## UNDERSTANDING THE PATIENT MEDICAL DEBT PROTECTION ACT

**PROBLEM EXAMPLE SOLUTION** Chandak G. went to the hospital for kidney One itemized bill, written in plain Hospitals send patients unnecessarily stones and got 27 different bills from language, delivered within 7 days after confusing and duplicative bills. the ER, radiologist, and many others. every hospital visit. [Part B-C] A patient was sued over five years Non-profit hospitals sue patients for Reduce the maximum interest rate after his hospital stay; his bill outstanding bills long after a hospital from 9% to the US Treasury rate ( $\sim$ 1%). totaled almost \$25,0000, including visit, imposing a 9% interest charge. [Part H] nearly \$7,000 in interest. Claudia K. scheduled what she thought Patients are still on the hook for was an in-network visit because her **Hold patients harmless** for provider surprise bills due to provider or provider directory told her the doctor and plan misinformation. [Part I] plan misinformation was in-network, and she was stuck with a \$101,000 medical bill. Sintora S. went in for a mammogram, Hold patients harmless for facility Patients are charged for hospital expecting to be charged a co-pay, but then **fees**; patients should not be charged for overhead, known as facility fees. received a surprise \$149 facility fee. hospital overhead. [Part D] Patricia M. needed emergency gallbladder There is no uniform hospital surgery that cost \$13,000. She was One uniform hospital financial form financial aid form, forcing financially uninsured, and eligible for financial that uses up-to-date eligibility rules needy patients to jump through hoops aid, but her hospital's policies to be used by all hospitals in New York. made it impossible to get without to get the assistance they need. [Part G] the help of a professional advocate. Chet W.'s in-network surgeon told him Implement a uniform patient Waiver forms leave patients that he had to sign a financial liability financial liability waiver form responsible for unspecified and waiver form that guaranteed payment that protects patients' rights. unanticipated expenses. for his pre-authorized surgery. [Part E] To control costs, NY seeks to Some hospitals claim insurance **Require hospitals to allow insurance** establish a consumer-friendly companies cannot report cost data carriers to report cost data so patients website to search and compare saying it's "proprietary," leaving can easily compare prices on common patients disempowered to prices on common procedures, procedures. [Part F] known as an all payer database. make well-informed choices.



