

36.20 **ARTICLE 3**

36.21 **HEALTH CARE**

36.22 Section 1. **[62J.805] DEFINITIONS.**

36.23 Subdivision 1. **Application.** For purposes of sections 62J.805 to 62J.808, the following

36.24 terms have the meanings given.

36.25 Subd. 2. **Health care provider.** "Health care provider" means:

36.26 (1) a health professional who is licensed or registered by Minnesota to provide health

36.27 treatments and services within the professional's scope of practice and in accordance with

36.28 state law;

36.29 (2) a group practice; or

36.30 (3) a hospital.

36.31 Subd. 3. **Health plan.** "Health plan" has the meaning given in section 62A.011,

36.32 subdivision 3.

37.1 Subd. 4. **Hospital.** "Hospital" means a health care facility licensed as a hospital under

37.2 sections 144.50 to 144.56.

37.3 Subd. 5. **Group practice.** "Group practice" has the meaning given to health care provider

37.4 group practice in section 145D.01, subdivision 1.

37.5 Subd. 6. **Medically necessary.** "Medically necessary" means:

37.6 (1) safe and effective;

37.7 (2) not experimental or investigational, except as set forth in Code of Federal Regulations,

37.8 title 42, section 411.15(o);

37.9 (3) furnished in accordance with acceptable medical standards of medical practice for

37.10 the diagnosis or treatment of the patient's condition or to improve the function of a malformed

37.11 body member;

37.12 (4) furnished in a setting appropriate to the patient's medical need and condition;

37.13 (5) ordered and furnished by qualified personnel;

37.14 (6) meets, but does not exceed, the patient's medical need; and

33.23 **ARTICLE 3**

33.24 **HEALTH CARE**

33.25 Section 1. **[62J.805] DEFINITIONS.**

33.26 Subdivision 1. **Application.** For purposes of sections 62J.805 to 62J.808, the following

33.27 terms have the meanings given.

34.3 Subd. 4. **Health care provider.** "Health care provider" means:

34.4 (1) a health professional who is licensed or registered by the state to provide health

34.5 treatment and services within the professional's scope of practice and in accordance with

34.6 state law;

34.7 (2) a group practice; or

34.8 (3) a hospital.

34.9 Subd. 5. **Health plan.** "Health plan" has the meaning given in section 62A.011,

34.10 subdivision 3.

34.11 Subd. 6. **Hospital.** "Hospital" means a health care facility licensed as a hospital under

34.12 sections 144.50 to 144.56.

33.28 Subd. 2. **Billing error.** "Billing error" means an error in a bill from a health care provider

33.29 to a patient for health treatment or services that affects the amount owed by the patient

33.30 according to that bill. Billing error includes but is not limited to miscoding of a health

33.31 treatment or service, an error in whether a health treatment or service is covered under the

33.32 patient's health plan, or an error in determining the cost-sharing owed by the patient.

34.1 Subd. 3. **Group practice.** "Group practice" has the meaning given to health care provider

34.2 group practice in section 145D.01, subdivision 1.

34.13 Subd. 7. **Medically necessary.** "Medically necessary" means:

34.14 (1) safe and effective;

34.15 (2) not experimental or investigational, except as provided in Code of Federal Regulations,

34.16 title 42, section 411.15(o);

34.17 (3) furnished in accordance with acceptable medical standards of medical practice for

34.18 the diagnosis or treatment of the patient's condition or to improve the function of a malformed

34.19 body member;

34.20 (4) furnished in a setting appropriate to the patient's medical need and condition;

34.21 (5) ordered and furnished by qualified personnel;

34.22 (6) meets, but does not exceed, the patient's medical need; and

37.15 (7) is at least as beneficial as an existing and available medically appropriate alternative.

37.16 Subd. 7. **Miscode.** "Miscode" means a health care provider or a health care provider's  
37.17 designee, using a coding system and for billing purposes, assigns a numeric or alphanumeric  
37.18 code to a health treatment or service provided to a patient and the code assigned does not  
37.19 accurately reflect the health treatment or service provided based on factors that include the  
37.20 patient's diagnosis and the complexity of the patient's condition.

37.21 Subd. 8. **Payment.** "Payment" includes co-payments and coinsurance and deductible  
37.22 payments made by a patient.

37.23 Sec. 2. **[62J.806] POLICY FOR COLLECTION OF MEDICAL DEBT.**

37.24 Subdivision 1. **Requirement.** Each health care provider must make available to the  
37.25 public the health care provider's policy for the collection of medical debt from patients. This  
37.26 policy must be made available by:

37.27 (1) clearly posting it on the health care provider's website, or for health professionals,  
37.28 on the website of the health clinic, group practice, or hospital at which the health professional  
37.29 is employed or under contract; and

37.30 (2) providing a copy of the policy to any individual who requests it.

38.1 Subd. 2. **Content.** A policy made available under this section must at least specify the  
38.2 procedures followed by the health care provider for:

38.3 (1) communicating with patients about the medical debt owed and collecting medical  
38.4 debt;

38.5 (2) referring medical debt to a collection agency or law firm for collection; and

38.6 (3) identifying medical debt as uncollectible or satisfied, and ending collection activities.

38.7 Sec. 3. **[62J.807] DENIAL OF HEALTH TREATMENTS OR SERVICES DUE TO**  
38.8 **OUTSTANDING MEDICAL DEBT.**

38.9 (a) A health care provider must not deny medically necessary health treatments or services  
38.10 to a patient or any member of the patient's family or household because of outstanding or  
38.11 previously outstanding medical debt owed by the patient or any member of the patient's  
38.12 family or household to the health care provider, regardless of whether the health treatment  
38.13 or service may be available from another health care provider.

38.14 (b) As a condition of providing medically necessary health treatments or services in the  
38.15 circumstances described in paragraph (a), a health care provider may require the patient to  
38.16 enroll in a payment plan for the outstanding medical debt owed to the health care provider.

34.23 (7) is at least as beneficial as an existing and available medically appropriate alternative.

34.24 Subd. 8. **Payment.** "Payment" includes co-payments and coinsurance and deductible  
34.25 payments made by a patient.

34.26 Sec. 2. **[62J.806] POLICY FOR COLLECTION OF MEDICAL DEBT.**

34.27 Subdivision 1. **Requirement.** Each health care provider must make available to the  
34.28 public the health care provider's policy for the collection of medical debt from patients. This  
34.29 policy must be made available by:

35.1 (1) clearly posting it on the health care provider's website or, for health professionals,  
35.2 on the website of the health clinic, group practice, or hospital at which the health professional  
35.3 is employed or under contract; and

35.4 (2) providing a copy of the policy to any individual who requests it.

35.5 Subd. 2. **Content.** A policy made available under this section must at least specify the  
35.6 procedures followed by the health care provider for:

35.7 (1) communicating with patients about the medical debt owed and collecting medical  
35.8 debt;

35.9 (2) referring medical debt to a collection agency or law firm for collection; and

35.10 (3) identifying medical debt as uncollectible or satisfied, and ending collection activities.

35.11 Sec. 3. **[62J.807] DENIAL OF HEALTH TREATMENT OR SERVICES DUE TO**  
35.12 **OUTSTANDING MEDICAL DEBT.**

35.13 (a) A health care provider must not deny medically necessary health treatment or services  
35.14 to a patient or any member of the patient's family or household because of current or previous  
35.15 outstanding medical debt owed by the patient or any member of the patient's family or  
35.16 household to the health care provider, regardless of whether the health treatment or service  
35.17 may be available from another health care provider.

35.18 (b) As a condition of providing medically necessary health treatment or services in the  
35.19 circumstances described in paragraph (a), a health care provider may require the patient to  
35.20 enroll in a payment plan for the outstanding medical debt owed to the health care provider.  
35.21 The payment plan must be reasonable and must take into account any information disclosed  
35.22 by the patient regarding the patient's ability to pay. Before entering into the payment plan,  
35.23 a health care provider must notify the patient that if the patient is unable to make all or part

38.17     Sec. 4. **[62J.808] BILLING AND PAYMENT FOR MISCODED HEALTH**  
38.18 **TREATMENTS AND SERVICES.**

38.19         Subdivision 1. **Participation and cooperation required.** Each health care provider  
38.20 **must participate in, and cooperate with, all processes and investigations to identify, review,**  
38.21 **and correct the coding of health treatments and services that are miscoded by the health**  
38.22 **care provider or a designee.**

38.23         Subd. 2. **Notice; billing and payment during review.** (a) When a health care provider  
38.24 **receives notice, other than notice from a health plan company as provided in paragraph (b),**  
38.25 **or otherwise determines that a health treatment or service may have been miscoded, the**  
38.26 **health care provider must notify the health plan company administering the patient's health**  
38.27 **plan in a timely manner of the potentially miscoded health treatment or service.**

38.28         (b) When a health plan company receives notice, other than notice from a health care  
38.29 **provider as provided in paragraph (a), or otherwise determines that a health treatment or**  
38.30 **service may have been miscoded, the health plan company must notify the health care**  
38.31 **provider who provided the health treatment or service of the potentially miscoded health**  
38.32 **treatment or service.**

