STATE OF MINNESOTA
IN COURT OF APPEALS
A21-1518
A21-1527
A21-1528
A21-1530

William Findling, et al.,
Appellants,

vs.

Group Health Plan, Inc.,
d/b/a Health Partners and Regions Hospital,
Respondent (A21-1518),

Essentia Health, et al.,
Respondents (A21-1527),

Fairview Health Services, et al.,
Respondents (A21-1528),

Allina Health Systems,
Respondent (A21-1530).

Filed August 8, 2022
Affirmed
Jesson, Judge

Hennepin County District Court
File No. 27-CV-21-3052

Brandon E. Thompson, Barry M. Landy, Rachel L. Barrett, Jacob F. Siegel, Ciresi Conlin LLP, Minneapolis, Minnesota (for appellants)

Anthony J. Novak, Jason T. Johnson, Larson King, LLP, St. Paul, Minnesota (for respondent Group Health Plan, Inc. d/b/a Health Partners and Regions Hospital)

David A. Schooler, Daniel J. Supalla, Christopher T. Ruska, Nilan Johnson Lewis P.A., Minneapolis, Minnesota; and

Jay P. Lefkowitz (pro hac vice), Kirkland & Ellis LLP, New York, New York (for respondents Essentia Health, et al.)

Anupama D. Sreekanth, Gregory E. Karpenko, Fredrikson & Byron, P.A., Minneapolis, Minnesota (for respondents Fairview Health Services et al.)

Mark R. Bradford, Bassford Remele, P.A., Minneapolis, Minnesota (for respondent Allina Health Systems)

Considered and decided by Bryan, Presiding Judge; Jesson, Judge; and Klaphake, Judge.*

SYLLABUS

1. Minnesota Statutes section 8.31, subdivision 3a (2020), the private attorney general provision, does not create a private right of action under the Minnesota Health Records Act, Minnesota Statutes section 144.292, subdivision 2 (2020), for underdisclosure of health records.

2. Minnesota Statutes section 144.651 (2020), the Minnesota Health Care Bill of Rights, does not create a private right of action for underdisclosure of health records.

OPINION

JESSON, Judge

Appellants Heather Busby, Mark Dolan, William Findling, and Kim Skaro requested their health records from seven Minnesota health care providers. After not receiving complete records within the 30-day time period set out in the Minnesota Health Records Act, Minn. Stat. §§ 144.291-.298 (2020), appellants filed lawsuits seeking access to those records. *See* Minn. Stat. § 144.292, subd. 2 (allowing patients to request medical

* Retired judge of the Minnesota Court of Appeals, serving by appointment pursuant to Minn. Const. art. VI, § 10.

records). Rather than basing their claims on the Health Records Act itself, appellants pursued claims based on the private attorney general provision of Minnesota Statutes section 8.31, subdivision 3a, and the Minnesota Health Care Bill of Rights, Minnesota Statutes section 144.651.

The district court dismissed their claims, and this appeal follows. Because—like the Minnesota Health Records Act—neither the private attorney general provision nor the Health Care Bill of Rights provide a private right of action to patients for underdisclosure of health records, we affirm.

FACTS

Appellants filed four separate lawsuits against respondent health care providers Essentia Health, Innovis Health, HealthPartners, Regions Hospital, Fairview Health Services, HealthEast Care System, and Allina Health Systems. Appellants alleged that respondents failed to provide full and complete copies of their health records within 30 days of their requests and thereby obstructed appellants' investigations into whether their medical-malpractice claims were viable.

In April 2021, the supreme court determined that the four pending cases presented almost identical issues and assigned one judge to hear and decide all matters. *See In re MHRA Class Action Litig.*, No. A21-0398 (Minn. Apr. 8, 2021) (order).

In May 2021, respondents moved to dismiss appellants' claims for failure to state a claim. The district court granted the motion and dismissed each claim with prejudice. It determined that the Health Records Act does not create a private cause of action for appellants' claims. Nor could appellants' claims be brought under the private attorney

general provision because the Health Records Act was not among the laws subject to private enforcement under that statute. Finally, the court concluded that the Health Care Bill of Rights does not contain a private right of action, relying on this court's decision in *Favors v. Kneisel*, 902 N.W.2d 92 (Minn. App. 2017).

This appeal follows.

ISSUES

I. Does the private attorney general provision of Minnesota Statutes section 8.31, subdivision 3a, create a private right of action for underdisclosure of health records?

II. Does the Minnesota Health Care Bill of Rights, Minnesota Statutes section 144.651, create a private right of action for underdisclosure of health records?

