



# 2021 Health Rights State Legislative Highlights

Presented by:

Ashley Black, Esq., Staff Attorney, Public Justice Center, Inc.

blacka@publicjustice.org

(410) 625-9409 (phone)

(410) 625-9423 (fax)

Pronouns: She, her, hers

Pursuing systemic change to build a just society. www.publicjustice.org



# ACCESS TO HEALTH & BENEFITS PROJECT

- Protecting and expanding access to health care and public benefits
- Seeks to eliminate racial and ethnic disparities in health outcomes and access to benefits.
- Advocacy Priorities:
  - Expanding access to dental care for low-income adults
  - Eliminating racial disparities in maternal health outcomes
  - Removing discriminatory barriers to accessing Hepatitis C treatment in Medical Assistance (Maryland Medicaid)
  - Ensuring that individuals with Limited English proficiency (LEP) are afforded timely and consistent access to language services in healthcare and public benefits programs.
  - Strengthening medical debt collection protections for low-income patients and families
  - Monitoring changes to healthcare and public benefits on the federal and state level
  - Protecting access to public benefit programs, including SNAP, TANF, Medical



## HEALTH RIGHTS LEGISLATIVE HIGHLIGHTS

#### **Strengthening Patient Protections against Medical Debt Collection**

• Medical Debt Protection Act – HB 565 | SB 514

#### **Improving Maternal Health Outcomes**

- Public Health Maryland Prenatal and Infant Care Grant Program Fund HB 1349 | SB 777
- *Maryland Medical Assistance Program Eligibility –* SB 923
- *Maryland Medical Assistance Program Doulas (Doula Pilot Program) –* SB 163

#### **Eliminating Health Inequities**

 Prohibition on Vending Machine Sales of Drugs and Medicines – Repeal – HB 107/ SB 499



# MEDICAL DEBT PROTECTION ACT

- Sponsored by Delegate Charkoudian and Senator Feldman
- Unanimous passage in House and Senate
- As it was introduced:
  - Prohibited hospitals from filing lawsuits for debts under \$1,000
  - Prohibited wage garnishment if patient is uninsured or qualifies for free or reduced-cost care
  - Prohibited liens on the patient's home
  - Prohibited body attachment and arrest warrants
  - Required hospitals to offer monthly payment plans with fair interest rates
  - 180 day wait to report unpaid debts to credit reporting agencies and 60 days after appeals to insurance companies or financial assistance are exhausted
  - Screen patients for eligibility for financial assistance before suing
  - Race, gender and income data reporting annually to HSCRC



# MEDICAL DEBT PROTECTION ACT

What advocates wanted	VS.	What Advocates Achieved
No lawsuits for debts under \$1,000	$\rightarrow$	Unofficial moratorium on ALL medical debt lawsuits until January 2022
No wage garnishment if patient is uninsured or qualifies for free or reduced- cost care		"
No liens on patient's home		"
No body attachment or arrest warrants for unpaid debts		"
Hospital payment plan with specific requirements described in legislation	$\rightarrow$	HSCRC is required to develop payment plan guidelines with input from stakeholders; no lawsuits until hospital has implemented the plan



# MEDICAL DEBT PROTECTION ACT

#### What advocates wanted

No claims against estates of deceased patients who owed a debt on hospital bill

#### Only

Only if the deceased patient was known by hospital to be eligible for free care <u>or</u> if the value of estate after tax obligations is less than half of the debt owed

"

What Advocates Achieved

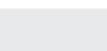
Cannot report debt for 180 days after issuing hospital bill, hospital cannot report adverse information to consumer reporting agencies or commence a lawsuit

Hospitals must notify all patients with medical debt about the availability of installment payment plan for the debt.

HSCRC must release a report annually on the number of patients sued; reported or classified by hospitals as bad debt; and total dollar amount of hospital charges provided to patients but not collected by the hospital for patients who are covered by insurance and those without insurance.



