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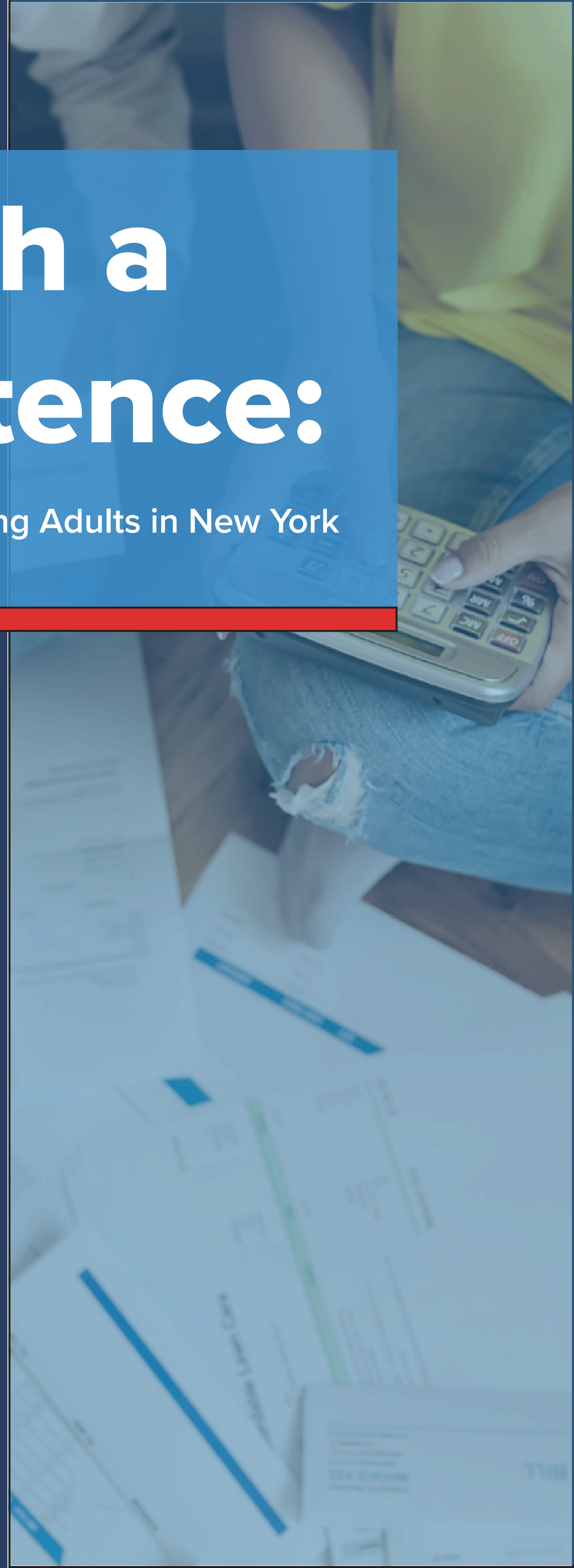
Living with a Debt Sentence:

The Impact of Medical Debt on Young Adults in New York



A Policy Brief by Young Invincibles

Sean Henry Miller
Noshin Hoque
Brooke Robinson

YOUNG INVINCIBLES

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Summary

Ballooning medical debt contributes to the gross inequity and instability New Yorkers face. Even with insurance, thousands of people face overwhelming medical debt. Some nonprofit hospital systems have been known to sue patients for unpaid bills regularly. These debts also fall starkly along racial, socioeconomic, and generational divides, with young adults, communities of color, LGBTQIA+ communities, and people with chronic health conditions, including cancer, disproportionately experiencing financial burdens and, consequently, barriers to their health and financial security. Here we will discuss the state of medical debt among young adults in New York, share a few stories that highlight this issue, and propose recommendations for more effectively addressing, mitigating, and ultimately helping to prevent medical debt in New York.