ANALYSIS

The Minnesota Health Records Act regulates the use and disclosure of health records in Minnesota. This act centers on two requirements: health care providers must, with limited exceptions, obtain patient consent for the release of health records, and health care providers generally must supply a patient with their health records within 30 days of a written request. Minn. Stat. §§ 144.292, subd. 2; .293, subds. 2, 5. Violations of any of these provisions may be grounds for disciplinary action (taken by the relevant licensing board or agency)[1] against the provider. Minn. Stat. § 144.298, subd. 1. But enforcement

[1] For example, the Minnesota Department of Health would address a violation of the Health Records Act by a hospital or a health maintenance organization. Minn. Stat. § 144.50, subd. 1 (2020); Minn. Stat. §§ 62D.001-.30 (2020). If a physician violated any provision of the Health Records Act, the Minnesota Board of Medical Practice would address that violation. *See* Minn. Stat. §§ 147.0001-.37 (2020). But there are many other licensing boards involved beyond the Minnesota Board of Medical Practice. If, for example, a

does not end there. If a provider negligently or intentionally releases a health record, alters a consent form, obtains consent under false pretenses, or accesses patient information without authorization, a patient may recover compensatory damages and attorney fees through a private cause of action. *Id.*, subd. 2.

But not every violation of the Health Records Act provides a patient with a private cause of action. The Health Records Act does not grant a private right of action for *underdisclosure* of health records. *Larson v. Nw. Mut. Life Ins. Co.*, 855 N.W.2d 293, 301-02 (Minn. 2014). Underdisclosure occurs when a patient receives fewer medical records than requested. *Id.* at 302.

Recognizing this limitation in the Health Records Act, appellants base their claims on two separate statutes. First, they turn to Minnesota Statutes section 8.31, subdivision 3a (the private attorney general provision) of the Attorney General Statute, which authorizes a private party to sue over a violation of a law when that lawsuit will benefit the public. Minn. Stat. § 8.31, subd. 3a; *See Ly v. Nystrom*, 615 N.W.2d 302, 314 (Minn. 2000) (holding that the private attorney general provision "applies only to those claimants who demonstrate that their cause of action benefits the public"). The initial question before us is whether the Health Records Act is one of the laws that private individuals can enforce under the private attorney general provision.

---

dentist, pharmacist, or podiatrist were to violate the Health Records Act, their respective licensing board would address that violation. Minn. Stat. §§ 150A.01-.22, 151.01-.41, 153.01-.26 (2020).

Second, appellants turn to the Health Care Bill of Rights, set forth in Minnesota Statute section 144.651. The purpose of this statute is to promote the interests and well-being of patients and residents in Minnesota health care facilities including hospitals, nursing homes, inpatient mental-health treatment facilities, and rehabilitation programs, among others. Minn. Stat. § 144.651, subd. 2.[2] It includes a provision regarding access to health records. *Id.*, subd. 16 ("Copies of records and written information from the records shall be made available in accordance with this subdivision and [the Health Records Act]."). Because facilities subject to this bill of rights are licensed by the Commissioner of Health, the statute places enforcement with the Commissioner. Minn. Stat. § 144.653, subd. 1 (2020). The question appellants raise is whether that authority is exclusive. They point to language in the law which they claim explicitly—and implicitly—creates a private right of action for underdisclosure of records.

In our de novo review of these claims, we turn first to appellants' argument regarding the private attorney general provision, followed by an examination of whether the Health Care Bill of Rights creates a private right of action. *Abel v. Abbott Nw. Hosp.*, 947 N.W.2d 58, 68 (Minn. 2020) (providing that this court reviews a district court's grant of a motion to dismiss for failure to state a claim de novo). In doing so, we consider only

[2] "Patient" and "resident" are both broadly defined under the Health Care Bill of Rights. Minn. Stat. § 144.651, subd. 2. "Patient" means a person who is admitted to an acute care facility, or a person who receives health care services at an outpatient surgical center or at a birth center. *Id.* "Patient" also includes a minor who is admitted to a residential program and any person receiving mental health treatment on an outpatient basis or from another community-based program. *Id.* "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and boarding care homes. *Id.*

the facts alleged in the complaint, accept those facts as true, and construe all reasonable inferences in favor of the appellants. *Bodah v. Lakeville Motor Express, Inc.*, 663 N.W.2d 550, 553 (Minn. 2003).

I. The private attorney general provision does not grant a private right of action for underdisclosure of health records under the Health Records Act.