39.1         (c) When a review of a potentially miscoded health treatment or service is commenced,  
39.2 **the health care provider and health plan company must notify the patient that a miscoding**  
39.3 **review is being conducted and that the patient will not be billed for any health treatment or**  
39.4 **service subject to the review and is not required to submit payments for any health treatment**  
39.5 **or service subject to the review until the review is complete and any miscoded health**  
39.6 **treatments or services are correctly coded.**

39.7         (d) While a review of a potentially miscoded health treatment or service is being  
39.8 **conducted, the health care provider and health plan company must not bill the patient for,**  
39.9 **or accept payment from the patient for, any health treatment or service subject to the review.**

35.24 **of the agreed-upon installment payments, the patient must communicate the patient's situation**  
35.25 **to the health care provider and must pay an amount the patient can afford.**

35.26     Sec. 4. **[62J.808] BILLING ERRORS; HEALTH TREATMENT OR SERVICES.**

35.27         Subdivision 1. **Billing and acceptance of payment.** (a) If a health care provider or  
35.28 **health plan company determines or receives notice from a patient or other person that a bill**  
35.29 **from the health care provider to a patient for health treatment or services may contain one**  
35.30 **or more billing errors, the health care provider or health plan company must review the bill**  
35.31 **and correct any billing errors found. While the review is being conducted, the health care**  
35.32 **provider must not bill the patient for any health treatment or service subject to review for**  
36.1 **potential billing errors. A health care provider may bill the patient for the health treatment**  
36.2 **and services that were reviewed for potential billing errors under this subdivision only after**  
36.3 **the review is complete, any billing errors are corrected, and a notice of completed review**  
36.4 **required under subdivision 3 is transmitted to the patient.**

36.5         (b) If, after completing the review under paragraph (a) and correcting any billing errors,  
36.6 **a health care provider or health plan company determines the patient overpaid the health**  
36.7 **care provider under that bill, the health care provider must refund to the patient, within 30**  
36.8 **days after completing the review, the amount the patient overpaid under that bill.**

36.9         Subd. 2. **Notice to patient of potential billing error.** (a) If a health care provider or  
36.10 **health plan company determines or receives notice from a patient or other person that a bill**  
36.11 **from the health care provider to a patient for health treatment or services may contain one**  
36.12 **or more billing errors, the health care provider or health plan company must notify the**  
36.13 **patient:**

36.14         (1) of the **potential billing error;**

36.15         (2) **that the health care provider or health plan company will review the bill and correct**  
36.16 **any billing errors found; and**

36.17         (3) **that while the review is being conducted, the health care provider will not bill the**  
36.18 **patient for any health treatment or service subject to review for potential billing errors.**

39.10 Subd. 3. Billing and payment after completion of review. The health care provider  
39.11 and health plan company may bill the patient for, and accept payment from the patient for,  
39.12 the health treatment or service that was subject to the miscoding review only after the review  
39.13 is complete and any miscoded health treatments or services have been correctly coded.

39.14 Sec. 5. Minnesota Statutes 2022, section 62V.05, subdivision 12, is amended to read:

39.15 Subd. 12. **Reports on interagency agreements and intra-agency transfers.** The  
39.16 MNsure Board shall provide ~~quarterly reports to the chairs and ranking minority members~~  
39.17 ~~of the legislative committees with jurisdiction over health and human services policy and~~  
39.18 ~~finance on:~~ legislative reports on interagency agreements and intra-agency transfers according  
39.19 to section 15.0395.

39.20 ~~(1) interagency agreements or service-level agreements and any renewals or extensions~~  
39.21 ~~of existing interagency or service-level agreements with a state department under section~~  
39.22 ~~15.01, state agency under section 15.012, or the Department of Information Technology~~  
39.23 ~~Services, with a value of more than \$100,000, or related agreements with the same department~~  
39.24 ~~or agency with a cumulative value of more than \$100,000; and~~

39.25 ~~(2) transfers of appropriations of more than \$100,000 between accounts within or between~~  
39.26 ~~agencies.~~

39.27 ~~The report must include the statutory citation authorizing the agreement, transfer or dollar~~  
39.28 ~~amount, purpose, and effective date of the agreement, the duration of the agreement, and a~~  
39.29 ~~copy of the agreement.~~

39.30 EFFECTIVE DATE. This section is effective the day following final enactment.

40.1 Sec. 6. Minnesota Statutes 2022, section 62V.08, is amended to read:

40.2 **62V.08 REPORTS.**

40.3 (a) MNsure shall submit a report to the legislature by ~~January 15, 2015~~ March 31, 2025,  
40.4 and each January 15 March 31 thereafter, on: (1) the performance of MNsure operations;  
40.5 (2) meeting MNsure responsibilities; (3) an accounting of MNsure budget activities; (4)  
40.6 practices and procedures that have been implemented to ensure compliance with data  
40.7 practices laws, and a description of any violations of data practices laws or procedures; and

36.19 (b) The notice required under this subdivision must be transmitted to the patient within  
36.20 30 days after the health care provider or health plan company determines or receives notice  
36.21 that the patient's bill may contain one or more billing errors.

36.22 Subd. 3. Notice to patient of completed review. When a health care provider or health  
36.23 plan company completes a review of a bill for potential billing errors, the health care provider  
36.24 or health plan company must notify the patient that the review is complete, explain in detail  
36.25 how any identified billing errors were corrected or explain in detail why the health care  
36.26 provider or health plan company did not modify the bill as requested by the patient or other  
36.27 person, and include applicable coding guidelines, references to health records, and other  
36.28 relevant information. This notice must be transmitted to the patient within 30 days after the  
36.29 health care provider or health plan company completes the review.

THE FOLLOWING LANGAUGE IS FROM HOUSE ARTICLE 4, SECTIONS  
46 TO 48.

88.30 Sec. 46. Minnesota Statutes 2022, section 62V.05, subdivision 12, is amended to read:

88.31 Subd. 12. **Reports on interagency agreements and intra-agency transfers.** The  
88.32 MNsure Board shall provide ~~quarterly reports to the chairs and ranking minority members~~  
89.1 ~~of the legislative committees with jurisdiction over health and human services policy and~~  
89.2 ~~finance on:~~ legislative reports on interagency agreements and intra-agency transfers according  
89.3 to section 15.0395.

89.4 ~~(1) interagency agreements or service-level agreements and any renewals or extensions~~  
89.5 ~~of existing interagency or service-level agreements with a state department under section~~  
89.6 ~~15.01, state agency under section 15.012, or the Department of Information Technology~~  
89.7 ~~Services, with a value of more than \$100,000, or related agreements with the same department~~  
89.8 ~~or agency with a cumulative value of more than \$100,000; and~~

89.9 ~~(2) transfers of appropriations of more than \$100,000 between accounts within or between~~  
89.10 ~~agencies.~~

89.11 ~~The report must include the statutory citation authorizing the agreement, transfer or dollar~~  
89.12 ~~amount, purpose, and effective date of the agreement, the duration of the agreement, and a~~  
89.13 ~~copy of the agreement.~~

89.14 EFFECTIVE DATE. This section is effective the day following final enactment.

89.15 Sec. 47. Minnesota Statutes 2022, section 62V.08, is amended to read:

89.16 **62V.08 REPORTS.**

89.17 (a) MNsure shall submit a report to the legislature by ~~January 15, 2015~~ March 31, 2025,  
89.18 and each January 15 March 31 thereafter, on: (1) the performance of MNsure operations;  
89.19 (2) meeting MNsure responsibilities; (3) an accounting of MNsure budget activities; (4)  
89.20 practices and procedures that have been implemented to ensure compliance with data  
89.21 practices laws, and a description of any violations of data practices laws or procedures; and

40.8 (5) the effectiveness of the outreach and implementation activities of MNsure in reducing  
40.9 the rate of uninsurance.

40.10 (b) MNsure must publish its administrative and operational costs on a website to educate  
40.11 consumers on those costs. The information published must include: (1) the amount of  
40.12 premiums and federal premium subsidies collected; (2) the amount and source of revenue  
40.13 received under section 62V.05, subdivision 1, paragraph (b), clause (3); (3) the amount and  
40.14 source of any other fees collected for purposes of supporting operations; and (4) any misuse  
40.15 of funds as identified in accordance with section 3.975. The website must be updated at  
40.16 least annually.

40.17 Sec. 7. Minnesota Statutes 2022, section 62V.11, subdivision 4, is amended to read:

40.18 Subd. 4. **Review of costs.** The board shall submit for review the annual budget of MNsure  
40.19 for the next fiscal year by March ~~15~~ 31 of each year, beginning March ~~15, 2014~~ 31, 2025.

89.22 (5) the effectiveness of the outreach and implementation activities of MNsure in reducing  
89.23 the rate of uninsurance.

89.24 (b) MNsure must publish its administrative and operational costs on a website to educate  
89.25 consumers on those costs. The information published must include: (1) the amount of  
89.26 premiums and federal premium subsidies collected; (2) the amount and source of revenue  
89.27 received under section 62V.05, subdivision 1, paragraph (b), clause (3); (3) the amount and  
89.28 source of any other fees collected for purposes of supporting operations; and (4) any misuse  
89.29 of funds as identified in accordance with section 3.975. The website must be updated at  
89.30 least annually.

