

The Future of Healthcare in Minnesota: Lisa Demuth and Amy Klobuchar

With the November election just weeks away, *Minnesota Medicine* wanted to provide MMA members with a closer look at the Minnesota gubernatorial candidates' views on healthcare. The following questions were sent to the two main campaigns in August.

Minnesota Speaker of the House Lisa Demuth, running without the state Republican Party endorsement, won the GOP primary by 11 points. Her running mate is Ryan Wilson, an attorney and nominee for state auditor in 2022.

Sen. Amy Klobuchar, who is DFL endorsed, joined the race in late January after incumbent Gov. Tim Walz dropped out. Klobuchar easily won the DFL primary by 84 points. Her running mate is Ben Schierer, who served as mayor of Fergus Falls from 2017 to 2025.

Because of space constraints, some of the content for this article is online. You can find all of the questions and answers at www.mnmed.org/MNgov26. For more information on the individual candidates, visit their websites: <https://lisaformn.com/>, <https://www.amyklobuchar.com/>.

Be sure to make plans to vote on Election Day - Tuesday, November 3.

What specific actions will you take to make healthcare more affordable in Minnesota, and how will you measure success?

Demuth: As governor, I will make healthcare more affordable by increasing competition and plan choices, continue bipartisan work to support hospitals, and continue to root out fraud in our state programs that drives up costs for taxpayers. With unnecessary insurance mandates, excessive regulations, and other administrative costs, it's no wonder that Minnesotans are struggling to afford their healthcare.

Republicans spent this biennium fighting for the successful reinsurance program, which keeps insurance premiums and out-of-pocket costs low, and I will continue to advocate for this program as governor. I will also support plans to increase competition in healthcare to lower costs naturally through the market, including insurance alternatives for preventive care, like aligning the newly established Direct Primary Care programs with Health Savings Accounts to reduce costs, and the removal of the hospital bed moratorium, to boost competition between hospitals to ensure the lowest prices for patients.

Supporting our hospitals will be an important part of making Minnesota affordable again, too. As Speaker of the House last session, I supported plans to help save rural critical access

hospitals and Hennepin County Medical Center, which is a metro-based teaching hospital credited with a large part of the state's lifesaving care.

The bipartisan agreement that was reached will increase affordability for Minnesota residents by helping keep hospitals open in their communities, reducing the impact of uncompensated care costs and low reimbursement rates for medical assistance programs for local hospitals, and supporting critical access hospitals in need with funds and rate increases to help them stay competitive with larger hospitals. Finally, fighting fraud in state programs is necessary to lower the costs of healthcare in Minnesota, and I am the only candidate in the race with a real plan to do it. Fraudulent abuse of government programs designed to help the vulnerable is driving up costs for Minnesota.

As governor, I vow to tighten oversight of programs in the Department of Human Services (DHS), including through replacing agency leadership who have enabled fraud through a culture of silencing whistleblowers, and adding new penalties for people convicted of fraud. One of the most devastating impacts of fraud in Minnesota's Medicaid program is that it has caused substantial disruptions to the operations of good providers who have not engaged in fraudulent activity, risking access for real patients who rely on these services.

As governor, I will dedicate resources to properly respond to fraud without unfairly penalizing practitioners who have not done anything wrong. Miscommunications and mistakes by the DHS have put small practices at risk of closure, and this is unacceptable. I will change the culture in these agencies to ensure that fraud is primarily prevented, rather than responded to, so that if fraud does occur, at-risk providers can be removed immediately, without threatening the livelihoods of hardworking providers.

These changes will help restore the integrity of Medicaid in Minnesota and ensure that services are available for those in need and through fraud prevention, my administration will save the costs of healthcare in the long run.

Klobuchar: As governor, my priority will be to make healthcare more affordable and accessible so families can get the care they need. I have a record of taking on these fights and winning. In the Senate I led the fight to end the sweetheart deal that banned Medicare from negotiating lower prescription drug prices – a law both the Biden and Trump administrations have used – which has already saved seniors and taxpayers an estimated \$12 billion.

As governor, I will reduce health insurance premiums. I will direct the Minnesota Department of Commerce to weigh affordability as a factor in the rate review process to deny excessive hikes. I will extend and strengthen Minnesota's bipartisan reinsurance program by securing renewal of the waiver before it expires at the end of 2027. I will advocate for the extension of the federal premium tax credits, and if Congress and the Administration will not act, I will create a state tax

credit targeted at the small business owners, self-employed workers, and farmers hit hardest by the federal tax credit expiration. And I will give small businesses a state tax credit to help cover their employees' health insurance.

