

**DON'T ADD INSULT
TO INJURY:**
Medical Debt & Credit Reports

November 2019

By

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National Consumer Law Center[®]

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ABOUT THE NATIONAL CONSUMER LAW CENTER

Since 1969, the nonprofit National Consumer Law Center[®] (NCLC[®]) has used its expertise in consumer law and energy policy to work for consumer justice and economic security for low-income and other disadvantaged people, including older adults, in the United States. NCLC's expertise includes policy analysis and advocacy; consumer law and energy publications; litigation; expert witness services, and training and advice for advocates. NCLC works with nonprofit and legal services organizations, private attorneys, policymakers, and federal and state government and courts across the nation to stop exploitive practices, to help financially stressed families build and retain wealth, and advance economic fairness. www.nclc.org

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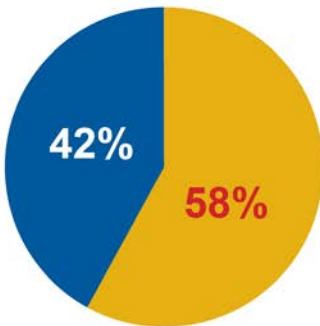
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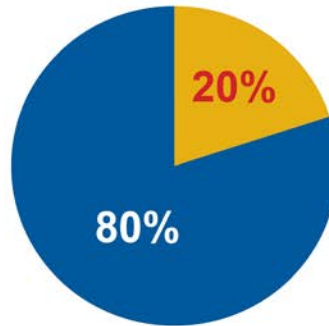
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AN EPIDEMIC OF MEDICAL DEBT IS BRINGING HARDSHIP TO MILLIONS OF CONSUMERS

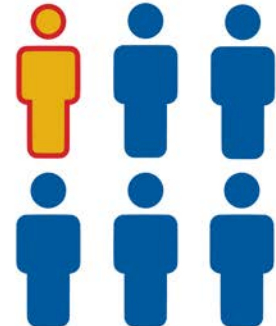
The number of consumers whose medical debts have impacted their credit reports is staggering.



A shocking 58% of third-party collections items on consumers' credit reports in Q2 2018 were for medical debt.¹



Almost 20% of consumers with a credit report have at least one medical debt in collection on those reports.²



Nearly 1 in 6 Americans was contacted by a debt collector over a health care bill in the past year.³

Expenses for life-saving or medically necessary care are often unexpected, and can throw a family into an immediate financial crisis. This crisis is compounded when families cannot pay for these surprise expenses and the debt is reported to credit bureaus. The blemishes on a credit report (which employers and landlords as well as creditors may see) and the resulting lower credit scores can compromise a family's long-term financial stability by making access to mainstream credit, housing, and even employment more difficult.

Action is needed to keep consumers from incurring unaffordable medical debt to begin with (see recommendations in *What States Can Do: Medical Debt*). But action is also needed to ensure that unavoidable medical bills do not further harm families by wreaking havoc on their credit reports for years to come.

THE FINANCIAL IMPACT OF MEDICAL DEBT AND POSSIBLE SOLUTIONS

Medical debts are often reported to credit bureaus because of payment delays due to billing or insurance disputes, consumer confusion, and the generally dysfunctional nature of healthcare financing in the United States. In calculating a consumer's credit score, the most commonly used credit scoring models treat medical debts the same as any other debt,⁴ even though medical debts are typically incurred involuntarily and may be riddled with problems such as billing errors and disputes with insurers over liability for accounts.⁵ The existence of medical debt on credit reports and the use of these outdated scoring models lowers credit scores,⁶ which can set families on a path to financial hardship that can last for years.

This issue brief discusses reforms and proposed solutions that have come from state attorneys general, credit score developers, federal, and state legislators.