90.1 Sec. 48. Minnesota Statutes 2022, section 62V.11, subdivision 4, is amended to read:

90.2 Subd. 4. **Review of costs.** The board shall submit for review the annual budget of MNsure  
90.3 for the next fiscal year by March ~~15~~ 31 of each year, beginning March ~~15, 2014~~ 31, 2025.

36.30 Sec. 5. Minnesota Statutes 2023 Supplement, section 144.587, subdivision 1, is amended  
36.31 to read:

36.32 Subdivision 1. **Definitions.** (a) The terms defined in this subdivision apply to this section  
36.33 and sections 144.588 to 144.589.

37.1 (b) "Charity care" means the provision of free or discounted care to a patient according  
37.2 to a hospital's financial assistance policies.

37.3 (c) "Hospital" means a private, nonprofit, or municipal hospital licensed under sections  
37.4 144.50 to 144.56.

37.5 (d) "Insurance affordability program" has the meaning given in section 256B.02,  
37.6 subdivision 19.

37.7 (e) "Navigator" has the meaning given in section 62V.02, subdivision 9.

37.8 (f) "Presumptive eligibility" has the meaning given in section 256B.057, subdivision  
37.9 12.

37.10 ~~(g) "Revenue recapture" means the use of the procedures in chapter 270A to collect debt.~~

37.11 ~~(h)~~ (g) "Uninsured service or treatment" means any service or treatment that is not  
37.12 covered by:

37.13 (1) a health plan, contract, or policy that provides health coverage to a patient; or

37.14 (2) any other type of insurance coverage, including but not limited to no-fault automobile  
37.15 coverage, workers' compensation coverage, or liability coverage.

37.16 ~~(h)~~ (h) "Unreasonable burden" includes requiring a patient to apply for enrollment in a  
37.17 state or federal program for which the patient is obviously or categorically ineligible or has  
37.18 been found to be ineligible in the previous 12 months.

40.20 Sec. 8. Minnesota Statutes 2023 Supplement, section 144.587, subdivision 4, is amended  
40.21 to read:

40.22 Subd. 4. **Prohibited actions.** (a) A hospital must not initiate one or more of the following  
40.23 actions until the hospital determines that the patient is ineligible for charity care or denies  
40.24 an application for charity care:

40.25 (1) offering to enroll or enrolling the patient in a payment plan;

40.26 (2) changing the terms of a patient's payment plan;

40.27 (3) offering the patient a loan or line of credit, application materials for a loan or line of  
40.28 credit, or assistance with applying for a loan or line of credit, for the payment of medical  
40.29 debt;

40.30 (4) referring a patient's debt for collections, including in-house collections, third-party  
40.31 collections, revenue recapture, or any other process for the collection of debt; or

41.1 ~~(5) denying health care services to the patient or any member of the patient's household~~  
41.2 ~~because of outstanding medical debt, regardless of whether the services are deemed necessary~~  
41.3 ~~or may be available from another provider; or~~

41.4 ~~(6)~~ (5) accepting a credit card payment of over \$500 for the medical debt owed to the  
41.5 hospital.

41.6 (b) A violation of section 62J.807 is a violation of this section.

41.7 Sec. 9. [145.076] INFORMED CONSENT REQUIRED FOR SENSITIVE  
41.8 EXAMINATIONS.

41.9 Subdivision 1. **Definition.** For the purposes of this section, "sensitive examination"  
41.10 means a pelvic, breast, urogenital, or rectal examination.

41.11 Subd. 2. **Informed consent required; exceptions.** A health professional, or a student  
41.12 or resident participating in a course of instruction, clinical training, or a residency program  
41.13 for a health profession, shall not perform a sensitive examination on an anesthetized or  
41.14 unconscious patient unless:

41.15 (1) the patient or the patient's legally authorized representative provided prior, written,  
41.16 informed consent to the sensitive examination, and the sensitive examination is necessary  
41.17 for preventive, diagnostic, or treatment purposes;

41.18 (2) the patient or the patient's legally authorized representative provided prior, written,  
41.19 informed consent to a surgical procedure or diagnostic examination, and the sensitive  
41.20 examination is within the scope of care ordered for that surgical procedure or diagnostic  
41.21 examination;

37.19 Sec. 6. Minnesota Statutes 2023 Supplement, section 144.587, subdivision 4, is amended  
37.20 to read:

37.21 Subd. 4. **Prohibited actions.** (a) A hospital must not initiate one or more of the following  
37.22 actions until the hospital determines that the patient is ineligible for charity care or denies  
37.23 an application for charity care:

37.24 (1) offering to enroll or enrolling the patient in a payment plan;

37.25 (2) changing the terms of a patient's payment plan;

37.26 (3) offering the patient a loan or line of credit, application materials for a loan or line of  
37.27 credit, or assistance with applying for a loan or line of credit, for the payment of medical  
37.28 debt;

37.29 (4) referring a patient's debt for collections, including in-house collections, third-party  
37.30 collections, revenue recapture, or any other process for the collection of debt; or

38.1 ~~(5) denying health care services to the patient or any member of the patient's household~~  
38.2 ~~because of outstanding medical debt, regardless of whether the services are deemed necessary~~  
38.3 ~~or may be available from another provider; or~~

38.4 ~~(6)~~ (5) accepting a credit card payment of over \$500 for the medical debt owed to the  
38.5 hospital.

38.6 (b) A violation of section 62J.807 is a violation of this subdivision.

41.22 (3) the patient is unconscious and incapable of providing informed consent, and the  
41.23 sensitive examination is necessary for diagnostic or treatment purposes; or  
  
41.24 (4) a court ordered a sensitive examination to be performed for purposes of collection  
41.25 of evidence.  
  
41.26 Subd. 3. **Penalty; ground for disciplinary action.** A person who violates this section  
41.27 is subject to disciplinary action by the health-related licensing board regulating the person.  
  
41.28 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to crimes  
41.29 committed on or after that date.

42.1 Sec. 10. Minnesota Statutes 2023 Supplement, section 151.74, subdivision 3, is amended  
42.2 to read:  
  
42.3 Subd. 3. **Access to urgent-need insulin.** (a) MNsure shall develop an application form  
42.4 to be used by an individual who is in urgent need of insulin. The application must ask the  
42.5 individual to attest to the eligibility requirements described in subdivision 2. The form shall  
42.6 be accessible through MNsure's website. MNsure shall also make the form available to  
42.7 pharmacies and health care providers who prescribe or dispense insulin, hospital emergency  
42.8 departments, urgent care clinics, and community health clinics. By submitting a completed,  
42.9 signed, and dated application to a pharmacy, the individual attests that the information  
42.10 contained in the application is correct.  
  
42.11 (b) If the individual is in urgent need of insulin, the individual may present a completed,  
42.12 signed, and dated application form to a pharmacy. The individual must also:  
  
42.13 (1) have a valid insulin prescription; and  
  
42.14 (2) present the pharmacist with identification indicating Minnesota residency in the form  
42.15 of a valid Minnesota identification card, driver's license or permit, individual taxpayer  
42.16 identification number, or Tribal identification card as defined in section 171.072, paragraph  
42.17 (b). If the individual in urgent need of insulin is under the age of 18, the individual's parent  
42.18 or legal guardian must provide the pharmacist with proof of residency.  
  
42.19 (c) Upon receipt of a completed and signed application, the pharmacist shall dispense  
42.20 the prescribed insulin in an amount that will provide the individual with a 30-day supply.  
42.21 The pharmacy must notify the health care practitioner who issued the prescription order no  
42.22 later than 72 hours after the insulin is dispensed.  
  
42.23 (d) The pharmacy may submit to the manufacturer of the dispensed insulin product or  
42.24 to the manufacturer's vendor a claim for payment that is in accordance with the National  
42.25 Council for Prescription Drug Program standards for electronic claims processing, unless

HOUSE ARTICLE 3, SECTIONS 7 TO 15, WERE MOVED TO MATCH SENATE  
ARTICLE 8, SECTIONS 13 TO 21.

47.4 Sec. 16. Minnesota Statutes 2023 Supplement, section 151.74, subdivision 3, is amended  
47.5 to read:  
  
47.6 Subd. 3. **Access to urgent-need insulin.** (a) MNsure shall develop an application form  
47.7 to be used by an individual who is in urgent need of insulin. The application must ask the  
47.8 individual to attest to the eligibility requirements described in subdivision 2. The form shall  
47.9 be accessible through MNsure's website. MNsure shall also make the form available to  
47.10 pharmacies and health care providers who prescribe or dispense insulin, hospital emergency  
47.11 departments, urgent care clinics, and community health clinics. By submitting a completed,  
47.12 signed, and dated application to a pharmacy, the individual attests that the information  
47.13 contained in the application is correct.  
  