The scope of the private attorney general provision, and whether it encompasses private enforcement of the Health Records Act, is the central question before us. It is a question of first impression—a question that concerns the breadth of the remedies available pursuant to the private attorney general provision.[3] There is no doubt that the Minnesota Attorney General wields broad statutory authority to enforce violations of state laws regarding unlawful business practices. Minn. Stat. § 8.31, subd. 1 (2020). The power to investigate these violations, prosecute violators, and obtain information to support a lawsuit without even commencing a lawsuit or requesting court permission all rest with the state attorney general. *Id.*, subd. 2 (2020). And where certain laws are violated, the attorney general can obtain injunctive relief and civil penalties as the remedies for a successful lawsuit. *Id.*, subd. 3 (2020).

[3] The sweeping remedies of the private attorney general provision have raised concern about how broadly the legislature intended the provision to be applied. *Nystrom*, 615 N.W.2d at 311; *see, e.g.*, *Church of the Nativity of Our Lord v. WatPro, Inc.*, 491 N.W.2d 1, 10 (Minn. 1992) (Simonett, J., concurring in part and dissenting in part) (expressing concern that a consumer can claim attorney fees for "almost any commercial transaction that fails").

But one provision of the Attorney General Statute goes beyond granting explicit authority to the attorney general. This private attorney general provision provides:

> In addition to the remedies otherwise provided by law, any *person injured by a violation of the laws referred to in subdivision 1* [of the Attorney General Statute] may bring a civil action and recover damages . . . and receive other equitable relief as determined by the court.

Minn. Stat. § 8.31, subd. 3a (emphasis added).

To understand the scope of the private attorney general provision—which turns on private litigants injured by a violation *of the laws set forth in subdivision 1*—we look to subdivision 1 of the statute. This subdivision enumerates ten specific laws subject to enforcement by the attorney general, but also contains more general language regarding the power to investigate "unfair, discriminatory, and other unlawful" business practices. It provides, in relevant part:

> The attorney general shall investigate violations of the law of this state respecting unfair, discriminatory, and other unlawful practices in business, commerce, or trade, and specifically, but not exclusively, the Nonprofit Corporation Act . . . the Act Against Unfair Discrimination and Competition . . . the Unlawful Trade Practices Act . . . the Antitrust Act . . . and other laws against false or fraudulent advertising, the antidiscrimination acts contained in [Minnesota law], the act against monopolization of food products . . . the act regulating telephone advertising services . . . the Prevention of Consumer Fraud Act . . . and [Minnesota statutes] regulating currency exchanges and assist in the enforcement of those laws as in this section provided.

Id., subd. 1.

Reading the separate provisions of the Attorney General Statute together raises the question: what is the scope of the "laws referred to in subdivision 1" for purposes of the

private attorney general provision? Appellants argue that the Health Records Act falls within the scope of subdivision 1 because respondents are engaged in business, commerce, or trade; committed unlawful practices by failing to provide appellants' records under the Health Records Act; and acted unfairly by withholding health records that would allow appellants to decide whether to bring a medical-malpractice claim. Respondents claim that the laws referred to in subdivision 1 are only the laws specially listed—a list that undisputedly does not include the Health Records Act.[4] And even if the private attorney general provision reaches beyond the specifically listed laws, respondents argue, it would not encompass the Health Records Act.

This dispute raises a question of statutory interpretation. Statutory interpretation is a question of law which we review de novo. *City of Oronoco v. Fitzpatrick Real Est., LLC*, 883 N.W.2d 592, 595 (Minn. 2016). The first step in statutory interpretation is to determine whether the statute's language is ambiguous. *State v. Thonesavanh*, 904 N.W.2d 432, 435 (Minn. 2017). A statute is ambiguous if its language is "subject to more than one reasonable interpretation." *Christianson v. Henke*, 831 N.W.2d 532, 537 (Minn. 2013). And if a statute is ambiguous, we must discern legislative intent by looking beyond the plain language of the statute. *Staab v. Diocese of St. Cloud*, 853 N.W.2d 713, 717 (Minn. 2014).

[4] The Health Care Bill of Rights is also not specifically listed in subdivision 1, but appellants do not argue that the private attorney general provision can be used to create a private cause of action under the Health Care Bill of Rights.