I will continue to fight to lower prescription drug costs by using the full authority of the executive branch to expand Minnesota's bulk purchasing of drugs through MMCAP, the largest multistate public purchasing pool in the nation. I'll also make lower-cost generics and biosimilars more available, convene a Minnesota employer purchasing coalition, and end predatory practices by pharmacy benefit managers, so they do not hide markups or pocket rebates that belong to consumers.

I will also bring transparency to the system with a "What's it Cost?" tool so families can compare the cost of procedures before they set foot in a clinic. And I'll promote a "one-form" standard for billing, insurance, hospital assistance, and prior authorizations, so doctors spend more time with patients, while enforcing zero tolerance for healthcare fraud, so every healthcare dollar goes to care.

I will measure success the way Minnesota families do: more affordable premiums, lower prescription drug costs, more Minnesotans covered instead of losing coverage, and fewer hours spent by patients and physicians on paperwork.

Read my plan to make healthcare more affordable and accessible at [AmyKlobuchar.com/healthcare](https://amyklobuchar.com/healthcare).

What will you do to recruit, train, retain, and support Minnesota's healthcare workforce?

Demuth: Minnesota is struggling with a labor shortage across many healthcare professions. I support efforts to make Minnesota more competitive so that providers from other states choose to come to Minnesota to practice, either short-term or long-term, to provide hospitals, providers, and patients with relief from the burdens of operating in such a severe labor shortage. I also support policies to make it easier for Minnesota residents to choose to practice in Minnesota, especially if they have left the state for education or professional development and are now looking to return home.

As Speaker of the House, I supported extending temporary provider permits to lengthen the amount of time someone can practice under a temporary license. I also supported multi-state compacts, including joining the Nurse Licensure Compact and expanding the Interstate Medical Licensure Compact to other providers, and other interstate reciprocity agreements to maximize license portability to help medical professionals come to Minnesota to serve our patients in

need, or allow Minnesota professionals to use their training to serve in other states and return home to deliver their services in Minnesota, too.

I would support additional legislation, including universal license recognition, to make it easier for qualified medical professionals to transfer their previous credentials to Minnesota, to incentivize these experts to move to Minnesota. I also support efforts to allow providers to practice at the top of their licenses to ensure that their time is spent serving patients in Minnesota, using their skills and talents to help their patients, rather than dealing with increased paperwork from government regulations.

I also want to make it easier for future providers, including students, to choose to practice in Minnesota and help ease our labor shortage in healthcare. I support cutting red tape for these up-and-coming providers to make it easier for them to enter their fields of interest, including the use of incentives to enter healthcare, such as loan forgiveness. This includes specific opportunities for those with an interest in working in greater Minnesota, as rural Minnesota is suffering from the combined effects of a labor shortage and a general lack of providers in rural areas, especially as the risks of hospital closures in rural areas increase. As a legislator I have supported the facilities who are training our future providers, too. In the last legislative session, I was part of a bipartisan group of legislators who helped reach an agreement to prevent the closure of Hennepin County Medical Center (HCMC), a training hospital in Minneapolis.

This bipartisan initiative wasn't just to save HCMC, but it was written so that any similarly positioned hospital, with a comparable amount of uncompensated care and high rates of patients on Medical Assistance, would also have access to the Hospital Stabilization Fund, ensuring that in the future, any hospital who met the stated criteria for statewide service and severe financial need could be saved, too.

Klobuchar: A big part of my plan to make healthcare more accessible is to expand our healthcare workforce. We need more doctors, nurses, clinicians, medical technicians, pharmacists, dental hygienists, and dentists, so Minnesotans don't have to drive two hours or wait two months to get care.

My administration will launch Minnesota Healthcare Future to recruit and train the workers we need. We will work with the University of Minnesota, the state college system, and private colleges; hospitals and health systems; community health centers and research centers; physician and nursing associations; and employers and unions to develop specialized recruitment campaigns and training pathways. This is critical to encourage medical professionals to live and work in the communities that need them most. One of the programs I would like to expand is the University of Minnesota's NXT GEN MED three-year degree program in Rochester, which gets students into the workforce a year sooner with less debt.

