

# Med Support Cheat Sheet

Effective 1/1/25

- Medical support is the requirement to **carry coverage** for the joint children, **share the costs of coverage**, and share the costs of **unreimbursed/uninsured medical expenses**. Minn. Stat. § 518A.41.
- **Who should carry coverage?** (Private Coverage)
  - First Prong: Who has appropriate coverage?
    - The court should review the parties' health plans and consider four factors.
    - (1). Comprehensiveness
    - (2). Accessibility
    - (3). Special medical needs of joint children; and
    - (4). Affordability (discussed below).
  - Appropriate Coverage: **(4) Affordability**.
    - Coverage is affordable if it is **reasonable** in cost.
    - Presumption: coverage is not affordable if the **premium to add child** to coverage is **greater than 5% of parties' combined parental income for child support**.
    - If both parents' coverage is equal, then the **least costly is presumed** to be the **most appropriate**.
  - Practice Point:
    - Ask both parties if they have private coverage through work and if they or the children are enrolled.
    - Ask employers for information and documentation about cost of coverage.
    - We need verification of the costs of coverage (documentation).
    - Theoretically, if one portion of coverage is affordable (ie just dental or just medical), we could ask that one portion be ordered or not. Statute no longer presumes private coverage is preferred.
- **Who should Carry Insurance**
  - **(1). Child is already covered**: parent providing **must** continue if coverage is appropriate.
  - **(2). Only one party has coverage**: parent with appropriate coverage **must** add child to their policy.
  - **(3). Both parties have appropriate coverage**: parent with whom child resides **must** be ordered to provide coverage unless: (1) agreement; or (2) extreme hardship to CP.
  - **(4). Neither party has coverage**: Order cost of contribution based on proportional PICS; or request to order CP to apply for public coverage.
  - Practice Point:
    - If MA is open and private coverage is ordered, CP should tell MA worker that MA is secondary.
    - If parent complains that open enrollment already closed for the year?
      - Court order related to adding child requires that employer add the coverage.
    - If appropriate coverage is available, even if medical assistance is open:
      - No longer presumption that private coverage should be ordered.
      - MA can remain in place. Fact dependent on what is best for the child and family.
- **Medical Support Contribution: sharing cost of coverage** (Private Coverage)
  - Determine **cost** to carry child's insurance: The **actual** cost to **add this** child to coverage. NOT the **total** amount of the parent's insurance.
  - Example:
    - Single: \$50
    - Single + child/ren: \$150
    - Child's cost: \$100 (\$150-\$50=\$100)
  - What if there is no additional cost?
    - No contribution.
    - Example, if NCP is carrying coverage for NJC and there is no additional cost to add this child.
    - Even if there is no difference in cost between single/family coverage, but NCP needs to add himself.
  - Medical support order: contribution determined by parents' PICS percentage.
  - **Uninsured/Unreimbursed Medical expenses**:
    - Can request reimbursement for expenses that are up to 2 years old. Need documentation of the out-of-pocket expense.
    - This differs from requesting ALF to pay pregnancy/child birth costs. Minn. Stat. § 257.66.
  - Hennepin Cty Practice: If CP receives MA, we do not ask that they contribute to cost of private coverage.
    - Court may disagree.

