J3 SB 1006/24 – FIN EMERGENCY BILL

5lr0749

By: Delegate Ivey Delegates Ivey, Spiegel, Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Guzzone, Hill, S. Johnson, Kaiser, Kerr, Lopez, Martinez, Rosenberg, Taveras, White Holland, Woods, Woorman, and Ross

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Committee Report: Favorable with amendments House action: Adopted Read second time: March 1, 2025

CHAPTER _____

1 AN ACT concerning

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Hospitals – Medical Debt Collection – Sale of Patient Debt

3 FOR the purpose of authorizing a hospital, under certain circumstances, to sell the medical 4 debt of patients if the debt is sold to a governmental unit or an entity under contract $\mathbf{5}$ with the unit or to a nonprofit organization for the purpose of canceling the debt; 6 requiring that a hospital's financial policy require the hospital to dismiss actions 7 pending against a patient for the collection of debt that was sold and prohibit the 8 hospital from engaging in specified collection activities on patient debt that was sold; 9 requiring a purchaser of medical debt to notify the patient of certain information and 10 to take certain other actions; and generally relating to hospital debt collection 11 policies and the sale of patient debt.

- 12 BY repealing and reenacting, with amendments,
- 13 Article Health General
- 14 Section 19–214.2(a), (b), (f), (m), and (n) and 19–219(a)(3)
- 15 Annotated Code of Maryland
- 16 (2023 Replacement Volume and 2024 Supplement)
- 17 BY adding to
- 18 Article Health General
- 19 Section 19–214.2(m)
- 20 Annotated Code of Maryland
- 21 (2023 Replacement Volume and 2024 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



$\frac{1}{2}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
3	Article – Health – General
4	19–214.2.
5	(a) (1) Each hospital annually shall submit to the Commission:
$\frac{6}{7}$	(i) At times prescribed by the Commission, the hospital's policy on the collection of debts owed by patients; and
8	(ii) A report including:
9 10 11	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;
12 13 14	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]
15 16 17 18	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; AND
19 20 21	4. FOR HOSPITAL DEBTS OWED BY PATIENTS OF THE HOSPITAL THAT THE HOSPITAL SOLD TO A GOVERNMENTAL UNIT OR , CONTRACTOR, <u>OR NONPROFIT ORGANIZATION</u> UNDER SUBSECTION (M) OF THIS SECTION:
$\begin{array}{c} 22\\ 23 \end{array}$	A. THE TOTAL DOLLAR AMOUNT OF THE DEBT SOLD BY THE HOSPITAL FOR THE REPORTING YEAR;
$\begin{array}{c} 24\\ 25\\ 26 \end{array}$	B. THE TOTAL DOLLAR AMOUNT PAID TO THE HOSPITAL BY THE UNIT OR . CONTRACTOR. OR NONPROFIT ORGANIZATION WHO PURCHASED THE DEBT; AND
27 28 29	C. THE TOTAL NUMBER OF PATIENTS WHOSE DEBT WAS SOLD, IN FULL OR IN PART, TO THE UNIT OR , CONTRACTOR <u>, OR NONPROFIT</u> <u>ORGANIZATION</u> WHO PURCHASED THE DEBT.
30	(2) The Commission shall post the information submitted under paragraph

31 (1) of this subsection on its website.

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1 The policy submitted under subsection (a)(1) of this section shall: (b) $\mathbf{2}$ (1)Provide for active oversight by the hospital of any contract for collection 3 of debts on behalf of the hospital; 4 (2)[Prohibit] EXCEPT AS PROVIDED IN SUBSECTION (M) OF THIS $\mathbf{5}$ **SECTION, PROHIBIT** the hospital from selling any debt: 6 (3)Prohibit the charging of interest on bills incurred by self-pay patients 7 before a court judgment is obtained; 8 (4)Describe in detail the consideration by the hospital of patient income, 9 assets, and other criteria; 10 (5)Prohibit the hospital from reporting to a consumer reporting agency or 11 filing a civil action to collect a debt within 180 days after the initial bill is provided; 12(6) Describe the hospital's procedures for collecting a debt; 13 Describe the circumstances in which the hospital will seek a judgment (7)14against a patient; 15In accordance with subsection (c) of this section, provide for a refund of (8)amounts collected from a patient or the guarantor of a patient who was later found to be 1617eligible for free care within 240 days after the initial bill was provided; 18 (9)If the hospital has obtained a judgment against or reported adverse 19 information to a consumer reporting agency about a patient who later was found to be 20eligible for free care within 240 days after the initial bill was provided for which the 21judgment was awarded or the adverse information was reported, require the hospital to 22seek to vacate the judgment or strike the adverse information: 23Provide a mechanism for a patient to: (10)24(i) Request the hospital to reconsider the denial of free or 25reduced-cost care; 26(ii) File with the hospital a complaint against the hospital or a debt 27collector used by the hospital regarding the handling of the patient's bill; and 28Allow the patient and the hospital to mutually agree to modify (iii) 29the terms of a payment plan offered under subsection (e) of this section or entered into with 30 the patient; [and] Prohibit the hospital from collecting additional fees in an amount that 31(11)32exceeds the approved charge for the hospital service as established by the Commission for

