

SF2673 - 0 - Hospital Screening; Health Coverage & Assistance

Chief Author: **Liz Boldon**  
 Committee: **Health And Human Services**  
 Date Completed: **3/16/2023 10:14:51 AM**  
 Lead Agency: **Health Dept**  
 Other Agencies:  
     Attorney General

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

State Cost (Savings)	Biennium			Biennium		
	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
State Total						
	<b>Total</b>	-	-	-	-	-
	<b>Biennial Total</b>			-		-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
	<b>Total</b>	-	-	-	-	-

**Lead LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Shannon Zila    **Date:** 3/16/2023 10:14:51 AM  
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**State Cost (Savings) Calculation Details**

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

\*Transfers In/Out and Absorbed Costs are only displayed when reported.

<b>State Cost (Savings) = 1-2</b>		<b>Biennium</b>			<b>Biennium</b>	
Dollars in Thousands		FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>		-	-	-	-	-
<b>Biennial Total</b>				-		-
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
<b>Total</b>		-	-	-	-	-
<b>Biennial Total</b>				-		-
<b>2 - Revenues, Transfers In*</b>						
<b>Total</b>		-	-	-	-	-
<b>Biennial Total</b>				-		-

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	Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-

**LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Shannon Zila    **Date:** 3/14/2023 10:23:43 AM  
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**State Cost (Savings) Calculation Details**

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<b>State Cost (Savings) = 1-2</b>		<b>Biennium</b>			<b>Biennium</b>	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>2 - Revenues, Transfers In*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

**Bill Description**

This bill requires hospitals to screen patients to determine eligibility for charity care, for state or federal public health care programs, or a tax credit. Hospitals are required to complete this screening process in person or by telephone within 30 days after the patient receives services. Patients may decline to participate in the screening.

Hospitals must assist patients with applying for charity care or determine that the patient is ineligible. However, hospitals may not impose application procedures for charity care that place an unreasonable burden on the patient by taking into account the patient's physical, mental, intellectual, or sensory deficiencies or language barriers. Hospitals may require verification of assets or income to determine eligibility but may not request duplicate forms of asset verification. If a patient is eligible for a public health care program or a tax credit, the bill lists steps that the hospital must take to assist the patient.

Under this bill, hospitals must post notice of the availability of charity care in specified locations. The notice must be in all languages spoken by more than five percent of the population in the hospital's service area. In addition, hospitals must post their charity care policy and application on their website.

Hospitals may take certain steps to collect medical debt or garnish wages or bank accounts. Before taking these steps, the hospital must certify that it has complied with the Minnesota attorney general/hospital agreement. Failure to comply will result in the dismissal of the action to collect medical debt and subject a hospital to a fine assessed by the commissioner of health.

Patients with an annual household income of less than \$125,000 may not be charged for any uninsured service or treatment in an amount that exceeds the total amount the provider would be reimbursed for that service or treatment from its most favored insurer.

**Assumptions**

The Minnesota Department of Health (MDH) would need to amend their licensing application to include an attestation that hospitals are in compliance. Amending the licensing application will have a de minimis fiscal impact for MDH.

MDH would need to include areas of review in their hospital surveys to ensure hospitals are in compliance. Amending the survey process and documents would have a de minimus fiscal impact for MDH.

**Expenditure and/or Revenue Formula**

**Long-Term Fiscal Considerations**

**Local Fiscal Impact**

**References/Sources**

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Chief Author: **Liz Boldon**  
 Committee: **Health And Human Services**  
 Date Completed: **3/16/2023 10:14:51 AM**  
 Agency: **Attorney General**

State Fiscal Impact	Yes	No
Expenditures		X
Fee/Departmental Earnings		X
Tax Revenue		X
Information Technology		X
Local Fiscal Impact		X

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<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

Full Time Equivalent Positions (FTE)	Biennium			Biennium		
		FY2023	FY2024	FY2025	FY2026	FY2027
<b>Total</b>	-	-	-	-	-	-

**LBO Analyst's Comment**

I have reviewed this fiscal note for reasonableness of content and consistency with the LBO's Uniform Standards and Procedures.

**LBO Signature:** Susan Nelson    **Date:** 3/16/2023 8:22:01 AM  
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**State Cost (Savings) Calculation Details**

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<b>State Cost (Savings) = 1-2</b>		Biennium			Biennium	
Dollars in Thousands	FY2023	FY2024	FY2025	FY2026	FY2027	
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>1 - Expenditures, Absorbed Costs*, Transfers Out*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-
<b>2 - Revenues, Transfers In*</b>						
<b>Total</b>	-	-	-	-	-	-
<b>Biennial Total</b>			-			-

**Bill Description**

SF 2673 (hereinafter “the Bill”) would create three new requirements regarding the provision of charity care by hospitals. In particular, the Bill would require hospitals to: 1) screen uninsured patients, and patients with unknown insurance statuses, for eligibility for hospital charity care and assist them in applying for such services (§ 144.587); 2) generate affidavits certifying that they have screened patients for eligibility for charity care before suing them for medical debts, or before referring debts to third-party debt collectors (§ 144.588); and 3) charge uninsured patients with a household income under \$125,000 only as much as the hospital would be reimbursed for the service by its “most favored insurer” (§ 144.589).

The Bill provides the commissioner of health authority to enforce its subsection relating to referral to third-party debt collection, and instructs courts hearing medical collection lawsuits to dismiss cases with prejudice in which a hospital fails to file the requisite affidavit concerning the application of charity care. The Minnesota Attorney General also would continue to be able to investigate and enforce violations of these statutory sections pursuant to its authority under Minn. Stat. § 8.31, subd. 1.

**Assumptions**

The Attorney General’s Office does not project any defined expenditures, absorbed costs, or revenues from the Bill’s creation of Minnesota Statutes section 144.587, 144.588, or 144.589. Investigations of alleged violations of these sections, or litigation to enforce these laws, would be pursued by the Office’s existing attorneys and investigators dedicated to charities and consumer protection issues.

**Expenditure and/or Revenue Formula**

**Long-Term Fiscal Considerations**

**Local Fiscal Impact**

**References/Sources**

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