- **Public Coverage = MA**
  - **Public Coverage:** ONLY “**Medical Assistance**” is considered PA for medical support.
    - Open for the Joint Child(ren). Not for the mother.
  - Does NOT include: Medicare, federal subsidies; MNSure.
    - MNSure is an insurance exchange/marketplace. NOT a form of coverage.
    - Medicaid is the federal term for MA, likely wont see that term used in our programming.
  - “**MA is Not Interfacing**”: Agency Policy is to “**trust the program**” and treat the case as NPA until we receive a referral through METS. Even if we know from CP that they have MA for the joint children. CSO can “push referral.”
  - Cannot order CP to carry MA, but can request that they apply if no coverage is available.
- **Medical Support Obligation with Medical Assistance**
  - NCP’s obligation determined by complicated calculation (Minnesota Stat. § 256L.15, subdivision 2(d)).
  - NCP pays what they’d pay if they applied themselves.
  - If NCP receives PA (MA, Child care, or MFIP), should not be ordered to pay medical support.
    - Should try to verify, but DHS policy is that NCP’s word that he receives MA is sufficient.
  - Premium Scale since 2021:
    - \$28/mo. per child.
    - Maximum of 3 children.
    - \$84/mo. max order.
  - Hennepin Practice: if obligation is less than \$25, ask for a \$0. Cost of enforcing is not worth collecting.
- **Overview of 1/1/25 Statutory Changes:**
  - **Definition of health care coverage to include public coverage.**
    - Prior to 1/1/25:
      - In MN Health care coverage **DOES NOT** include Public Coverage.
      - Public Coverage **ONLY** means Medical Assitance
      - In conflict with federal law.
  - **Public coverage presumed appropriate.**
    - No longer a preference for private coverage.
    - Question: whether the Court is still required to analyze both parties' private coverage if MA is in place.
  - **Obligated parents' eligibility for public coverage.**
    - Replace eligibility amount w/ NCP's PICS is less than 200% poverty rate, no contribution.
  - **Allow Administrative suspension of medical obligation if CP fails to maintain coverage as ordered.**
    - Inequity when ordered as an offset.
    - When roles are reversed, CP's offset can be administratively
    - Does not explicitly allow support to turn off when MA closes, so best to continue to get conditional language
  - **Define “reasonable in cost” as 5% of parties’ combined PICS and applies to cost to add the child to coverage.**
    - State policy for 5% did not apply to non-IVD cases.

## 518A.41 MEDICAL SUPPORT. (amendments effective 1/1/25)

### Subdivision 1. Definitions.

The definitions in this subdivision apply to this chapter and chapter 518.

(a) "Health care coverage" means ~~medical, dental, or other health care benefits that are provided by one or more health plans. Health care coverage does not include any form of public coverage.~~

(b) ~~"Health carrier" means a carrier as defined in sections [62A.011, subdivision 2](#), and [62L.02, subdivision 16](#).~~

(c) ~~"Health plan" means a plan, other than any form of public coverage, that provides medical, dental, or other health care benefits and is:~~

(1) provided on an individual or group basis;

(2) provided by an employer or union;

(3) purchased in the private market; ~~or~~

(4) available to a person eligible to carry insurance for the joint child, including a party's spouse or parent.

~~Health plan~~ includes, but is not limited to, a plan meeting the definition under section [62A.011, subdivision 3](#), except that the exclusion of coverage designed solely to provide dental or vision care under section [62A.011, subdivision 3](#), clause (6), does not apply to the definition of ~~health plan~~ under this section; a group health plan governed under the federal Employee Retirement Income Security Act of 1974 (ERISA); a self-insured plan under sections [43A.23](#) to [43A.317](#) and [471.617](#); and a policy, contract, or certificate issued by a community-integrated service network licensed under chapter 62N.

(d) "Medical support" means providing health care coverage for a joint child ~~by carrying health care coverage for the joint child or~~ by contributing to the cost of health care coverage, ~~public coverage,~~ unreimbursed medical expenses, and uninsured ~~medical~~ expenses of the joint child.

(e) "National medical support notice" means an administrative notice issued by the public authority to enforce health insurance provisions of a support order in accordance with Code of Federal Regulations, title 45, section 303.32, in cases where the public authority provides support enforcement services.

(f) ~~"Public coverage" means health care benefits provided by any form of medical assistance under chapter 256B. Public coverage does not include MinnesotaCare or health plans subsidized by federal premium tax credits or federal cost-sharing reductions.~~

(g) "Uninsured ~~medical~~ expenses" means a joint child's reasonable and necessary ~~health-related~~ expenses if the joint child is not covered by a ~~health plan or public coverage~~ when the expenses are incurred.

