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**S.F. No. 4602 – Debt collection, garnishment and consumer finance modifications (as amended by the A-1)**

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**Date:** March 18, 2024

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**Section 1 [62J.805 Definitions]** defines terms.

**Section 2 [62J.806 Policy for Collection of Medical Debt]** requires health care providers to make available to the public their policy for collection of medical debt from patients.

**Section 3 [62J.807 Denial of Health Treatments or Services Due to Outstanding Medical Debt]** prohibits health care providers from denying medically necessary health treatments or services to a patient, any member of the patient's family, or household because of outstanding or previously outstanding medical debt.

**Section 4 [62J.808 Billing and Payment for Miscoded Health Treatments and Services]** requires health care providers to participate in, and cooperate with, all processes and investigations to identify, review, and correct the coding of health treatments and services that are miscoded by the health care provider or a designee. Health care providers must provide notice to health plan companies that there may be a miscoded health treatment or service.

**Section 5 [62Q.491 Out-Of-Pocket Maximum or Cost-Sharing Requirement; Enrollee Contribution Calculation]** requires a health plan company to include any amounts paid by the enrollee or paid on behalf of the enrollee by another person when calculating an enrollee's overall contribution toward any out-of-pocket maximum or cost-sharing requirement under a health plan.

**Section 6 (section 144.587, subdivision 1)** deletes the definition of revenue recapture.

**Section 7 (section 144.587, subdivision 4)** removes revenue recapture from the prohibited actions provision. This section also removes denying health care services to a patient because of outstanding medical debt, and provides that a violation of section 62J.807 (prohibiting denial of health treatments or services due to medical debt) is also a violation of this section.

**Section 8 (section 176.175, subdivision 2)** provides that any claim for compensation owned by an injured employee or dependents is exempt from seizure or sale up to an amount of \$1,000,000 per claim and subsequent award.

**Section 9 (section 270A.03, subdivision 2)** removes municipal hospital, municipal ambulance service, hospital district, and ambulance services under chapter 144E from the definition of a claimant agency.

**Section 10 [332C.01 Definitions]** defines terms.

**Section 11 [332C.02 Prohibited Practices]** creates several prohibited practices for collecting parties. These include threatening wage garnishment, use sheriffs or officers to serve legal papers in connection with a claim, and use or threaten to use methods of collection which violate Minnesota law.

**Section 12 [332C.03 Medical Debt Credit Reporting Prohibited]** prohibits a collecting party from reporting medical debt to a consumer reporting agency and from making certain consumer reports.

**Section 13 [332C.04 Defending Medical Debt Cases]** provides that a debtor who successfully defends against a claim for payment of medical debt must be awarded debtor's costs.

**Section 14 [332C.06 Enforcement]** provides for enforcement of chapter 332C by the attorney general under section 8.31.

**Section 15 (section 519.05)** provides that a spouse is not liable to a creditor for any debts of the other spouse.