TIMELINE: SELECT REFORMS ON THE CREDIT REPORTING OF MEDICAL DEBT

MINNESOTA CONSENT DECREE

In 2005, the Minnesota attorney general reached a settlement agreement with hospitals that may provide the greatest protections to consumers around medical debt on credit reports to date. It prevents signatory hospitals and their debt collection agencies or attorneys from reporting a patient to a credit reporting agency for any patient's failure to pay a medical bill.ⁱ Nearly every hospital in Minnesotaⁱⁱ is bound by the consent decree, which has been renewed in 2007, 2012, and 2017.ⁱⁱⁱ

2005

2010

AFFORDABLE CARE ACT (ACA)

The ACA, enacted in 2010, requires that nonprofit hospitals adopt financial assistance policies^{iv} and restricts extraordinary collection actions (which include reporting adverse information to credit reporting agencies^v) until there is a determination of a patient's eligibility for financial assistance.^{vi} However, the ACA protections apply only until that determination is made, may not be privately enforceable, and do not apply to for-profit hospitals or to physicians who are not employed by the hospital.^{vii}

SOURCES AND NOTES:

- i. Ex. A: [Agreement at ¶26, In re Kittson Mem'l Hosp. Ass'n](#), No. C1-05-10586 (Minn. Dist. Ct. 2017).
- ii. In a conversation with Minnesota attorney general staff, NCLC learned that all but 1 or 2 of the 142 nonprofit hospitals that are members of the [Minnesota Hospital Association](#) are covered by the consent agreement. Government or for-profit (only 0.8% of hospitals in Minnesota in 2017) hospitals may not be covered. See [Kaiser Family Foundation Hospitals by Ownership Type](#).
- iii. Ex. A: [Agreement at 1, In re Fairview Health Services](#), No. 62-C7-07-5428 (Minn. Dist. Ct. 2017).
- iv. 6 U.S.C. § 501(r)(4)
 - v. 26 C.F.R. § 1.501(r)-6(b)(1)(ii).
 - vi. 26 U.S.C. § 501(r)(6)
- vii. See Chi Chi Wu, Jenifer Bosco, April Kuehnhoff, [Model Medical Debt Protection Act](#), National Consumer Law Center, Pgs. 2-3, 2019; 26 CFR § 1.501(r).

MULTISTATE/NEW YORK ATTORNEY GENERAL SETTLEMENTS

In 2015, the New York attorney general reached a settlement with the largest credit bureaus (Equifax, Experian, and TransUnion), quickly followed by a settlement with the same credit bureaus and a multistate group of 31 attorneys general. Collectively, these settlements require, among other things, that the credit bureaus wait 180 days before reporting medical debt on consumer credit reports.^{viii} This six-month period allows time for patients to resolve most insurance claims or appeals, billing disputes, or other issues that can arise because a third party, the insurer, is involved.^{ix} The settlement also requires that, if an insurance company later pays a medical debt, the credit reporting agencies must remove or suppress the medical debt collection information from a consumer report.^x In 2017, these protections were applied to consumers nationwide by the credit bureaus, even though the agreements with the 32 attorneys general (the New York attorney general had a separate settlement) did not cover every state.^{xi}

2015

2016

2019

FICO SCORE CHANGES

FICO Score 9 (the most recent FICO credit score algorithm) weighs medical debt less heavily than other debts. However, the most commonly used version is still FICO Score 8, which treats all debt the same, so this score model update only helps a limited number of consumers.^{xii}

U.S. SENATE & U.S. HOUSE BILLS

Members of the House and Senate have repeatedly introduced bills over the years to address medical debt on credit reports. In 2019, a Senate bill proposed delaying the reporting of medical debt to credit bureaus for one year.^{xiii} A similar bill was introduced in the House that would also prohibit the reporting of debts arising from medically necessary procedures.^{xiv}

SOURCES AND NOTES:

- viii. [Settlement Agreement, In re Investigation by Schneiderman of Experian Information Solutions, Inc., et al.](#), Sec. III(A)(3)(a) (N.Y. March 2015); [Settlement Agreement, In re Experian Information Services, LLC, et al.](#), Compliance/Assurance of Voluntary Discontinuance, Sec. IV(E)(3)(a) (May 2015).
- ix. Chi Chi Wu, [“Big Changes for Credit Reports, Improving Accuracy for Millions of Consumers,”](#) NCLC Digital Library (July 27, 2017).
- x. [Settlement Agreement, In re Investigation by Schneiderman of Experian Information Solutions, Inc., et al.](#) Sec. III(A)(3)(c) (N.Y. March 2015).
- xi. Matt Tatham, [Medical Debt and Your Credit Score: Here’s What You Need to Know](#), Experian, August 8, 2017.
- xii. Donna Rosato, [“What Medical Debt Does to Your Credit Score,”](#) Consumer Reports (July 26, 2018).
- xiii. See S. 1581, [Medical Debt Relief Act of 2019](#) 116th Congress (2019-2020).
- xiv. See H.R. 3622, the [Restoring Unfairly Impaired Credit and Protecting Consumers Act](#), Sec. 103(c), 116th Congress (2019-2020).

STATE LEGISLATIVE REFORMS

While the broadest consumer protections around the reporting of medical debt to credit bureaus have come from attorney general settlements and Minnesota consent decree, states have instituted a variety of protections through legislation, in some cases codifying the attorney general settlements. While the credit bureaus voluntarily extended the 180-day grace period to all states, there is no guarantee they will not rescind the protection in the future and so it is wise of states to codify such protections.

For instance, in 2019, **Maine** prohibited credit bureaus from reporting medical debt on a credit report for 180 days after the first delinquency. Additionally, the Maine law requires that once the credit bureau receives reasonable evidence that a medical debt has been settled or paid in full, it may not report that debt and must remove or suppress the debt from a credit report.⁷

In 2019, **Washington** began prohibiting collection agencies from reporting medical debt to credit bureaus until at least 180 days after the collection agency receives the debt for collection or by assignment.⁸

These grace periods between billing and reporting a debt to a credit bureau give consumers time to resolve insurance issues and billing errors. Not long after the effective date of Maine's new consumer protections around credit reporting, the Consumer Data Industry Association (CDIA) sued the state of Maine in federal court to invalidate the law as preempted by the Fair Credit Reporting Act (FCRA).⁹ This lawsuit is rather baffling given that one of the two provisions of the Maine law that it challenges simply codifies the requirement in the attorney general settlements for a 180-day grace period before medical debts were reported on credit reports. The CDIA has filed a similar lawsuit in Texas, challenging a surprise medical billing protection (see table on page 9).

TABLE: STATE LAWS REGULATING WHEN AND HOW A MEDICAL DEBT CAN BE REPORTED TO A CREDIT BUREAU¹⁰

This table summarizes a variety of state legislative protections, including:

- Prohibitions against the reporting of medical debt for a period of time after billing,
- Protections for consumers in payment plans,
- Restrictions on reporting of medical debt for uninsured or underinsured patients, or patients who have disputes with their insurance company,
- Notice requirements, and
- Protections targeted at particularly vulnerable patients.¹¹

STATES PROHIBITING THE REPORTING OF MEDICAL DEBT FOR A PERIOD OF TIME AFTER BILLING

Maine	Maine prohibits credit bureaus from reporting medical debt on a credit report for 180 days after the first delinquency. Additionally, once the credit bureau receives reasonable evidence that a medical debt has been settled or paid in full, it may not report that debt and must remove or suppress the debt from a credit report. ¹²
Maryland	For 120 days after issuing an initial bill, a hospital may not report adverse information about a patient to a consumer reporting agency unless the hospital documents a lack of cooperation of the patient or the guarantor of the patient in providing information needed to determine the patient's financial obligation. ¹³ Maryland consumers are also covered by the 2015 multistate attorney general settlement requiring that credit bureaus wait 180 days before reporting medical debt on consumer credit reports, which is a stronger protection than the state law. ¹⁴
Washington	Washington prohibits a collection agency from reporting medical debt to credit bureaus until at least 180 days after it have received the debt for collection or by assignment. ¹⁵