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1 which the medical debt is owed on a bill for a patient who is eligible for free or 2 reduced-cost care under the hospital's financial assistance policy;

3 (12) REQUIRE THE HOSPITAL TO DISMISS ACTIONS PENDING AGAINST 4 A PATIENT FOR COLLECTION OF DEBT THAT WAS SOLD UNDER SUBSECTION (M) OF 5 THIS SECTION; AND

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(13) **PROHIBIT THE HOSPITAL FROM:**

7 (I) ENGAGING IN COLLECTION ACTIVITIES ON 100% OF THE 8 OUTSTANDING AMOUNT OF THE COMMISSION-SET CHARGE FOR DEBT SOLD UNDER 9 SUBSECTION (M) OF THIS SECTION; AND

10(II)COLLECTING ON JUDGMENTS ENTERED INTO ON PATIENT11DEBT THAT WAS SOLD UNDER SUBSECTION (M) OF THIS SECTION.

12 (f) (1) For at least 180 days after issuing an initial patient bill, a hospital may 13 not report adverse information about a patient to a consumer reporting agency or 14 commence civil action against a patient for nonpayment.

15 (2) A hospital shall report the fulfillment of a patient's payment obligation 16 within 60 days after the obligation is fulfilled to any consumer reporting agency to which 17 the hospital had reported adverse information about the patient, INCLUDING IF THE DEBT 18 WAS SOLD UNDER SUBSECTION (M) OF THIS SECTION.

19 (3) A hospital may not report adverse information to a consumer reporting 20 agency regarding a patient who at the time of service was uninsured or eligible for free or 21 reduced-cost care under § 19–214.1 of this subtitle.

(4) A hospital may not report adverse information about a patient to a
 consumer reporting agency, commence a civil action against a patient for nonpayment, or
 delegate collection activity to a debt collector:

- (i) If the hospital was notified in accordance with federal law by the
 patient or the insurance carrier that an appeal or a review of a health insurance decision
 is pending within the immediately preceding 60 days; [or]
- (ii) If the hospital has completed a requested reconsideration of the
 denial of free or reduced-cost care that was appropriately completed by the patient within
 the immediately preceding 60 days; OR

31(III)IF THE HOSPITAL SOLD THE DEBT UNDER SUBSECTION (M)32OF THIS SECTION.

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1 (5) If a hospital has reported adverse information about a patient to a 2 consumer reporting agency, the hospital shall instruct the consumer reporting agency to 3 delete the adverse information about the patient:

4 (i) If the hospital was informed by the patient or the insurance 5 carrier that an appeal or a review of a health insurance decision is pending, and until 60 6 days after the appeal is complete; or

7 (ii) Until 60 days after the hospital has completed a requested 8 reconsideration of the denial of free or reduced-cost care.

9 (M) (1) (I) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, A 10 HOSPITAL MAY SELL DEBT OWED TO THE HOSPITAL BY A PATIENT FOR HOSPITAL 11 SERVICES TO A GOVERNMENTAL UNIT OR AN ENTITY THAT IS UNDER CONTRACT 12 WITH THE UNIT <u>OR TO A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM</u> 13 <u>TAXATION UNDER § 501(C)(3) OF THE INTERNAL REVENUE CODE</u> FOR THE SOLE 14 PURPOSE OF CANCELING THE DEBT.