Because we conclude that both parties' interpretations of this phrase are reasonable, the phrase "laws referred to in subdivision 1" is ambiguous. Still, the answer to one issue related to this phrase is clear. The "laws referred to in subdivision 1" phrase in the private attorney general provision does *not* limit private enforcement authority to the ten specifically listed laws in subdivision 1. *Morris v. Am. Fam. Mut. Ins. Co.*, 386 N.W.2d 233, 236 (Minn. 1986). Rather, as the supreme court stated, "the list of laws set out in subdivision 1 is not intended to be exclusive." *Id.*[5] But this answer only leads to the more difficult question of whether the legislature intended to provide a private cause of action for alleged violations of the Health Records Act.

To discern legislative intent, we turn first to legislative history. Minn. Stat. § 645.16 (2020). In *Ly v. Nystrom*, the Minnesota Supreme Court described that legislative history—which focused on the need to combat consumer fraud—in detail. 615 N.W.2d at 311. It quoted the senate author of the private attorney general provision's explanation of the need for private enforcement because "[i]t's simply impossible for the Attorney General's Office to investigate and prosecute every act of *consumer fraud*." *Id.* (cleaned up).

[5] Appellants would have us conclude that our *Dennis Simmons* opinion stands for the proposition that only laws specifically listed in subdivision 1 can be enforced via a private cause of action under subdivision 3a. *Dennis Simmons, D.D.S., P.A. v. Modern Aero, Inc.*, 603 N.W.2d 336, 340 (Minn. App. 1999) ("[S]ubdivision 3a specifically limits its relief to those statutes referred to in subdivision 1, and the [Deceptive Trade Practices Act] is not included in that list."). But that statement was dicta and is not central to the court's holding there. Given the supreme court's clear statement in *Morris*, *Dennis Simmons* does not dictate our decision with regard to this issue.

The supreme court then summarized the legislative history, explaining that the provision: "advances the legislature's intent to *prevent fraudulent representations and deceptive practices* with regard to consumer products by offering an incentive for defrauded consumers to bring claims in lieu of the attorney general."[6] *Id.* (emphasis added). This legislative history does not suggest that the Health Records Act would be one of the non-enumerated statutes that may be enforced by private litigants.[7]

In addition to legislative history that suggests that enforcement under the private attorney general provision centers on matters of fraud, we turn to guidance from two supreme court cases which address discernment of legislative intent in similar situations: *Morris v. American Family Mutual Insurance Co.* and *State by Humphrey v. Philip Morris, Inc*.

In *Morris*, the supreme court addressed whether a policyholder could use the private attorney general provision to assert claims against an insurer for violating the Unfair Claims Practices Act. *Morris v. Am. Fam. Mut. Ins. Co.*, 386 N.W.2d 233, 233 (Minn. 1986). This act was not specifically listed in the private attorney general provision but, as

[6] The Minnesota Supreme Court went on to reference its decision in *Church of the Nativity*, 491 N.W.2d at 1, which states that the legislature's intent was to eliminate financial barriers for plaintiffs to bring these types of lawsuits. *Ly*, 615 N.W.2d at 311. *Church of the Nativity* involved a lawsuit over fraud surrounding defective roofing materials installed on a school and convent. 491 N.W.2d at 1.

[7] Appellants point to legislative history wherein the legislature amended subdivision 3a to substitute the current language, "referred to in subdivision 1," in place of the original language, "specified in subdivision 1." *See* 1974 Minn. Laws ch. 524, § 7, at 1309-10. But this piece of legislative history addresses the argument that the scope of the private attorney general provision is limited to the enumerated statutes, not the interpretation of the broader authority, which we address here.

the court noted, "does deal with unfair business practices." *Id.* at 236. In determining whether this act could be enforced through the private attorney general provision, the supreme court first noted that there was no indication that the legislature contemplated inclusion of the Unfair Claims Practices Act. *Id.* at 238. And this statute, the court emphasized, had an existing enforcement mechanism through the Commissioner of Commerce. *Id.* at 237 (stating that a separate remedy to punish violations of the Unfair Claims Practices Act "lessened, if not eliminated" the need for private enforcement). In a similar analysis, in *State by Humphrey v. Philip Morris, Inc.*, the supreme court determined that because the Deceptive Trade Practices Act allows plaintiffs to seek injunctive relief when they are likely to be damaged by a deceptive trade practice of another, the act did not need the private attorney general provision to confer standing. 551 N.W.2d 490, 496 (Minn. 1996).

Here, underdisclosure of health records may well implicate an "unfair business practice," as in *Morris*. 86 N.W.2d at 236 (citing Minn. Stat. § 8.31, subd. 1). But appellants point to no legislative history indicating that the legislature "ever contemplated" that a law akin to the Health Records Act would be subject to the private attorney general provision.[8] And as in *Morris* and *Humphrey*, the statute has an existing enforcement mechanism for underdisclosure: disciplinary action against a provider by the appropriate licensing board or agency. Minn. Stat. § 144.298, subd. 1. Given the legislative history

[8] The Health Records Act was enacted in 2007, long after the private attorney general provision was first enacted in 1973. 2007 Minn. Laws ch. 147, art. 10, § 2, at 282; 1973 Minn. Laws ch. 155, § 4, at 296. But this does not end our analysis.

and the enforcement provisions in the Health Records Act, we discern no legislative intent for the Health Records Act to be enforced through the private attorney general provision.

Still, appellants argue that the agencies' enforcement authority is woefully slow and inadequate and will not effectively vindicate the right to obtain health records within 30 days. But it is not the place of this court to create a new remedy when the legislature has already created one. This is particularly true with the Health Records Act—where the legislature authorized a private cause of action for certain rights. But not others. Minn. Stat. § 144.298, subd. 2 (2020) (creating cause of action for patients if a provider negligently or intentionally releases a health record, alters a consent form, obtains consent under false pretenses, or accesses patient information without authorization). Where a statute expressly provides a particular remedy or set of remedies, we must be skeptical of reading others into it. *Becker v. Mayo Found.*, 737 N.W.2d 200, 207 (Minn. 2007). And that is what appellants ask us to do here through interpretation of the private attorney general provision. We decline to take such a step.[9]

Given the legislative history, caselaw, and existing statutory remedies in the Health Records Act, we conclude that the private attorney general provision of the Attorney

[9] Appellants argue that if we hold that the legislature intended the private attorney general provision apply to the Health Records Act, it would benefit the public. It is true that the private attorney general provision applies "only to those claimants who demonstrate that their cause of action benefits the public." *Nystrom*, 615 N.W.2d at 314 (declining to apply the private attorney general provision to a one-on-one transaction); *see also Engstrom v. Whitebirch, Inc.*, 931 N.W.2d 786, 790 n.5 (Minn. 2019) (stating that "[i]n addition to proving injury from the violations, plaintiffs who bring claims under the [private attorney general provision] must also demonstrate that their cause of action benefits the public" (quotation omitted)). But because the legislature did not provide a direct cause of action, it is not for this court to do so, no matter the potential public benefit.

General Statute does not grant appellants a private right of action for underdisclosure of health records.

II. The Health Care Bill of Rights does not create a private right of action for underdisclosure of health records.

Appellants next argue that the district court erred by determining that the Health Care Bill of Rights provides neither an explicit nor an implicit private right of action to enforce their right to obtain copies of their health records. Whether a statute creates a private right of action is a question of statutory interpretation that we review de novo. *Becker*, 737 N.W.2d at 207. In that review, we only recognize a private right of action if "the language of the statute is *explicit* or it can be determined *by clear implication*." *Id.* (emphasis added).

The issue of a private cause of action under the Health Care Bill of Rights is not new. We recently addressed this issue in *Favors*, 902 N.W.2d at 92. We concluded that the Health Care Bill of Rights grants explicit authority to enforce its provisions only to the Commissioner of Health. *Id.* at 96; *see* Minn. Stat. § 144.653, subd. 1 (identifying the Commissioner of Health as the "exclusive state agency charged with the responsibility and duty of inspecting all facilities required to be licensed" under chapter 144). Nor, we determined, did the Health Care Bill of Rights contain an implied private right of action. *Favors*, 902 N.W.2d at 96. After reviewing the relevant factors, we determined that while patients and residents were members of the class for whose benefit the statute was enacted, there was no indication—much less a "clear implication"—that the legislature intended to create a private cause of action. *Id.* at 95.

To persuade us to revisit our precedent, appellants point to provisions of the Health Care Bill of Rights—not specifically addressed in *Favors*—which they assert create a private cause of action. And they argue that because *Favors* dealt with a civilly committed patient, it should be limited to its facts. We address these arguments in turn.

First, appellants assert that language in subdivision 1, entitled "legislative intent," creates a private right of action. That portion of the statute states:

> *Any guardian or conservator* of a patient or resident *or, in the absence of a guardian or conservator, an interested person, may seek enforcement* of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator.

Minn. Stat. § 144.651, subd. 1 (emphasis added).

Focusing on the phrase "an interested person may seek enforcement," appellants argue that they qualify as "interested persons" who should be able to enforce the provision of the Health Care Bill of Rights related to health care records.[10] If not explicit, then the phrase "may seek enforcement" at least implies a private right of action, appellants contend. This implication is furthered, appellants posit, by the statute's focus on independent personal decision-making,[11] and a reference in the section related to correction

[10] *See* Minn. Stat. § 144.651, subd. 16 ("Copies of records and written information from the records shall be made available in accordance with this subdivision and [the Health Records Act].").

[11] Minn. Stat. § 144.651, subd. 1 ("It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge

orders by the Commissioner that states "[t]he issuance or nonissuance of a correction order shall not preclude, diminish, enlarge, or otherwise alter private action by or on behalf of a patient or resident to enforce any unreasonable violation of the patient's or resident's rights." Minn. Stat. § 144.652, subd. 2 (2020).

We disagree. Read in context, the language in the legislative intent provision appellants cite only applies to individuals who are subject to a guardianship or conservatorship.[12] Not appellants. With regard to the language embedded in the enforcement provisions, it only acknowledges already-existing rights, such as rights that patients may have under a contract or tort law. Even when read in conjunction with the legislative-intent provision, it falls far short of providing a "clear implication" of legislative intent to provide a private cause of action for appellants' claims based on the Health Care Bill of Rights.

Nor are we persuaded that our decision in *Favors* should be limited to apply only to civilly committed residents such as Favors. The Health Care Bill of Rights defines—and applies—to both patients and residents of facilities. And our statutory analysis and examination of legislative intent in that case did not focus on residents, as opposed to patients. Rather, we held:

> By providing that the commissioner of health has *exclusive authority* to enforce the Minnesota Patients' Bill of Rights and

---

of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.").

[12] Because the question of whether the Health Care Bill of Rights provides a private cause of action for guardians, conservators, or other persons appearing on behalf of individuals (or those subject to guardianship or conservatorship) is not before us, we do not decide that issue.

> that the issuance of such a correction order does not expand the patient's right to seek redress beyond the grievance procedures set forth in section 144.651, subdivision 20, the legislature demonstrated that *it did not intend to create a private cause of action.*

Favors, 902 N.W.2d at 96 (emphasis added). After reviewing appellants' arguments to the contrary, we see no compelling reason to overrule or otherwise limit our decision in *Favors*. *See State ex rel. Pollard v. Roy*, 878 N.W.2d 341, 348 (Minn. App. 2016) (stating that we will overrule our own precedent only if provided with a compelling reason to do so), *rev. denied* (Minn. Dec. 27, 2016).

If the legislature had wanted to create a broad private right of action in the Health Care Bill of Rights, it could have done so. It did not. We recognize, as appellants contend, that the Health Care Bill of Rights creates rights without providing a cause of action to enforce those rights. That is not unique to this statute. *Halva v. Minn. State Colls. & Univs.*, 953 N.W.2d 496, 507 (Minn. 2021).[13] Given our reluctance to add provisions to a statute where the legislature did not, and our adherence to precedent, we conclude that the Health Care Bill of Rights does not create a private cause of action.

---

[13] *See also Graphic Commc'ns Local 1B Health & Welfare Fund A v. CVS Caremark Corp.*, 850 N.W.2d 682, 692 (Minn. 2014) (declining to find a cause of action within Minnesota's Pharmacy Practice and Wholesale Distribution Act because it was not expressly or impliedly provided by the plain language of the statute); *Krueger v. Zeman Constr. Co.*, 781 N.W.2d 858, 864-65 (Minn. 2010) (declining to find a private cause of action for third parties within a specific subdivision of the Minnesota Human Rights Act because the language of the statute was unambiguous and there was no implied cause of action); *Becker*, 737 N.W.2d at 207-08 (declining to find an implied cause of action within Minnesota's Child Abuse Reporting Act because the Legislature "expressly creates civil liability when it intends to do so"); *Bruegger v. Faribault Cnty. Sheriff's Dep't*, 497 N.W.2d 260, 262 (Minn. 1993) (declining to find a private cause of action within Minnesota's Crime Victims Reparations Act).

DECISION

The private attorney general provision of Minnesota Statutes section 8.31, subdivision 3a, does not create a private cause of action for underdisclosure of health records pursuant to the Minnesota Health Records Act. Nor does the Minnesota Health Care Bill of Rights provide a private cause of action for underdisclosure of health records. Accordingly, we affirm the district court's dismissal of appellants' claims for failure to state a claim upon which relief may be granted.

Affirmed.