PROTECTIONS FOR CONSUMERS IN PAYMENT PLANS

California	Hospitals ¹⁶ and emergency room physicians or their agents or assignees ¹⁷ may not report adverse credit information about a patient who has previously entered into an extended payment plan until the plan is declared inoperative. For a plan to be declared inoperative, a patient must miss all of the payments due over a 90-day period and the hospital must make reasonable efforts to notify the patient as well as offer the patient the opportunity to renegotiate the plan. ¹⁸
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Texas

Bills over \$200, after copayments and deductibles, from a facility-based physician¹⁹ not covered by a patient's health benefit plan²⁰ must include a notice that: "if the patient finalizes a payment plan agreement within 45 days of receiving the first billing statement and substantially complies with the agreement, the facility-based physician may not furnish adverse information to a consumer reporting agency regarding an amount owed by the patient... ." ²¹

STATES WITH LAWS RESTRICTING REPORTING OF MEDICAL DEBT FOR UNINSURED OR UNDERINSURED PATIENTS, OR PATIENTS WHO HAVE A DISPUTE WITH THEIR INSURANCE COMPANY

California

Hospitals²² and emergency room physicians, their agents or assignees, or any other owner of patient debt (including a collection agency)²³ may not report adverse information to a credit agency about uninsured patients or patients that may have high medical costs (a person whose family income does not exceed 350 percent of the federal poverty level)²⁴ until 150 days after billing.²⁵ In the case of a pending insurance appeal, this period is extended until a final determination is made.²⁶ While California consumers were not covered by the 2015 multistate attorney general settlement requiring that credit bureaus wait 180 days before reporting medical debt on consumer credit reports,²⁷ those protections are currently being applied to consumers nationwide by the credit bureaus.²⁸ The 180-day protection is likely to be greater than the state protection in most instances, but the state protection may be greater in the case of a long insurance appeal.

Colorado

If a hospital does not notify the patient of a debt that is not covered by insurance at least thirty days before beginning collection activity,²⁹ the hospital may not report adverse information about the patient to a consumer reporting agency.³⁰ The hospital must also "assist the person in correcting any adverse credit information because of [its] failure to provide" proper notice.³¹

Connecticut

It is an unfair trade practice for any health care provider to report to a credit reporting agency that a person who is enrolled in an individual or group health insurance policy or health benefit plan has failed to pay a bill for services, a facility fee, or a "surprise"³² bill when a health carrier³³ has primary responsibility for payment.³⁴

Massachusetts

Health care providers are prohibited from sending information about unpaid charges to consumer reporting agencies while a patient appeals the denial of insurance coverage or for thirty days after the appeal is resolved.³⁵

Texas A consumer reporting agency cannot furnish a consumer report containing information related to a collection account with a medical industry code if the consumer was covered by a health benefit plan at the time of service and the balance (after copayments, deductibles, and coinsurance) is owed to an emergency care provider or a facility-based provider for an out-of-network benefit claim.³⁶ The Consumer Data Industry Association has asked a federal court to declare this Texas law preempted by the Fair Credit Reporting Act.³⁷

STATES WITH NOTICE REQUIREMENTS

South Carolina A provider of health care services must give twenty days prior notice before submitting a debt to a credit bureau or credit reporting agency or filing a lien against real or personal property, and the consumer must be notified by mail of the creditor's intention.³⁸

Utah Before taking a collection action, a health care provider must give the patient notice via certified mail³⁹ of the balance owed and that it must be paid within 45 days (60 days if the patient is a Medicare beneficiary or retiree 65 years of age or older).⁴⁰ This notice must be given after the deadline for the insurer to pay the claim without penalty (usually 30 days) has expired,⁴¹ or, in the case of a Medicare beneficiary or a retiree 65 years old or older, after Medicare has made a determination as to its liability for the claim. The notice must also explain that failure to pay in that time frame may result in a report to a credit bureau.⁴²

