

Office of Government Relations 88 State Circle Annapolis, Maryland 21401

SB 514

February 23, 2021

TO: Members of the Senate Finance Committee

FROM: Natasha Mehu, Director of Government Relations

RE: SENATE BILL 514 – Health Facilities – Hospitals – Medical Debt Protection

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 514.

SB 514 protects Marylanders from medical debt by expanding who is eligible for free and reduced cost medically necessary care, creating a payment plan for residents who may need it, limiting when a hospital can report debt to credit agencies, and requiring each hospital to report annually to the Commission the demographic background of residents whom the hospital has classified as having bad credit or filed an action against to collect debt.

SB 514 is a necessary step toward providing the public transparent information on medical debt and who is impacted by medical debt. Most importantly, this bill protects individuals with medical debt and puts in place safeguards to protect residents with low-income from accruing debt after seeking medically necessary care.

In Baltimore City, approximately 21% of residents live below the federal poverty line, with 7.5% of the population being under 65 years old without health insurance.¹ Data collected from the Baltimore City Community Health Survey shows that Baltimore City residents who live below the federal poverty line or lack health insurance use

¹ U.S. Census Bureau QuickFacts: Baltimore city, Maryland

hospital based emergency or urgent care at a higher percentage than residents above the federal poverty line or with insurance.²

The COVID-19 pandemic has widened economic and health disparities within Baltimore City, with Hispanic/Latino, African-American, and older adult communities disproportionately impacted. The pandemic has resulted in an estimated 41% of US adults delaying or avoiding medical care, with avoidance of emergency care and urgent care higher among unpaid caregivers, African-American adults, Hispanic adults, individuals with underlying medical conditions, individuals with disabilities, and young adults.³ We know that avoidance of medical care for any reason can lead to delays in diagnosis and treatment; and in the worst cases, avoidance can lead to increased disease severity or death.

Altogether, seeking medical care should not exacerbate health or economic disparities. Of utmost importance, the inability to pay for medically necessary care and fear of accruing medical debt should not be a factor Marylanders' decision to seek or avoid needed medical care, especially during the COVID-19 pandemic.

We respectfully request a *favorable* report on Senate Bill 514.

² <u>https://health.baltimorecity.gov/sites/default/files/health/attachments/Baltimore%20City%20CHA%20-</u> %20Final%209.20.17.pdf

³ <u>Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020</u> <u>| MMWR (cdc.gov)</u>