~~(h)~~ "Unreimbursed ~~medical~~ expenses" means a joint child's reasonable and necessary ~~health-related~~ expenses if a joint child is covered by ~~a health plan or public coverage and the plan or coverage~~ does not pay for the total cost of the expenses when the expenses are incurred. Unreimbursed ~~medical~~ expenses do not include the cost of premiums. Unreimbursed ~~medical~~ expenses include, but are not limited to, deductibles, co-payments, and expenses for orthodontia, and prescription eyeglasses and contact lenses, but not over-the-counter medications if ~~coverage is under a health plan~~.

**Subd. 2. Order.**

(a) A completed national medical support notice issued by the public authority or a court order that complies with this section is a qualified medical child support order under the federal Employee Retirement Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a).

(b) Every order addressing child support must state:

(1) the names, last known addresses, and Social Security numbers of the parents and the joint child that is a subject of the order unless the court prohibits the inclusion of an address or Social Security number and orders the parents to provide the address and Social Security number to the administrator of the health plan;

~~(2) if a joint child is not presently enrolled in health care coverage,~~ whether appropriate health care coverage for the joint child is available and, if so, state:

(i) the parents' responsibilities for carrying health care coverage;

(ii) the cost of premiums and how the cost is allocated between the parents; ~~and~~

(iii) the circumstances, if any, under which an obligation to provide health care coverage for the joint child will shift from one parent to the other;

~~(3) if appropriate health care coverage is not available for the joint child,~~ whether a contribution for ~~medical support~~ is required; and

~~(4) how unreimbursed or uninsured ~~medical~~ expenses will be allocated between the parents.~~

**Subd. 3. Determining appropriate health care coverage.**

In determining whether a parent has appropriate health care coverage for the joint child, the court must consider the following factors:

(1) comprehensiveness of health care coverage providing medical benefits. Dependent health care coverage providing medical benefits is presumed comprehensive if it includes medical and hospital coverage and provides for preventive, emergency, acute, and chronic care; or if it meets the minimum essential coverage definition in United States Code, title 26, section 5000A(f). If both parents have health care coverage providing medical benefits that is presumed comprehensive under this paragraph, the court must determine which parent's coverage is more comprehensive by considering what other benefits are included in the coverage;

(2) accessibility. Dependent health care coverage is accessible if the covered joint child can obtain services from a health plan provider with reasonable effort by the parent with whom the joint child resides. health care coverage is presumed accessible if:

(i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

(ii) the health care coverage is available through an employer and the employee can be expected to remain employed for a reasonable amount of time; and

(iii) no preexisting conditions exist to unduly delay enrollment in health care coverage;

(3) the joint child's special medical needs, if any; and

(4) affordability. Dependent health care coverage is affordable if ~~it is reasonable in cost. If both parents have health care coverage available for a joint child that is comparable with regard to comprehensiveness of medical benefits, accessibility, and the joint child's special needs, the least costly health care coverage is presumed to be the most appropriate health care coverage for the joint child.~~

#### Subd. 4. **Ordering health care coverage.**

~~(a) If a joint child is presently enrolled in health care coverage, the court must order that the parent who currently has the joint child enrolled continue that enrollment unless the parties agree otherwise or a party requests a change in coverage and the court determines that other health care coverage is more appropriate.~~

~~(b) If a joint child is not presently enrolled in health care coverage providing medical benefits, upon motion of a parent or the public authority, the court must determine whether one or both parents have appropriate health care coverage providing medical benefits for the joint child.~~

~~(c) If only one parent has appropriate health care coverage providing medical benefits available, the court must order that parent to carry the coverage for the joint child.~~

~~(d) If both parents have appropriate health care coverage providing medical benefits available, the court must order the parent with whom the joint child resides to carry the coverage for the joint child, unless:~~

~~(1) a party expresses a preference for health care coverage providing medical benefits available through the parent with whom the joint child does not reside;~~

~~(2) the parent with whom the joint child does not reside is already carrying dependent health care coverage providing medical benefits for other children and the cost of contributing to the premiums of the other parent's coverage would cause the parent with whom the joint child does not reside extreme hardship; or~~

~~(3) the parties agree as to which parent will carry health care coverage providing medical benefits and agree on the allocation of costs.~~

(e) If the exception in paragraph (d), clause (1) or (2), applies, the court must determine which parent has the most appropriate coverage providing medical benefits available and order that parent to carry coverage for the joint child.

