Meeting Notes: State Community Health Services Advisory Committee (SCHSAC)

June 25, 2026 | 10:00 a.m.-2:30 p.m. | Hybrid – In person location MCIT, St. Paul, MN

Action Items

- Watch for more information about the expansion of SCHSAC to include Tribal representatives. The new work group will be forming over the coming months and there will be recommendations for changes to SCHSAC that will be brought forward.
- Be prepared to consider proposals for changes to leadership terms at the October meeting.
- Reminder that nominations for the Minnesota Public Health Impact Awards close on August 14. Information about the awards and the nomination process can be found here: The Minnesota Public Health Impact Awards - MN Dept. of Health
- Upcoming Meetings and events:
    - Upcoming SCHSAC Meetings
        - October 8, 2026. 9:00a.m. to 5:00 p.m. SCHSAC Retreat. In person only. Location Dept. of Revenue & MDH offices in St. Paul, MN
        - December 17, 2026. 10a.m. to 2:30p.m. Hybrid. In person location: MDH Office, St. Paul, MN
    - Optional: Next CCC: Coffee Conversation & Consideration event: July 30, 2026. 8:00 to 9:30 a.m. Topic: Examples of strong regional collaboration for public health.

Community Health Boards Represented

Anoka, Beltrami, Benton, Bloomington, Blue Earth, Brown, Carlton-Cook-Lake-St. Louis, Chisago, Countryside, Dakota, Des Moines Valley, Dodge-Steele, Edina, Faribault-Martin, Freeborn, Goodhue, Hennepin, Isanti, Kanabec, Kandiyohi-Renville, Le Sueur-Waseca, Meeker-McLeod-Sibley, Mille Lacs, Minneapolis, Mower, Nicollet, North Country, Olmsted, Partnership4Health, Polk-Norman-Mahnomen, Prairie Lakes, Quin, Rice, Richfield, Saint Paul-Ramsey, Scott, Sherburne, Southwest Health and Human Services, Stearns, Wabasha, Washington, Winona, Wright.

Welcome, Call to Order, Approval of Consent Agenda

DeAnne Malterer (LeSueur-Waseca), SCHSAC Chair called the meeting to order and welcomed everyone. The Tribal-State Relations Statement was shared.

Bill Groskreutz (Faribault-Martin) moved approval of the consent agenda. Steve Gardner (Kandiyohi-Renville) seconded. Motion carried.

Consent Agenda:

- Approval of June 25, 2026 Meeting Agenda
- Approval of March 12, 2026 Meeting Notes (3-12-26SCHSAC Meeting Notes)

Chair's Remarks

DeAnne Malterer, SCHSAC Chair, thanked everyone for attending. She expressed her appreciation to our partners at the Minnesota Local Public Health Association for their assistance in reserving the space for the meeting. Chair Malterer shared her view that there are challenges in serving everyone in Minnesota to help them be as healthy as they can be. SCHSAC is a place where we gather to strengthen the governmental public health partnership. Today we will discuss the expansion of SCHSAC membership to include Tribal partners – an exciting new era for SCHSAC and our work together.

Chair Malterer also announced that nominations for the Minnesota Public Health Impact Awards are open until August 14. She encouraged everyone to think about individuals and work that deserve recognition. Details were sent out by email and are available online: The Minnesota Public Health Impact Awards - MN Dept. of Health

MDH Update

Imee Cambronero, Chief of Staff & Interim Assistant Commissioner for the Health Equity Bureau, MDH provided an update on the work of MDH. Some highlights include:

- Commissioner Cunningham sends her regrets about not being able to attend the meeting.
- For nearly 50 years SCHSAC has played an important role in protecting the health of Minnesotans. It is exciting to see SCHSAC change and adapt to include Tribal representatives. Changing our three-legged stool to include the fourth leg – our Tribal partners. We are stronger together.

