## UNDERSTANDING THE PATIENT MEDICAL DEBT PROTECTION ACT

## PROBLEM

## EXAMPLE

SOLUTION

PRUDLEIN	EXAIVIFLE	JOLUTION
Hospitals send patients unnecessarily <b>confusing and duplicative bills.</b>	Chandak G. went to the hospital for kidney stones and got <b>27 different bills</b> from the ER, radiologist, and many others.	<b>One itemized bill</b> , written in plain language, delivered within 7 days after every hospital visit. [Part A]
Non-profit <b>hospitals sue patients</b> for outstanding bills long after a hospital visit, <b>charging 9% interest rates.</b>	John C. was sued five years after his hospital stay for \$18,000; the hospital lawyer got a default judgment of \$25,000 that included \$7,000 in interest.	Reduce the statute of limitations for medical bills from six years to two years and <b>reduce the maximum interest</b> <b>rate</b> to 3%. [Part F]
Patients are still on the hook for <b>surprise bills</b> that result from provider and plan misinformation.	Claudia K. scheduled what she thought was an in-network visit because her provider directory told her the doctor was in-network, and she was <b>stuck</b> <b>with a \$101,000 medical bill.</b>	<b>Hold patients harmless</b> for provider and plan misinformation. [Part G]
Patients are charged for hospital overhead, known as <b>facility fees.</b>	Sintora S. went in for a mammogram, expecting to be charged a co-pay, but then received <b>a surprise</b> <b>\$149 facility fee.</b>	<b>Ban facility fees</b> ; patients should not be charged for hospital overhead. [Part B]
There is <b>no uniform hospital</b> <b>financial aid form</b> , forcing financially needy patients to jump through hoops to get the assistance they need.	With no standardized form, patients must go through <b>different financial</b> <b>aid processes and forms</b> when they go to different hospitals, creating confusion and barriers to access.	<b>One uniform hospital financial form</b> to be used by all hospitals in New York. [Part E]
Waiver forms leave patients responsible for unspecified and unanticipated expenses.	Patients are on the hook for expensive medical care when <b>their rights are waived.</b>	<b>Standardize patient financial liability</b> waiver forms. [Part C]
To control costs, NY seeks to establish a <b>consumer-friendly</b> <b>website</b> to search and compare prices on common procedures, known as an all payer database.	Some hospitals claim insurance companies cannot report cost data saying it's "proprietary," <b>leaving</b> <b>patients disempowered</b> to make well-informed choices.	Require hospitals to <b>allow insurance</b> <b>carriers to report cost data</b> and allow patients to easily compare prices on common procedures. [Part D]

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