I will expand other pathways to the workforce, including working to waive initial application fees for nurses, doctors, and med techs, and streamlining credentialing so graduates in other fields can transition more easily into classrooms and clinics. I have committed to doubling the number of apprenticeship and skills training opportunities in our state, and that must include healthcare workers. That means bringing the Minnesota Apprenticeship Initiative to additional industries like healthcare and biotech, and connecting high school students directly to high-demand careers such as nursing.

Often overlooked but essential components of our healthcare system are primary care and maternal care. I will change that – working with employers and schools to train and recruit the primary care providers Minnesota needs, including family doctors, nurses, dentists, and community health workers, with a focus on the communities that have gone without them. And I will expand access to OB-GYNs, midwives, and other maternal health providers, and work to end the disparities in maternal health outcomes.

Finally, I will support the physicians we have by cutting the administrative burden that drives burnout, including the "one-form" standard that eliminates the redundant paperwork shuffle between providers, patients, and insurance companies, so providers spend more time with patients and less time on prior authorizations.

Read my plan to prepare Minnesota's workforce for the future at [AmyKlobuchar.com/workforce](https://amyklobuchar.com/workforce).

The One Big Beautiful Bill Act is projected to cut Medicaid spending by more than \$900 billion. In Minnesota, it will result in an estimated loss of \$1.4 billion per year and lead to as many as 140,000 Minnesotans losing health insurance. What actions will you take to preserve Medicaid coverage and reverse the loss of insurance coverage already experienced by Minnesotans?

Demuth: This year, every state was tasked with statewide implementation of federal requirements for Medicaid. As Speaker of the House, I supported implementation of this policy in Minnesota, which included policy provisions that were designed to minimize the impact of the Medicaid changes to Minnesotans and prevent unnecessary loss of coverage from occurring.

These policy provisions included notification requirements from the Department of Human Services (DHS) to give guidance on who must qualify for the new community engagement requirements, how to comply with them, exceptions for these requirements and how to apply

for an exception, and the consequences of not complying. It also included a requirement for the DHS to notify medical assistance recipients who may be eligible for medical assistance through a disability determination, as well as the process to apply and information on the new changes in eligibility for medical assistance.

In addition, I supported a definition of work and community engagement requirements that ensured that healthy adults are working, but carves out requirements for those who can't, including anyone who cares for a dependent child below the age of 13 or a disabled person; veterans with disabilities; participants in drug or alcohol rehabilitation programs; inmates in public institutions; anyone who is medically frail with a disability, substance abuse disorder, disabling mental disorder, or with a serious or complex medical condition; and anyone who receives benefits from the Minnesota family investment program or the Supplemental Nutrition Assistance Program and already meets the work requirements for these separate programs.

I also supported short-term hardship exceptions for anyone who is traveling for medical treatment for themselves or a dependent when treatment is not available where they are, anyone experiencing inpatient medical care, or anyone living in a county where there is a high unemployment rate or a declared emergency or disaster. Finally, I supported a broad definition of work requirements to ensure that there are multiple ways to fulfill these new Medicaid requirements, including through reaching the required 80 hours per month through work, community service, a work program, studying at least half-time in either higher education or a career and technical education program, or any combination of these options.

I supported income-based options to verify work status, including earning a monthly income of the equivalent of 80 hours of work at minimum wage, which is \$580, regardless of how many hours were worked to get to that number. For seasonal workers, this is even broader, including an average monthly income of \$580 over the previous six months. I support work requirements to ensure that healthy adults are working when they can, but I also support exceptions for those who cannot. These exceptions are written so that no one loses their insurance due to a misunderstanding or a temporary hardship.

As written, I believe the new requirements will help prevent fraud and abuse in Minnesota's Medicaid program, and protect people who can't fulfill these requirements due to short-term or long-term hardship from loss of coverage.

Klobuchar: I led the fight against these federal cuts in the Senate, and I will keep fighting them as governor. Several hospitals and clinics across Minnesota, many of them in rural areas, risk closing or reducing services because of the national Medicaid cuts in Trump's Big Beautiful Bill.

After these cuts fully kick in, more than 140,000 Minnesotans could lose their health coverage. That's unacceptable. As governor, I will work to protect access to care that is under threat because of this bill.

