HENNEPIN COUNTY

MINNESOTA

FINAL COMMITTEE AGENDA

HEALTH COMMITTEETUESDAY, OCTOBER 21, 2025
1:30 PM

Chair: Angela Conley, District 4
Vice Chair: Kevin Anderson, District 7
Members: Jeff Lunde, District 1
Irene Fernando, District 2
Marion Greene, District 3
Debbie Goettel, District 5
Heather Edelson, District 6

1. Minutes from Previous Meeting

1.A. September 30, 2025 Meeting Minutes

Attachments: <u>HE-COMMITTEEMINUTES-30-Sept-2025</u>

2. New Business

Routine Items

2.A. **25-0397**

Agmt A2513067 through HRSA for the Ryan White HIV/AIDS Program Part A Emergency Relief Project grant, 03/01/25 - 02/28/26, \$6,129,008 (recv)

2.B. **25-0398**

Agmt PR00007813 to purchase reinsurance protection from catastrophic medical claims as required by contracts between Hennepin Health and the MN Dept of Human Services; 01/01/26-12/31/26, NTE \$5,000,000

Items for Discussion and Action

2.C. **25-0396**

Extend suspension of the Ordinance 9 - Section VII, Subsection 1: Staffing

HENNEPIN COUNTY

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Board Action Request

TMP-25-0830

Item Description:

September 30, 2025 Meeting Minutes

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HENNEPIN COUNTY MINNESOTA

COMMITTEE MINUTES

HEALTH COMMITTEETUESDAY, SEPTEMBER 30, 2025

1:30 PM

Chair: Angela Conley, District 4
Vice Chair: Kevin Anderson, District 7
Members: Jeff Lunde, District 1
Irene Fernando, District 2
Marion Greene, District 3
Debbie Goettel, District 5

Heather Edelson, District 6

Commissioner Angela Conley, Chair, called the meeting of the Health Committee for Tuesday, September 30, 2025 to order at 2:24 p.m.

Present: Commissioner Angela Conley, Commissioner Debbie Goettel, Commissioner Heather Edelson, Commissioner Irene Fernando, Commissioner Jeff Lunde, Commissioner Kevin Anderson and Commissioner Marion Greene

1. Minutes from Previous Meeting

1.A. August 5, 2025 Meeting Minutes

APPROVE

Commissioner Heather Edelson moved, seconded by Commissioner Irene Fernando, to approve the Minutes.

Aye: Commissioner Conley, Commissioner Goettel, Commissioner

Edelson, Commissioner Fernando, Commissioner Lunde, Commissioner Anderson and Commissioner Greene

2. New Business

Routine Items

2.A. **25-0377**

Amd 3 to Agmt A2211522 with the National Health Care for the Homeless Council for the HCH Program, for budgetary adjustments to the underlying agreement, 01/01/23-12/31/25, incr recv \$25,000

CONSENT

Commissioner Angela Conley moved, seconded by Commissioner Debbie Goettel, to approve the Resolution.

Aye: Commissioner Conley, Commissioner Goettel, Commissioner

Edelson, Commissioner Fernando, Commissioner Lunde, Commissioner Anderson and Commissioner Greene

There being no further business, the Health Committee for Tuesday, September 30, 2025 was declared adjourned at 2:25 p.m.

Maria Rose Clerk to the County Board

HENNEPIN COUNTY

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Board Action Request

25-0397

Item Description:

Agmt A2513067 through HRSA for the Ryan White HIV/AIDS Program Part A Emergency Relief Project grant, 03/01/25 - 02/28/26, \$6,129,008 (recv)

Resolution:

BE IT RESOLVED, that agreement A2513067 with the US Department of Health and Human Services Health Resources and Service Administration (HRSA) for the fiscal year 2025 federal Ryan White HIV/AIDS Program Part A Emergency Relief Project grant for the 13-county Minneapolis- St. Paul Transitional Grant Area during the period March 1, 2025 through February 28, 2026, in the receivable amount of \$6,129,008, be approved; that the Chair of the Board be authorized to serve as the Chief Elected Official for the grant; and that the Controller be authorized to accept and disburse funds as directed; and

BE IT FURTHER RESOLVED, that acceptance of this award in no way reflects acceptance of terms or conditions that are legally unenforceable against Hennepin County; and

BE IT FURTHER RESOLVED, that the sponsorship and acceptance of grant funding for the program by the Hennepin County Board of Commissioners does not imply a continued commitment by Hennepin County for this program when grant funds are no longer available.

Background:

Hennepin County is the eligible recipient for the federal Ryan White HIV/AIDS Program (RWHAP) Part A Emergency Project grant for the 13-county Transitional Grant Area (TGA) as defined by the federal Ryan White HIV/AIDS Program legislation under Title XXVI of the U.S. Public Health Service Act. The RWHAP legislation, originally known at the Ryan White CARE Act, was passed by Congress in 1990. The legislation has been reauthorized by Congress four times in 1996, 2000, 2006, and 2009. Hennepin County became eligible for Part A funding in 1995 based on the number of cumulative AIDS cases in the most recent five-year period and the number of prevalent AIDS cases in the 13-county Minneapolis-St. Paul Metropolitan Statistical Area as defined in 1995.