15 (II) THE CONTRACT BETWEEN THE HOSPITAL AND THE 16 GOVERNMENTAL UNIT OR, CONTRACTOR, <u>OR NONPROFIT ORGANIZATION</u> 17 PURCHASING THE DEBT UNDER THIS SUBSECTION SHALL STATE THAT THE SOLE 18 PURPOSE OF THE SALE OF THE DEBT IS TO CANCEL THE DEBT.

(III) THE PATIENT IS NOT RESPONSIBLE TO THE HOSPITAL, THE
GOVERNMENTAL UNIT, OR THE CONTRACTOR, OR THE NONPROFIT ORGANIZATION
FOR ANY AMOUNT OF THE DEBT THAT IS SOLD UNDER THIS SUBSECTION OR ANY
INTEREST, FEES, OR COSTS ASSOCIATED WITH THE DEBT OR THE SALE.

23 (2) **DEBT SOLD UNDER THIS SUBSECTION:**

24 (I) MUST BE FOR HOSPITAL SERVICES PROVIDED AT LEAST 2 25 YEARS BEFORE THE DATE OF THE SALE;

26 (II) MAY NOT BE EXPECTED TO YIELD ADDITIONAL 27 REIMBURSEMENTS FROM A THIRD–PARTY PAYOR;

28 (III) MAY NOT BE SUBJECT TO AN OPEN APPEAL WITH AN 29 INSURANCE COMPANY; AND

30(IV) MUST BE FOR AN INDIVIDUAL WHOSE FAMILY INCOME IS AT31OR BELOW 500% OF THE FEDERAL POVERTY LEVEL OR WHO HAS MEDICAL DEBT32EXCEEDING 5% OF THE INDIVIDUAL'S FAMILY INCOME, AS DETERMINED BY THE33GOVERNMENTAL UNIT OR, CONTRACTOR, OR NONPROFIT ORGANIZATION34PURCHASING THE DEBT.

1 (3) DEBT SOLD UNDER THIS SUBSECTION MAY BE SOLD WITH A 2 REDUCTION OF COMMISSION CHARGES.

3 (4) THE COMMISSION SHALL TREAT THE AMOUNT OF PAYMENTS TO
 4 HOSPITALS UNDER THIS SUBSECTION AS AN OFFSET TO UNCOMPENSATED CARE
 5 AMOUNTS REPORTED BY HOSPITALS.

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(5) THE PURCHASER OF THE DEBT SHALL:

7 (I) NOTIFY THE PATIENT THAT THE DEBT HAS BEEN 8 CANCELED; AND

9 (II) IF THE HOSPITAL OBTAINED A JUDGMENT AGAINST THE 10 PATIENT OR REPORTED ADVERSE INFORMATION TO A CONSUMER REPORTING 11 AGENCY ABOUT THE PATIENT, SEEK TO VACATE THE JUDGMENT OR STRIKE THE 12 ADVERSE INFORMATION.

13 [(m)] (N) The Commission shall review each hospital's implementation of and 14 compliance with the hospital's policies and the requirements of this section.

15 [(n)] (O) (1) On or before February 1 each year, beginning in 2023, the 16 Commission shall compile the information required under subsection (a) of this section and 17 prepare a medical debt collection report based on the compiled information.

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(2) The report required under paragraph (1) of this subsection shall be:

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(i) Made available to the public free of charge; and

(ii) Submitted to the Senate Finance Committee and the House
Health and Government Operations Committee in accordance with § 2–1257 of the State
Government Article.

23 19–219.

(a) The Commission may review the costs, and rates, quality, and efficiency of
facility services, and make any investigation that the Commission considers necessary to
assure each purchaser of health care facility services that:

(3) [The] EXCEPT AS PROVIDED IN § 19–214.2(M) OF THIS SUBTITLE,
 THE rates are set equitably among all purchasers or classes of purchasers without undue
 discrimination or preference.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an emergency
 measure, is necessary for the immediate preservation of the public health or safety, has
 been passed by a yea and nay vote supported by three-fifths of all the members elected to
 each of the two Houses of the General Assembly, and shall take effect from the date it is

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- 1 enacted July 1, 2025. It shall remain effective through December 31, 2027, and, at the end
- 2 of December 31, 2027 for a period of 3 years and, at the end of June 30, 2028, this Act, with
- 3 no further action required by the General Assembly, shall be abrogated and of no further
- 4 force and effect.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.