First, I will do everything in my power to protect Minnesotans and the care they depend on. That starts with advocating to restore Medicaid funding cuts made in Trump's Big Beautiful Bill, and using every available data source to make sure Minnesotans retain coverage. My opponent supports the cuts. I will continue to fight to reverse them.

Second, I will provide support for Minnesotans who qualify for Medicaid, so red tape and paperwork don't take away their coverage. My administration will modernize the health systems Minnesotans rely on, so applying for and keeping coverage is streamlined and seamless. That includes completing the state health insurance portal upgrades, expanding data-driven automatic renewals, and moving toward one-stop enrollment.

Third, I will strengthen the safety net that Medicaid patients depend on by providing targeted grants to help hospitals and clinics modernize facilities and upgrade aging infrastructure, protecting the 340B discounts that keep rural and safety-net hospitals open, and securing funding for rural emergency medical services.

Fourth, I will work to expand coverage by reversing coverage losses on the individual market. If the Trump administration won't extend the federal premium tax credits, I will work to create a state tax credit through MNsure. Ten states already run tax credits like this – last year, New Mexico acted, and became the only state where more people got covered through the marketplace instead of losing coverage. We can do that in Minnesota, too. I'll also support small businesses that help cover their employees with a per-employee tax credit.

Minnesotans should be able to count on healthcare that keeps their families healthy and their communities strong. I will always fight to protect access to healthcare.

How can Minnesota adapt to new and developing medical technology in order to continue to lead the nation in healthcare?

Demuth: I'm proud to be from Minnesota, where we have led the nation in healthcare and medical advances. I support eliminating excessive regulations for medical providers to allow them to spend less time on unnecessary paperwork and more time on creating and implementing new technology to make Minnesotans healthier. I also support additional policies and programs to make Minnesota more competitive across state lines, such as interstate

compacts, which allow Minnesota residents to practice in other states, enable skilled practitioners from other states to bring their talents to Minnesota, and help lifelong Minnesotans stay in Minnesota for their careers because it's possible to do it here. Patient health and safety are of the utmost importance.

When new medical technologies can help prevent patients from worsening diseases or improve health outcomes overall, Minnesota policies must be comparatively competitive to permit lifesaving and cost-saving tools to do so, too.

I support expanding "Minnesota's Right to Try" laws to cover individualized investigational treatments to give patients an opportunity to treat rare diseases, rather than waiting for federal approval for an urgent medical need, when every moment counts, and federal delays can be time-consuming and costly.

As Minnesota patients benefit from the creation of emerging medical technology, it's important to keep Greater Minnesota in mind for these conversations to make sure that lifesaving technologies are also available for rural residents in need. I support policies that ensure care can be delivered regardless of where someone lives in the state, and to help offset the challenges faced by rural residents, many of whom can benefit from the use of technology in their medical care.

Klobuchar: Minnesota does big things and nowhere is that more true than in medicine. We are home to leading hospitals, world-class research universities, and one of the largest medical technology hubs in the world. Minnesota has always been where the future of medicine is built, from the first successful open-heart surgery at the University of Minnesota to the first wearable battery-powered pacemaker, and from pioneering work in mapping the human genome at Mayo Clinic to the breakthroughs being developed in our labs today. But other states and countries are competing aggressively for the jobs, research dollars, and talent that Minnesota has long led on, and we can't take that leadership for granted.

In the Senate, I led the successful fight to repeal the medical device tax that threatened thousands of Minnesota medtech jobs, and I have championed the federal research investments that fuel our hospitals and universities, fighting cuts to NIH funding and research grants that have put cancer trials and cures at risk.

As governor, I will partner with our world-class hospitals and research institutions to keep building the future of medicine here in Minnesota. I will launch a Minnesota Innovation Network, a coordinated statewide system connecting researchers, entrepreneurs, and health systems, so a discovery made in a Rochester or Twin Cities lab or a rural startup becomes a treatment or a company providing Minnesota jobs. My administration will pool resources and

use public-private financing to bring new treatments from the lab to the market faster, with a dedicated commitment to diseases including cancer, Alzheimer's, and historically underemphasized women's health research, from mammograms to menopause care.

We will also put technology to work for patients directly. I will expand telehealth access by guaranteeing that it is covered and paid at the same rate as in-person care, making audio-only coverage permanent, and finishing the job on universal broadband so residents in every ZIP code can see specialists from home. And we will prepare our workforce for the healthcare careers of the future, so medical innovation won't just be our past, it will be our future.