** With special thanks to our partners, M.M., Community Service Society of New York, and the Health Care for All New Yorkers Coalition. Learn more about them at cssny.org, wethepatientsny.org, and hcfany.org.*

Recommendations

Address the Root Cause

1. **Limit the prices that hospitals charge to (privately) insured patients.** Higher prices lead to higher out-of-pocket costs for patients and exacerbate affordability burdens and economic disparities. Nonprofit hospitals should have patient price caps for a variety of treatments and services.
2. **Establish an "Office of Healthcare Accountability".** Pass New York City Council Bill Int 0844-2022. This office would serve several functions, including:
    - "Audit city expenditures on employee-related health care costs and make recommendations on how to lower these costs.
    - Create a publicly accessible website that provides information on the costs of hospital procedures and summarizes the cost transparency of each hospital.
    - Where feasible, report on factors external to hospitals such as major insurance providers' operating and profit margin."

Adding means of municipal enforcement of the federal hospital price transparency law: "While the City is not permitted to issue fines for non-complying hospitals under state law... [the city council] would be able to challenge hospitals' local property tax exemptions, and could require hospital CEOs to attest to complete published prices as a condition of ongoing municipal funds and benefits."[1]

Protect Patients

3. **Limit the practice of suing patients for medical debt.** Nonprofit hospitals receive more state Indigent Care Pool (ICP) funds than they spend on financial aid for patients. The gap is significant to the extent that the ten hospitals that sued the most patients in New York State received an excess of $55.5 million more in 2018 than they offered in financial assistance to eligible New Yorkers. Before suing any patient over medical debt, healthcare providers should be required to legally certify, via an affidavit, that each patient was ineligible for financial assistance (as is put forth in the Ounce of Prevention Act, NY Senate Bill S1366). Hospitals' compliance with this policy should determine the level of funds received from the state ICP.
4. **Regulate professional debt collections and lawsuits.** Debt collectors vary in their notification strategies and effectiveness, leading to debts going unknown to patients. Uniform requirements may help ensure patients are affirmatively notified of debts, and in a timely and accessible manner. Patients are also vastly unrepresented in court, resulting in default judgments against them. When a nonprofit health care provider does sue a patient for medical debt they should be required to prove that the patient has been made aware of the debt, lawsuit, hearing logistics, and options for free or affordable legal representation if they cannot afford it (e.g. Miranda Rights).

Improve Oversight and Transparency

5. **Create and require accessible price transparency for patients.** User-friendly price transparency platforms would allow patients to compare options, plan to pay for their treatment, and help pave a pathway to more affordable care. State and city health departments in large municipalities, nonprofit organizations, and businesses are all

poised to help create user-friendly websites and/or phone apps, making it easy for prospective patients to compare local hospital and medical prices. New York State and NYC can also help hold hospitals accountable for posting high-quality and accurate data that complies with the federal price transparency law.

6. **Require streamlined financial assistance processes.** New York's "Ounce of Prevention Act" would also "require all hospitals in the state to adopt a uniform financial assistance application and policy to simplify the process for patients to apply and be eligible for financial assistance." Hospitals' compliance with this policy should determine the funds received for the state ICP.

Young Adult Stories

To exemplify some of the medical debt issues young adults in New York face we will highlight three stories from brave advocates, who were willing to share their own experiences. Medical stories and medical debt stories, nonetheless, are often very personal, and are thus, difficult to solicit. This is even more true for young adults, who may or may not be independently managing their health insurance and/or finances. For these reasons, we want to especially thank our three advocates below, for sharing their stories.

Maia Rosenberg, 26, Harlem, New York

Battling severe asthma over the last ten years, Maia Rosenberg has been in and out of the hospital since January 2020 and dealing with her own ballooning medical debt. Maia has good insurance; however, living with chronic illness has increased her medical needs and bills exponentially. "I shouldn't be starting out my adult life in the red, just for being sick," Maia stated. Now, over three years into her hospital stays, Maia has lost count of how much she owes and believes the hospital has no idea either. "I have no clue, I have really no idea," Maia told a Young Invincibles New York team member in a February 2023 interview.