Legislative Session Update

Lisa Thimjon, Government Relations Director, MDH provided an update on the most recent legislative session. Highlights include:

- This was an unusual session in many ways.
- "Big Three" issues all passed:

        - Statewide Office of Inspector General (OIG)
        - Hennepin County Medical Center (HCMC) rescue
        - Bonding bill that included over $400m in water infrastructure funding, including funds for replacing lead service lines throughout the state. It also included Drinking Water Regionalization Planning Grants that will be administered by MDH
- SCHSAC Items of interest:
    - Definition of Medical Consultant update (Chapter 46) passed as standalone bill in April. Joint effort between MDH and LPHA
  - MDH Proposals in HHS Omnibus bill (Chapter 127)
    - Option for Tribal Governments to participate in the State Community Health Services Advisory Committee (SCHSAC)
    - Aligning 145A Tribal Public Health statutes with other community health boards
    - Exception to contracting terms limits for WIC Program
    - Other language included in HHS Omnibus bill allows private residential pools to be used for certified swimming classes
  - Kratom Possession (Chapter 63)
    - Effective 8/1/26, kratom possession age raised to 21
- MDH Budget and Policy Proposals
  - Included in HHS Omnibus bill (Chapter 127)
    - Budget:
      - Establishing All Payer Claims Database (APCD) fee schedule, plus additional funding for encounter data
      - HMO fees appropriation, aligning expenditure with fee increase
      - Health care loan forgiveness appropriations now available until expended
      - Rural clinical training modifications which broaden eligibility
      - Newborn Screening Fee exemption criteria codified
      - Transfer of crisis phone service from DHS for regional coordination
  - Human Services Policy (Chapter 95)
    - Included four MDH policy proposals for long-term care facilities
    - Supplemental Nursing Services Agencies enforcement alignment
    - Clarifying use of restraints in assisted living facilities
    - Change of ownership clarifications
    - Technical cleanup to remove 144D references in statute
  - Human Services Finance (Chapter 121)
    - Restored MDH Substance Use Treatment, Recovery and Prevention Grant administrative funding
    - Workgroup to develop a new assisted living license category for facilities with 5 or fewer residents
  - Included in HHS Omnibus bill (Chapter 127)

        - Policy:
            - Streamlining Suicide Prevention Reporting
            - Updating Palliative Care Advisory Council reporting timeline
            - Audiology and Speech-Language Pathology licensing clarifications
            - Statutory and technical cleanup of obsolete health IT statutes
            - Network Adequacy technical updates
    - HHS Omnibus (Chapter 127)
        - Extends time that a natural organic reduction facility may hold decedent
        - Gas resource development, includes moratorium and MDH rulemaking
        - Hospital stabilization payments and grant program
        - Adds clarity to the nonopioid directive language from 2025
    - Health Occupations Scope and Licensing Omnibus (Chapter 115)
        - New licensure for music therapists
        - New registration for massage therapists and Asian bodywork therapists
- Questions and conversation centered around: cannabis work and relationships with the Office of Cannabis Management (OCM); preparing for changes in leadership; funding for public health; inconsistencies in statutes addressing tobacco and alcohol use.

Update on Tribal engagement and approval of Membership Expansion Planning Workgroup

DeAnne Malterer, SCHSAC Chair, provided an update on Tribal engagement and the group was asked to reflect on questions about the expansion using Mentimeter before discussion turned to the Workgroup.

Summary of Update:

- Chair Malterer shared her excitement at this expansion and what it means for our Tribal-state-local partnership for public health. Recognizing that Tribes and CHB are not the same, Tribes are sovereign nations and operate at a different level than counties or cities. She shared her intention to come to the table with an open mind and spirit of goodwill. She encouraged all those in SCHSAC to try to do the same.

- The Chair recognized that there are many unanswered questions about how SCHSAC will need to change and adjust to ensure we are able to work together. All those involved with SCHSAC will need to be part of finding answers to those questions, but it will be the particular focus of the proposed workgroup to propose approaches and solutions and to monitor our progress.

- Legislation to expand SCHSAC membership to include Tribal representatives passed. It becomes law on August 1, 2026.

- MDH's Office of American Indian Health and Tribal Relations (OAIHTR) has been connecting with Tribal Health Directors about the change and supporting SCHSAC leadership to prepare for the change. Several Tribes have expressed interest in appointing a SCHSAC member
- Meetings are planned between Tribal representatives and SCHSAC leadership to begin to build relationships and provide information and support for the appointment of Tribal representatives.
- Chair Malterer and Vice Chair Halverson will be speaking at the upcoming Board meeting of the Minnesota Indian Affairs Council (MIAC) to provide information about SCHSAC and our work. MIAC is made up of elected Tribal leaders from each of the Tribal nations and this is an important opportunity for us as we seek to connect with elected Tribal leaders as well as Tribal Health Directors to build connection and understanding.