47.14 (b) If the individual is in urgent need of insulin, the individual may present a completed,  
47.15 signed, and dated application form to a pharmacy. The individual must also:  
  
47.16 (1) have a valid insulin prescription; and  
  
47.17 (2) present the pharmacist with identification indicating Minnesota residency in the form  
47.18 of a valid Minnesota identification card, driver's license or permit, individual taxpayer  
47.19 identification number, or Tribal identification card as defined in section 171.072, paragraph  
47.20 (b). If the individual in urgent need of insulin is under the age of 18, the individual's parent  
47.21 or legal guardian must provide the pharmacist with proof of residency.  
  
47.22 (c) Upon receipt of a completed and signed application, the pharmacist shall dispense  
47.23 the prescribed insulin in an amount that will provide the individual with a 30-day supply.  
47.24 The pharmacy must notify the health care practitioner who issued the prescription order no  
47.25 later than 72 hours after the insulin is dispensed.  
  
47.26 (d) The pharmacy may submit to the manufacturer of the dispensed insulin product or  
47.27 to the manufacturer's vendor a claim for payment that is in accordance with the National  
47.28 Council for Prescription Drug Program standards for electronic claims processing, unless

42.26 the manufacturer agrees to send to the pharmacy a replacement supply of the same insulin  
42.27 as dispensed in the amount dispensed. If the pharmacy submits an electronic claim to the  
42.28 manufacturer or the manufacturer's vendor, the manufacturer or vendor shall reimburse the  
42.29 pharmacy in an amount that covers the pharmacy's acquisition cost.

42.30 (e) The pharmacy may collect an insulin co-payment from the individual to cover the  
42.31 pharmacy's costs of processing and dispensing in an amount not to exceed \$35 for the 30-day  
42.32 supply of insulin dispensed.

43.1 (f) The pharmacy shall also provide each eligible individual with the information sheet  
43.2 described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy  
43.3 for the individual to contact if the individual ~~is in need of accessing~~ needs to access ongoing  
43.4 insulin coverage options, including assistance in:

43.5 (1) applying for medical assistance or MinnesotaCare;

43.6 (2) applying for a qualified health plan offered through MNsure, subject to open and  
43.7 special enrollment periods;

43.8 (3) accessing information on providers who participate in prescription drug discount  
43.9 programs, including providers who are authorized to participate in the 340B program under  
43.10 section 340b of the federal Public Health Services Act, United States Code, title 42, section  
43.11 256b; and

43.12 (4) accessing insulin manufacturers' patient assistance programs, co-payment assistance  
43.13 programs, and other foundation-based programs.

43.14 (g) The pharmacist shall retain a copy of the application form submitted by the individual  
43.15 to the pharmacy for reporting and auditing purposes.

43.16 (h) A manufacturer may submit to the commissioner of administration a request for  
43.17 reimbursement in an amount not to exceed \$35 for each 30-day supply of insulin the  
43.18 manufacturer provides under paragraph (d). The commissioner of administration shall  
43.19 determine the manner and format for submitting and processing requests for reimbursement.  
43.20 After receiving a reimbursement request, the commissioner of administration shall reimburse  
43.21 the manufacturer in an amount not to exceed \$35 for each 30-day supply of insulin the  
43.22 manufacturer provided under paragraph (d).

43.23 **EFFECTIVE DATE.** This section is effective July 1, 2024.

43.24 Sec. 11. Minnesota Statutes 2022, section 151.74, subdivision 6, is amended to read:

43.25 Subd. 6. **Continuing safety net program; process.** (a) The individual shall submit to  
43.26 a pharmacy the statement of eligibility provided by the manufacturer under subdivision 5,  
43.27 paragraph (b). Upon receipt of an individual's eligibility status, the pharmacy shall submit  
43.28 an order containing the name of the insulin product and the daily dosage amount as contained  
43.29 in a valid prescription to the product's manufacturer.

47.29 the manufacturer agrees to send to the pharmacy a replacement supply of the same insulin  
47.30 as dispensed in the amount dispensed. If the pharmacy submits an electronic claim to the  
47.31 manufacturer or the manufacturer's vendor, the manufacturer or vendor shall reimburse the  
47.32 pharmacy in an amount that covers the pharmacy's acquisition cost.

48.1 (e) The pharmacy may collect an insulin co-payment from the individual to cover the  
48.2 pharmacy's costs of processing and dispensing in an amount not to exceed \$35 for the 30-day  
48.3 supply of insulin dispensed.

48.4 (f) The pharmacy shall also provide each eligible individual with the information sheet  
48.5 described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy  
48.6 for the individual to contact if the individual ~~is in need of accessing~~ needs to access ongoing  
48.7 insulin coverage options, including assistance in:

48.8 (1) applying for medical assistance or MinnesotaCare;

48.9 (2) applying for a qualified health plan offered through MNsure, subject to open and  
48.10 special enrollment periods;

48.11 (3) accessing information on providers who participate in prescription drug discount  
48.12 programs, including providers who are authorized to participate in the 340B program under  
48.13 section 340b of the federal Public Health Services Act, United States Code, title 42, section  
48.14 256b; and

48.15 (4) accessing insulin manufacturers' patient assistance programs, co-payment assistance  
48.16 programs, and other foundation-based programs.

48.17 (g) The pharmacist shall retain a copy of the application form submitted by the individual  
48.18 to the pharmacy for reporting and auditing purposes.

48.19 (h) A manufacturer may submit to the commissioner of administration a request for  
48.20 reimbursement in an amount not to exceed \$35 for each 30-day supply of insulin the  
48.21 manufacturer provides under paragraph (d). The commissioner of administration shall  
48.22 determine the manner and format for submitting and processing requests for reimbursement.  
48.23 After receiving a reimbursement request, the commissioner of administration shall reimburse  
48.24 the manufacturer in an amount not to exceed \$35 for each 30-day supply of insulin the  
48.25 manufacturer provided under paragraph (d).

48.26 **EFFECTIVE DATE.** This section is effective July 1, 2024.

48.27 Sec. 17. Minnesota Statutes 2022, section 151.74, subdivision 6, is amended to read:

48.28 Subd. 6. **Continuing safety net program; process.** (a) The individual shall submit to  
48.29 a pharmacy the statement of eligibility provided by the manufacturer under subdivision 5,  
48.30 paragraph (b). Upon receipt of an individual's eligibility status, the pharmacy shall submit  
48.31 an order containing the name of the insulin product and the daily dosage amount as contained  
48.32 in a valid prescription to the product's manufacturer.



43.30 (b) The pharmacy must include with the order to the manufacturer the following  
43.31 information:

43.32 (1) the pharmacy's name and shipping address;

44.1 (2) the pharmacy's office telephone number, fax number, email address, and contact  
44.2 name; and

44.3 (3) any specific days or times when deliveries are not accepted by the pharmacy.

44.4 (c) Upon receipt of an order from a pharmacy and the information described in paragraph  
44.5 (b), the manufacturer shall send to the pharmacy a 90-day supply of insulin as ordered,  
44.6 unless a lesser amount is requested in the order, at no charge to the individual or pharmacy.

44.7 (d) Except as authorized under paragraph (e), the pharmacy shall provide the insulin to  
44.8 the individual at no charge to the individual. The pharmacy shall not provide insulin received  
44.9 from the manufacturer to any individual other than the individual associated with the specific  
44.10 order. The pharmacy shall not seek reimbursement for the insulin received from the  
44.11 manufacturer or from any third-party payer.

44.12 (e) The pharmacy may collect a co-payment from the individual to cover the pharmacy's  
44.13 costs for processing and dispensing in an amount not to exceed \$50 for each 90-day supply  
44.14 if the insulin is sent to the pharmacy.

44.15 (f) The pharmacy may submit to a manufacturer a reorder for an individual if the  
44.16 individual's eligibility statement has not expired. Upon receipt of a reorder from a pharmacy,  
44.17 the manufacturer must send to the pharmacy an additional 90-day supply of the product,  
44.18 unless a lesser amount is requested, at no charge to the individual or pharmacy if the  
44.19 individual's eligibility statement has not expired.

44.20 (g) Notwithstanding paragraph (c), a manufacturer may send the insulin as ordered  
44.21 directly to the individual if the manufacturer provides a mail order service option.

44.22 (h) A manufacturer may submit to the commissioner of administration a request for  
44.23 reimbursement in an amount not to exceed \$105 for each 90-day supply of insulin the  
44.24 manufacturer provides under paragraphs (c) and (f). The commissioner of administration  
44.25 shall determine the manner and format for submitting and processing requests for  
44.26 reimbursement. After receiving a reimbursement request, the commissioner of administration  
44.27 shall reimburse the manufacturer in an amount not to exceed \$105 for each 90-day supply  
44.28 of insulin the manufacturer provided under paragraphs (c) and (f). If the manufacturer  
44.29 provides less than a 90-day supply of insulin under paragraphs (c) and (f), the manufacturer  
44.30 may submit a request for reimbursement not to exceed \$35 for each 30-day supply of insulin  
44.31 provided.

44.32 **EFFECTIVE DATE.** This section is effective July 1, 2024.

49.1 (b) The pharmacy must include with the order to the manufacturer the following  
49.2 information:

49.3 (1) the pharmacy's name and shipping address;

49.4 (2) the pharmacy's office telephone number, fax number, email address, and contact  
49.5 name; and

49.6 (3) any specific days or times when deliveries are not accepted by the pharmacy.

