HB1020/763627/1

BY: Economic Matters Committee

AMENDMENTS TO HOUSE BILL 1020
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, after line 16, insert:

"BY repealing and reenacting, without amendments,
Article - Health - General
Section 19-214.2(a)(1) and (e)(1)
Annotated Code of Maryland
(2023 Replacement Volume and 2024 Supplement)";

and in line 19, strike "19-214.2(f)" and substitute "19-214.2(b), (e)(4), and (f)".

AMENDMENT NO. 2

On page 2, strike beginning with "**AN**" in line 5 down through "**ARTICLE**" in line 14 and substitute "**DEBT OWED BY A CONSUMER TO:**

(I) A PERSON WHOSE PRIMARY BUSINESS IS PROVIDING MEDICAL SERVICES, PRODUCTS, OR DEVICES; OR

(II) THE PERSON'S AGENT OR ASSIGNEE FOR THE PROVISION OF MEDICAL SERVICES, PRODUCTS, OR DEVICES";

in lines 19 and 20 strike "**OPEN–ENDED OR A CLOSE–ENDED**" and substitute "**OPEN–END OR CLOSE–END CREDIT**"; in line 21, after "**PRODUCTS,**" insert "**OR**"; and strike beginning with "**, DURABLE**" in line 21 down through "**DRUGS**" in line 22.

On page 3, after line 13, insert:

"(a) (1) Each hospital annually shall submit to the Commission:

(i) At times prescribed by the Commission, the hospital's policy on the collection of debts owed by patients; and

(ii) A report including:

1. The total number of patients by race or ethnicity, gender, and zip code of residence against whom the hospital, or a debt collector used by the hospital, filed an action to collect a debt owed on a hospital bill;

2. The total number of patients by race or ethnicity, gender, and zip code of residence with respect to whom the hospital has and has not reported or classified a bad debt; and

3. The total dollar amount of the charges for hospital services provided to patients but not collected by the hospital for patients covered by insurance, including the out–of–pocket costs for patients covered by insurance, and patients without insurance.

(b) The policy submitted under subsection (a)(1) of this section shall:

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

(2) Prohibit the hospital from selling any debt;

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

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

(5) Prohibit the hospital from **[**reporting**]:**

(I) REPORTING ADVERSE INFORMATION to a consumer reporting agency**;** or **[**filing**]**

(II) FILING a civil action to collect a debt within 180 days after the initial bill is provided;

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

(7) Describe the circumstances in which the hospital will seek a judgment against a patient;

(8) In accordance with subsection (c) of this section, provide for a refund of amounts collected from a patient or the guarantor of a patient who was later found to be eligible for free care within 240 days after the initial bill was provided;

(9) If the hospital has obtained a judgment against or reported adverse information to a consumer reporting agency about a patient who later was found to be eligible for free care within 240 days after the initial bill was provided for which the judgment was awarded or the adverse information was reported, require the hospital to seek to vacate the judgment or strike the adverse information;

(10) Provide a mechanism for a patient to:

(i) Request the hospital to reconsider the denial of free or reduced–cost care;

(ii) File with the hospital a complaint against the hospital or a debt collector used by the hospital regarding the handling of the patient's bill; and

(iii) Allow the patient and the hospital to mutually agree to modify the terms of a payment plan offered under subsection (e) of this section or entered into with the patient; **[**and**]**

(11) Prohibit the hospital from collecting additional fees in an amount that exceeds the approved charge for the hospital service as established by the Commission for which the medical debt is owed on a bill for a patient who is eligible for free or reduced–cost care under the hospital's financial assistance policy**; AND**

(12) COMPLY WITH § 24-2505 OF THIS ARTICLE.

(e) (1) Subject to paragraph (2) of this subsection, a hospital shall provide in writing to each patient who incurs medical debt information about the availability of an installment payment plan for the debt.

(4) (i) A patient shall be deemed to be compliant with a payment plan if the patient makes at least 11 scheduled monthly payments within a 12–month period.

(ii) If a patient misses a scheduled monthly payment, the patient shall contact the health care facility and identify a plan to make up the missed payment within 1 year after the date of the missed payment.

(iii) The health care facility may, but may not be required to, waive any additional missed payments that occur within a 12–month period and allow the patient to continue to participate in the income–based payment plan and not refer the outstanding balance owed **[**to a collection agency or**]** for legal action.";

strike line 16 in its entirety; strike in their entirety lines 21 through 23, inclusive; in line 24, strike the brackets; in the same line, strike "**(5)**"; and strike beginning with "report" in line 24 down through "agency," in line 25.

On page 4, in line 4, strike the brackets; in the same line, strike "**(6)**"; in the same line, strike "If a hospital has" and substitute "**BY NOVEMBER 1, 2025, A HOSPITAL THAT HAD**"; in line 5, strike ", the hospital"; strike beginning with the colon in line 6 down through "care" in line 11; strike in their entirety lines 16 and 17; in line 18, strike "**(C)**" and substitute "**(B)**"; strike in their entirety lines 22 through 25, inclusive; in line 26, strike "**(F)**" and substitute "**(C)**"; and strike beginning with "**A HEALTH**" in line 29 down through "**SERVICE**" in line 30 and substitute "**A PERSON WHOSE PRIMARY BUSINESS IS PROVIDING MEDICAL SERVICES, PRODUCTS, OR DEVICES, OR THE PERSON'S AGENT OR ASSIGNEE**".