

HOUSE BILL 1081

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CF SB 873

By: **Delegates Charkoudian, Crutchfield, Fennell, Kelly, Lehman, Lierman, Ruth, Shetty, Solomon, Terrasa, Turner, and P. Young**

Introduced and read first time: February 6, 2020

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Facilities – Hospitals – Medical Debt Protection**

3 FOR the purpose of requiring a hospital to annually submit a certain report to the Health
4 Services Cost Review Commission at a certain time; requiring the Commission to
5 post certain information on its website; requiring that a certain policy provide a
6 certain mechanism to a patient to modify a certain payment plan and prohibit the
7 hospital from collecting a certain debt for a certain patient; establishing certain
8 prohibitions on hospitals that charge interest fees on hospital bills; requiring a
9 hospital to offer in writing to certain patients a certain installment payment plan;
10 requiring a hospital to provide a certain offer to a patient, the patient's family, or an
11 authorized representative at certain times; prohibiting a certain payment plan from
12 requiring a patient to make certain monthly payments and imposing certain
13 penalties; requiring a hospital to determine certain adjusted monthly income in a
14 certain manner under certain circumstances; requiring a certain payment plan to
15 have a certain repayment period; prohibiting a hospital from requiring a patient to
16 submit certain tax documentation for a certain purpose; altering the time period
17 during which and the circumstances under which a hospital is prohibited from taking
18 a certain action; prohibiting a hospital from reporting certain information about
19 certain patients to a consumer reporting agency; prohibiting a hospital from taking
20 certain actions against certain patients if the hospital knew or reasonably should
21 have known certain information; requiring a hospital to provide certain instructions
22 to a consumer reporting agency under certain circumstances; repealing a certain
23 authorization for a hospital to hold a certain lien; prohibiting a hospital from
24 requesting a certain lien in a certain action; prohibiting a hospital from filing an
25 action or giving a certain notice to a patient for nonpayment of debt until after a
26 certain time period; prohibiting a hospital from taking certain actions if the hospital
27 files a certain action; prohibiting a hospital from requesting a certain writ to garnish
28 certain wages or file a certain action under certain circumstances; prohibiting a
29 hospital from filing a certain action if a certain debt is below a certain amount;
30 prohibiting a hospital from making a certain claim against an estate of a deceased

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 patient; prohibiting a hospital from filing a certain action against a certain patient
 2 or until certain conditions are met; prohibiting a hospital from delegating certain
 3 collection activity to an outside collection agency to collect a certain amount of debt;
 4 prohibiting certain individuals from being held liable for a certain debt; authorizing
 5 a certain individual to consent to assume a certain liability under certain
 6 circumstances; requiring a hospital to send a certain written notice of intent at least
 7 a certain period of time before filing a certain action; providing for the manner of
 8 delivery, content, and structure of a certain notice of intent; requiring a certain
 9 complaint to include a certain affidavit and be accompanied by certain documents;
 10 requiring that a hospital require an outside collection agency to have certain
 11 responsibility for meeting certain requirements under certain circumstances;
 12 requiring the Commission to prepare a certain annual report; requiring that a
 13 certain report be made available to the public in a certain manner and submitted to
 14 certain committees of the General Assembly; and generally relating to hospital debt
 15 collection policies.

16 BY repealing and reenacting, with amendments,
 17 Article – Health – General
 18 Section 19–214.2
 19 Annotated Code of Maryland
 20 (2019 Replacement Volume)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 22 That the Laws of Maryland read as follows:

23 **Article – Health – General**

24 19–214.2.

