

August 28, 2023

Dr. Umair Shah, MD, MPH  
Secretary of Health  
Washington State Department of Health

Via email: [secretary@doh.wa.gov](mailto:secretary@doh.wa.gov)

Dear Dr. Shah,

The undersigned organizations write to express support for strong patient protections against medical debt as the Department of Health (DOH) engages in rulemaking to implement recent legislative changes to RCW 70.170, Washington state's charity care law.

In passing [SB 6273](#) and [HB 1616](#), the legislature affirmed its strong commitment to the provision of free and reduced cost medical care to those who are financially eligible. It is critical that the Washington State Department of Health (DOH) provide the necessary guidance to ensure hospital compliance with these laws.

The litigation over the last ten years involving Yakima Regional, Toppenish, Northwest Hospital, Community Health Systems, Franciscan Health System, Capital Medical Center and most recently Swedish and Providence, supports the need for DOH to make explicit the affirmative duty of hospitals to notify and screen patients for charity care. Too many patients who did not receive information about charity care have ended up as a statistic, sued by the hospital's collection agency and forced to pay substantial penalties and fees when they would have been eligible for free care.

*The experience of the patient "MM" illustrates the problem: MM was unemployed and had no income when he sought care from Confluence Health in 2020. Despite telling the hospital of his situation, he was not informed of the existence of charity care or coverage programs. The resulting lawsuit and judgment against MM resulted in nearly doubling his \$440 medical bill, to \$865. MM says the medical bill ruined his credit and it has taken him several years to get his credit back in good standing.* It is not only highly inappropriate that an unemployed patient would be sued, but even more egregious that it was for a \$440 medical bill.

A review of medical debt in Thurston County in 2020 found that the median amount patients were sued for was \$622.70 and the median judgment amount was nearly twice that with the addition of costs and fees, \$1,207. These numbers do not convey the most tragic part; the personal devastation of ruined credit left in the wake of medical debt collections for patients who most likely should have received charity care. For that reason, we strongly encourage DOH to take this opportunity to address the current limitations in the charity care regulations that have contributed to thousands of patients not being adequately screened for charity care.

As you move forward in rulemaking, please ensure that:

- Every patient must be screened for charity care at the time of admission or as appropriate given the patient's condition. We support DOH issuing clear guidance to hospitals on what they must do to screen every patient, including providing a financial assistance packet and discussing the availability of charity care in every relevant patient billing interaction.
- Charity care notice must be posted where patients are admitted or registered, emergency departments, financial service or billing areas, and other locations, in addition to hospitals providing current versions of the charity care policy, a plain language summary, and the charity care application form on the hospital's website. We support DOH creating a standard charity care notice and application form to ensure hospitals are in compliance with the law.
- Hospitals must provide meaningful access for patients with limited English proficiency regarding billing and charity care. We support including notice of the existence of that language assistance prominently on all bills and all other written communications relating to billing and collections.
- Hospitals must not impose unreasonable application burdens upon patients, taking into account their physical, mental, intellectual, sensory, or language barriers which may hinder their ability to comply with application procedures. We support hospitals approving patients for charity care with minimal procedures when eligibility is clear.
- The current reporting requirements of hospitals are insufficient and compliance is inconsistent. We support DOH receiving the information from hospitals that allows it to more effectively monitor whether there are significant reductions in the number of patients who are unable to pay for their care and to impose penalties when there are violations.

We believe the legislature's expansion of the charity care law was meant to recognize the habitual failure by hospitals to comply with its requirements. We urge you now to make those requirements clear.

We appreciate your consideration.

AFT Washington  
AFT-WA Retirees Chapter  
Asian Counseling & Referral Service  
Clark County Volunteer Lawyers Program  
Columbia Legal Services  
Dollar For  
Economic Opportunity Institute  
Firelands Workers Action/Acción de Trabajadores  
Free Them All  
Health Care is a Human Right WA  
Joanna Ramos, Chair, Health Care Committee, WA State Coalition for Language Access

Legal Voice  
Mt. Baker Planned Parenthood  
National Multiple Sclerosis Society  
North Seattle Progressives  
Northwest Health Law Advocates  
Northwest Immigrant Rights Project  
Pacific Islander Health Board  
Parque Padrinos  
Patient Coalition of Washington  
Planned Parenthood Alliance Advocates  
Puget Sound Advocates for Retirement Action  
Seattle Indivisible  
Statewide Poverty Action Network  
SEIU Healthcare 1199NW  
Solid Ground  
Washington Community Action Network  
Washington Poor People's Campaign  
Washington State Labor Council  
Washington State Nurses Association

cc:

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