VS



"

Including out-of-pocket costs for patients covered by insurance





### MARYLAND PRENATAL AND INFANT CARE GRANT PROGRAM FUND

- Sponsored by Delegate Sample-Hughes and Senator Elfreth
- Provides grants to federally qualified health centers, hospitals and other prenatal care providers to increase access to prenatal care
- Priority on awarding grants given to prenatal care providers that propose to serve communities with high number of births to Medicaid beneficiaries; high rates of infant mortality; and high rates of preterm births.
- Amended to:
  - Include behavioral and oral health services necessary for maintaining a healthy pregnancy
  - Additional grant priority to counties or municipalities with high rates of infants with low birthweight
  - Coordination with Maternal and Child Health Bureau in MDH
  - Grants used for purpose of improving pregnant health outcomes in the communities serves and collecting data to determine how to expand on successful elements of program to other communities



## MARYLAND MEDICAL ASSISTANCE PROGRAM – ELIGIBILITY (POSTPARTUM COVERAGE)

- Sponsored by Senator Washington
- Extends Maryland Medicaid postpartum coverage for medical and other health care services from 60 days to one year.
- Amended to:
  - Include dental coverage
  - Remove requirement for MDH to develop written materials for beneficiaries and adopt regulations on care coordination between providers on the beneficiary disenrollment
- Governor has already allocated funding in the budget



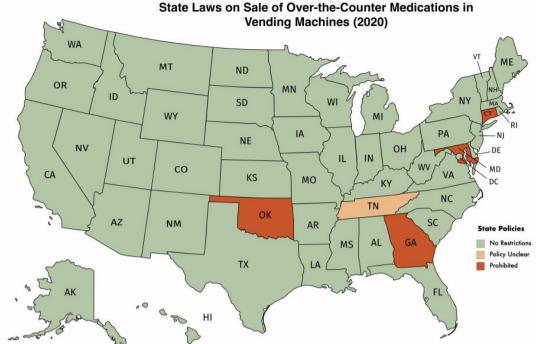
## MEDICAL ASSISTANCE PROGRAM – DOULAS

- Sponsored by Senator Ellis
- Required Maryland Medicaid program to submit waiver to CMS to cover doula care; defined certified doula
- Amended to:
  - Strike requirement for Medicaid to cover doula care statewide
  - Establish a doula pilot program in Baltimore City, Charles County and Prince George's County
  - Require MDH to evaluate program effectiveness based on:
    - Breastfeeding initiation rates
    - Postpartum visits to participating doulas
    - Surveys to collect feedback from participating doulas and program recipients
  - Passed Senate; died in House committee



## PROHIBITION ON VENDING MACHINE SALES OF DRUGS AND MEDICINES – REPEAL

- Sponsored by Delegate R. Lewis and Senator Lam
- Repeals the ban on the sale of over-the-counter (OTC) medication in vending machines.





# FURTHER READING

- *Medical Debt Protection Act* HB 565 | SB 514
  - <u>Consumer Groups Say Medical Debt Bill Is a First Step, But More Is Needed Maryland</u> <u>Matters</u>
  - Public Justice Center News Alert on Medical Debt Protection Act
  - HSCRC Analysis of the Impact of Hospital Financial Assistance Policy Options on Uncompensated Care and Costs to Payers
- Public Health Maryland Prenatal and Infant Care Grant Program Fund HB 1349 | SB 777
- MD Vital Statistics Annual Report (2018)
- Maryland Medical Assistance Program Eligibility SB 923
  - Baltimore Sun MD Lawmakers, Advocates tout 'huge wins' in health legislation
- Maryland Medical Assistance Program Doulas (Doula Pilot Program) SB 163
  - <u>Women are Dying in Childbirth: Doulas are Part of the Solution National Health Law</u>
    <u>Program</u>
- Prohibition on Vending Machine Sales of Drugs and Medicines Repeal HB 107/ SB 499
  - OTC Use Statistics Consumer Healthcare Products Association