49.7 (c) Upon receipt of an order from a pharmacy and the information described in paragraph  
49.8 (b), the manufacturer shall send to the pharmacy a 90-day supply of insulin as ordered,  
49.9 unless a lesser amount is requested in the order, at no charge to the individual or pharmacy.

49.10 (d) Except as authorized under paragraph (e), the pharmacy shall provide the insulin to  
49.11 the individual at no charge to the individual. The pharmacy shall not provide insulin received  
49.12 from the manufacturer to any individual other than the individual associated with the specific  
49.13 order. The pharmacy shall not seek reimbursement for the insulin received from the  
49.14 manufacturer or from any third-party payer.

49.15 (e) The pharmacy may collect a co-payment from the individual to cover the pharmacy's  
49.16 costs for processing and dispensing in an amount not to exceed \$50 for each 90-day supply  
49.17 if the insulin is sent to the pharmacy.

49.18 (f) The pharmacy may submit to a manufacturer a reorder for an individual if the  
49.19 individual's eligibility statement has not expired. Upon receipt of a reorder from a pharmacy,  
49.20 the manufacturer must send to the pharmacy an additional 90-day supply of the product,  
49.21 unless a lesser amount is requested, at no charge to the individual or pharmacy if the  
49.22 individual's eligibility statement has not expired.

49.23 (g) Notwithstanding paragraph (c), a manufacturer may send the insulin as ordered  
49.24 directly to the individual if the manufacturer provides a mail order service option.

49.25 (h) A manufacturer may submit to the commissioner of administration a request for  
49.26 reimbursement in an amount not to exceed \$105 for each 90-day supply of insulin the  
49.27 manufacturer provides under paragraphs (c) and (f). The commissioner of administration  
49.28 shall determine the manner and format for submitting and processing requests for  
49.29 reimbursement. After receiving a reimbursement request, the commissioner of administration  
49.30 shall reimburse the manufacturer in an amount not to exceed \$105 for each 90-day supply  
49.31 of insulin the manufacturer provided under paragraphs (c) and (f). If the manufacturer  
49.32 provides less than a 90-day supply of insulin under paragraphs (c) and (f), the manufacturer  
50.1 may submit a request for reimbursement not to exceed \$35 for each 30-day supply of insulin  
50.2 provided.

50.3 **EFFECTIVE DATE.** This section is effective July 1, 2024.

45.1      Sec. 12. [151.741] INSULIN MANUFACTURER REGISTRATION FEE.

45.2      Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have

45.3 the meanings given.

45.4      (b) "Board" means the Minnesota Board of Pharmacy under section 151.02.

45.5      (c) "Manufacturer" means a manufacturer licensed under section 151.252 and engaged

45.6 in the manufacturing of prescription insulin.

45.7      Subd. 2. **Assessment of registration fee.** (a) The board shall assess each manufacturer

45.8 an annual registration fee of \$100,000, except as provided in paragraph (b). The board shall

45.9 notify each manufacturer of this requirement beginning November 1, 2024, and each

45.10 November 1 thereafter.

45.11      (b) A manufacturer may request an exemption from the annual registration fee. The

45.12 Board of Pharmacy shall exempt a manufacturer from the annual registration fee if the

45.13 manufacturer can demonstrate to the board, in the form and manner specified by the board,

45.14 that sales of prescription insulin produced by that manufacturer and sold or delivered within

45.15 or into Minnesota totalled \$2,000,000 or less in the previous calendar year.

45.16      Subd. 3. **Payment of the registration fee; deposit of fee.** (a) Each manufacturer must

45.17 pay the registration fee by March 1, 2025, and by each March 1 thereafter. In the event of

45.18 a change in ownership of the manufacturer, the new owner must pay the registration fee

45.19 that the original owner would have been assessed had the original owner retained ownership.

45.20 The board may assess a late fee of ten percent per month or any portion of a month that the

45.21 registration fee is paid after the due date.

45.22      (b) The registration fee, including any late fees, must be deposited in the insulin safety

45.23 net program account.

45.24      Subd. 4. **Insulin safety net program account.** The insulin safety net program account

45.25 is established in the special revenue fund in the state treasury. Money in the account is

45.26 appropriated each fiscal year to:

45.27      (1) the MNsure board in an amount sufficient to carry out assigned duties under section

45.28 151.74, subdivision 7; and

45.29      (2) the Board of Pharmacy in an amount sufficient to cover costs incurred by the board

45.30 in assessing and collecting the registration fee under this section and in administering the

45.31 insulin safety net program under section 151.74.

46.1      Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a)

46.2 The insulin repayment account is established in the special revenue fund in the state treasury.

46.3 Money in the account is appropriated each fiscal year to the commissioner of administration

46.4 to reimburse manufacturers for insulin dispensed under the insulin safety net program in

46.5 section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6,

50.4      Sec. 18. [151.741] INSULIN MANUFACTURER REGISTRATION FEE.

50.5      Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have

50.6 the meanings given.

50.7      (b) "Board" means the Minnesota Board of Pharmacy under section 151.02.

50.8      (c) "Manufacturer" means a manufacturer licensed under section 151.252 and engaged

50.9 in the manufacturing of prescription insulin.

50.10      Subd. 2. **Assessment of registration fee.** (a) The board shall assess each manufacturer

50.11 an annual registration fee of \$100,000, except as provided in paragraph (b). The board shall

50.12 notify each manufacturer of this requirement beginning November 1, 2024, and each

50.13 November 1 thereafter.

50.14      (b) A manufacturer may request an exemption from the annual registration fee. The

50.15 board shall exempt a manufacturer from the annual registration fee if the manufacturer can

50.16 demonstrate to the board, in the form and manner specified by the board, that sales of

50.17 prescription insulin produced by that manufacturer and sold or delivered within or into the

50.18 state totalled \$2,000,000 or less in the previous calendar year.

50.19      Subd. 3. **Payment of the registration fee; deposit of fee.** (a) Each manufacturer must

50.20 pay the registration fee by March 1, 2025, and by each March 1 thereafter. In the event of

50.21 a change in ownership of the manufacturer, the new owner must pay the registration fee

50.22 that the original owner would have been assessed had the original owner retained ownership.

50.23 The board may assess a late fee of ten percent per month or any portion of a month that the

50.24 registration fee is paid after the due date.

50.25      (b) The registration fee, including any late fees, must be deposited in the insulin safety

50.26 net program account.

50.27      Subd. 4. **Insulin safety net program account.** The insulin safety net program account

50.28 is established in the special revenue fund in the state treasury. Money in the account is

50.29 appropriated each fiscal year to:

50.30      (1) the MNsure board in an amount sufficient to carry out assigned duties under section

50.31 151.74, subdivision 7; and

51.1      (2) the Board of Pharmacy in an amount sufficient to cover costs incurred by the board

51.2 in assessing and collecting the registration fee under this section and in administering the

51.3 insulin safety net program under section 151.74.

51.4      Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a)

51.5 The insulin repayment account is established in the special revenue fund in the state treasury.

51.6 Money in the account is appropriated each fiscal year to the commissioner of administration

51.7 in an amount sufficient for the commissioner to reimburse manufacturers for insulin dispensed

51.8 under the insulin safety net program in section 151.74, in accordance with section 151.74,

46.6 paragraph (h), and to cover costs incurred by the commissioner in providing these  
46.7 reimbursement payments.

46.8 (b) By June 30, 2025, and each June 30 thereafter, the commissioner of administration  
46.9 shall certify to the commissioner of management and budget the total amount expended in  
46.10 the prior fiscal year for:

46.11 (1) reimbursement to manufacturers for insulin dispensed under the insulin safety net  
46.12 program in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph  
46.13 (h), and 6, paragraph (h); and

46.14 (2) costs incurred by the commissioner of administration in providing the reimbursement  
46.15 payments described in clause (1).

46.16 (c) The commissioner of management and budget shall transfer from the health care  
46.17 access fund to the special revenue fund, beginning July 1, 2025, and each July 1 thereafter,  
46.18 an amount equal to the amount to which the commissioner of administration certified  
46.19 pursuant to paragraph (b).

46.20 Subd. 6. **Contingent transfer by commissioner.** If subdivisions 2 and 3, or the  
46.21 application of subdivisions 2 and 3 to any person or circumstance, are held invalid for any  
46.22 reason in a court of competent jurisdiction, the **invalidity** of subdivisions 2 and 3 does not  
46.23 affect other provisions of this act, and the commissioner of management and budget shall  
46.24 annually transfer from the health care access fund to the insulin safety net program account  
46.25 an amount sufficient to implement subdivision 4.

46.26 **EFFECTIVE DATE.** This section is effective July 1, 2024.

46.27 Sec. 13. Minnesota Statutes 2022, section 176.175, subdivision 2, is amended to read:

46.28 Subd. 2. **Nonassignability.** No claim for compensation or settlement of a claim for  
46.29 compensation owned by an injured employee or dependents is assignable. Except as otherwise  
46.30 provided in this chapter, any claim for compensation owned by an injured employee or  
46.31 dependents is exempt from seizure or sale for the payment of any debt or liability, up to a  
46.32 total amount of \$1,000,000 per claim and subsequent award.