Summary of input gathered:

1. Question: What are you looking forward to about SCHSAC's Membership expansion? Responses focused on:
    - New voices and perspectives in SCHSAC
    - Opportunities for relationship building, collaboration and partnership
    - Learning from each other
    - Feeling like all parts of the system will be at the table (finally)
    - Increasing collective impact and improving community outcomes
    - Opportunity for more consistency across the system
    - Opportunity to identify and work together on common goals
2. Question: What questions do you have about SCHSAC's Membership Expansion? Answers to this question will be used to inform a planned "Frequently Asked Questions" document as well as inform the work of the proposed workgroup. Answers included:
    - What changes will need to be made in decision making and leadership?
    - What do Tribes think about this change?
    - How does this benefit Tribes?
    - How will we work to build a more cohesive group?
    - How will we support Tribal capacity to participate?
    - How do we improve outcomes while respecting Tribal Sovereignty?
    - Does law and policy allow for equitable decision making with State, local and Tribal partners?
    - Will this change SCHSAC's core values?
3. Question: What suggestions do you have for the success of our membership expansion? Answers included:
    - Take the time to do it right – build relationships, listen, continue to have a thoughtful and respectful approach

- More training for CHB members – Tribal Relations Training, others?
- Think about regional approaches and connections
- Include both elected leaders and staff in decisions for different perspectives
- Be clear in setting expectations and guidelines
- Keep an open mind – no preconceived outcomes
- Create a safe and intentional space with time for check ins as the work moves forward
- Ensure that Tribes are included in leadership
- Provide orientation and support for new members

Workgroup Approval:

Overview of workgroup:

- The fundamental role of this workgroup is to serve as a place to build relationships and trust with our Tribal partners as they engage in SCHSAC and to work together to move us all forward.
- With so many details to discuss and work out, it is important to have a group that is focused on building relationships, assessing, finding solutions and evaluating our progress.
- Many of the details of its operations will be determined by the work group itself. It is critical that this work be done in partnership between CHB representatives and Tribal representatives.
- Although we will be starting to look for workgroup members from our current SCHSAC membership, the workgroup will not begin it's work until there are Tribal partners at the table.

Mandy Meisner (Anoka) moved approval of the creation of the workgroup and its proposed charter. Second by Dave Saylor (Prairie Lakes). Motion carried unanimously.

Discussion: Changing leadership terms

DeAnne Malterer, Chair and Laurie Halverson, Vice Chair shared that leadership terms were changed from one year to two during COVID to allow for more continuity. They posed the questions: Should that continue or should the terms be changed back to one year? What about the Executive Committee terms? Mentimeter was used to gauge support for different options in addition to conversation.

Summary of responses and discussion:

- Clear support for moving to one-year terms for Chair, Vice Chair and Past Chair, but more mixed reactions to changing the Executive Committee.
- Many see the change as an opportunity to allow more people to serve in leadership, align with other organizations, provide a more realistic commitment, and allow for fresh and diverse perspectives.
- Concerns or questions were raised around:
    - Potential loss of institutional knowledge and relationships
    - Benefits of continuity vs. the risk of burnout
    - Suggestions to streamline expectations for time commitments

- Is a shorter term enough time to learn and do the work? Or do we end up spending too much time training and orienting?

This discussion will guide potential changes to be drafted in time for approval at the October SCHSAC meeting so that the December elections would reflect the changes.

Review of "Principles of statutory change" from Joint Leadership Team (JLT)

Chair Malterer provided an overview of the draft principles that had been shared in the meeting materials. She noted that there has been a lot of discussion about the need to consider updates and changes to the statutes that underpin our public health system. The current system was designed and adopted in 1976 and now struggles to meet today's problems and anticipate the problems of tomorrow. The Joint Leadership Team (JLT) has created a set of principles that are meant to be used to evaluate any potential statute changes as they arise. They are not proposals for specific changes in and of themselves. JLT is seeking input from LPHA, SCHSAC and MDH before finalizing the principles.

This is a summary of the themes identified.

Overall, how do you feel about the proposed guiding principles for transforming our system?