"A lot of it would be so much easier if it was all consolidated in one... like what am I actually paying for? And where does it live?." In Maia's experience, her doctors don't seem to have the full record of what services she's received or how much their patients are paying for those services. To save money, Maia even brings her own medical equipment from home when possible. "I am already in so much debt, I am never going to pay it off anyway... I don't own things, I [can't take out] credit cards... I moved in with my mom... because I can't live by myself with all of this stuff." Maya also noted that, while looking for apartments in 2022 a real estate broker asked for her credit score and, when hearing it, told her "that's a [little] low". Her response: "Welcome to our country's healthcare system", aluding to how outstanding medical debt has hurt her credit score and thus hurt and limited her ability to be able to rent an apartment.

Anthony Calafiura, 18, New York, New York

"It's like every time I check my mail, every time I receive an 866 call, every time... I'm just reminded of how much debt I'm in, and it just makes me really anxious, and it's been really not good for my mental health, which is why I'm even in debt in the first place, was to get better" Anthony exclaimed in an interview with Community Service Society of New York. After a failed suicide attempt when he was a minor, Anthony Calafiura was committed to a psych ward for 14 days. He believed his hospital stay truly helped him until he received the bill afterward that left him in over $2,000 of debt even with being insured. Unbeknownst to him, once he turned 18 his debt was handed to the debt collection agency and he now receives constant calls, texts, and mail reminding him of what he owes. Without financial support from his parents and the stress of the constant collection notifications, the whole process has left him not knowing what to do and who to go to for help. Anthony stated in his interview that he genuinely believes in the need for more education surrounding how insurance works and how to manage your own debt. "In general... people shouldn't have to go into debt, with little knowledge on what to do after, just to get the medical care that they need," Anthony declared.

Drew Tessier, 27, Syracuse, NY

"People don't know that there is financial assistance and the application is so complicated.
They never informed me, just went straight to 'here's your bill,"
said Drew Tessier, a grocery store cashier in Syracuse NY, after receiving an $800 bill for a hospital visit. Drew, insured at the time, was not offered financial assistance options by the hospital and only found out about financial assistance through a social media post. "I ended up getting the financial assistance but I wonder, why didn't the hospital tell me about it upfront? Why did I have to learn about it through a Facebook post?". He eventually received the assistance however, " the process was very stressful at a time when I should have been focussed on recovering from a health

crisis and getting ready to return to work. I am currently dealing with medical debt from St. Joseph's and am in the process of applying for financial assistance. You can't apply online and they require lots of documents. A uniform application could be so much better. It can be difficult to get things like paystubs these days. I don't think the people who design these forms ever talk with the applicants. It seems like the whole thing is difficult on purpose."

Not only was receiving financial assistance an issue, Drew went on to explain the intersectional ways medical debt impacts marginalized communities. "Anything related to hormone care was very difficult to get covered by my insurance. This is still an issue in the trans community, accessing hormone care. People who are already marginalized are more likely to end up with medical debt and have problems paying for healthcare." Marginalized groups, such as the LGBTQIA+ and BIPOC communities, have higher rates of medical debt. That debt is magnified for folks from intersecting marginalized backgrounds, such as the Black transgender community.

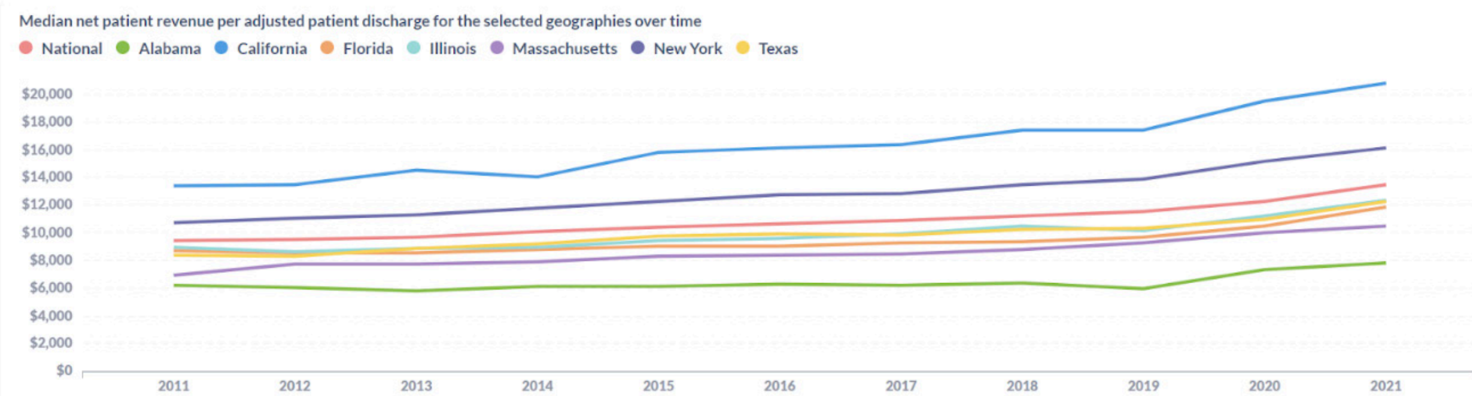
Background (Landscape Analysis)