51.9 subdivisions 3, paragraph (h), and 6, paragraph (h), and to cover costs incurred by the  
51.10 commissioner in providing these reimbursement payments.

51.11 (b) The commissioner of management and budget shall transfer from the health care  
51.12 access fund to the **insulin repayment account**, beginning July 1, 2025, and each July 1  
51.13 thereafter, an amount sufficient for the commissioner of administration to implement  
51.14 paragraph (a).

51.15 Subd. 6. **Contingent transfer by commissioner.** If subdivisions 2 and 3, or the  
51.16 application of subdivisions 2 and 3 to any person or circumstance, are held invalid for any  
51.17 reason in a court of competent jurisdiction, the **validity** of subdivisions 2 and 3 does not  
51.18 affect other provisions of this act, and the commissioner of management and budget shall  
51.19 annually transfer from the health care access fund to the insulin safety net program account  
51.20 an amount sufficient to implement subdivision 4.

51.21 **EFFECTIVE DATE.** This section is effective July 1, 2024.

51.22 Sec. 19. Minnesota Statutes 2023 Supplement, section 270A.03, subdivision 2, is amended  
51.23 to read:

51.24 Subd. 2. **Claimant agency.** "Claimant agency" means any state agency, as defined by  
51.25 section 14.02, subdivision 2, the regents of the University of Minnesota, any district court  
51.26 of the state, any county, any statutory or home rule charter city, including a city that is  
51.27 presenting a claim for a ~~municipal hospital~~ or a public library or a ~~municipal ambulance~~  
51.28 ~~service, a hospital district, any ambulance service licensed under chapter 144E,~~ any public  
51.29 agency responsible for child support enforcement, any public agency responsible for the

Senate Language S4699-3	HHS Side-by-Side -- Art. 3	May 10, 2024 05:15 PM	House Language UES4699-2
47.1 Sec. 14. <b>[332C.01] DEFINITIONS.</b>			
47.2 Subdivision 1. <b>Application.</b> For purposes of this chapter, the following terms have the			
47.3 meanings given.			
47.4 Subd. 2. <b>Collecting party.</b> "Collecting party" means a party engaged in the collection			
47.5 of medical debt. Collecting party does not include banks, credit unions, public officers,			
47.6 garnishees, and other parties complying with a court order or statutory obligation to garnish			
47.7 or levy a debtor's property.			
47.8 Subd. 3. <b>Debtor.</b> "Debtor" means a person obligated or alleged to be obligated to pay			
47.9 any debt.			
47.10 Subd. 4. <b>Medical debt.</b> "Medical debt" means debt incurred primarily for medically			
47.11 necessary health treatment or services. Medical debt <del>does not include</del> debt charged to a			
47.12 credit card <del>unless the credit card is issued under a credit plan offered solely for the payment</del>			
47.13 <del>of health care treatment or services.</del>			
47.14 Subd. 5. <b>Medically necessary.</b> "Medically necessary" <del>means medically necessary as</del>			
47.15 <del>defined</del> in section 62J.805, subdivision 6.			
47.16 Subd. 6. <b>Person.</b> "Person" means any individual, partnership, association, or corporation.			
47.17 Sec. 15. <b>[332C.02] PROHIBITED PRACTICES.</b>			
47.18 No collecting party shall:			
47.19 (1) in a collection letter, publication, invoice, or any oral or written communication,			
47.20 threaten wage garnishment or legal suit by a particular lawyer, unless the collecting party			
47.21 has actually retained the lawyer to do so;			
		51.30 collection of court-ordered restitution, and any public agency established by general or	
		51.31 special law that is responsible for the administration of a low-income housing program.	
		52.1 Sec. 20. <b>[332C.01] DEFINITIONS.</b>	
		52.2 Subdivision 1. <b>Application.</b> For purposes of this chapter, the following terms have the	
		52.3 meanings given.	
		52.4 Subd. 2. <b>Collecting party.</b> "Collecting party" means a party engaged in the collection	
		52.5 of medical debt. Collecting party does not include banks, credit unions, public officers,	
		52.6 garnishees, and other parties complying with a court order or statutory obligation to garnish	
		52.7 or levy a debtor's property.	
		52.8 Subd. 3. <b>Debtor.</b> "Debtor" means a person obligated or alleged to be obligated to pay	
		52.9 any debt.	
		52.10 Subd. 4. <b>Medical debt.</b> <del>(a)</del> "Medical debt" means debt incurred primarily for medically	
		52.11 necessary health treatment or services. Medical debt <del>includes</del> debt charged to <del>any</del> credit	
		52.12 card <del>or other credit instrument</del> under <del>an open-end or closed-end credit plan</del> :	
		52.13 (1) offered solely for the payment of health care; or	
		52.14 (2) advertised, promoted, or offered for the payment of health care at the facility in which	
		52.15 the credit card or other credit instrument is advertised, promoted, or offered.	
		52.16 (b) Medical debt does not include:	
		52.17 (1) debt charged to a credit card that is not advertised, promoted, or offered expressly	
		52.18 for the payment of health care and is intended, advertised, promoted, or offered to make	
		52.19 credit purchases for personal, family, or household purposes;	
		52.20 (2) debt incurred for veterinary services;	
		52.21 (3) debt incurred for dental services; or	
		52.22 (4) debt charged to a home equity line of credit.	
		52.23 Subd. 5. <b>Medically necessary.</b> "Medically necessary" <del>has the meaning given</del> in section	
		52.24 62J.805, subdivision 7.	
		52.25 Subd. 6. <b>Person.</b> "Person" means any individual, partnership, association, or corporation.	
		52.26 Sec. 21. <b>[332C.02] PROHIBITED PRACTICES.</b>	
		52.27 No collecting party shall:	
		52.28 (1) in a collection letter, publication, invoice, or any oral or written communication,	
		52.29 threaten wage garnishment or legal suit by a particular lawyer, unless the collecting party	
		52.30 has actually retained the lawyer to do so;	

47.22 (2) use or employ sheriffs or any other officer authorized to serve legal papers in  
 47.23 connection with the collection of a claim, except when performing their legally authorized  
 47.24 duties;

47.25 (3) use or threaten to use methods of collection which violate Minnesota law;

47.26 (4) furnish legal advice to debtors or represent that the collecting party is competent or  
 47.27 able to furnish legal advice to debtors;

47.28 (5) communicate with debtors in a misleading or deceptive manner by falsely using the  
 47.29 stationery of a lawyer, forms or instruments which only lawyers are authorized to prepare,  
 47.30 or instruments which simulate the form and appearance of judicial process;

48.1 (6) publish or cause to be published any list of debtors, use shame cards or shame  
 48.2 automobiles, advertise or threaten to advertise for sale any claim as a means of forcing  
 48.3 payment thereof, or use similar devices or methods of intimidation;

48.4 (7) operate under a name or in a manner which falsely implies the collecting party is a  
 48.5 branch of or associated with any department of federal, state, county, or local government  
 48.6 or an agency thereof;

48.7 (8) transact business or hold itself out as a debt settlement company, debt management  
 48.8 company, debt adjuster, or any person who settles, adjusts, prorates, pools, liquidates, or  
 48.9 pays the indebtedness of a debtor, unless there is no charge to the debtor, or the pooling or  
 48.10 liquidation is done pursuant to court order or under the supervision of a creditor's committee;

48.11 (9) unless an exemption in the law exists, violate Code of Federal Regulations, title 12,  
 48.12 part 1006, while attempting to collect on any account, bill, or other indebtedness. For  
 48.13 purposes of this section, Public Law 95-109 and Code of Federal Regulations, title 12, part  
 48.14 1006, apply to collecting parties;

48.15 (10) communicate with a debtor by use of an automatic telephone dialing system or an  
 48.16 artificial or prerecorded voice after the debtor expressly informs the collecting party to cease  
 48.17 communication utilizing an automatic telephone dialing system or an artificial or prerecorded  
 48.18 voice. For purposes of this clause, an automatic telephone dialing system or an artificial or  
 48.19 prerecorded voice includes but is not limited to (i) artificial intelligence chat bots, and (ii)  
 48.20 the usage of the term under the Telephone Consumer Protection Act, United States Code,  
 48.21 title 47, section 227(b)(1)(A);

48.22 (11) in collection letters or publications, or in any oral or written communication, imply  
 48.23 or suggest that medically necessary health treatment or services will be denied as a result  
 48.24 of a medical debt;

48.25 (12) when a debtor has a listed telephone number, enlist the aid of a neighbor or third  
 48.26 party to request that the debtor contact the collecting party, except a person who resides  
 48.27 with the debtor or a third party with whom the debtor has authorized with the collecting  
 48.28 party to place the request. This clause does not apply to a call back message left at the

53.1 (2) use or employ sheriffs or any other officer authorized to serve legal papers in  
 53.2 connection with the collection of a claim, except when performing their legally authorized  
 53.3 duties;

53.4 (3) use or threaten to use methods of collection which violate Minnesota law;

53.5 (4) furnish legal advice to debtors or represent that the collecting party is competent or  
 53.6 able to furnish legal advice to debtors;