(f) If neither parent has appropriate health care coverage available, the court must order the parents to:

(1) contribute toward the actual health care costs of the joint children based on a pro rata share; or

~~(2) if the joint child is receiving any form of public coverage, the parent with whom the joint child does not reside shall contribute a monthly amount toward the actual cost of public coverage. The amount of the noncustodial parent's contribution is determined by applying the noncustodial parent's PICS to the premium scale for MinnesotaCare under section [256L.15, subdivision 2](#), paragraph (d). If the noncustodial parent's PICS meets the eligibility requirements for MinnesotaCare, the contribution is the amount the noncustodial parent would pay for the child's premium. If the noncustodial parent's PICS exceeds the eligibility requirements, the contribution is the amount of the premium for the highest eligible income on the premium scale for MinnesotaCare under section [256L.15, subdivision 2](#), paragraph (d). For purposes of determining the premium amount, the noncustodial parent's household size is equal to one parent plus the child or children who are the subject of the child support order. The custodial parent's obligation is determined under the requirements for public coverage as set forth in chapter 256B; or~~

~~(3) if the noncustodial parent's PICS meet the eligibility requirement for public coverage under chapter 256B or the noncustodial parent receives public assistance, the noncustodial parent must not be ordered to contribute toward the cost of public coverage.~~

(g) If neither parent has appropriate health care coverage available, the court may order the parent with whom the child resides to apply for public coverage for the child.

~~(h) The commissioner of human services must publish a table with the premium schedule for public coverage and update the chart for changes to the schedule by July 1 of each year.~~

(i) If a joint child is not presently enrolled in health care coverage providing dental benefits, upon motion of a parent or the public authority, the court must determine whether one or both parents have appropriate ~~dental~~ health care coverage for the joint child, and the court may order a parent with appropriate ~~dental~~ health care coverage available to carry the coverage for the joint child.

(j) If a joint child is not presently enrolled in available health care coverage providing benefits other than medical benefits or dental benefits, upon motion of a parent or the public authority, the court may determine whether ~~that other~~ health care coverage for the joint child is appropriate, and the court may order a parent with that appropriate health care coverage available to carry the coverage for the joint child.

**Subd. 5. Medical support costs; unreimbursed and uninsured ~~medical~~ expenses.**

(a) Unless otherwise agreed to by the parties and approved by the court, the court must order that the cost of health care coverage and all unreimbursed and uninsured ~~medical expenses under the health plan~~ be divided between the obligor and obligee based on their proportionate share of the parties' combined monthly PICS. The amount allocated for medical support is considered child support but is not subject to a cost-of-living adjustment under section [518A.75](#).

(b) If a party owes a ~~joint-child~~ support obligation for a child and is ordered to carry health care coverage for the joint child, and the other party is ordered to contribute to the carrying party's cost for coverage, the carrying party's ~~child~~ support payment must be reduced by the amount of the contributing party's contribution.

(c) If a party owes a ~~joint-child~~ support obligation for a child and is ordered to contribute to the other party's cost for carrying health care coverage for the joint child, the contributing party's child support payment must be increased by the amount of the contribution.

(d) If the party ordered to carry health care coverage for the joint child already carries dependent health care coverage for other dependents and would incur no additional premium costs to add the joint child to the existing coverage, the court must not order the other party to contribute to the premium costs for coverage of the joint child.

(e) If a party ordered to carry health care coverage for the joint child does not already carry dependent health care coverage but has other dependents who may be added to the ordered coverage, the full premium costs of the dependent health care coverage must be allocated between the parties in proportion to the party's share of the parties' combined PICS, unless the parties agree otherwise.

(f) If a party ordered to carry health care coverage for the joint child is required to enroll in a health plan so that the joint child can be enrolled in dependent health care coverage under the plan, the court must allocate the costs of the dependent health care coverage between the parties. The costs of the health care coverage for the party ordered to carry the coverage for the joint child must not be allocated between the parties.