STATE PROTECTIONS TARGETED AT PARTICULAR CATEGORIES OF PATIENTS

Maine Debt collectors may report overdue medical expenses for a minor child to a consumer reporting agency only in the name of the "responsible party identified in a court order or administrative order" and only if the debt collector is notified orally or in writing of the existence of the order. In addition, before reporting the debt, the debt collector must notify, or make a good faith effort to notify, the responsible party of the obligation to pay the overdue medical expenses.⁴³

Missouri Under the worker compensation statute, no hospital, physician or other health care provider (other than one selected by the employee at their own expense) can report to any credit reporting agency any failure of an employee to pay for services, when an injury covered by the statute has occurred and the employee has given the hospital actual notice of the injury.⁴⁴

Ohio When a family court has ruled that a party must obtain health insurance coverage for children or a former spouse, and that party does not do so, then neither the health care provider nor a collection agency is allowed

Ohio
(continued)

to report a medical debt to a credit reporting agency as being owed by the former spouse or the person who is responsible for the children. In addition, credit reporting agencies are prohibited from including the debt in the credit report of the former spouse or the person responsible for the children. These protections apply only if the former spouse, the children, or the person responsible for the children gives a copy of the order to the health care provider or collection agency and provides reasonable assistance in locating the responsible party and obtaining information about the health insurance.⁴⁵

Maryland

A hospital's policy on the collection of debts must include a provision that if a hospital reports adverse information to a consumer reporting agency about a patient who was later determined to be eligible for free care on the date of service, the hospital must seek to strike the information.⁴⁶ In addition, a hospital must report the fulfillment of a payment obligation within sixty days to any consumer reporting agency to which the hospital previously reported adverse information.⁴⁷

NCLC Model Medical Debt Protection Act Key Recommendations:

Language advocates and policy makers can use to strengthen consumer protections in state laws.

1. Expanding financial assistance requirements and debt collection limitations to for-profit health care providers, free-standing ambulatory surgical centers, outpatient clinics.
2. Setting minimum standards for financial assistance policies, including free care for patients with household income below 200% of FPL and a sliding scale for patients with household incomes up to 600% of FPL.
3. Requiring large health care facilities to screen for insurance eligibility.
4. Requiring large health care facilities to offer language assistance to navigate financial assistance.
5. Providing that payments will not be due for at least 90 days after discharge or treatment.
6. Clarifying that there is no contractual violation for a hospital's forgiveness of a patient's copay, coinsurance, or other cost sharing.
7. Shielding families from medical or nursing home debts of family members
8. Creating a private right of action to enforce the statute.

COMPREHENSIVE, TWO-PRONGED REFORM NEEDED—REDUCE DEBT, REDUCE REPORTING

State legislatures are moving in the right direction to protect consumers from the compounding negative impact of unpaid medical debts on credit reports by instituting protections about how and when debt can be reported to credit bureaus. However, states should also use their legislative power to reduce the incidence of medical debt so reporting debt is less of an issue to begin with. The two problems are interrelated and will only grow as health care costs increase and if (as has been the recent trend) more consumers become uninsured.

The number of people that did not have health insurance at any point during the year increased from 25.6 million in 2017 to 27.5 million in 2018.⁴⁸ U.S. health care costs continue to rise, and the out-of-pocket expenses that drive medical debt for consumers are rising as well. An analysis of 2.3 million Chase customers by the JPMorgan Chase Institute found that families on average spent \$714 of their take home income on out of pocket healthcare spending in 2016—up from \$629 in 2013.⁴⁹ These trends all point towards an expanding medical debt crisis and the need for state action.

States can protect consumers by:

1. expanding access to financial assistance programs and other policies to reduce debt, and
2. by limiting the reporting of medical debt to credit bureaus for one year.

1. Robust Financial Assistance Policies & Other Reforms

Medical debt and health care affordability are multifaceted problems. A broad range of possible solutions include:

1. More comprehensive financial assistance policies (FAPs), to cover all hospitals (not just nonprofit hospitals) and a broader range of large health care providers.
2. Stronger consumer protection rules for medical debt collection.
3. Provider-oriented solutions, such as cost control measures, limits on facility fees, and restrictions on surprise medical bills.