25 (a) **(1)** Each hospital shall ANNUALLY submit to the Commission[, at]:

26 **(I)** AT times prescribed by the Commission, the hospital’s policy on
 27 the collection of debts owed by patients; AND

28 **(II) A REPORT INCLUDING:**

29 **1. THE TOTAL NUMBER OF PATIENTS BY RACE OR**
 30 **ETHNICITY, GENDER, AND ZIP CODE OF RESIDENCE AGAINST WHOM THE HOSPITAL,**
 31 **OR AN OUTSIDE COLLECTION AGENCY USED BY THE HOSPITAL, FILED AN ACTION TO**
 32 **COLLECT A DEBT OWED ON A HOSPITAL BILL;**

33 **2. THE TOTAL NUMBER OF PATIENTS BY RACE OR**
 34 **ETHNICITY, GENDER, AND ZIP CODE OF RESIDENCE WITH RESPECT TO WHOM THE**
 35 **HOSPITAL HAS AND HAS NOT REPORTED OR CLASSIFIED A BAD DEBT; AND**

36 **3. THE TOTAL DOLLAR AMOUNT OF THE COSTS OF**

1 HOSPITAL SERVICES PROVIDED TO PATIENTS BUT NOT COLLECTED BY THE
2 HOSPITAL.

3 (2) THE COMMISSION SHALL POST THE INFORMATION SUBMITTED
4 UNDER PARAGRAPH (1) OF THIS SUBSECTION ON ITS WEBSITE.

5 (b) The policy SUBMITTED UNDER SUBSECTION (A)(1) OF THIS SECTION
6 shall:

7 (1) Provide for active oversight by the hospital of any contract for collection
8 of debts on behalf of the hospital;

9 (2) Prohibit the hospital from selling any debt;

10 (3) Prohibit the charging of interest on bills incurred by self-pay patients
11 before a court judgment is obtained;

12 (4) Describe in detail the consideration by the hospital of patient income,
13 assets, and other criteria;

14 (5) Describe the hospital's procedures for collecting a debt;

15 (6) Describe the circumstances in which the hospital will seek a judgment
16 against a patient;

17 (7) In accordance with subsection (c) of this section, provide for a refund of
18 amounts collected from a patient or the guarantor of a patient who was later found to be
19 eligible for free care on the date of service;

20 (8) If the hospital has obtained a judgment against or reported adverse
21 information to a consumer reporting agency about a patient who later was found to be
22 eligible for free care on the date of the service for which the judgment was awarded or the
23 adverse information was reported, require the hospital to seek to vacate the judgment or
24 strike the adverse information; [and]

25 (9) Provide a mechanism for a patient to:

26 (i) Request the hospital to reconsider the denial of free or
27 reduced-cost care; [and]

28 (ii) File with the hospital a complaint against the hospital or an
29 outside collection agency used by the hospital regarding the handling of the patient's bill;
30 AND

31 (III) MODIFY THE TERMS OF A PAYMENT PLAN OFFERED UNDER
32 SUBSECTION (E) OF THIS SECTION OR ENTERED INTO WITH THE PATIENT; AND

1 **(10) PROHIBIT THE HOSPITAL FROM COLLECTING THE DEBT OWED ON**
2 **A BILL FOR A PATIENT WHO IS ELIGIBLE FOR FREE OR REDUCED-COST CARE UNDER**
3 **A HOSPITAL'S FINANCIAL ASSISTANCE POLICY IN AN AMOUNT THAT EXCEEDS THE**
4 **COST OF THE HOSPITAL SERVICES PROVIDED TO THE PATIENT.**

5 (c) (1) Beginning October 1, 2010, a hospital shall provide for a refund of
6 amounts exceeding \$25 collected from a patient or the guarantor of a patient who, within a
7 2-year period after the date of service, was found to be eligible for free care on the date of
8 service.

9 (2) A hospital may reduce the 2-year period under paragraph (1) of this
10 subsection to no less than 30 days after the date the hospital requests information from a
11 patient, or the guarantor of a patient, to determine the patient's eligibility for free care at
12 the time of service, if the hospital documents the lack of cooperation of the patient or the
13 guarantor of a patient in providing the requested information.

14 (3) If a patient is enrolled in a means-tested government health care plan
15 that requires the patient to pay out-of-pocket for hospital services, a hospital's refund
16 policy shall provide for a refund that complies with the terms of the patient's plan.

