

Medical Debt Protection Act / SB514  
Official Testimony  
Position: **FAVORABLE**

To the Senate Finance Committee,

My name is Michael Walsh. I'm a resident of Shady Side, a two-time cancer survivor, and a member of the End Medical Debt Maryland Coalition. I support the Medical Debt Protection Act (HB565/SB514).

This bill will protect low and middle-income households from punitive medical debt lawsuits. It will prohibit medical debt lawsuits for \$1000 or under, require income-based repayment plans, and prevent wage garnishments and liens on homes over medical debt. I believe that passing of this bill is essential because anyone that needs the basic human right of health care should NOT be subjected to exorbitant costs to receive it! Whether it be the care we need to receive on a regular basis to live a healthy life, or the extraordinary and emergency care we need to survive a health crisis like a cancer diagnosis or COVID-19 in the middle of our global pandemic, the last thing that should be of concern is how to afford healthcare. And it especially shouldn't be a priority of the hospitals that receive millions of dollars in profits to be chasing down such minor amounts of medical debt, the median value of which is \$944! Nobody should threaten your home with a lien or garnish your wages to take food and housing out of their hands, all over such a small amount relative to what the hospital has to work with! How can the hospitals that promise to "do no harm" actively work to do that through these means?!

As I mentioned I am a two-time cancer survivor. My first diagnosis came in 2012 and a whirlwind of actions started up in order to determine a treatment plan. Scans and tests determined a surgical excision would be appropriate, and in the interest of stopping it in its tracks we moved very quickly. At the time I had health insurance through my employer, and I could only assume my coverage would be sufficient that I wouldn't go into debt from my first fight with cancer. Those hopes were crushed when, after a successful surgery and post-op tests that showed the cancer had not metastasized to any lymph nodes (yet), I was faced with over \$8000 in bills! I didn't know what to do, so forced to make a quick decision and no support from my insurer or the hospital, I took out a personal loan at a high interest rate but that would allow me to pay over an extended period of time. Adding a major monthly payment on top of rent, transportation, food, and student loans was not the plan and the fact that there were no better options for me was disheartening to say the least.

Fast-forward six years and I got the news a second time that nobody wants to receive even once - a tumor in my lung and in my neck. Not only had my previous cancer returned, I was diagnosed with a rare cancer called Ewing Sarcoma. The difference this time - I was no longer employed. Imagine receiving that news, and the first thing that pops into your head is "How am I going to pay for this so I don't die?!" That was me, and I was hopeless. Fortunately with the assistance of a healthcare worker much more familiar with the options available through the health insurance marketplace, I was able to enroll in a Medicaid program that would

cover most of the even more expensive treatment I would then go on to receive over the next 2+ years. I learned the cost of each treatment after my first one was going to be well over \$10K each time, so knowing I would need at least 14 total treatments and multiple surgeries, you can imagine the dread I felt wondering if my life was worth being saved and that I would not lose the financial coverage I was able to receive. These are the things that NO ONE should have to contemplate in the middle of a health crisis. My life has been changed forever now that I must monitor for any cancerous activity on a very frequent basis - those scans and tests are not cheap either and now that I am no longer eligible for Medicaid I could easily be loaded down with debt again if something were to come up. Again I ask you - is that what you or your loved ones should have to contemplate? Whether they are worth receiving the care and treatment they need, or whether a hospital will overload them with debt and force them to make decisions about their well-being or their financial security? For hospitals to go after people and families for these costs is unfathomable, and I only hope that if I am met with a cancer diagnosis again, I will not have to fear the collectors when I can't afford to save my own life.

I respectfully urge this committee to issue a favorable report on the HB565/SB514, the Medical Debt Protection Act.

Sincerely,

Michael Walsh

MD-05

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