**Subd. 6. Notice or court order sent to party's employer, union, or health carrier.**

(a) The public authority must forward a copy of the national medical support notice or court order for health care coverage to the party's employer within two business days after the date the party is entered into the work reporting system under section [256.998](#).

(b) The public authority or a party seeking to enforce an order for health care coverage must forward a copy of the national medical support notice or court order to the obligor's employer or union, or to the health carrier under the following circumstances:

(1) the party ordered to carry health care coverage for the joint child fails to provide written proof to the other party or the public authority, within 30 days of the effective date of the court order, that the party has applied for health care coverage for the joint child;

(2) the party seeking to enforce the order or the public authority gives written notice to the party ordered to carry health care coverage for the joint child of its intent to enforce medical support. The party seeking to enforce the order or public authority must mail the written notice to the last known address of the party ordered to carry health care coverage for the joint child; and

(3) the party ordered to carry health care coverage for the joint child fails, within 15 days after the date on which the written notice under clause (2) was mailed, to provide written proof to the other party or the public authority that the party has applied for health care coverage for the joint child.

(c) The public authority is not required to forward a copy of the national medical support notice or court order to the obligor's employer or union, or to the health carrier, if the court orders health care coverage for the joint child that is not employer-based or union-based coverage.

**Subd. 7. Employer or union requirements.**

(a) An employer or union must forward the national medical support notice or court order to its health plan within 20 business days after the date on the national medical support notice or after receipt of the court order.

(b) Upon determination by an employer's or union's health plan administrator that a joint child is eligible to be covered under the health plan, the employer or union and health plan must enroll the joint child as a beneficiary in the health plan, and the employer must withhold any required premiums from the income or wages of the party ordered to carry health care coverage for the joint child.

(c) If enrollment of the party ordered to carry health care coverage for a joint child is necessary to obtain dependent health care coverage under the plan, and the party is not enrolled in the health plan, the employer or union must enroll the party in the plan.

(d) Enrollment of dependents and, if necessary, the party ordered to carry health care coverage for the joint child must be immediate and not dependent upon open enrollment periods. Enrollment is not subject to the underwriting policies under section [62A.048](#).

(e) Failure of the party ordered to carry health care coverage for the joint child to execute any documents necessary to enroll the dependent in the health plan does not affect the obligation of the employer or union and health plan to enroll the dependent in a plan. Information and authorization provided by the public authority, or by a party or guardian, is valid for the purposes of meeting enrollment requirements of the health plan.



(f) An employer or union that is included under the federal Employee Retirement Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a), may not deny enrollment to the joint child or to the parent if necessary to enroll the joint child based on exclusionary clauses described in section 62A.048.

(g) A new employer or union of a party who is ordered to provide health care coverage for a joint child must enroll the joint child in the party's health plan as required by a national medical support notice or court order.

#### **Subd. 8. Health plan requirements.**

(a) If a health plan administrator receives a completed national medical support notice or court order, the plan administrator must notify the parties, and the public authority if the public authority provides support enforcement services, within 40 business days after the date of the notice or after receipt of the court order, of the following:

(1) whether coverage is available to the joint child under the terms of the health plan and, if not, the reason why coverage is not available;

(2) whether the joint child is covered under the health plan;

(3) the effective date of the joint child's coverage under the health plan; and

(4) what steps, if any, are required to effectuate the joint child's coverage under the health plan.

(b) If the employer or union offers more than one plan and the national medical support notice or court order does not specify the plan to be carried, the plan administrator must notify the parents and the public authority if the public authority provides support enforcement services. When there is more than one option available under the plan, the public authority, in consultation with the parent with whom the joint child resides, must promptly select from available plan options.

(c) The plan administrator must provide the parents and public authority, if the public authority provides support enforcement services, with a notice of the joint child's enrollment, description of the coverage, and any documents necessary to effectuate coverage.

(d) The health plan must send copies of all correspondence regarding the health care coverage to the parents.

(e) An insured joint child's parent's signature is a valid authorization to a health plan for purposes of processing an insurance reimbursement payment to the medical services provider or to the parent, if medical services have been prepaid by that parent.

