

**SB0614/803229/1**

BY: Finance Committee

AMENDMENTS TO SENATE BILL 614  
(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 CLOSED-END CREDIT”; in line 20, strike “SPECIFICALLY” and substitute  
“SOLELY”; strike beginning with the first comma in line 21 down through “DRUGS” in  
line 22; in line 23, after “(B)” insert “(1)”; strike beginning with “INCLUDE” in line 23  
down through “INCURRED” in line 25 and substitute “:

**(I) MAKE, CREATE, OR FURNISH ANY CONSUMER REPORT CONTAINING, INCORPORATING, OR REFLECTING:**

**1. ANY ADVERSE INFORMATION THAT THE CONSUMER REPORTING AGENCY KNOWS OR SHOULD KNOW RELATES TO MEDICAL DEBT INCURRED BY THE CONSUMER; OR**

**2. ANY COLLECTION ACTION AGAINST A CONSUMER TO COLLECT MEDICAL DEBT; OR**

**(II) MAINTAIN IN A FILE ON A CONSUMER ANY INFORMATION RELATING TO:**

**1. MEDICAL DEBT INCURRED BY THE CONSUMER; OR**

**2. ANY COLLECTION ACTION AGAINST THE CONSUMER TO COLLECT MEDICAL DEBT.**

**(2) THE PROHIBITIONS ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION APPLY REGARDLESS OF WHEN MEDICAL DEBT WAS INCURRED BY A CONSUMER**”;

and after line 30, 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]**

(Over)

(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 § 24-2502 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.”.

On page 3, in line 3, strike beginning with “report” through “or”; strike in their entirety lines 8 through 10, inclusive; in line 11, strike the brackets; in the same line, strike “**(5)**”; strike beginning with “report” in line 11 down through “agency,” in line 12; in line 20, 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 21, strike “, the hospital”; and strike beginning with the colon in line 22 down through “care” in line 27.

**SB0614/803229/01**                      **Finance Committee**  
**Amendments to SB 614**  
**Page 6 of 6**

On page 4, strike in their entirety lines 1 and 2; in line 3, strike “(C)” and substitute “(B)”; strike in their entirety lines 7 through 10, inclusive; in line 11, strike “(F)” and substitute “(C)”; and strike beginning with “A HEALTH” in line 14 down through “SERVICE” in line 15 and substitute “A PERSON WHOSE PRIMARY BUSINESS IS PROVIDING MEDICAL SERVICES, PRODUCTS, OR DEVICES, OR THE PERSON’S AGENT OR ASSIGNEE”.