

OPINION EDITORIAL

Medical Debt – More can be done to support vulnerable patients

A recent article from ProPublica, “When Medical Debt Collectors Decide Who Gets Arrested,” describes numerous unfortunate circumstances and raises a host of questions. While these questions are not all easily answered, it is clear that even though our current system of medical debt collection appears to have failed many vulnerable people, there are some protections in place.

First, it bears repeating that hospitals and health systems treat all patients who come through their doors, regardless of the time of day and regardless of their ability to pay. Hospitals work closely with uninsured and low-income patients on their individual bills, including discussing financial assistance options with them. In the event of an unpaid bill, Congress has prescribed an extensive series of steps and wait times that non-profit hospitals must adhere to before taking collection actions, which is a last resort. These steps, which the IRS has detailed, include:

- Providing written and oral notice of its financial assistance policies, which can include care at no cost or greatly reduced costs;
- Complying with a 120-day notification period of the availability of its financial assistance policies before taking collection actions and notifying the patient in writing 30 days before taking any collection actions; and
- Allowing a patient to stop and even reverse collection actions for up to 240 days in order to apply for assistance.

Hospitals and health systems work hard to support vulnerable patients in many ways, including striving to provide access to financial assistance and counseling to all patients who might qualify for it. At the same time, we must continue to look for new and better ways to work with patients who need help paying their bills.

This recent coverage on medical debt describes some specific distressing situations that led to patients facing warrants after a number of non-appearances in cases pertaining to past due balances owed. Whenever the design of a system results in harm to the person the system is supposed to benefit most, namely the patient, some type of systemic failure exists. In this case, the list of potential fixes is lengthy. However, one thing we have the ability to do right now through Medicaid expansion is provide access to health care coverage to Kansans unable to afford costly medical bills.

An expanded Medicaid program will make health care more accessible and affordable for hardworking, low-income Kansans. In addition to increasing access to primary and preventive care, expansion would reduce medical debt and enhances continuity of coverage and care for chronic illness.

Taking advantage of Medicaid expansion will greatly increase the number of Kansans with insurance coverage, spur economic development and new jobs, provide financial stability to low-income families, and enhance the viability of hospitals and other health care providers. Thirty-six states and the District of Columbia have chosen to expand their Medicaid programs. It is time for Kansas to join them.

About the Author: Tom Bell is the president and CEO of Kansas Hospital Association, a voluntary, non-profit organization existing to be the leading advocate and resource for members. KHA membership includes 219 member facilities, of which 123 are full-service, community hospitals. Founded in 1910, KHA's vision is: "Optimal Health for Kansans."