17 **(D) IF A HOSPITAL CHARGES INTEREST FEES ON A HOSPITAL BILL, A**
18 **HOSPITAL MAY NOT:**

19 **(1) CHARGE INTEREST IN EXCESS OF AN EFFECTIVE RATE OF SIMPLE**
20 **INTEREST OF 1.5% PER ANNUM ON THE UNPAID PORTION OF A HOSPITAL BILL;**

21 **(2) CHARGE INTEREST OR FEES ON ANY DEBT INCURRED ON OR**
22 **AFTER THE DATE OF SERVICE BY A PATIENT WHO IS ELIGIBLE FOR FREE OR**
23 **REDUCED-COST CARE UNDER § 19-214.1 OF THIS SUBTITLE; OR**

24 **(3) BEGIN ACCRUAL OF INTEREST OR LATE PAYMENT CHARGES**
25 **UNTIL 180 DAYS AFTER THE DATE OF THE LATER OF:**

26 **(I) THE END OF EACH REGULAR BILLING PERIOD; OR**

27 **(II) THE PATIENT'S DISCHARGE.**

28 **(E) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, A HOSPITAL**
29 **SHALL OFFER IN WRITING TO EACH PATIENT WHO INCURS MEDICAL DEBT AN**
30 **INSTALLMENT PAYMENT PLAN FOR THE DEBT.**

31 **(2) A HOSPITAL SHALL PROVIDE THE OFFER UNDER PARAGRAPH (1)**
32 **OF THIS SUBSECTION TO THE PATIENT, THE PATIENT'S FAMILY, OR THE PATIENT'S**
33 **AUTHORIZED REPRESENTATIVE:**

- 1 (I) BEFORE THE PATIENT IS DISCHARGED;
- 2 (II) WITH THE HOSPITAL BILL;
- 3 (III) ON REQUEST; AND
- 4 (IV) IN EACH WRITTEN COMMUNICATION TO THE PATIENT
- 5 REGARDING COLLECTION OF HOSPITAL DEBT.

6 (3) (I) A PAYMENT PLAN OFFERED UNDER THIS SUBSECTION MAY

7 NOT:

8 1. REQUIRE THE PATIENT TO MAKE MONTHLY

9 PAYMENTS THAT EXCEED 5% OF THE INDIVIDUAL PATIENT'S FEDERAL OR STATE

10 ADJUSTED GROSS MONTHLY INCOME; OR

11 2. IMPOSE PENALTIES OR FEES FOR PREPAYMENT OR

12 EARLY PAYMENT.

13 (II) IF THE PATIENT DOES NOT HAVE TAX DOCUMENTATION OR

14 HAS NOT FILED JOINTLY IN THE IMMEDIATELY PRECEDING YEAR, A HOSPITAL

15 SHALL DETERMINE A PATIENT'S ADJUSTED GROSS MONTHLY INCOME BY

16 FOLLOWING STANDARDS FOR THE DETERMINATION OF INCOME THAT ARE

17 DEVELOPED BY THE COMMISSION IN REGULATIONS.

18 (4) A PAYMENT PLAN UNDER THIS SUBSECTION SHALL HAVE A

19 REPAYMENT PERIOD THAT IS NOT LESS THAN THE LONGER OF:

20 (I) 36 MONTHS; OR

21 (II) A TIME PERIOD THAT WOULD ENSURE THAT PAYMENTS ARE

22 GREATER THAN ACCRUED INTEREST.

23 (5) A HOSPITAL MAY NOT REQUIRE THAT A PATIENT SUBMIT TAX

24 DOCUMENTATION FOR THE PURPOSE OF ESTABLISHING AN INSTALLMENT PAYMENT

25 PLAN.

26 [(d)] (F) (1) For at least [120] 180 days after issuing an initial patient bill, a

27 hospital may not report adverse information about a patient to a consumer reporting

28 agency or commence civil action against a patient for nonpayment [unless the hospital

29 documents the lack of cooperation of the patient or the guarantor of the patient in providing

30 information needed to determine the patient's obligation with regard to the hospital bill].