4. Insurance solutions, such as reducing financial burdens on the underinsured, limiting cost-sharing, limiting out-of-network billing, improving network adequacy standards to ensure that in-network care is available, and preserving strong coverage standards.
5. Expanding the number of consumers with health insurance through Medicaid expansion and other measures.

NCLC's *Model Medical Debt Protection Act* (Act) tackles the first two of these problem areas. Among other things, it requires robust FAPs that cover more patients, sets forth specific financial guidelines for free care and discounted care, and adds a number of procedural safeguards to protect consumers from aggressive or unfair debt collection practices.⁵⁰ Specifically, the Act outlines how states can increase debt protections by requiring free care for costs not otherwise covered by insurance for consumers below 200% of the Federal Poverty Level (FPL), sliding-scale discounted care for consumers between 200% and 600% of the FPL, limits on some debt collection practices, increased notice of protections, and enforcement options for violations.⁵¹

2. *Limit the Reporting of Medical Debt for One Year*

In addition to protecting consumers from ruinous healthcare debts, states should also limit medical providers and debt collectors from reporting medical debts to credit bureaus until one year has passed after the initial billing. Restricting when *medical providers* and *collectors* can report medical debt would be different from laws that prohibit *credit bureaus* from including it a credit report, the latter of which have been the subject of lawsuits from the Consumer Data Industry Association.

The recent moves by state legislatures in Washington⁵² and Maine⁵³ to codify the attorney general settlement's 180-day grace period on reporting medical debt to credit bureaus are a good start. However, a one-year grace period would be in line with a recent federal proposal⁵⁴ and would better protect consumers from billing and payment errors arising from the byzantine healthcare system consumers find themselves in.

States should also examine the Minnesota consent decree that has, among other things, disallowed 125 hospitals from reporting medical debt to credit bureaus entirely. This agreement certainly provides what may be the strongest and broadest consumer protections around the reporting of medical debt, and generally introduces rigorous processes to make sure that medical debt is dealt with and collected in a responsible manner.

At a time when millions of consumers are beset with medical debt, states can and should take immediate measures to reduce medical debt and to protect consumers from harmful credit reporting and debt collection practices. Placing limits on the reporting of medical debt is a straightforward reform that can help millions of consumers restore financial stability for their families.

ENDNOTES

1. *Market Snapshot: Third Party Debt Collections Tradeline Reporting*, Consumer Fin. Prot. Bureau (Jul., 2019).
2. *Consumer Credit Reports: A Study of Medical and Non-Medical Collections*, Consumer Fin. Prot. Bureau (Dec. 2014).
3. *Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured*, Commonwealth Fund (Feb., 2019).
4. Kenneth P. Brevoort & Michelle Kambara, *Data Point: Medical Debt and Credit Scores*, Consumer Fin. Prot. Bureau (May 2014)
5. Mark Rukavina, “*Medical Debt and Its Relevance When Assessing Creditworthiness*”, *Suffolk University Law Review* 46(3): 967-982, 2014.
6. *Consumer Credit Reports: A Study of Medical and Non-Medical Collections*, Consumer Fin. Prot. Bureau (Dec. 2014).
7. Me. Rev. Stat. Ann. Tit. 10 § 1310-H(4) (2019). The Attorney General settlement contains a similar provision but only applies if the medical debt is paid by an insurance company.
8. Wash. Rev. Code Ann. § 19.16.250(28)(c).
9. Complaint, [Consumer Data Industry Association v. Arron Frey and William Lund](#), Sept. 26, 2019.
10. Some of these laws apply only to patients with certain types of health insurance coverage.
11. NCLC welcomes and encourages advocates to contact us with updates to this table to include in future updated versions.
12. Me. Rev. Stat. Ann. Tit. 10 § 1310-H(4) (2019).
13. Md. Code Ann., Health-Gen. § 19-214.2(d)(1).
14. Settlement Agreement, *In re Experian Information Services, LLC, et al.*, Compliance/ Assurance of Voluntary Discontinuance, Sec. IV(E)(3)(a) (May 2015).
15. Wash. Rev. Code Ann. § 19.16.250(28)(c)
16. Cal. Health & Safety Code § 127425(g).
17. Cal. Health & Safety Code § 127455(f).
18. Cal. Health & Safety Code §§ 127425(g), 127455(f).
19. Tex. Ins. Code Ann. § 1456.001(3) (defining “facility-based physician”).
20. Qualifying health benefit plans are detailed in Tex. Ins. Code Ann. § 1456.002.
21. Tex. Ins. Code Ann. § 1456.004(a)(6).
22. Cal. Health & Safety Code § 127425(d).
23. Cal. Health & Safety Code § 127455(c).
24. Cal. Health & Safety Code §§ 127400(g).
25. Cal. Health & Safety Code §§ 127425(d), 127455(c). California is not a party to the 2015 Attorney General settlement. Assurance of Voluntary Compliance/ Assurance of Voluntary Discontinuance, *In re Equifax, et al.* (May 2015),

