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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4892

04/09/2026 Authored by Huot
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; establishing uncompensated care relief programs; authorizing
1.3 rulemaking; appropriating money; amending Laws 2025, First Special Session
1.4 chapter 3, article 23, section 3, subdivision 2; proposing coding for new law in
1.5 Minnesota Statutes, chapter 144.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. [144.5911] HOSPITAL UNCOMPENSATED CARE RELIEF PROGRAM.

1.8 Subdivision 1. Establishment. The commissioner of health must establish a hospital
1.9 uncompensated care relief program to provide financial relief to hospitals that experience
1.10 a disproportionate level of uncompensated care.

1.11 Subd. 2. Definitions. (a) For purposes of this section, the following terms have the
1.12 meanings given.

1.13 (b) "Commissioner" means the commissioner of health.

1.14 (c) "Qualifying hospital" means a hospital:

1.15 (1) licensed under section 144.50;

1.16 (2) located within the state; and

1.17 (3) that has filed a Medicare cost report in the Healthcare Cost Report Information
1.18 System.

1.19 (d) "Qualifying uncompensated episode of care" means the provision by a qualifying
1.20 hospital of one or more services that are covered under medical assistance to an individual
1.21 during a single patient encounter or episode of care when the:

2.1 (1) individual is not enrolled in medical assistance, MinnesotaCare, or Medicare and
2.2 does not have other health coverage;

2.3 (2) individual is determined to be ineligible for medical assistance and MinnesotaCare
2.4 for the date of service following any retroactive eligibility determination; and

2.5 (3) total cumulative reimbursement amount for the services provided, if paid under
2.6 medical assistance payment methodologies, would be at least \$5,000 but not more than
2.7 \$50,000.

2.8 Subd. 3. **Application for payments.** (a) A qualifying hospital seeking payment under
2.9 this section must submit to the commissioner documentation identifying qualifying
2.10 uncompensated episodes of care within a reporting period.

2.11 (b) The reporting periods are:

2.12 (1) January 1 through June 30; and

2.13 (2) July 1 through December 31.

2.14 (c) For services provided during the January 1 through June 30 reporting period, a
2.15 qualifying hospital must submit the required documentation to the commissioner by
2.16 September 15 of the same calendar year.

2.17 (d) For services provided during the July 1 through December 31 reporting period, a
2.18 qualifying hospital must submit the required documentation to the commissioner by March
2.19 15 of the next calendar year.

2.20 (e) Qualifying hospitals must submit documentation in a form and manner specified by
2.21 the commissioner and must provide supporting documentation as requested by the
2.22 commissioner.

2.23 Subd. 4. **Calculation of payments.** (a) For each reporting period, the commissioner
2.24 must determine each qualifying hospital's share of the total value of qualifying
2.25 uncompensated episodes of care submitted under subdivision 3.

2.26 (b) The commissioner must distribute payments proportionally based on each qualifying
2.27 hospital's share of the statewide total.

2.28 (c) A qualifying hospital must not receive more than ten percent of the money available
2.29 for a reporting period.

2.30 (d) If money remains after the payment limitation in paragraph (c), the commissioner
2.31 must redistribute the remaining money among qualifying hospitals that have not reached

3.1 the limit in paragraph (c) in proportion to their share of the value of qualifying
 3.2 uncompensated episodes of care.

3.3 (e) The commissioner may establish procedures by rulemaking to reconcile adjustments,
 3.4 corrected claims, or late submissions in a subsequent reporting period.

3.5 Subd. 5. **Distribution of payments.** (a) One half of the annual appropriation for this
 3.6 program must be allocated to each reporting period.

3.7 (b) For the January 1 through June 30 reporting period, the commissioner must distribute
 3.8 payments no later than November 1 of the same calendar year.

3.9 (c) For the July 1 through December 31 reporting period, the commissioner must
 3.10 distribute payments no later than May 1 of the next calendar year.

3.11 Sec. 2. **[144.5912] COMMUNITY-BASED SAFETY NET PROVIDER**
 3.12 **UNCOMPENSATED CARE RELIEF PROGRAM.**

3.13 Subdivision 1. **Establishment.** The commissioner of health must establish a
 3.14 community-based safety net provider uncompensated care relief program to provide financial
 3.15 relief to community-based safety net providers that experience a disproportionate level of
 3.16 uncompensated care.

3.17 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
 3.18 meanings given.

3.19 (b) "Commissioner" means the commissioner of health.

3.20 (c) "Qualifying community-based safety net provider" means a:

3.21 (1) federally qualified health center under section 145.9269, subdivision 1;

3.22 (2) certified community behavioral health clinic under section 245.735; or

3.23 (3) community mental health center under section 256B.0625, subdivision 5.

