..... moves to amend H.F. No. 4571, the first engrossment, as follows:

Page 8, line 7, delete "433.63" and insert "433.68"

Page 21, line 23, before "chapters" insert "for assistance granted under" and after "256I," insert "and" and strike "and 256L for state-funded MinnesotaCare"

Page 33, after line 27, insert:

"Subd. 2. **Billing error.** "Billing error" means an error in a bill from a health care provider to a patient for health treatment or services that affects the amount owed by the patient according to that bill. Billing error includes but is not limited to miscoding of a health treatment or service; an error in whether a health treatment or service is covered under the patient's health plan; or an error in determining the cost-sharing owed by the patient."

Page 34, line 2, delete "treatments" and insert "treatment"

Page 34, delete lines 21 to 25

Renumber the subdivisions in sequence

Page 35, line 15, delete "TREATMENTS" and insert "TREATMENT"

Page 35, lines 17 and 22, delete "treatments" and insert "treatment"

Page 35, line 18, after the second "of" insert "current or previous"

Page 35, line 24, after the period, insert "The payment plan must be reasonable and must take into account any information disclosed by the patient regarding the patient's ability to pay. Before entering into the payment plan, a health care provider must notify the patient that if the patient is unable to make all or part of the agreed-upon installment payments, the patient must communicate the patient's situation to the health care provider and must pay an amount the patient can afford."

Page 35, delete section 4 and insert:

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

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

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

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

(1) of the potential billing error;

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

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

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

Subd. 3. **Notice to patient of completed review.** When a health care provider or health plan company completes a review of a bill for potential billing errors, the health care provider or health plan company must notify the patient that the review is complete, explain in detail how any identified billing errors were corrected or explain in detail why the health care provider or health plan company did not modify the bill as requested by the patient or other

person, and include applicable coding guidelines, references to health records, and other relevant information. This notice must be transmitted to the patient within 30 days after the health care provider or health plan company completes the review."

Page 37, delete line 30 and insert:

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

Page 52, delete section 20

Page 52, delete lines 13 and 14 and insert:

"Subd. 2. **Collecting party.** "Collecting party" means a party engaged in the collection of medical debt. Collecting party does not include banks, credit unions, public officers, garnishees, and other parties complying with a court order or statutory obligation to garnish or levy a debtor's property."

Page 52, delete lines 17 to 20 and insert:

"Subd. 4. **Medical debt.** (a) "Medical debt" means debt incurred primarily for medically necessary health treatment or services. Medical debt includes debt charged to any credit card or other credit instrument under an open-end or closed-end credit plan:

(1) offered solely for the payment of health care; or

(2) advertised, promoted, or offered for the payment of health care at the facility in which the credit card or other credit instrument is advertised, promoted, or offered.

(b) Medical debt does not include:

(1) debt charged to a credit card that is not advertised, promoted, or offered expressly for the payment of health care and is intended, advertised, promoted, or offered to make credit purchases for personal, family, or household purposes;

(2) debt incurred for veterinary services;

(3) debt incurred for dental services; or

(3) debt charged to a home equity line of credit.

Subd. 5. **Medically necessary.** "Medically necessary" has the meaning given in section 62J.805, subdivision 7."

Renumber the subdivisions in sequence

Page 53, line 19, after "parties" insert "other than health care providers collecting medical debt in their own name"

Page 53, line 20, after "debtor" insert "about medical debt"

Page 54, line 9, after "(16)" insert "except for court costs for filing a civil action with the court and service of process," and delete "any amount, including"

Page 54, line 10, delete the comma

Page 54, line 22, delete "2" and insert "4"

Page 54, delete section 23 and insert:

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

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

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

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

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

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

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

Page 55, lines 22 and 24, delete "(c)" and insert "(d)"

Page 55, delete line 26 and insert:

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

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

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

Page 55, delete section 25

Page 56, after line 10, insert:

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

Page 57, line 10, delete the first "of" and insert "for"

Page 75, delete section 34

Page 103, delete lines 11 and 12 and insert ", and all equipment and accessories necessary for their regular use, under the conditions, and in compliance with the requirements, specified in section 62A.28,"

Page 103, line 13, delete "for" and insert "that"

Page 103, line 14, after "(c)" insert ", does not apply"

Page 105, after line 30, insert:

"Sec. .... Laws 2023, chapter 70, article 2, section 26, is amended by adding a subdivision to read:

Subd. 3. **Reimbursement.** The commissioner of commerce must reimburse health plan companies for coverage under this section. Reimbursement is available only for coverage that would not have been provided by the health plan company without the requirements of this section. Each fiscal year, an amount necessary to make payments to health plan companies to defray the cost of providing coverage under this section is appropriated to the commissioner of commerce. Health plan companies must report to the commissioner quantified costs attributable to the additional benefit under this section in a format developed by the commissioner. The commissioner must evaluate submissions and make payments to health plan companies as provided in Code of Federal Regulations, title 45, section 155.170.