Generally supportive, but somewhat mixed. (23 strongly support, 13 somewhat support, 5 neutral, 1 somewhat concerned and 2 strongly concerned)

What is resonating? What specifically do you like or think is most important?

Answers were used to create a word cloud. Clear roles, accountability, data/data sharing, funding and public health authority were all rated highly. References were made to Principles 4 (Articulates the unique role of governmental public health in population-based disease prevention, protection, and health promotion and the minimum package of public health services that must be available statewide) and 8 (Aims to have most foundational public health responsibilities supported by state and federal funding, and community-specific priorities funded by local government) as being strong and critical.

What feels challenging? What concerns or hesitations do you have about these guiding principles?

Themes included:

- Funding: there isn't enough and it isn't stable
- Need to clearly articulate diversity and inclusion
- Principles aren't specific enough
- Timing: seems rushed and concern about capacity to engage

- Need support from local leaders who aren't part of SCHSAC – may be a challenge in some jurisdictions
- Federal uncertainty
- Strong desire to avoid (or be transparent) about creation of "unfunded mandates"
- More focus on data and outcomes
- Lack of accountability and enforcement
- How will this change collaboration between state, local and Tribal governments?
- Need to center science
- Not clear on data sharing

What is missing? What's missing from these guiding principles that we should consider adding?

Themes included:

- Accountability and transparency
- Teeth – will require support from other local elected officials
- Centering prevention
- How will we build legislative support
- Consolidated/simplified funding and reporting
- Support for continuous improvement and evaluation
- Diversity and equity are only implied
- More funding
- Recognition of workforce needs

Is there anything else about the guiding principles or JLT work you would like to share with JLT members?

Themes included:

- Move – stop talking and start doing
- The principles are a good foundation, should decide together on timing for proposing changes
- Be sure to include smaller health departments, often don't have the capacity to serve on workgroups, but have insights to share
- Should Tribes be part of JLT?
- Addressing funding challenges
- No comments from Executive Committee.

SCHSAC Work plan Development for 2027-28

Laurie Halverson, Vice Chair, presented an overview of the proposed goals. They are the same goals that the current work plan focusses on, but we will be considering new objectives and activities to reflect the progress that has already been made and new opportunities.

Goal 1: Equip members to be effective advocates for public health

Summary of feedback:

- Provide simple, succinct and repeatable messaging for members
- Provide tips, tools and stories with real life examples to support the work
- Work with AMC to provide education on public health to all Commissioners, encourage/facilitate more public health focus at AMC meetings and conferences
- Training on how to educate other elected officials

Goal 2: Strengthen the state-local-Tribal partnership for public health
Summary of feedback:

- Opportunities to build relationships and trust – particularly with new Tribal members
- Seek input and share data
- Encourage JLT to explore Tribal representation

Goal #3: Advance meaningful changes to Minnesota's public health system
Summary of feedback:

- Explore work with other agencies (DHS) to promote prevention
- Look at PHAB blueprint for transformation for ideas and approaches
- Advocate for administrative simplification
- Identify potential legislative champions
- Ensure that MDH leadership (current and future) understands the role of local public health and SCHSAC
- Consider updates to 145A/statute
- Public Health Workforce development

SCHSAC will see draft language at the October meeting and will be asked to approve the full Work plan at the December meeting.

Private Well Users: A patchwork of protections

Tannie Eshenaur, MDH provided an overview of policies and opportunities related to private drinking water wells. She shared information about a Private Well Protection Grant Request for Proposals that will be open through July 17.

Wrap up and Announcements

Chair Malterer invited members to use the remaining meeting time to raise any "public health hot topics" they have questions or concerns about. Topics raised include:

Marcia Ward (Winona):

- Information regarding health and environmental impacts and concerns related to proposed Data centers would be helpful. Particularly data related to water consumption concerns.

- Ebola – what should local governments be concerned about?
- School lunch issues: How many schools are feeding junk packaged foods? Has there been studies? Childhood nutrition and access to healthy foods are important issues to address.

Bill Groskreutz (Faribault-Martin)

- Many counties in southern Minnesota are concerned about a 765 kilovolt line running between western MN and Chicago. What information is available about potential health impacts?

Three Simple Rules of the State-Local Public Health Partnership

I. *Seek First to Understand*
II. *Make Expectations Explicit*
III. *Think About the Part and the Whole*