1 (2) A hospital shall report the fulfillment of a patient's payment obligation
2 within 60 days after the obligation is fulfilled to any consumer reporting agency to which
3 the hospital had reported adverse information about the patient.

4 **(3) A HOSPITAL MAY NOT REPORT ADVERSE INFORMATION TO A**
5 **CONSUMER REPORTING AGENCY REGARDING A PATIENT WHO AT THE TIME OF**
6 **SERVICE WAS UNINSURED OR ELIGIBLE FOR FREE OR REDUCED-COST CARE UNDER**
7 **§ 19-214.1 OF THIS SUBTITLE.**

8 **(4) A HOSPITAL MAY NOT REPORT ADVERSE INFORMATION ABOUT A**
9 **PATIENT TO A CONSUMER REPORTING AGENCY, COMMENCE A CIVIL ACTION**
10 **AGAINST A PATIENT FOR NONPAYMENT, OR DELEGATE COLLECTION ACTIVITY TO AN**
11 **OUTSIDE COLLECTION AGENCY IF THE HOSPITAL KNEW OR REASONABLY SHOULD**
12 **HAVE KNOWN THAT THE PATIENT HAD:**

13 **(I) AN APPEAL OR REVIEW OF A HEALTH INSURANCE DECISION**
14 **PENDING WITHIN THE PAST 60 DAYS; OR**

15 **(II) A REQUEST THAT THE HOSPITAL RECONSIDER THE DENIAL**
16 **OF FREE OR REDUCED-COST CARE PENDING WITHIN THE PAST 60 DAYS.**

17 **(5) IF A HOSPITAL HAS REPORTED ADVERSE INFORMATION ABOUT A**
18 **PATIENT TO A CONSUMER REPORTING AGENCY, THE HOSPITAL SHALL INSTRUCT**
19 **THE CONSUMER REPORTING AGENCY TO DELETE THE ADVERSE INFORMATION**
20 **ABOUT THE PATIENT IF THE HOSPITAL BECOMES AWARE THAT THE PATIENT HAD:**

21 **(I) AN APPEAL OR REVIEW OF A HEALTH INSURANCE DECISION**
22 **PENDING WITHIN THE PAST 60 DAYS; OR**

23 **(II) A REQUEST THAT THE HOSPITAL RECONSIDER THE DENIAL**
24 **OF FREE OR REDUCED-COST CARE PENDING WITHIN THE PAST 60 DAYS.**

25 **[(e)] (G) (1) A hospital may not force the sale or foreclosure of a patient's**
26 **primary residence to collect a debt owed on a hospital bill.**

27 (2) [If a hospital holds a lien on a patient's primary residence, the hospital
28 may maintain its position as a secured creditor with respect to other creditors to whom the
29 patient may owe a debt] **A HOSPITAL MAY NOT REQUEST A LIEN AGAINST A PATIENT'S**
30 **PRIMARY RESIDENCE IN AN ACTION TO COLLECT DEBT OWED ON A HOSPITAL BILL.**

31 **(3) (I) A HOSPITAL MAY NOT FILE AN ACTION AGAINST A PATIENT**
32 **TO COLLECT A DEBT OWED ON A HOSPITAL BILL OR GIVE NOTICE TO A PATIENT**
33 **UNDER SUBSECTION (I) OF THIS SECTION UNTIL AFTER 180 DAYS OF NONPAYMENT**
34 **OF THE DEBT HAVE ELAPSED.**

1 **(II) IF A HOSPITAL FILES AN ACTION TO COLLECT THE DEBT**
2 **OWED ON A HOSPITAL BILL, A HOSPITAL MAY NOT REQUEST THE ISSUANCE OR**
3 **OTHERWISE KNOWINGLY TAKE ACTION THAT WOULD CAUSE A COURT TO ISSUE:**