Minnesota Medicaid payment rates for physician services are below the national average, ranking 35th compared to other state rates, and are critical to preserving local access to physician services. What actions will you take to increase Medicaid payment for physician services to preserve local access to care?

Demuth: It's no secret that reimbursement rates for many medical specialties are too low in Minnesota, and many medical facilities, especially rural hospitals, are paying the price. Especially for primary care services, it's important for Minnesota to have competitive reimbursement rates so that physicians are not losing money on services they are providing, to keep as many providers as close to patients as possible, especially in Greater Minnesota where there are fewer physicians overall.

As governor, I would be open to a pathway to raise reimbursement rates for physicians, and I would support a task force or study group to determine where in the budget we could make space for rate increases, including reviewing existing Medicaid funding to determine where funds could be reallocated to support rate increases, without any associated tax increase. I'm also willing to utilize existing programs, like the provider tax or hospital surcharge, to support these initiatives, in conjunction with an in-depth review of the HHS budget to find unused or unnecessary areas of funding that could be reallocated to better needs that would help address the root causes of unaffordability of healthcare in Minnesota, rather than providing a temporary solution.

There is also too much waste in government spending, and as part of my fight against fraud in Minnesota, I will make sure that funds in the Medicaid program are being used properly and that any extra funds can be used for programs like this, rather than seeing those funds support fraudsters who have stolen from Minnesota taxpayers. I will change the culture of fraud in Minnesota and be a proper steward of tax dollars, ensuring that hardworking Minnesotans' dollars are going toward real services that provide relief for those in need, rather than fraud. Finally, Minnesota spends a lot of money on the Medicaid program.

Transitioning away from unnecessary covered services, especially those without a comparable counterpart on most commercially insured plans, when paired with efforts to build a benefits cliff to help people transition away from state-run healthcare programs, will prevent people from being disincentivized from leaving state plans. This will free up funds to be utilized for ideas like reimbursement rate increases for Medicaid, which will help lower the costs of healthcare by paying providers closer to the actual cost of service for the care, allowing them to protect their own margins, and reduce the need to cost-shift onto commercially insured patients in an attempt to capture the same revenue, which would lower the cost of healthcare for everyone. The goal is not to cut coverage, but to be slightly more selective on what is important to cover, so that there are funds available for reimbursement rate increases for physician services. This plan will preserve access to important healthcare services, help incentivize people to leave state plans, and ensure that the providers who give services to patients on medical assistance are reimbursed at a rate that will boost the whole healthcare market.

Klobuchar: Medicaid payment rates are critical to preserving local access to physicians, who cannot keep their doors open – especially in primary care and rural areas – when payments don't reflect the cost of delivering care.

As governor, I will work with physicians, the MMA, and the state Legislature to ensure Medicaid payments for physician services are fair to patients, providers and taxpayers and to prioritize primary care and rural and safety-net providers. I will also make primary care the foundation of Minnesota healthcare by continuing to reward providers for getting and keeping people healthy from the start, rather than waiting for an emergency.

I will also address the problems Minnesota and states like us now face because of Trump's Big Beautiful Bill. The new federal law not only cuts Medicaid – which could cause 140,000 Minnesotans to lose their health insurance and hundreds of providers across the country to close – it also makes it harder for states to appropriately pay physicians. I led the fight against these cuts in the Senate, and I will continue advocating to restore Medicaid funding and the tools we need to strengthen Medicaid payments as governor.

Under my administration, there will be zero tolerance for Medicaid fraud. I will transform state government across health programs, so every healthcare dollar goes to care, not to unrendered services. My administration will screen providers before they receive funding against a state "Do Not Pay" database; freeze suspicious payments before money goes out the door; prosecute fraud to the fullest extent of the law; use modern payment systems to catch billing anomalies in real time; and implement the recently passed bipartisan legislation to stand up the

independent Office of Inspector General. I am committed to getting results for Minnesotans and making government accountable.

Rural access to hospitals and clinics continues to diminish, as fewer doctors practice in rural areas and hospitals consolidate services. What would your administration do to address this issue?