#### **Subd. 9. Employer or union liability.**

(a) An employer or union that willfully fails to comply with the order or notice is liable for any uninsured ~~medical~~ expenses incurred by the dependents while the dependents were eligible to be enrolled in the health plan and for any other premium costs incurred because the employer or union willfully failed to comply with the order or notice.

(b) An employer or union that fails to comply with the order or notice is subject to a contempt finding, a \$250 civil penalty under section [518A.73](#), and is subject to a civil penalty of \$500 to be paid to the party entitled to reimbursement or the public authority. Penalties paid to the public authority are designated for child support enforcement services.

**Subd. 10. Contesting enrollment.**

(a) A party may contest a joint child's enrollment in a health plan on the limited grounds that the enrollment is improper due to mistake of fact or that the enrollment meets the requirements of section [518.145](#).

(b) If the party chooses to contest the enrollment, the party must do so no later than 15 days after the employer notifies the party of the enrollment by doing the following:

(1) filing a motion in district court or according to section [484.702](#) and the expedited child support process rules if the public authority provides support enforcement services;

(2) serving the motion on the other party and public authority if the public authority provides support enforcement services; and

(3) securing a date for the matter to be heard no later than 45 days after the notice of enrollment.

(c) The enrollment must remain in place while the party contests the enrollment.

**Subd. 11. Disenrollment; continuation of coverage; coverage options.**

(a) Unless a court order provides otherwise, a child for whom a party is required to provide health care coverage under this section must be covered as a dependent of the party until the child is emancipated, until further order of the court, or as consistent with the terms of the coverage.

(b) The health carrier, employer, or union may not disenroll or eliminate coverage for the child unless:

(1) the health carrier, employer, or union is provided satisfactory written evidence that the court order is no longer in effect;

(2) the joint child is or will be enrolled in comparable health care coverage through another health plan that will take effect no later than the effective date of the disenrollment;

(3) the employee is no longer eligible for dependent coverage; or

(4) the required premium has not been paid by or on behalf of the joint child.

(c) The health plan must provide 30 days' written notice to the joint child's parents, and the public authority if the public authority provides support enforcement services, before the health plan disenrolls or eliminates the joint child's coverage.

(d) A joint child enrolled in health care coverage under a qualified medical child support order, including a national medical support notice, under this section is a dependent

and a qualified beneficiary under the Consolidated Omnibus Budget and Reconciliation Act of 1985 (COBRA), Public Law 99-272. Upon expiration of the order, the joint child is entitled to the opportunity to elect continued coverage that is available under the health plan. The employer or union must provide notice to the parties and the public authority, if it provides support services, within ten days of the termination date.

(e) If the public authority provides support enforcement services and a plan administrator reports to the public authority that there is more than one coverage option available under the health plan, the public authority, in consultation with the parent with whom the joint child resides, must promptly select coverage from the available options.

**Subd. 12. Spousal or former spousal coverage.**

The court must require the parent with whom the joint child does not reside to provide dependent health care coverage for the benefit of the parent with whom the joint child resides if the parent with whom the child does not reside is ordered to provide dependent health care coverage for the parties' joint child and adding the other parent to the coverage results in no additional premium cost.

**Subd. 13. Disclosure of information.**

(a) If the public authority provides support enforcement services, the parties must provide the public authority with the following information:

(1) information relating to dependent health care coverage ~~or public coverage~~ available for the benefit of the joint child for whom support is sought, including all information required to be included in a medical support order under this section;

(2) verification that application for court-ordered health care coverage was made within 30 days of the court's order; and

(3) the reason that a joint child is not enrolled in court-ordered health care coverage, if a joint child is not enrolled in coverage or subsequently loses coverage.

(b) Upon request from the public authority under section 256.978, an employer, union, or plan administrator, including an employer subject to the federal Employee Retirement Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a), must provide the public authority the following information:

(1) information relating to dependent health care coverage available to a party for the benefit of the joint child for whom support is sought, including all information required to be included in a medical support order under this section; and

(2) information that will enable the public authority to determine whether a health plan is appropriate for a joint child, including, but not limited to, all available plan options, any geographic service restrictions, and the location of service providers.