3.24 (d) "Qualifying uncompensated episode of care" means the provision by a qualifying
 3.25 community-based safety net provider of one or more services that are covered under medical
 3.26 assistance to an individual during a single patient encounter or episode of care when the:

3.27 (1) individual is not enrolled in medical assistance, MinnesotaCare, or Medicare and
 3.28 does not have other health coverage;

3.29 (2) individual is determined to be ineligible for medical assistance and MinnesotaCare
 3.30 for the date of service following any retroactive eligibility determination; and

4.1 (3) total cumulative reimbursement amount for the services provided, if paid under
4.2 medical assistance payment methodologies, would be at least \$200 but not more than \$2,000.

4.3 Subd. 3. **Application for payments.** (a) A qualifying community-based safety net
4.4 provider seeking payment under this section must submit to the commissioner documentation
4.5 identifying qualifying uncompensated episodes of care within the reporting period.

4.6 (b) The reporting periods are:

4.7 (1) January 1 through June 30; and

4.8 (2) July 1 through December 31.

4.9 (c) For services provided during the January 1 through June 30 reporting period, a
4.10 qualifying community-based safety net provider must submit the required documentation
4.11 to the commissioner by September 15 of the same calendar year.

4.12 (d) For services provided during the July 1 through December 31 reporting period, a
4.13 qualifying community-based safety net provider must submit the required documentation
4.14 to the commissioner by March 15 of the next calendar year.

4.15 (e) Qualifying community-based safety net providers must submit documentation in a
4.16 form and manner specified by the commissioner and must provide supporting documentation
4.17 as requested by the commissioner.

4.18 Subd. 4. **Calculation of payments.** (a) For each reporting period, the commissioner
4.19 must determine each qualifying community-based safety net provider's share of the total
4.20 value of qualifying uncompensated episodes of care submitted under subdivision 3.

4.21 (b) The commissioner must distribute payments proportionally based on each qualifying
4.22 community-based safety net provider's share of the statewide total.

4.23 (c) A qualifying community-based safety net provider must not receive more than ten
4.24 percent of the money available for a reporting period.

4.25 (d) If money remains after the payment limitation in paragraph (c), the commissioner
4.26 must redistribute the remaining money among qualifying community-based safety net
4.27 providers that have not reached the limit in paragraph (c) in proportion to the
4.28 community-based safety net provider's share of the value of qualifying uncompensated
4.29 episodes of care.

4.30 (e) The commissioner may establish procedures by rulemaking to reconcile adjustments,
4.31 corrected claims, or late submissions in a subsequent reporting period.

5.1 Subd. 5. **Distribution of payments.** (a) One half of the annual appropriation for this
 5.2 program must be allocated to each reporting period.

5.3 (b) For the January 1 through June 30 reporting period, the commissioner must distribute
 5.4 payments no later than November 1 of the same calendar year.

5.5 (c) For the July 1 through December 31 reporting period, the commissioner must
 5.6 distribute payments no later than May 1 of the next calendar year.

5.7 Sec. 3. Laws 2025, First Special Session chapter 3, article 23, section 3, subdivision 2, is
 5.8 amended to read:

5.9 **Subd. 2. Rural EMS Uncompensated Care Pool**
 5.10 **Payment Program**

5.11 \$4,291,000 in fiscal year 2026 and ~~\$4,291,000~~
 5.12 \$..... in fiscal year 2027 are for the rural EMS
 5.13 uncompensated care pool payment program
 5.14 under Minnesota Statutes, section 144E.55.

5.15 These appropriations are available until June
 5.16 30, 2029. The general fund base for this
 5.17 appropriation is \$1,070,000 in fiscal year
 5.18 2028, \$1,070,000 in fiscal year 2029,
 5.19 \$3,791,000 in fiscal year 2030, and \$3,791,000
 5.20 in fiscal year 2031. The health care access
 5.21 fund base for this appropriation is \$2,721,000
 5.22 in fiscal year 2028, \$2,721,000 in fiscal year
 5.23 2029, and \$0 in fiscal year 2030.

5.24 Notwithstanding section 8, Minnesota Statutes,
 5.25 section 16B.98, subdivision 14, applies to this
 5.26 subdivision.

5.27 Sec. 4. **APPROPRIATIONS.**

5.28 (a) \$..... is appropriated in fiscal year 2027 from the general fund to the commissioner
 5.29 of health for the hospital uncompensated care relief program under section 144.5911.

5.30 (b) \$..... is appropriated in fiscal year 2027 from the general fund to the commissioner
 5.31 of health for the community-based safety net provider uncompensated care relief program
 5.32 under section 144.5912.