53.7 (5) communicate with debtors in a misleading or deceptive manner by falsely using the  
 53.8 stationery of a lawyer, forms or instruments which only lawyers are authorized to prepare,  
 53.9 or instruments which simulate the form and appearance of judicial process;

53.10 (6) publish or cause to be published any list of debtors, use shame cards or shame  
 53.11 automobiles, advertise or threaten to advertise for sale any claim as a means of forcing  
 53.12 payment thereof, or use similar devices or methods of intimidation;

53.13 (7) operate under a name or in a manner which falsely implies the collecting party is a  
 53.14 branch of or associated with any department of federal, state, county, or local government  
 53.15 or an agency thereof;

53.16 (8) transact business or hold itself out as a debt settlement company, debt management  
 53.17 company, debt adjuster, or any person who settles, adjusts, prorates, pools, liquidates, or  
 53.18 pays the indebtedness of a debtor, unless there is no charge to the debtor, or the pooling or  
 53.19 liquidation is done pursuant to court order or under the supervision of a creditor's committee;

53.20 (9) unless an exemption in the law exists, violate Code of Federal Regulations, title 12,  
 53.21 part 1006, while attempting to collect on any account, bill, or other indebtedness. For  
 53.22 purposes of this section, Public Law 95-109 and Code of Federal Regulations, title 12, part  
 53.23 1006, apply to collecting parties ~~other than health care providers collecting medical debt in~~  
 53.24 their own name;

53.25 (10) communicate with a debtor ~~about medical debt~~ by use of an automatic telephone  
 53.26 dialing system or an artificial or prerecorded voice after the debtor expressly informs the  
 53.27 collecting party to cease communication utilizing an automatic telephone dialing system or  
 53.28 an artificial or prerecorded voice. For purposes of this clause, an automatic telephone dialing  
 53.29 system or an artificial or prerecorded voice includes but is not limited to (i) artificial  
 53.30 intelligence chat bots, and (ii) the usage of the term under the Telephone Consumer Protection  
 53.31 Act, United States Code, title 47, section 227(b)(1)(A);

54.1 (11) in collection letters or publications, or in any oral or written communication, imply  
 54.2 or suggest that medically necessary health treatment or services will be denied as a result  
 54.3 of a medical debt;

54.4 (12) when a debtor has a listed telephone number, enlist the aid of a neighbor or third  
 54.5 party to request that the debtor contact the collecting party, except a person who resides  
 54.6 with the debtor or a third party with whom the debtor has authorized with the collecting  
 54.7 party to place the request. This clause does not apply to a call back message left at the

48.29 debtor's place of employment which is limited solely to the collecting party's telephone  
48.30 number and name;

48.31 (13) when attempting to collect a medical debt, fail to provide the debtor with the full  
48.32 name of the collecting party, as registered with the secretary of state;

49.1 (14) fail to return any amount of overpayment from a debtor to the debtor or to the state  
49.2 of Minnesota pursuant to the requirements of chapter 345;

49.3 (15) accept currency or coin as payment for a medical debt without issuing an original  
49.4 receipt to the debtor and maintaining a duplicate receipt in the debtor's payment records;

49.5 (16) attempt to collect any amount, including any interest, fee, charge, or expense  
49.6 incidental to the charge-off obligation, from a debtor unless the amount is expressly  
49.7 authorized by the agreement creating the medical debt or is otherwise permitted by law;

49.8 (17) falsify any documents with the intent to deceive;

49.9 (18) when initially contacting a Minnesota debtor by mail to collect a medical debt, fail  
49.10 to include a disclosure on the contact notice, in a type size or font which is equal to or larger  
49.11 than the largest other type of type size or font used in the text of the notice, that includes  
49.12 and identifies the Office of the Minnesota Attorney General's general telephone number,  
49.13 and states: "You have the right to hire your own attorney to represent you in this matter.";

49.14 (19) commence legal action to collect a medical debt outside the limitations period set  
49.15 forth in section 541.053;

49.16 (20) report to a credit reporting agency any medical debt which the collecting party  
49.17 knows or should know is or was originally owed to a health care provider, as defined in  
49.18 section 62J.805, subdivision 2; or

49.19 (21) challenge a debtor's claim of exemption to garnishment or levy in a manner that is  
49.20 baseless, frivolous, or otherwise in bad faith.

49.21 **Sec. 16. [332C.03] MEDICAL DEBT CREDIT REPORTING PROHIBITED.**

49.22 (a) A collecting party is prohibited from reporting medical debt to a consumer reporting  
49.23 agency.

49.24 (b) A consumer reporting agency is prohibited from making a consumer report containing  
49.25 an item of information that the consumer reporting agency knows or should know concerns;  
49.26 (1) medical information; or (2) debt arising from: (i) the provision of medical care, treatment,  
49.27 services, devices, medicines; or (ii) procedures to maintain, diagnose, or treat a person's  
49.28 physical or mental health.

54.8 debtor's place of employment which is limited solely to the collecting party's telephone  
54.9 number and name;

54.10 (13) when attempting to collect a medical debt, fail to provide the debtor with the full  
54.11 name of the collecting party, as registered with the secretary of state;

54.12 (14) fail to return any amount of overpayment from a debtor to the debtor or to the state  
54.13 of Minnesota pursuant to the requirements of chapter 345;

54.14 (15) accept currency or coin as payment for a medical debt without issuing an original  
54.15 receipt to the debtor and maintaining a duplicate receipt in the debtor's payment records;

54.16 (16) except for court costs for filing a civil action with the court and service of process,  
54.17 attempt to collect any interest, fee, charge, or expense incidental to the charge-off obligation  
54.18 from a debtor unless the amount is expressly authorized by the agreement creating the  
54.19 medical debt or is otherwise permitted by law;

54.20 (17) falsify any documents with the intent to deceive;

54.21 (18) when initially contacting a Minnesota debtor by mail to collect a medical debt, fail  
54.22 to include a disclosure on the contact notice, in a type size or font which is equal to or larger  
54.23 than the largest other type of type size or font used in the text of the notice, that includes  
54.24 and identifies the Office of the Minnesota Attorney General's general telephone number,  
54.25 and states: "You have the right to hire your own attorney to represent you in this matter.";

54.26 (19) commence legal action to collect a medical debt outside the limitations period set  
54.27 forth in section 541.053;

54.28 (20) report to a credit reporting agency any medical debt which the collecting party  
54.29 knows or should know is or was originally owed to a health care provider, as defined in  
54.30 section 62J.805, subdivision 4; or

54.31 (21) challenge a debtor's claim of exemption to garnishment or levy in a manner that is  
54.32 baseless, frivolous, or otherwise in bad faith.

55.1 **Sec. 22. [332C.03] MEDICAL DEBT REPORTING PROHIBITED.**

55.2 (a) A collecting party is prohibited from reporting medical debt to a consumer reporting  
55.3 agency.

55.4 (b) A consumer reporting agency is prohibited from making a consumer report containing  
55.5 an item of information that the consumer reporting agency knows or should know concerns  
55.6 medical debt.

49.29 (c) For purposes of this section, "consumer report," "consumer reporting agency," and  
49.30 "medical information" have the meanings given them in the Fair Credit Reporting Act,  
49.31 United States Code, title 15, section 1681a.

50.1 (d) This section also applies to collection agencies and debt buyers licensed under Chapter  
50.2 332.

50.3 Sec. 17. **[332C.04] DEFENDING MEDICAL DEBT CASES.**

50.4 A debtor who successfully defends against a claim for payment of medical debt that is  
50.5 alleged by a collecting party must be awarded the debtor's costs, including a reasonable  
50.6 attorney fee as determined by the court, incurred in defending against the collecting party's  
50.7 claim for debt payment. For the purposes of this section, a resolution mutually agreed upon  
50.8 by the debtor and collecting party is not a successful defense.

50.9 Sec. 18. **[332C.05] ENFORCEMENT.**

50.10 (a) The attorney general may enforce this chapter under section 8.31.

50.11 (b) A collecting party that violates this chapter is strictly liable to the debtor in question  
50.12 for the sum of:

50.13 (1) actual damage sustained by the debtor as a result of the violation;

50.14 (2) additional damages as the court may allow, but not exceeding \$1,000 per violation;  
50.15 and

50.16 (3) in the case of any successful action to enforce the foregoing, the costs of the action,  
50.17 together with a reasonable attorney fee as determined by the court.

50.18 (c) A collecting party that willfully and maliciously violates this chapter is strictly liable  
50.19 to the debtor for three times the sums allowable under paragraph (b), clauses (1) and (2).

50.20 (d) The dollar amount limit under paragraph (b), clause (2), changes on July 1 of each  
50.21 even-numbered year in an amount equal to changes made in the Consumer Price Index,  
50.22 compiled by the United States Bureau of Labor Statistics. The Consumer Price Index for  
50.23 December 2024 is the reference base index. If the Consumer Price Index is revised, the  
50.24 percentage of change made under this section must be calculated on the basis of the revised  
50.25 Consumer Price Index. If a Consumer Price Index revision changes the reference base index,  
50.26 a revised reference base index must be determined by multiplying the reference base index  
50.27 that is effective at the time by the rebasing factor furnished by the Bureau of Labor Statistics.