(c) The employer, union, or plan administrator must not release information regarding one party to the other party. The employer, union, or plan administrator must

provide both parties with insurance identification cards and all necessary written information to enable the parties to utilize the insurance benefits for the covered dependent.

(d) The public authority is authorized to release to a party's employer, union, or health plan information necessary to verify availability of dependent health care coverage, or to establish, modify, or enforce medical support.

(e) An employee must disclose to an employer if medical support is required to be withheld under this section and the employer must begin withholding according to the terms of the order and under section [518A.53](#). If an employee discloses an obligation to obtain health care coverage and coverage is available through the employer, the employer must make all application processes known to the individual and enroll the employee and dependent in the plan.

#### Subd. 14. **Child support enforcement services.**

The public authority must take necessary steps to establish, enforce, and modify an order for medical support if the joint child receives public assistance or a party completes an application for services from the public authority under section [518A.51](#).

#### Subd. 15. **Enforcement.**

(a) Remedies available for collecting and enforcing child support apply to medical support.

(b) For the purpose of enforcement, the following are additional support:

(1) the costs of individual or group health or hospitalization coverage;

(2) dental coverage;

(3) medical costs ordered by the court to be paid by either party, including health care coverage premiums paid by the obligee because of the obligor's failure to obtain coverage as ordered; and

(4) liabilities established under this subdivision.

(c) A party who fails to carry court-ordered dependent health care coverage is liable for the joint child's uninsured ~~medical~~ expenses unless a court order provides otherwise. A party's failure to carry court-ordered coverage, or to provide other medical support as ordered, is a basis for modification of medical support under section [518A.39, subdivision 8](#), unless it meets the presumption in section [518A.39, subdivision 2](#).

(d) Payments by the health carrier or employer for services rendered to the dependents that are directed to a party not owed reimbursement must be endorsed over to and forwarded to the vendor or appropriate party or the public authority. A party retaining insurance reimbursement not owed to the party is liable for the amount of the reimbursement.

#### Subd. 16. **Offset.**

(a) If a party is the parent with primary physical custody as defined in section [518A.26](#), subdivision 17, and is an obligor ordered to contribute to the other party's cost for carrying health care coverage for the joint child, the other party's child support and spousal maintenance obligations are subject to an offset under subdivision 5.

(b) The public authority, if the public authority provides child support enforcement services, may remove the offset to a party's child support obligation when:

- (1) the party's court-ordered health care coverage for the joint child terminates;
- (2) the party does not enroll the joint child in other health care coverage; and
- (3) a modification motion is not pending.

The public authority must provide notice to the parties of the action. If neither party requests a hearing, the public authority must remove the offset effective the first day of the month following termination of the joint child's health care coverage.

(c) The public authority, if the public authority provides child support enforcement services, may resume the offset when the party ordered to provide health care coverage for the joint child has resumed the court-ordered health care coverage or enrolled the joint child in other health care coverage. The public authority must provide notice to the parties of the action. If neither party requests a hearing, the public authority must resume the offset effective the first day of the month following certification that health care coverage is in place for the joint child.

(d) A party may contest the public authority's action to remove or resume the offset to the child support obligation if the party makes a written request for a hearing within 30 days after receiving written notice. If a party makes a timely request for a hearing, the public authority must schedule a hearing and send written notice of the hearing to the parties by mail to the parties' last known addresses at least 14 days before the hearing. The hearing must be conducted in district court or in the expedited child support process if section [484.702](#) applies. The district court or child support magistrate must determine whether removing or resuming the offset is appropriate and, if appropriate, the effective date for the removal or resumption.

**Subd. 17. Collecting unreimbursed or uninsured ~~medical~~ expenses.**

(a) This subdivision and subdivision 18 apply when a court order has determined and ordered the parties' proportionate share and responsibility to contribute to unreimbursed or uninsured ~~medical~~ expenses.