The State of Medical Debt in the U.S. and in New York State

Medical debt is a longstanding problem prevalent across the country. In the United States, medical debt represents 58% of all debt in collections[2], with over 100 million Americans having health care debt.[3] In 2009, unpaid medical bills became the largest source of debt owed to collections agencies[4]. 25% of adults with medical care debt owe over $5,000. Worse still, twenty percent of adults say they never expect to pay it off.[5]

At the root of the medical debt issue are the exorbitant prices that U.S. and New York consumers pay for medical services. From a global perspective, our nation and individuals spend far more on health care than any other high-income country, despite having worse health outcomes and life expectancy rates. In comparison, the U.S. spends between three to four times more on health services than Japan, New Zealand, and South Korea. We also spend at least twice the amount, per capita, compared to Switzerland, Norway, the Netherlands, Canada, France, Australia, and the United Kingdom. At the state level, New York hospital costs have been sharply higher than the national median for years, and it was $2,677 more as of 2021.

New York State Hospital Costs Compared to other States and the National Median



Revenue and Costs

How do hospitals' revenue from and costs for patient care vary across different hospital attributes within and across states?

Net Patient Revenue per Adjusted Patient Discharge

Net Patient Revenue divided by **Adjusted Patient Discharges**, accounting for inpatient and outpatient volume.

- **Net Patient Revenue:** The gross patient charges, less contractual discounts, bad debt and charity care allowances, and other deductions agreed to by the hospital. Numbers are reported from the hospital's accounting records.
- **Adjusted Patient Discharges:** The calculated inpatient and outpatient patient discharges indicating the hospital's total patient volume for the reported period. Using the adjusted patient discharges to standardize hospital-level metrics allows comparison of hospitals of various sizes.

Figure 1. National Academy for State Health Policy Hospital Cost Tool[6]

Inpatient prices in New York have also increased twice as much as the national average. Higher spending can result in higher out-of-pocket costs and premiums for patients in an industry where payment plans are difficult to access and price transparency is mainly absent. Without price transparency and accessible platforms for patients to easily compare healthcare prices, it's also difficult for patients to clearly identify more affordable hospitals and which offer the best value for their services.

In addition to setting excessively high prices, hospitals, many of which are not-for-profit, also use aggressive and predatory practices to pursue unpaid medical bills. In 2020, a report conducted by Community Service Society found New York's charitable hospitals sued almost 50,000 New Yorkers in the last five years. Further, a 2021 report found that forty-six nonprofit hospitals in New York placed liens against thousands of patient homes over unpaid medical debts. 35% of their survey respondents described difficulty accessing health care and carried a significant financial burden due to their debt being put in collections.

Medical debt has a long-term impact on the financial and physical health of the patient. It can cause patients to be denied services from hospitals, doctors, or other providers because of unpaid bills. It can also cause patients to not seek services, even when they need them, or to let health conditions go untreated until they become dire. The financial burden of health care costs and medical debt can create asset disparity which feeds into other forms of poverty, including food insecurity and housing insecurity. For young adults, these financial burdens can hinder building credit, pursuing postsecondary education, home ownership, long-term investments, retirement savings, and other key assets for building economic security.

