UNDERSTANDING THE PATIENT MEDICAL DEBT PROTECTION ACT

PROBLEM

EXAMPLE

SOLUTION

PRUDLEIN	EXAIVIFLE	JOLUTION
Hospitals send patients unnecessarily confusing and duplicative bills.	Chandak G. went to the hospital for kidney stones and got 27 different bills from the ER, radiologist, and many others.	One itemized bill , written in plain language, delivered within 7 days after every hospital visit. [Part A]
Non-profit hospitals sue patients for outstanding bills long after a hospital visit, charging 9% interest rates.	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 reduce the maximum interest rate to 3%. [Part F]
Patients are still on the hook for surprise bills 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 stuck with a \$101,000 medical bill.	Hold patients harmless for provider and plan misinformation. [Part G]
Patients are charged for hospital overhead, known as facility fees.	Sintora S. went in for a mammogram, expecting to be charged a co-pay, but then received a surprise \$149 facility fee.	Ban facility fees ; patients should not be charged for hospital overhead. [Part B]
There is no uniform hospital financial aid form , forcing financially needy patients to jump through hoops to get the assistance they need.	With no standardized form, patients must go through different financial aid processes and forms when they go to different hospitals, creating confusion and barriers to access.	One uniform hospital financial form 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 their rights are waived.	Standardize patient financial liability waiver forms. [Part C]
To control costs, NY seeks to establish a consumer-friendly website 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," leaving patients disempowered to make well-informed choices.	Require hospitals to allow insurance carriers to report cost data and allow patients to easily compare prices on common procedures. [Part D]

Community Service Society Fighting Poverty Strengthening New York

ENACT S.6757/A.8639 & PROTECT PATIENTS!