4 **1. A BODY ATTACHMENT AGAINST A PATIENT; OR**

5 **2. AN ARREST WARRANT AGAINST A PATIENT.**

6 **(4) A HOSPITAL MAY NOT REQUEST A WRIT OF GARNISHMENT OF**
7 **WAGES OR FILE AN ACTION THAT WOULD RESULT IN AN ATTACHMENT OF WAGES**
8 **AGAINST A PATIENT TO COLLECT DEBT OWED ON A HOSPITAL BILL IF THE PATIENT**
9 **IS ELIGIBLE FOR FREE OR REDUCED-COST CARE UNDER § 19-214.1 OF THIS**
10 **SUBTITLE.**

11 **(5) A HOSPITAL MAY NOT FILE AN ACTION AGAINST A PATIENT TO**
12 **COLLECT A DEBT OWED ON A HOSPITAL BILL IN AN AMOUNT OF \$5,000 OR LESS.**

13 **(6) A HOSPITAL MAY NOT MAKE A CLAIM AGAINST THE ESTATE OF A**
14 **DECEASED PATIENT TO COLLECT A DEBT OWED ON A HOSPITAL BILL.**

15 **(7) A HOSPITAL MAY NOT FILE AN ACTION TO COLLECT A DEBT OWED**
16 **ON A HOSPITAL BILL BY A PATIENT:**

17 **(I) WHO WAS UNINSURED AT THE TIME SERVICE WAS**
18 **PROVIDED; OR**

19 **(II) UNTIL THE HOSPITAL DETERMINES WHETHER THE PATIENT**
20 **IS ELIGIBLE FOR FREE OR REDUCED-COST CARE UNDER § 19-214.1 OF THIS**
21 **SUBTITLE.**

22 **(8) A HOSPITAL MAY NOT DELEGATE COLLECTION ACTIVITY TO AN**
23 **OUTSIDE COLLECTION AGENCY FOR DEBT OWED ON A HOSPITAL BILL BY A PATIENT**
24 **THAT IS \$5,000 OR LESS.**

25 **(H) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, A**
26 **SPOUSE OR ANOTHER INDIVIDUAL MAY NOT BE HELD LIABLE FOR THE DEBT OWED**
27 **ON A HOSPITAL BILL OF AN INDIVIDUAL WHO IS AT LEAST 18 YEARS OLD.**

28 **(2) AN INDIVIDUAL MAY VOLUNTARILY CONSENT TO ASSUME**
29 **LIABILITY FOR THE DEBT OWED ON A HOSPITAL BILL OF ANY OTHER INDIVIDUAL IF**
30 **THE CONSENT IS:**

1 **(I) MADE ON A SEPARATE DOCUMENT SIGNED BY THE PERSON;**

2 **(II) NOT SOLICITED IN AN EMERGENCY ROOM OR DURING AN**
3 **EMERGENCY SITUATION; AND**

4 **(III) NOT REQUIRED AS A CONDITION OF PROVIDING ANY**
5 **EMERGENCY OR NONEMERGENCY HEALTH CARE SERVICES.**

6 **(I) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AT LEAST 45**
7 **DAYS BEFORE FILING AN ACTION AGAINST A PATIENT TO COLLECT ON THE DEBT**
8 **OWED ON A HOSPITAL BILL, THE HOSPITAL SHALL SEND WRITTEN NOTICE OF THE**
9 **INTENT TO FILE AN ACTION TO THE PATIENT.**

10 **(2) THE NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS**
11 **SUBSECTION SHALL:**

12 **(I) BE SENT TO THE PATIENT BY CERTIFIED MAIL AND**
13 **FIRST-CLASS MAIL;**

14 **(II) BE IN SIMPLIFIED LANGUAGE AS DETERMINED IN**
15 **REGULATIONS ADOPTED BY THE COMMISSION AND IN AT LEAST 10 POINT TYPE;**