Demuth: As a longtime resident of Greater Minnesota, I know the importance of supporting rural patients and providers. Greater Minnesota hospitals provide vital care for patients and ensure timely access to healthcare. I want to help make it easier for providers to practice in rural Minnesota and help future providers choose to practice in rural Minnesota. To do this, we must make Minnesota more competitive, with interstate agreements, flexible licensure requirements, and fewer administrative burdens to make it easier for talented providers to stay in rural Minnesota, and ensure that when they do, their limited time is spent helping rural patients, rather than dealing with government regulations.

As Speaker of the House, I supported federal efforts to provide more dollars for rural health in Minnesota when Republicans fought to secure more funds for the Rural Health Transformation Program, a program which delivers funding to rural Minnesota. As governor, I would support additional funding for Greater Minnesota hospitals, including programs that encourage people to practice in rural areas, like loan forgiveness programs or supporting existing teaching opportunities like rural residency programs to encourage providers to stay in rural Minnesota to practice. Supporting rural hospitals will be an integral part of my plan.

During this session, I worked with a bipartisan coalition of legislators to support rural hospitals, creating an agreement that supported every critical access hospital in the state of Minnesota with grant funds and increased reimbursement rates. This agreement gave critical access hospitals access to a program that other hospitals in the metro already had, and it will help offset the costs of uncompensated care. I also supported a proposal that would have eliminated the hospital surcharge tax, which would have returned \$300 million to hospitals to use those funds to offset their costs of uncompensated care and low reimbursement rates, too.

In Greater Minnesota, emergency medical services play a unique role in patient care. In the last biennium, I supported legislation to create an ambulance operating deficit grant program to ensure that when you call 911, EMS is there to help. I also supported a fund for ambulance service training and staffing grants to help train ambulance service employees as emergency medical technicians.

Finally, I supported the creation of a rural EMS uncompensated care pool. When EMS is called in Greater Minnesota, they may drive a long way to help a patient in need. However, if they don't end up transporting anyone to the hospital, they cannot bill insurance and lose time and money that could be spent helping other patients. This program will help keep rural EMS services in business, preventing gaps in coverage in rural Minnesota.

As Speaker of the House, I ensured that rural hospitals and rural providers were present in every conversation I had on healthcare because so many people in our state rely on them. As governor, I will do the same to support our rural providers, as they support our rural patients every day.

Klobuchar: As I go around our state, visiting all 87 counties every year, I hear it directly from Minnesotans in rural areas: safety-net and rural hospitals are on the brink, and local leaders can't find enough healthcare workers. With my lieutenant governor, Ben Schierer, who served as mayor of Fergus Falls, I will work to keep care close to home, including in Greater Minnesota, by supporting the hospitals and clinics families rely on.

First, I will strengthen rural hospitals, clinics, EMS, and pharmacies. I will provide targeted grants to modernize facilities and upgrade aging infrastructure, protect the 340B discounts that keep rural and safety-net hospitals open, and secure funding for rural emergency medical services, including rapid-response emergency vehicles statewide, so help comes fast, no matter your ZIP code. And because the Medicaid cuts in Trump's Big Beautiful Bill put several Minnesota hospitals and clinics, many of them rural, at heightened risk of closing or reducing services, I will fight to reverse those cuts.

Second, I will bring care to where people live. I will expand telehealth by guaranteeing it is covered and paid at the same rate as in-person care for all services and all plans, making audio-only coverage permanent so seniors and rural Minnesotans without reliable broadband aren't left behind, and finishing the job on universal broadband so residents in every ZIP code can see specialists from home.

Third, I will expand the rural workforce. Through Minnesota Healthcare Future, we will develop recruitment campaigns and training pathways that encourage medical professionals to live and work in the communities that need them most. We'll waive initial application fees, streamline credentialing, and train the primary care providers rural Minnesota needs – including family doctors, OB-GYNs, and midwives – so seeing a provider doesn't mean a three-month wait or a three-hour drive. I will also focus on the rural mental health workforce, with dedicated rural

counselors and social workers, and expand rural addiction treatment capacity in partnership with counties, towns, and Tribal Nations.

It's true that the federal cuts to healthcare – along with across-the-board tariff taxes, the war with Iran, and resulting high costs – have created major headwinds for our entire state, especially in rural Minnesota. But while these headwinds may well be constants, they can't be an excuse. I will fight to keep rural Minnesota covered, connected, and competitive.

Read my plan to expand Minnesota's rural economy at [AmyKlobuchar.com/rural](https://amyklobuchar.com/rural).