50.28 (e) If the Consumer Price Index is superseded, the Consumer Price Index referred to in  
50.29 this section is the Consumer Price Index represented by the Bureau of Labor Statistics as  
50.30 most accurately reflecting changes in the prices paid by consumers for consumer goods and  
50.31 services.

May 10, 2024 05:15 PM  
House Language UES4699-2

55.7 (c) For purposes of this section, "consumer report" and "consumer reporting agency"  
55.8 have the meanings given in the Fair Credit Reporting Act, United States Code, title 15,  
55.9 section 1681a.

55.10 (d) This section also applies to collection agencies and debt buyers licensed under chapter  
55.11 332.

55.12 Sec. 23. **[332C.04] DEFENDING MEDICAL DEBT CASES.**

55.13 A debtor who successfully defends against a claim for payment of medical debt that is  
55.14 alleged by a collecting party must be awarded the debtor's costs and a reasonable attorney  
55.15 fee, as determined by the court, incurred in defending against the collecting party's claim  
55.16 for debt payment. For purposes of this section, a resolution mutually agreed upon by the  
55.17 debtor and collecting party is not a successful defense subject to an additional award of an  
55.18 attorney fee.

55.19 Sec. 24. **[332C.05] ENFORCEMENT.**

55.20 (a) The attorney general may enforce this chapter under section 8.31.

55.21 (b) A collecting party that violates this chapter is strictly liable to the debtor in question  
55.22 for the sum of:

55.23 (1) actual damage sustained by the debtor as a result of the violation;

55.24 (2) additional damages as the court may allow, but not exceeding \$1,000 per violation;  
55.25 and

55.26 (3) in the case of any successful action to enforce the foregoing, the costs of the action,  
55.27 together with a reasonable attorney fee as determined by the court.

55.28 (c) A collecting party that willfully and maliciously violates this chapter is strictly liable  
55.29 to the debtor for three times the sums allowable under paragraph (b), clauses (1) and (2).

56.1 (d) The dollar amount limit under paragraph (b), clause (2), changes on July 1 of each  
56.2 even-numbered year in an amount equal to changes made in the Consumer Price Index,  
56.3 compiled by the United States Bureau of Labor Statistics. The Consumer Price Index for  
56.4 December 2024 is the reference base index. If the Consumer Price Index is revised, the  
56.5 percentage of change made under this section must be calculated on the basis of the revised  
56.6 Consumer Price Index. If a Consumer Price Index revision changes the reference base index,  
56.7 a revised reference base index must be determined by multiplying the reference base index  
56.8 that is effective at the time by the rebasing factor furnished by the Bureau of Labor Statistics.

56.9 (e) If the Consumer Price Index is superseded, the Consumer Price Index referred to in  
56.10 this section is the Consumer Price Index represented by the Bureau of Labor Statistics as  
56.11 most accurately reflecting changes in the prices paid by consumers for consumer goods and  
56.12 services.

51.1 (f) The attorney general must publish the base reference index under paragraph (c) in  
51.2 the State Register no later than September 1, 2024. The attorney general must calculate and  
51.3 then publish the revised Consumer Price Index under paragraph (c) in the State Register no  
51.4 later than September 1 each even-numbered year.

51.5 (g) An action brought under this section benefits the public.

51.6 (h) A collecting party may not be held liable in any action brought under this section if  
51.7 the collecting party shows by a preponderance of evidence that the violation:

51.8 (1) was not intentional and resulted from a bona fide error made notwithstanding the  
51.9 maintenance of procedures reasonably adopted to avoid any such error; or

51.10 (2) was the result of inaccurate or incorrect information provided to the collecting party  
51.11 by a health care provider, as defined in section 62J.805, subdivision 2; a health carrier, as  
51.12 that term is defined in section 62A.011, subdivision 2; or another collecting party currently  
51.13 or previously engaged in collection of the medical debt in question.

51.14 Sec. 19. Minnesota Statutes 2022, section 519.05, is amended to read:

51.15 **519.05 LIABILITY OF HUSBAND AND WIFE SPOUSES.**

51.16 (a) A spouse is not liable to a creditor for any debts of the other spouse. ~~Where husband~~  
51.17 ~~and wife are living together, they~~ Spouses shall be jointly and severally liable for necessary  
51.18 ~~medical services that have been furnished to either spouse, including any claims arising~~  
51.19 ~~under section 246.53, 256B.15, 256D.16, or 261.04, and necessary household articles and~~  
51.20 ~~supplies furnished to and used by the family.~~ Notwithstanding this paragraph, in a proceeding  
51.21 under chapter 518 the court may apportion such debt between the spouses.

51.22 (b) Either spouse may close a credit card account or other unsecured consumer line of  
51.23 credit on which both spouses are contractually liable, by giving written notice to the creditor.

51.24 (c) Nothing in this section prevents a claim against an estate.

56.13 (f) The attorney general must publish the base reference index under paragraph (d) in  
56.14 the State Register no later than September 1, 2024. The attorney general must calculate and  
56.15 then publish the revised Consumer Price Index under paragraph (d) in the State Register no  
56.16 later than September 1 each even-numbered year.

56.17 (g) A collecting party must not be held liable in any action brought under this section if  
56.18 the collecting party shows by a preponderance of evidence that the violation:

56.19 (1) was not intentional and resulted from a bona fide error made notwithstanding the  
56.20 maintenance of procedures reasonably adopted to avoid any such error; or

56.21 (2) was the result of inaccurate or incorrect information provided to the collecting party  
56.22 by a health care provider as defined in section 62J.805, subdivision 4; a health carrier as  
56.23 defined in section 62A.011, subdivision 2; or another collecting party currently or previously  
56.24 engaged in collection of the medical debt in question.

56.25 Sec. 25. Minnesota Statutes 2022, section 519.05, is amended to read:

56.26 **519.05 LIABILITY OF HUSBAND AND WIFE SPOUSES.**

56.27 (a) A spouse is not liable to a creditor for any debts of the other spouse. ~~Where husband~~  
56.28 ~~and wife are living together, they~~ Spouses shall be jointly and severally liable for necessary  
56.29 ~~medical services that have been furnished to either spouse, including any claims arising~~  
56.30 ~~under section 246.53, 256B.15, 256D.16, or 261.04, and necessary household articles and~~  
56.31 ~~supplies furnished to and used by the family.~~ Notwithstanding this paragraph, in a proceeding  
56.32 under chapter 518 the court may apportion such debt between the spouses.

57.1 (b) Either spouse may close a credit card account or other unsecured consumer line of  
57.2 credit on which both spouses are contractually liable, by giving written notice to the creditor.

57.3 (c) Nothing in this section prevents a creditor's claim against a decedent's estate.

57.4 Sec. 26. Laws 2020, chapter 73, section 8, is amended to read:

57.5 Sec. 8. **APPROPRIATIONS.**

57.6 (a) \$297,000 is appropriated in fiscal year 2020 from the health care access fund to the  
57.7 Board of Directors of MNsure to train navigators to assist individuals and provide  
57.8 compensation as required for the insulin safety net program under Minnesota Statutes,  
57.9 section 151.74, subdivision 7. Of this appropriation, \$108,000 is for implementing the  
57.10 training requirements for navigators and \$189,000 is for application assistance bonus  
57.11 payments. This is a onetime appropriation and is available until December 31, 2024 June  
57.12 30, 2027.

57.13 (b) \$250,000 is appropriated in fiscal year 2020 from the health care access fund to the  
57.14 Board of Directors of MNsure for a public awareness campaign for the insulin safety net



Senate Language S4699-3	HHS Side-by-Side -- Art. 3	May 10, 2024 05:15 PM	House Language UES4699-2
57.15	57.15	program established under Minnesota Statutes, section 151.74. This is a onetime appropriation	
57.16	57.16	and is available until December 31, 2024.	
57.17	57.17	(c) \$76,000 is appropriated in fiscal year 2021 from the health care access fund to the	
57.18	57.18	Board of Pharmacy to implement Minnesota Statutes, section 151.74. The base for this	
57.19	57.19	appropriation is \$76,000 in fiscal year 2022; \$76,000 in fiscal year 2023; \$76,000 in fiscal	
57.20	57.20	year 2024; \$38,000 in fiscal year 2025; and \$0 in fiscal year 2026.	
57.21	57.21	(d) \$136,000 in fiscal year 2021 is appropriated from the health care access fund to the	
57.22	57.22	commissioner of health to implement the survey to assess program satisfaction in Minnesota	
57.23	57.23	Statutes, section 151.74, subdivision 12. The base for this appropriation is \$80,000 in fiscal	
57.24	57.24	year 2022 and \$0 in fiscal year 2023. This is a onetime appropriation.	
57.25	57.25	Sec. 27. <b>REPEALER; SUNSET FOR THE LONG-TERM SAFETY NET INSULIN</b>	
57.26	57.26	<b>PROGRAM.</b>	
57.27	57.27	Minnesota Statutes 2022, section 151.74, subdivision 16, is repealed.	
57.28	57.28	<b>EFFECTIVE DATE.</b> This section is effective the day following final enactment.	