EFFECTIVE DATE. This section is effective January 1, 2025, and applies to health plans offered, issued, or renewed on or after that date."

Page 106, delete section 68

Page 119, lines 1, 7, and 27, delete "violation of this provision" and insert "supplemental nursing services agency that violates this clause"

Page 177, delete section 32

Page 179, line 31, after "living" insert "facility" and after the period, insert "This subdivision does not apply to those settings exempt from assisted living facility licensure under section 144G.08, subdivision 7."

Page 195, delete section 14 and insert:

"Sec. 14. Minnesota Statutes 2023 Supplement, section 144E.101, subdivision 6, is amended to read:

Subd. 6. **Basic life support.** (a) Except as provided in ~~paragraph (f)~~ subdivision 6a, a basic life-support ambulance shall be staffed by at least ~~two EMTs, one of whom must accompany the patient and provide a level of care so as to ensure that~~:

(1) one individual who is:

(i) certified as an EMT;

(ii) a Minnesota registered nurse who meets the qualification requirements in section 144E.001, subdivision 3a, clause (2); or

(iii) a Minnesota licensed physician assistant who meets the qualification requirements in section 144E.001, subdivision 3a, clause (3); and

(2) one individual to drive the ambulance who:

(i) either meets one of the qualification requirements in clause (1) or is a registered emergency medical responder driver; and

(ii) satisfies the requirements in subdivision 10.

(b) An individual who meets one of the qualification requirements in paragraph (a), clause (1), must accompany the patient and provide a level of care so as to ensure that:

(1) life-threatening situations and potentially serious injuries are recognized;

(2) patients are protected from additional hazards;

(3) basic treatment to reduce the seriousness of emergency situations is administered; and

(4) patients are transported to an appropriate medical facility for treatment.

~~(b)~~ (c) A basic life-support service shall provide basic airway management.

~~(c)~~ (d) A basic life-support service shall provide automatic defibrillation.

~~(d)~~ (e) A basic life-support service shall administer opiate antagonists consistent with protocols established by the service's medical director.

~~(e)~~ (f) A basic life-support service licensee's medical director may authorize ambulance service personnel to perform intravenous infusion and use equipment that is within the licensure level of the ambulance service. Ambulance service personnel must be properly trained. Documentation of authorization for use, guidelines for use, continuing education, and skill verification must be maintained in the licensee's files.

~~(f) For emergency ambulance calls and interfacility transfers, an ambulance service may staff its basic life-support ambulances with one EMT, who must accompany the patient, and one registered emergency medical responder driver. For purposes of this paragraph, "ambulance service" means either an ambulance service whose primary service area is mainly located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; or an ambulance service based in a community with a population of less than 2,500.~~"

Page 196, line 16, after "meets" insert "one of"

Page 196, line 17, after the second comma, insert "clause (1),"

Page 197, line 16, strike "(a)" and insert "(b)"

Page 198, delete lines 23 to 25 and insert:

"(h) An individual who staffs an advanced life-support ambulance as a driver must also meet the requirements in subdivision 10."

Page 201, delete section 20

Page 202, lines 23, 25, and 27, strike "board" and insert "director"

Page 203, line 21, strike "or"

Page 203, line 22, strike "board" and insert "director"

Page 203, line 23, strike "board" and insert "director" and strike the period and insert "; or"

Page 203, after line 23, insert:

"(13) fails to engage with the health professionals services program or diversion program required under section 144E.287 after being referred to the program, violates the terms of the program participation agreement, or leaves the program except upon fulfilling the terms for successful completion of the program as set forth in the participation agreement."

Page 203, lines 24, 26, and 29, strike "board" and insert "director"

Page 204, line 1, strike "board's" and insert "director's"

Page 204, line 3, strike "board" and insert "director"

Page 204, after line 3, insert:

"**EFFECTIVE DATE.** This section is effective July 1, 2024, except clause (13) and the transfer of duties and authority from the Emergency Medical Services Regulatory Board to the director of the Office of Emergency Medical Services are effective January 1, 2025."

Page 257, line 15, delete "beginning" and delete everything after "for" and insert "services provided on or after January 1, 2024"

Page 257, line 16, delete the new language

Page 267, after line 17, insert:

"Sec. .... Minnesota Statutes 2022, section 256B.76, subdivision 6, is amended to read:

Subd. 6. **Medicare relative value units.** (a) Effective for services rendered on or after January 1, 2007, the commissioner shall make payments for physician and professional services based on the Medicare relative value units (RVU's). This change shall be budget neutral and the cost of implementing RVU's will be incorporated in the established conversion factor.