Disparities: Who Holds the Debts?

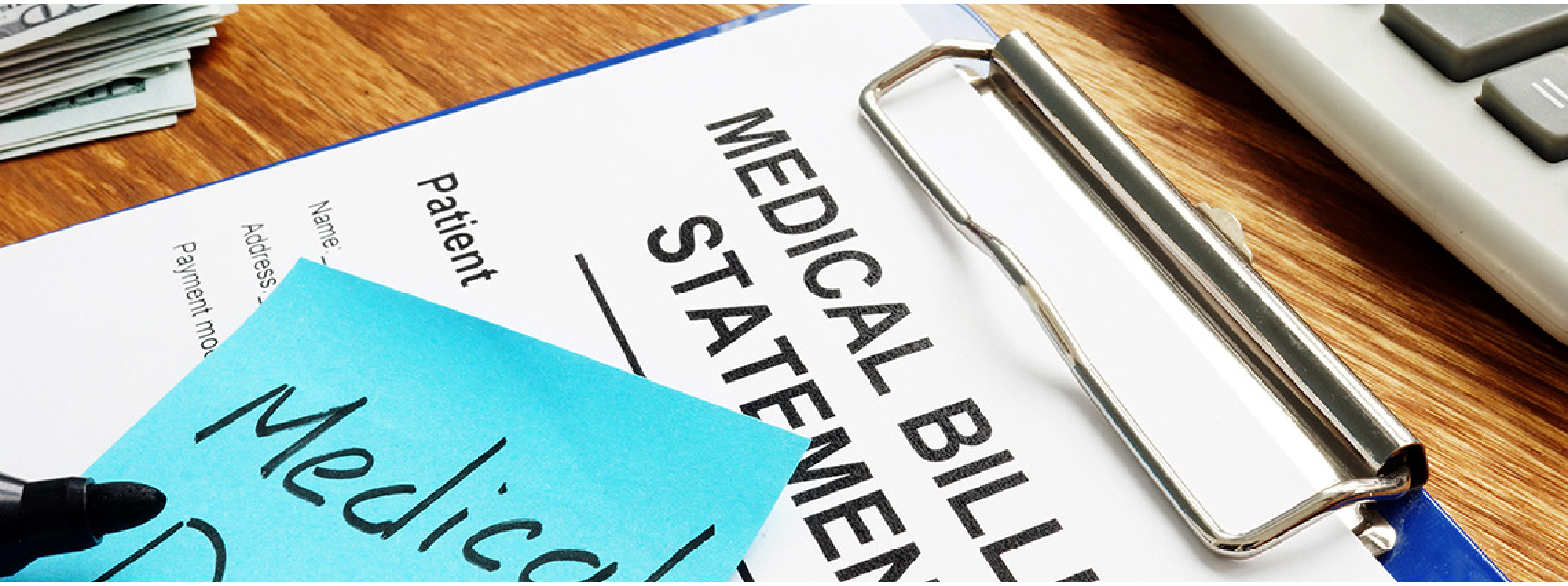
These debts disproportionately harm young adults, low-income communities of color, and Black individuals, in particular. Almost 80% of health care debt is in households with a net worth of zero or a negative total. A national demographic breakdown shows that Black households with insurance are as likely to hold medical debt as non-Black households that do not have insurance[7]. In 2019, the share of Black adults with medical debt was 16% compared to 9% of white adults[8]. A 2021 Brookings Institute Report also shows that 27% of Black households have healthcare debt, compared to about 17% for other families[9]. Black households are also far more likely to have their debts go to collections[10]. Medical debt levels are also higher in communities of color[11].

While having insurance can mitigate some risks of medical debt, it cannot prevent it from accumulating. Young adults are especially prone to medical debt, as they are, generally, navigating the process of enrolling in and/or budgeting for health insurance for the first time in their life. Their debt is also more likely to go to collections, with the highest rate of 11.3 % among 27-year-olds[12], many of whom may be in their first year off of their parent or guardian's insurance and either newly on their own insurance or uninsured. Being uninsured certainly carries the highest risk for accumulating medical debt, but those with insurance still face huge levels of medical debt. Over 90% of the US has some form of health insurance and the majority of those people receive coverage from their employer[13]. Nevertheless, 41% of adults currently have some form of healthcare debt[14], and adults under 30 are about twice as likely to have it[15].