(b) A party requesting reimbursement of unreimbursed or uninsured ~~medical~~ expenses must initiate a request to the other party within two years of the date that the requesting party incurred the unreimbursed or uninsured ~~medical~~ expenses. If a court order has been signed ordering the contribution ~~towards~~ unreimbursed or uninsured expenses, a two-year limitations provision must be applied to any requests made on or after January 1, 2007. The provisions of this section apply retroactively to court orders signed before January 1, 2007. Requests for unreimbursed or uninsured expenses made on or after January 1, 2007, may include expenses incurred before January 1, 2007, and on or after January 1, 2005.

(c) A requesting party must mail a written notice of intent to collect the unreimbursed or uninsured ~~medical~~ expenses and a copy of an affidavit of health care expenses to the other party at the other party's last known address.

(d) The written notice must include a statement that the other party has 30 days from the date the notice was mailed to (1) pay in full; (2) agree to a payment schedule; or (3) file a motion requesting a hearing to contest the amount due or to set a court-ordered monthly payment amount. If the public authority provides services, the written notice also must include a statement that, if the other party does not respond within the 30 days, the requesting party may submit the amount due to the public authority for collection.

(e) The affidavit of health care expenses must itemize and document the joint child's unreimbursed or uninsured ~~medical~~ expenses and include copies of all bills, receipts, and insurance company explanations of benefits.

(f) If the other party does not respond to the request for reimbursement within 30 days, the requesting party may commence enforcement against the other party under subdivision 18; file a motion for a court-ordered monthly payment amount under paragraph (i); or notify the public authority, if the public authority provides services, that the other party has not responded.

(g) The notice to the public authority must include: a copy of the written notice, a copy of the affidavit of health care expenses, and copies of all bills, receipts, and insurance company explanations of benefits.

(h) If noticed under paragraph (f), the public authority must serve the other party with a notice of intent to enforce unreimbursed and uninsured ~~medical~~ expenses and file an affidavit of service by mail with the district court administrator. The notice must state that the other party has 14 days to (1) pay in full; or (2) file a motion to contest the amount due or to set a court-ordered monthly payment amount. The notice must also state that if there is no response within 14 days, the public authority will commence enforcement of the expenses as arrears under subdivision 18.

(i) To contest the amount due or set a court-ordered monthly payment amount, a party must file a timely motion and schedule a hearing in district court or in the expedited child support process if section [484.702](#) applies. The moving party must provide the other party and the public authority, if the public authority provides services, with written notice at least 14 days before the hearing by mailing notice of the hearing to the public authority and to the requesting party at the requesting party's last known address. The moving party must file the affidavit of health care expenses with the court at least five days before the hearing. The district court or child support magistrate must determine liability for the expenses and order that the liable party is subject to enforcement of the expenses as arrears under subdivision 18 or set a court-ordered monthly payment amount.

**Subd. 18. Enforcing unreimbursed or uninsured ~~medical~~ expenses as arrears.**

(a) Unreimbursed or uninsured ~~medical~~ expenses enforced under this subdivision are collected as arrears.

(b) If the liable party is the parent with primary physical custody as defined in section [518A.26](#), subdivision 17, the unreimbursed or uninsured ~~medical~~ expenses must be deducted from any arrears the requesting party owes the liable party. If unreimbursed or uninsured expenses remain after the deduction, the expenses must be collected as follows:

(1) If the requesting party owes a current child support obligation to the liable party, 20 percent of each payment received from the requesting party must be returned to the requesting party. The total amount returned to the requesting party each month must not exceed 20 percent of the current monthly support obligation.

(2) If the requesting party does not owe current child support or arrears, a payment agreement under section [518A.69](#) is required. If the liable party fails to enter into or comply with a payment agreement, the requesting party or the public authority, if the public authority provides services, may schedule a hearing to set a court-ordered payment. The requesting party or the public authority must provide the liable party with written notice of the hearing at least 14 days before the hearing.

(c) If the liable party is not the parent with primary physical custody as defined in section [518A.26](#), subdivision 17, the unreimbursed or uninsured ~~medical~~ expenses must be deducted from any arrears the requesting party owes the liable party. If unreimbursed or uninsured expenses remain after the deduction, the expenses must be added and collected as arrears owed by the liable party.