The Chair of the Hennepin County Board of Commissioners is the designated Chief Elected Official (CEO) for the grant and assures that the grant requirements and conditions of award are met. As the grant CEO, the Chair of the Board appoints members of the Minnesota Council for HIV/AIDS Care and Prevention, a community planning body which prioritizes the services funded by the grant and allocates grant funds to those services based on the needs of people with HIV living in the jurisdiction and the demographics of the HIV epidemic. The Minnesota Council for HIV/AIDS Care and Prevention membership must reflect the demographics of the local HIV epidemic, where at least 33% of members are people with HIV who are eligible for services and not aligned with any funded provider organization. The CEO designates the Public Health Department to administer the grant with the Ryan White Program unit within the Public Health Protection Area responsible for grant administrative functions including procurement of services, program and fiscal monitoring, convening and supporting the Minnesota Council for HIV/AIDS Care and Prevention, grant application preparation and submission, and grant reporting.

25-0397

The RWHAP provides comprehensive and culturally responsive HIV core medical and supportive services to low-income people with HIV residing in the 13-county grant jurisdiction. Hennepin County's Part A grant currently provides funding to 14 clinic and community-based organizations that provide 12 core medical and supportive services to 4,000 people with HIV in the grant jurisdiction. Core medical services include early intervention and outpatient ambulatory health services; medical case management; mental health and outpatient substance use disorder treatment; medical nutrition therapy; and home and community-based health services. Supportive services include housing assistance, food bank and home delivered meals; psychosocial support; health education and risk reduction; and legal services.

This request supports disparity elimination in the health domain by providing funding to deliver comprehensive and culturally responsive HIV core medical and supportive services to low-income people with HIV residing in the 13-county grant jurisdiction.

Recommendation from County Administrator: Recommend Approval

HENNEPIN COUNTY

MINNESOTA

Board Action Request

25-0398

Item Description:

Agmt PR00007813 to purchase reinsurance protection from catastrophic medical claims as required by contracts between Hennepin Health and the MN Dept of Human Services; 01/01/26-12/31/26, NTE \$5,000,000

Resolution:

BE IT RESOLVED, that Agreement PR00007813 for the provision of reinsurance services to Hennepin Health as required by contracts between Hennepin Health and the Minnesota Department of Human Services during the period January 1, 2026 through December 31, 2026, in an amount not to exceed \$5,000,000, be approved; that following review and approval by the County Attorney's Office, the Chair of the Board be authorized to sign the Agreement on behalf of the county; and that the Controller be authorized to disburse funds as directed.

Background:

To mitigate financial risk for catastrophic losses, Hennepin Health annually contracts with reinsurance vendors to purchase reinsurance protection from catastrophic medical claims.

Because of the nature of service provided, reinsurance providers will not agree to terms for contracts longer than 12 months due to rapidly changing medical trends that can occur. Agreements are instead negotiated on an annual basis so the most recent medical claims experience/trends can be included in the following year rate build up. To allow for enough medical experience to occur, these contracts are not typically negotiated until the beginning of October each year. The timing of this agreement, when ready to be executed, does not line up with the board schedule at the end of the year. This makes it difficult to obtain approvals and signatures prior to the beginning of the year, which would be the effective start date of the agreement.

For the above stated reasons, board approval and delegation is now requested. After review and approval by the County Attorney's office, the Chair and County Administrator are authorized to sign the agreement on behalf of the county, and the Controller is authorized to disburse funds as directed.

This board action request aligns with Hennepin County disparity reduction efforts to improve access to culturally specific/sensitive health services and increase community well-being.

Recommendation from County Administrator: Recommend Approval

HENNEPIN COUNTY

MINNESOTA

Board Action Request

25-0396

Item Description:

Extend suspension of the Ordinance 9 - Section VII, Subsection 1: Staffing

Resolution:

BE IT RESOLVED, that the proposed revisions to Hennepin County Ordinance 9 - Emergency Medical Services at Section VII, Subsection 1 (staffing standards) shall remain suspended through March 31, 2026, to allow the Hennepin County Board to review two full years of performance measure data from licensed 9-1-1 EMS Providers in Hennepin County, and any additional data available at that time.

Background:

In Resolution 22-1055R1 on June 7, 2022, the Hennepin County Board adopted several revisions to Hennepin County Ordinance 9 - Emergency Medical Services (EMS) except proposed changes to the staffing requirement (Section VII, Subsection 1), which would mirror the Advanced Life Support (ALS) and Basic Life Support (BLS) EMS staffing requirements in Minn. Stat. §144E.101 (144E). Section VII, Subsection 1 of Ordinance 9 was suspended until December 31, 2025 to allow for more time to study the impact of changes to the staffing requirements.

Ordinance 9 had previously required a two-paramedic staffing model (2-medic) for nearly all 9-1-1 EMS responses in Hennepin County; the new staffing standard proposes a minimum of one paramedic and one emergency medical technician (EMT), or the 1-1 model, for 9-1-1 ALS responses and added an option for Basic Life Support (BLS) responses for 9-1-1 requests.

On July 1, 2025, the Public Health Department provided a final report to the Board that supports the proposed revision to Ordinance 9, to adopt Minn. Stat. §144E.101 staffing standards. The Public Health Department agreed on November 24, 2024, to provide a report on the Hennepin County EMS Council's pre-hospital stroke and trauma performance measures, after a full year of data from 2025 has been collected by the EMS Council Quality Standards Committee.

Continuing the suspension of Ordinance 9 - Section VII: Staffing until March 31, 2026, will allow the Board time to review 2025 pre-hospital stroke and trauma performance while EMS Providers were following Minn. Stat. §144E.101 staffing standards.

This action moves towards the elimination of health disparities in the health domain by providing additional time to review and assess to ensure the staffing model used is the optimal framework to provide essential EMS services to residents.

Recommendation from County Administrator: Recommend Approval