In New York, 6% of residents have gone into collections due to medical debt[16]. In counties such as Schenectady and Onondaga, communities of color have more than double the rate of medical debt on their credit report[6]. As a result of having outstanding medical debt on their credit reports, their credit scores are also often affected, resulting in a decreased ability to take a loan or a credit card, decreased ability to qualify for an apartment lease or mortgage, and higher interest rates. This compounding effect further exacerbates longstanding racial wealth gaps.

The threshold for reporting medical debt to credit agencies also plays a significant role in exacerbating these divides. Current federal law allows medical debt under $500 to not be reported on credit reports. The median medical debt on credit reports in white communities in Westchester County New York is is $424; but for communities of color in the same county, it is $737[17]. Medical debt is reported far more often amongst communities of color here, and in many other parts of New York state, because their median medical debt is far more often over this arbitrary figure of $500[18].

Worse still, those with chronic illnesses and conditions like cancer, are also far more likely to have medical debt. The American Cancer Society recently reported that most cancer patients and survivors were unprepared the costs of their treatment. 73% of cancer patients reported being are concerned about their ability to afford their treatment, and for a good reason. "51% of cancer patients and survivors report incurring medical debt due to the costs of their cancer care. The debt is often carried for years with significant impacts, including 53% of debt-holders facing collections and 46% seeing their credit score negatively impacted..." A recent study showed that cancer patients were 71% more likely to have medical bills in collections, or face liens, home foreclosure, or similar financial hardships. As a result, 74% of cancer patients forgo or delay treatment out of financial concern. Two in three adults with cancer and medical debt have reported cutting spending on essentials, such as food and clothing, and 1 in 4 have declared bankruptcy or lost their home[19]. Non-white patients are also more likely to experience such financial hardships[20], exacerbating both health and wealth inequities[21].



Preventing and Mitigating the Medical Debt Issue in New York

To mitigate the harms of this system, New York State passed and instituted several recent bills to address such harms arising from abusive and aggressive forms of medical debt collection. One example is a bill titled "Protects Patients from Certain Penalties due to Money Judgments" (S6522A/A7363A), which bans practices such as wage garnishment and property liens to protect healthcare consumers from financial ruin. This bill was signed into law by New York's governor just a few months ago, in late November of 2022. A related New York bill banning hidden facilities fees by medical providers (S.2521C/A.3470C) was also signed into law a month later, in December of 2022. In 2021 a bill that reduced the judgement interest rate applied to medical debt was passed. In 2020 a preceding bill reduced the statute of limitations in medical debt cases from 6 to 3 years, shortening the time frame for a hospital to initiate a lawsuit against a former patient for outstanding medical debt. For the past three years, New York state has passed some form of legislation every year aimed at protecting patients from medical debt. Despite these legislative efforts mitigating harms in medical debt collections, New York, like other states, has passed no policies to effectively prevent medical debt for patients.

Elected officials in places like New York City are exploring various legislative and administrative means of elucidating clear and comparable prices, including creating an Office of Health Care Accountability. They aim to help foster a more fair and democratic marketplace for healthcare goods and services. Nonetheless, hospitals are typically run for profit, regardless of their non-profit status, and hold a disproportionate share of power over patients. 2021 research from the Lown Institute Hospitals Index showed that, nationally, nonprofit hospitals receive $17 billion in tax breaks, and 72% of nonprofit hospitals which contributed to their margins and profits rather than to charity care, and 72% of nonprofit hospitals spent less on charity care than they received in nonprofit tax breaks.

