A bill for an act

relating to health; requiring hospital reporting of charity care, bad debt, and community benefit; proposing coding for new law in Minnesota Statutes, chapter 144.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[144.708] CHARITY CARE, BAD DEBT, AND COMMUNITY BENEFIT REPORTING.**

Subdivision 1. **Applicability.** This section applies to all nonprofit hospitals licensed under sections 144.50 to 144.58.

Subd. 2. **Charity care policy.** (a) Each hospital must establish a written policy on providing charity care. The policy must contain specific eligibility criteria, including, if applicable, a description of income guidelines, asset guidelines, medical assistance status impact on charity care eligibility, and sliding fee schedules.

(b) The policy must be posted in a public area of the hospital that is easily accessible to the public and must be posted on the hospital's Web site.

(c) Each hospital must make every effort to identify uninsured patients and must provide assistance to any uninsured patient in applying for any applicable Minnesota health care program. The hospital must also inform each uninsured patient of the hospital's charity care policy.

Subd. 3. **Reporting on charity care and bad debt.** Each hospital must either submit the following information to a voluntary, nonprofit reporting organization identified in section 144.702 as part of the reporting requirements in section 144.702 or to the commissioner of health under the reporting requirements in section 144.698:

(1) charity care; and

(2) bad debt.

For purposes of reporting this information, the hospital must comply with Minnesota Rules, parts 4650.0115 and 4650.0117, respectively.

Subd. 4. **Community benefit reporting.** (a) Beginning January 1, 2008, each hospital must report to the Minnesota Hospital Association on the amount of community benefit provided by the hospital for the previous reporting year. For purposes of measuring community benefit, a hospital must use the standards developed by the Catholic Health Association and VHA, Inc.

(b) The hospital may report separately on the following:

(1) costs in excess of payments for Medicare;

(2) discounts provided to uninsured patients; and

(3) taxes and fees paid by the hospital to government entities.

(c) The Minnesota Hospital Association must make the information reported under this subdivision available to the public through the association's Web site.