16 **(III) INCLUDE:**

17 **1. THE NAME AND TELEPHONE NUMBER OF:**

18 **A. THE HOSPITAL;**

19 **B. IF APPLICABLE, THE OUTSIDE COLLECTION AGENCY;**

20 **AND**

21 **C. AN AGENT OF THE HOSPITAL AUTHORIZED TO MODIFY**
22 **THE TERMS OF THE PAYMENT PLAN, IF ANY;**

23 **2. THE AMOUNT REQUIRED TO CURE THE NONPAYMENT**
24 **OF DEBT, INCLUDING PAST DUE PAYMENTS, PENALTIES, AND FEES;**

25 **3. A STATEMENT RECOMMENDING THAT THE PATIENT**
26 **SEEK DEBT COUNSELING SERVICES;**

27 **4. TELEPHONE NUMBERS AND INTERNET ADDRESSES**
28 **OF NONPROFIT AND GOVERNMENT RESOURCES AVAILABLE TO ASSIST PATIENTS**
29 **EXPERIENCING MEDICAL DEBT;**

1 5. AN EXPLANATION OF THE HOSPITAL'S FINANCIAL
2 ASSISTANCE POLICY;

3 6. AN EXPLANATION OF THE STATE MEDICAL DEBT
4 COLLECTION PROCESS AND TIMELINE; AND

5 7. ANY OTHER RELEVANT INFORMATION PRESCRIBED
6 BY THE COMMISSION; AND

7 (IV) BE PROVIDED IN THE PATIENT'S PREFERRED LANGUAGE
8 OR, IF NO PREFERRED LANGUAGE IS SPECIFIED, EACH LANGUAGE SPOKEN BY A
9 LIMITED ENGLISH PROFICIENT POPULATION THAT CONSTITUTES 3% OF THE
10 POPULATION WITHIN THE JURISDICTION IN WHICH THE HOSPITAL IS LOCATED AS
11 MEASURED BY THE MOST RECENT FEDERAL CENSUS.

12 (3) THE NOTICE REQUIRED UNDER THIS SUBSECTION SHALL BE
13 ACCOMPANIED BY:

14 (I) AN APPLICATION FOR FINANCIAL ASSISTANCE UNDER THE
15 HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND ANY PAYMENT PLANS THAT ARE
16 APPLICABLE TO THE MEDICAL DEBT THAT IS THE SUBJECT OF THE HOSPITAL DEBT
17 COLLECTION ACTION; AND

18 (II) THE INFORMATION SHEET REQUIRED UNDER § 19-214.1(F)
19 OF THIS SUBTITLE, INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR
20 FINANCIAL ASSISTANCE, AND THE TELEPHONE NUMBER TO CALL TO CONFIRM
21 RECEIPT OF THE APPLICATION.

22 (J) A COMPLAINT BY A HOSPITAL IN AN ACTION TO COLLECT A DEBT OWED
23 ON A HOSPITAL BILL BY A PATIENT SHALL:

24 (1) INCLUDE AN AFFIDAVIT STATING:

25 (I) THE DATE ON WHICH THE 180-DAY NONPAYMENT PERIOD
26 REQUIRED UNDER SUBSECTION (G)(3) OF THIS SECTION ELAPSED AND THE NATURE
27 OF THE NONPAYMENT;

28 (II) THAT A NOTICE OF INTENT TO FILE AN ACTION UNDER
29 SUBSECTION (I) OF THIS SECTION:

30 1. WAS SENT TO THE PATIENT AND THE DATE ON WHICH
31 THE NOTICE WAS SENT; AND

1 **2. ACCURATELY REFLECTED THE CONTENTS REQUIRED**
2 **TO BE INCLUDED IN THE NOTICE;**

3 **(III) THAT THE HOSPITAL PROVIDED:**

4 **1. THE PATIENT WITH A COPY OF THE INFORMATION**
5 **SHEET ON THE FINANCIAL ASSISTANCE POLICY IN ACCORDANCE WITH SUBSECTION**
6 **(I)(3)(II) OF THIS SECTION; AND**

