empowers participating counties to exercise local decision-making, self-determination, and community-specific innovations toward improving individual health, population health, and health equity, while reducing health care costs. The result is **better health outcomes and quality of life** for residents enrolled in MHCP.



Itasca Medical Care

Headquartered in Grand Rapids and owned and governed by Itasca County.



PrimeWest Health

Headquartered in Alexandria and owned and governed by 24 counties.



South Country Health Alliance

Headquartered in Medford and owned and governed by 7 counties.





Shannon Douvier
Executive Director

Jo Musel Parr
Field & Organizing
Services Director

Brenda Weller
Finance Director

Troy Bauch
Field Director

Kate Black
Field Director

April 1, 2025

AFSCME Supports County-Administered Rural Medical Assistance (CARMA)

Dear Co-Chair Backer, Co-Chair Bierman, and Members of the House Health Finance and Policy Committee,

As an AFSCME employee working for Itasca Medical Care (IMCare), I write today in strong support of **HF2955 – County-Administered Rural Medical Assistance (CARMA)**.

I work closely with, and proudly represent approximately twenty dedicated AFSCME members at IMCare who serve over 7,000 members. These public servants consistently take on more responsibilities with fewer resources—and in my opinion they do it better than any Managed Care Organization in the state. Why? Because they *live* in the communities they serve. They work here. They shop here. They play here. They raise families here. They care deeply about the community and the people they serve.

To exemplify that care, I've had the privilege of working closely with our dental providers over the years and have consistently seen them go above and beyond for our members. When my father-in-law passed away, I came home to find one of those providers plowing my driveway. Not long after, I stood behind that same provider in the grocery store and watched them buy groceries for the local shelter. That's the kind of compassion and deep community connection that defines rural healthcare. Yes, rural health is complex and full of challenges—but what will drive CARMA's success are the people behind it and their passion for caring for their neighbors.

I've participated in contentious contract negotiations and tough rate-setting discussions with DHS. I want to commend DHS for their leadership and collaboration in bringing the CARMA legislation forward. This bill is more than just a policy proposal—it is a bridge between DHS and Minnesota counties, and it reflects a critical shift toward truly partnering with local communities to deliver public health programs. County-based solutions aren't just practical; they're essential.

I believe CARMA represents the future of healthcare delivery. It's a model that can demonstrate—on a national stage—how rural areas can provide high-quality, affordable care because of the local knowledge and deep community ties. And it will succeed because of the work, heart, and dedication of AFSCME Local 580 members at IMCare and beyond.

We are ready. The AFSCME members at Itasca Medical Care are eager to lead the way in transforming rural healthcare under HF2955. Please vote “yes” on CARMA and help us build a healthier, stronger future for Greater Minnesota.

Thank you for your time and thoughtful consideration.

Matt Alstad
Itasca Medical Care
Controller/CFO
AFSCME Local 580

American Federation of State, County and Municipal Employees, AFL-CIO

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