26. Cal. Health & Safety Code § 127426(a), § 127456(a).
27. Settlement Agreement, *In re Experian Information Services, LLC, et al.*, Compliance/Assurance of Voluntary Discontinuance, Sec. IV(E)(3)(a) (May 2015).
28. Matt Tatham, *Medical Debt and Your Credit Score: Here's What You Need to Know*, Experian, August 8, 2017.
29. Colo. Rev. Stat. Ann. § 6-20-202(1)(b) (listing notice requirements).
30. Colo. Rev. Stat. Ann. § 6-20-202(2)(a).
31. Id.
32. Conn. Gen. Stat. Ann. § 38a-477aa(a)(6) (defining “surprise bill”).
33. Conn. Gen. Stat. Ann. § 38a-477aa(a)(5) (defining “health carrier”).
34. Conn. Gen. Stat. Ann. § 20-7f(c).
35. Mass. Gen. Laws Ch. 176O, § 14(f).
36. Tex. Bus. & Com. Code Ann. § 20.05(a)(5).
37. Complaint, *Consumer Data Industry Association v. State of Texas*, Sept. 9, 2019.
38. S.C. Code Ann. § 37-5-117.
39. Utah Code Ann. § 31A-26-313(2)(a).
40. Utah Code Ann. § 31A-26-313(3)(b).
41. Utah Code Ann. § 31A-26-301.6(3)(a).
42. Utah Code Ann. § 31A-26-313(3)(c).
43. Me. Rev. Stat. Ann. tit. 10, § 1310(8).
44. Mo. Ann. Stat. § 287.140(13)(1). Requirements for actual notice detailed at § 287.140(13)(2).
45. Ohio Rev. Code Ann. § 1349.01(D)(1).
46. Md. Code Regs. 10.37.10.26(A-1)(2)(f).
47. Md. Code Ann., Health-Gen. § 19-214.2(d)(2).
48. *Health Insurance Coverage in the United States: 2018 Current Population Reports*, Edward R. Berchick, Jessica C. Barnett, and Rachel D. Upton, Sept. 2019.
49. *Paying Out-of-Pocket The Healthcare Spending of 2 Million US Families*, JPMorgan Chase Institute, Pg. 3, Sept. 2017.
50. National Consumer Law Center, *What States Can Do: Medical Debt (2019)* (short introduction to the model law); Chi Chi Wu, Jenifer Bosco, April Kuehnhoff, *Model Medical Debt Protection Act*, National Consumer Law Center, 2019.
51. Id.
52. Wash. Rev. Code Ann. § 19.16.250(28)(c).
53. Me. Rev. Stat. Ann. Tit. 10 § 1310-H(4).
54. See S. 1581 *Medical Debt Relief Act of 2019* 116th Congress (2019-2020),

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