7 **2. ORAL NOTICE OF THE FINANCIAL ASSISTANCE**
8 **POLICY; AND**

9 **(IV) THAT THE HOSPITAL MADE A DETERMINATION REGARDING**
10 **WHETHER THE PATIENT IS ELIGIBLE FOR THE HOSPITAL'S FINANCIAL ASSISTANCE**
11 **POLICY IN ACCORDANCE WITH § 19-214.1 OF THIS SUBTITLE; AND**

12 **(2) BE ACCOMPANIED BY:**

13 **(I) THE ORIGINAL OR A CERTIFIED COPY OF THE HOSPITAL**
14 **BILL;**

15 **(II) A STATEMENT OF THE REMAINING DUE AND PAYABLE DEBT**
16 **SUPPORTED BY AN AFFIDAVIT OF THE PLAINTIFF, THE HOSPITAL, OR THE AGENT OR**
17 **ATTORNEY OF THE PLAINTIFF OR HOSPITAL;**

18 **(III) A COPY OF THE MOST RECENT HOSPITAL BILL SENT TO THE**
19 **PATIENT;**

20 **(IV) IF THE DEFENDANT IS ELIGIBLE FOR FEDERAL SERVICE**
21 **MEMBERS CIVIL RELIEF ACT BENEFITS, AN AFFIDAVIT THAT THE HOSPITAL IS IN**
22 **COMPLIANCE WITH THE ACT;**

23 **(V) A COPY OF THE NOTICE OF INTENT TO FILE AN ACTION ON A**
24 **HOSPITAL BILL;**

25 **(VI) DOCUMENTATION THAT THE PATIENT HAS ACKNOWLEDGED**
26 **RECEIPT OF A COPY OF THE INFORMATION REQUIRED TO BE PROVIDED BY THE**
27 **HOSPITAL UNDER SUBSECTION (I)(3) OF THIS SECTION; AND**

28 **(VII) DOCUMENTATION THAT THE HOSPITAL HAS PROVIDED**
29 **WRITTEN AND ORAL NOTICE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY TO**
30 **THE PATIENT.**

1 **[(f)] (K)** If a hospital delegates collection activity to an outside collection agency,
2 the hospital shall:

3 (1) Specify the collection activity to be performed by the outside collection
4 agency through an explicit authorization or contract;

5 (2) Require the outside collection agency to abide by the hospital's credit
6 and collection policy;

7 (3) Specify procedures the outside collection agency must follow if a patient
8 appears to qualify for financial assistance; and

9 (4) Require the outside collection agency to:

10 (i) In accordance with the hospital's policy, provide a mechanism for
11 a patient to file with the hospital a complaint against the hospital or the outside collection
12 agency regarding the handling of the patient's bill; **[and]**

13 (ii) Forward the complaint to the hospital if a patient files a
14 complaint with the collection agency; **AND**

15 **(III) ALONG WITH THE HOSPITAL, BE JOINTLY AND SEVERALLY**
16 **RESPONSIBLE FOR MEETING THE REQUIREMENTS OF THIS SECTION.**

17 **[(g)] (L)** (1) The board of directors of each hospital shall review and approve
18 the financial assistance and debt collection policies of the hospital at least every 2 years.

19 (2) A hospital may not alter its financial assistance or debt collection
20 policies without approval by the board of directors.

21 **[(h)] (M)** The Commission shall review each hospital's implementation of and
22 compliance with the hospital's policies and the requirements of this section.

23 **(N) (1) THE COMMISSION SHALL PREPARE AN ANNUAL MEDICAL DEBT**
24 **COLLECTION REPORT THAT IS BASED ON SPECIAL AUDIT PROCEDURE**
25 **REQUIREMENTS FOR HOSPITALS RELATED TO MEDICAL DEBT.**

26 **(2) THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS**
27 **SUBSECTION SHALL BE:**

28 **(I) MADE AVAILABLE TO THE PUBLIC FREE OF CHARGE; AND**

1 **(II) SUBMITTED TO THE SENATE FINANCE COMMITTEE AND**
2 **THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE IN**
3 **ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE.**

4 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
5 October 1, 2020.