

May 9, 2022

The Honorable Tina Liebling  
Chair, Health Finance and Policy Committee  
State Office Building, Room 477



The Honorable Jennifer Schultz  
Chair, Human Services Finance and Policy Committee  
State Office Building, Room 473

The Honorable Jim Abeler  
Chair, Human Services Reform Finance and Policy Committee  
Minnesota Senate Building, Room 3215

The Honorable Paul Utke  
Chair, Health and Human Services Finance and Policy Committee  
Minnesota Senate Building, Room 3403

Re: "Get Covered" bill, Senate File 4166 (Wiklund), House File 4063 (Reyer)  
Included in SF 4410, 2<sup>nd</sup> Unofficial Engrossment, Article 2, Section 11.

Dear Chair Schultz, Chair Liebling, Chair Utke, Chair Abeler, and Conferees,

I'm writing on behalf of the 135 members of the Minnesota Asset Building Coalition to urge you to include the "Get Covered" bill in the HHS Conference Report. This bill requires hospitals to screen uninsured patients for eligibility for public healthcare programs like Medical Assistance and for the hospital's own financial assistance program. Further, it requires hospitals to either assist eligible patients with a full application for assistance or refer them to a Navigator service for follow-up.

Medical debt is a significant and growing problem for low-income families. In 2018, over 750,000 Minnesotans had medical bills in collections, equal to 17% of the adult population. Medical debt can cause patients to delay care, leading to deteriorating health, and ultimately more bills.

According to the Minnesota Office of Management and Budget, half of Minnesotans without insurance are eligible for some kind of public healthcare coverage. Many others qualify for free or reduced-price care offered by hospitals, but they may be unaware this assistance is available. Some patients resort to credit cards or other high-interest means of paying bills or delay payment until the debt is in collections. By the time they reach out for help, it is often too late to qualify for assistance they were eligible for when they received care.

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**"State data shows that half of Minnesotans without insurance probably could get help, whether federal help in paying premiums or state public programs. So we can do better."**

— Jim Schowalter, Minnesota Commissioner of Management and Budget, 2018.

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A straightforward, practical approach to reducing medical debt is to identify uninsured patients who are eligible for public healthcare programs or free or reduced-price care and to assist them with enrollment. Many Minnesota hospitals include screening and enrollment assistance in their billing or financial counseling protocol, because they are committed to doing their part to reduce medical debt and the stress and instability it can cause. We urge you to include the “Get Covered” bill in your Conference Committee report to ensure that all Minnesota hospitals are following these best practices.

We appreciate Representative Reyer and Senator Wiklund for taking the lead on this bill, and Chair Liebling for recognizing the importance of this provision and including it in the Health Omnibus Bill. Thanks to all the Conference Committee members for your work and for your commitment to the health and wellbeing of all Minnesotans.

Sincerely,

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