(b) The commissioner must revise fee-for-service payment methodologies under this section upon the issuance of a Medicare Physician Fee Schedule final rule by the Centers for Medicare and Medicaid Services, to ensure the payment rates under this subdivision are at least equal to the corresponding rates in the final rule.

(c) The commissioner must revise and implement payment rates for mental health services based on RVU's and rendered on or after January 1, 2025, so that such payment rates are at least equal to 84 percent of the Medicare Physician Fee Schedule.

EFFECTIVE DATE. This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained."

Page 271, delete section 32

Page 317, delete article 11

Page 327, after line 11, insert:

"Sec. 9. **REVIVAL AND REENACTMENT.**

Minnesota Statutes 2022, section 256B.051, subdivision 7, is revived and reenacted effective retroactively from August 1, 2023. Any time frames within or dependent on the subdivision are based on the original effective date in Laws 2017, First Special Session chapter 6, article 2, section 10.

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

Page 329, line 18, delete "(3,352,000)" and insert "(10,083,000)" and delete "4,420,000" and insert "12,926,000"

Page 329, line 21, delete "(136,000)" and insert "(6,867,000)" and delete "2,944,000" and insert "9,760,000"

Page 329, line 22, delete "1,476,000" and insert "3,166,000"

Page 329, line 28, delete "-0-" and insert "(1,443,000)" and delete "(1,039,000)" and insert "(1,443,000)"

Page 329, delete lines 30 to 34

Page 330, delete lines 1 and 2

Page 330, line 3, delete "(b)"

Page 330, after line 12, insert:

"**Base Level Adjustment.** The general fund base is increased by $900,000 in fiscal year 2026 and $900,000 in fiscal year 2027."

Page 330, before line 13, insert:

"Subd. 5. **Central Office; Behavioral Health, Housing, and Deaf and Hard-of-Hearing Services**	(136,000)	1,558,000

Residential Mental Health Crisis Stabilization. $204,000 in fiscal year 2025 is to develop a covered benefit under medical assistance to provide residential mental health crisis stabilization for children and to submit a report to the legislature. This is a onetime appropriation."

Page 330, line 13, delete "(2,306,000)" and insert "(2,070,000)"

Page 330, line 19, delete "1,444,000" and insert "1,988,000"

Page 330, line 20, delete "(6,000)" and insert "1,448,000"

Page 330, after line 20, insert:

"Subd. 7. **Forecasted Programs; Behavioral Health Fund**	-0-	127,000
Subd. 8. **Grant Programs; Adult Mental Health Grants**	(6,731,000)	-0-"

Renumber the subdivisions in sequence

Page 330, line 22, delete "8,112,000" and insert "13,239,000"

Page 330, line 23, before "Respite" insert "(a)" and delete "$8,112,000" and insert "$5,000,000"

Page 331, after line 2, insert:

"(b) **School-Linked Behavioral Health Grants.** $8,239,000 in fiscal year 2025 is for school-linked behavioral health grants under Minnesota Statutes, section 245.4901. This is a onetime appropriation and is available until June 30, 2027."

Page 331, line 8, delete "290,000" and insert "481,000"

Page 331, line 16, delete "(100,000)" and insert "91,000"

Page 331, after line 26, insert:

"(b) **Reports on Prior Authorization Requests.** $191,000 in fiscal year 2025 is from the general fund for purposes of Minnesota Statutes, section 62M.19. The base for this appropriation is $22,000 in fiscal year 2026 and $22,000 in fiscal year 2027."

Reletter the paragraphs in sequence

Page 331, line 28, delete "$43,000" and insert "$22,000"

Page 331, line 29, delete "$301,000" and insert "$323,000"

Page 333, after line 17, insert:

"Sec. .... **ATTORNEY GENERAL** **$** **-0-** **$** **$159,000**

Oversight of Nonprofit Health Coverage Entity Transactions. $159,000 in fiscal year 2025 is for oversight and enforcement of nonprofit health coverage entity transactions under Minnesota Statutes, sections 145D.30 to 145D.37. This is a onetime appropriation and is available until June 30, 2027.

Sec. .... **COMMISSIONER OF COMMERCE**

Base Level Adjustment. The general fund base is increased by $111,000 in fiscal year 2026 and $54,000 in fiscal year 2027 for administrative costs for defrayal requirements under Minnesota Statutes, sections 62A.3098, 62Q.524, and 62Q.665."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly