UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

Brandon Rulund Akins v. Tashi Lawton Ratliff, et al.

Akins v. Ratliff · No. 1:25-CV-712-DAB-LPA · Decided June 5, 2026

SUMMARY

The United States District Court for the Middle District of North Carolina adopts a magistrate judge's recommendation and dismisses Plaintiff Brandon Rulund Akins's Medicare Secondary Payer Act claim with prejudice. The court concludes that the complaint does not allege actual Medicare conditional payments or an enforceable obligation establishing Defendant's responsibility to pay, and that amendment would be futile. The court declines supplemental jurisdiction over the remaining state-law claims, dismissing them without prejudice, and overrules Plaintiff's objections.

CASE DETAILS

COURT	United States District Court for the Middle District of North Carolina
WRITING FOR THE COURT	David A. Bragdon
JURISDICTION	United States District Court for the Middle District of North Carolina
DECIDED	June 5, 2026
DOCKET	1:25-CV-712-DAB-LPA
DISPOSITION	dismissed
PROCEDURAL POSTURE	After the Magistrate Judge recommended dismissal under 28 U.S.C. § 1915(e)(2)(B), Plaintiff objected. The District Court conducted de novo review under Federal Rule of Civil Procedure 72(b)(3), overruled the objections, adopted the Recommendation, dismissed the Medicare Secondary Payer Act claim with prejudice, dismissed the state-law claims without prejudice, and terminated the motion to dismiss as moot.
STANDARD OF REVIEW	De novo review of the Magistrate Judge's Recommendation and Plaintiff's objections under Federal Rule of Civil Procedure 72(b)(3), with liberal construction of Plaintiff's pro se objections.
PRECEDENTIAL VALUE	unpublished district court order; limited precedential value
PARTIES	Brandon Rulund Akins v. Tashi Lawton Ratliff, et al.

TOPICS

medicare medicaid | motions to dismiss | subject matter jurisdiction | pleadings | civil procedure

PRACTICE AREAS

Medicare Secondary Payer Act | health law | civil procedure | supplemental jurisdiction | insurance

QUESTIONS PRESENTED

1. Whether Plaintiff stated a private cause of action under the Medicare Secondary Payer Act without alleging that Medicare actually made conditional payments on his behalf.
2. Whether Defendant's claim-handling conduct, negotiations, or unaccepted settlement offers established an enforceable obligation or other responsibility to pay under the Medicare Secondary Payer Act.
3. Whether Plaintiff should be granted leave to amend his Medicare Secondary Payer Act claim.
4. Whether the District Court should exercise supplemental jurisdiction over Plaintiff's state-law claims after dismissal of the sole federal claim.

HOLDINGS

1. A plaintiff cannot establish a Medicare Secondary Payer Act private cause of action without alleging that Medicare actually made conditional payments on the plaintiff's behalf and that the defendant's responsibility to pay was established through an enforceable obligation, such as a judgment or settlement.
2. Routine claim-handling activities, negotiations, settlement communications, and unaccepted settlement offers do not establish the enforceable obligation required to show responsibility to pay under the Medicare Secondary Payer Act.
3. Leave to amend was properly denied because amendment would be futile where Plaintiff identified no additional facts that would cure the absence of allegations showing actual Medicare payments or an enforceable obligation establishing Defendant's responsibility to pay.
4. After dismissing the sole federal claim, the District Court declined to exercise supplemental jurisdiction over the remaining state-law claims and dismissed them without prejudice.

KEY QUOTATIONS

> *"MSPA "responsibility" must be shown through an enforceable obligation, such as a judgment or settlement, and cannot be established through routine claim-handling, negotiations, or unaccepted settlement offers"* (at 2–3)

> *"The Court accepts the Recommendation of the Magistrate Judge, D.E. 32, is accepted. Defendant's Motion to Dismiss, D.E. 7, is TERMINATED AS MOOT."* (Conclusion)

FACTUAL BACKGROUND

Plaintiff alleged that he receives Medicare and incurred medical expenses arising from the underlying dispute. He alleged that Defendant's claim-handling conduct, including settlement communications, requests for medical documentation, and references to Medicare or TRICARE reimbursement requirements, established Defendant's

responsibility to pay. The complaint did not allege that Medicare actually made conditional payments on Plaintiff's behalf or that Defendant's responsibility to pay had been established through a judgment, settlement, or other enforceable obligation.

PROCEDURAL HISTORY

The Magistrate Judge granted Plaintiff leave to proceed in forma pauperis for the limited purpose of recommending dismissal. The Recommendation concluded that Plaintiff failed to state a claim under the Medicare Secondary Payer Act because he did not allege actual conditional Medicare payments or an enforceable obligation establishing Defendant's responsibility to pay, and recommended dismissal of the related state-law claims. After Plaintiff objected and Defendant responded, the District Court adopted the Recommendation following de novo review.

DISPOSITION

dismissed

CASES CITED

- Sims v. PMA Ins. Co., No. 1:20cv249, 2021 WL 369675, at *7 n.8 (M.D.N.C. Feb. 3, 2021)
- Leggette v. B.V. Hedrick Gravel & Sand Co., No. 3:04cv530, 2006 WL 6809606, at *11 (W.D.N.C. May 24, 2006)
- Thomas v. Arn, 474 U.S. 140, 152 (1985)