A patient's ability to access financial assistance and how much aid they will receive is largely at the hospital's discretion. However, even before that, the lack of pricing transparency usually makes it functionally impossible for patients to compare treatment options meaningfully. Most hospitals ignore the federal rule to post prices, with no viable measure to hold them accountable. In a recent analysis of 81 New York hospitals' price transparency, roughly a third (28) were found to have "negotiated price information" available, but less than a quarter (19) had "high-quality information." Of those, almost half were hospitals run by the NYC Health + Hospitals system[22]. New York City is ahead of the national curve here, however. A recent national analysis of 5,000 hospitals found that just 6% were fully compliant[23] with the federal price transparency law[24]. In response to these findings, the U.S. Health and Human Services Secretary Xavier Becerra recently stated, "Americans deserve not just to get good prices when they go into a hospital but to know what they're going to pay."[25] Improving compliance and finding other means to hold hospitals accountable is clearly key as a next step.

Adoption of the hospital price transparency rule was delayed because of the pandemic. The penalty for failing to comply with the rule was previously a mere $300 per day to start, which is negligible to most hospitals. However, the maximum daily penalty increased to $5,500 in 2022 for hospitals with more than 30 beds. This steeper fine is more likely to be felt and avoided by hospitals. Insurers who fail to comply with this rule will also face a $100 per day per violation, for each enrollee affected by the violation. Together, as New York Health Foundation's President, Daivd Sandman, noted, "the penalties for noncompliance have more teeth." That being said, price transparency alone cannot lower health care costs or fix our broken health care system.[26] A new poll shows that a whopping 89% of Americans are in favor of bipartisan Congressional action to lower hospital prices, and 74% are concerned that Congress won't do enough to lower prices.[27]

Some states and cities have also taken up their own measures to address these systemic issues. For example, in December 2022, the New York City Council put forth the Healthcare Accountability & Consumer Protection Act. This legislation aims to lower costs, with lead-sponsor Council Member Julie Menin saying it could save the city up to $2 billion by establishing an Office of Healthcare Accountability, auditing city expenditures on employee-related health care costs, making recommendations on how to lower these costs and requiring a publicly accessible website to compare the costs of hospital procedures and summarizes the cost transparency of each hospital. It would also require, where feasible, a report on other factors in determining hospital prices, such as operating costs and the profit margin of major insurance providers served.[28] The bill currently has 42 sponsors and support from the public advocate and four borough presidents. The health advocates' priority is ensuring that the council leader and mayor will help ensure fidelity and needed appropriations to fully implement this bill, while hospitals continue to lobby against it.

Spotlight: Nonprofit Organizations to the Rescue

In response, numerous national, state, and local organizations have been working to shed light on the ballooning medical debt and price transparency crisis. Some of these organizations also provide support services to patients in need. Among them are Power to the Patients, the Coalition for Affordable Hospitals, Health Care for All New Yorkers coalition [HCFANY] (of which Young Invincibles is a core member), New York Health Foundation, PatientRightsAdvocate.org and many more. New York's Community Service Society (CSSNY) also conducts a great deal of research and advocacy on health care and medical debt in New York as part of HCFANY's #EndMedicalDebt Campaign. One of their campaigns, We the Patients, centers on patient stories collected and shared in various mediums. This campaign is led by patient advocates and seeks to empower New Yorkers of all ages, especially those with personal medical debt experiences, to advocate for more affordable, accessible and equitable health care in New York.

The National Consumer Law Center also offers free legal advocacy and advice for patients navigating medical debt, debt collections, debt settlement and relief, and more. Another inspiring organization, Dollar For, offers free services, advocating for patients, helping them apply for hospital financial assistance, and eliminating medical bills. In total, they've provided U.S. patients with a total of $23,204,420 of medical debt relief since being founded in 2012. Similar to them, RIP Medical Debt (RIP MD) was founded in 2014, and eliminates medical debt. RIP MD was started by two folks with inside experience, former executives of debt collection companies and, thus, the organization takes a novel and head-on approach: buying and forgiving medical debt. As of March 2023, they have bought and effectively wiped out over $8.5 billion in medical debt and relieved 3.6 million people.[29] However, this approach still doesn't prevent medical debt[30] or its root causes, including unbridled and unclear costs.

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