



**PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS
HOLLY J. MITCHELL
LINDSEY P. HORVATH
JANICE HAHN
KATHRYN BARGER

Correspondence Received

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
110.		Favor	Kira Sano	
		Item Total	1	
51.	110	Favor	Andy Yam	<p>My name is Andy Yam and on behalf of Rising Communities, I am speaking in support of Agenda Item 51 - County Code, Title 11 - Health and Safety Code Ordinance Amendment. Rising Communities is proud to co-facilitate the LA County Medical Debt Network alongside a number of other community-based and legal service organizations united in the fight against medical debt.</p> <p>While the negative impact of medical debt on our most vulnerable LA County communities is widely understood, we currently lack a detailed picture of the state of debt collection and financial assistance efforts happening in LA County hospitals. Requirements set forth by this ordinance if passed will directly solve this challenge, creating an accurate snapshot of who and who wasn't able to access financial assistance and ended up in collections.</p> <p>We believe that the data from this ordinance will help set the foundation for collaboration between community organizations, the Board of Supervisors, LA County DPH, and the numerous LA County hospitals. Together, I believe that we can develop innovative best practices and solutions to eradicate medical debt. After all, good data supports good policy.</p> <p>But in order to reach this lofty goal, this ordinance is the first of many steps that need to be taken. With the recognition of medical debt as both an economic and a public health issue, we ask for your support to move this ordinance forward.</p>



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The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
51.	110	Favor	Brigette Montgomery Wallman	<p>Hello. My name is Brigette Montgomery Wallman. I am with Communities Actively Living Independent and Free, a non-profit that helps people with disabilities and seniors connect to resources to live independently. I want to express my sincere gratitude to the board for their invaluable and continued support in addressing the medical debt epidemic in Los Angeles. Your support is crucial in our efforts to help those who experience the stress of medical debt.</p> <p>Our organization serves a wide range of clients, including people with disabilities and seniors in Central and South Los Angeles. We have encountered situations where individuals are unable to access necessary care due to insurance limitations. Some clients miss out on taking their prescribed medication because of unexpected medical bills or excessive prices of the main-brand medication when generic isn't available due to short supply. Another example is SSI recipients who use an ambulance may receive a direct bill, not realizing that Medi-Cal covers the cost. The lack of awareness and data contributes to financial challenges for people with disabilities and seniors on a fixed income.</p> <p>Authorizing the Department of Public Health (DPH) to collect and publish data will allow for catching some of the miscommunication and develop other means of addressing medical debt. That's why CALIF is in Favor of the agenda item 51 ordinance. Thank you so much for your time.</p>



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The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
51.	110	Favor	Christopher A Noble	<p>My name is Chris Noble and I'm the Organizing Director with Health Access California, the statewide consumer health advocacy coalition. I want to start by thanking the Board for your continued leadership in addressing the medical debt crisis in Los Angeles starting with the purchase and elimination of medical debt for 150,000 residents and the recognition of needing to address the upstream drivers of medical debt to prevent it from accruing in the first place.</p> <p>Currently more than one in three Californians with medical debt owe \$2,500 or more, 78% of people with any kind of medical debt reported skipping care due to cost with an increased impact on low-income, Black, and Latino Californians.</p> <p>The Ordinance in discussion today is a step in the right direction to better understand the cost-drivers of medical debt and to ensure that essential debt relief programs are being effectively implemented with equity and transparency in mind.</p> <p>Los Angeles has the opportunity to continue to be a leader in medical debt relief efforts that we hope can be a model to be emulated in other counties, states, and even nation wide.</p> <p>Thank you for your leadership and we hope for your support in this ordinance and future efforts to address the root causes of medical debt for LA residents.</p>
			Dr Christopher Scannell	<p>I am a primary care physician and have firsthand experience of working with patients dealing with high healthcare costs and suffering from financial distress. I am in favor of this ordinance as I feel it will help improve the financial assistance provided by hospitals. I believe this measure is patient-centered and will provide an exemplar for other counties to follow when it comes to prioritizing patients' financial well-being.</p>
			Giselle J Melendez	<p>My name is Giselle Melendez, the Operations Coordinator of Haven Neighborhood Services, a leading non-profit offering Financial Capability Services in Los Angeles County. Many of our clients live paycheck to paycheck and their medical debt ends up in collections, leading to negative consequences such as damaged credit scores. We strongly support the proposed ordinance amending Title 11 – Health and Safety of the Los Angeles County Code to address medical debt through data collection. This ordinance promotes transparency, supports lower-income patients, reduces financial distress, and ensures enforcement and compliance by requiring hospitals to report debt and financial assistance activities. By enhancing transparency and accountability, it helps protect vulnerable populations from the debilitating effects of medical debt. We urge the Board to adopt this important ordinance. Thank you.</p>



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The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
51.	110	Favor	Henry Rogers	<p>On behalf of the Los Angeles County Medical Association (LACMA), I am writing to express our strong support for the proposed amendment to County Code, Title 11 - Health and Safety Code, particularly the addition of Chapter 11.41, Addressing Medical Debt Through Data Collection.</p> <p>LACMA, established in 1871, is one of the largest and most active local medical associations in California. We represent over 7,000 physicians from every medical specialty and practice setting. Our mission is to promote the science and art of medicine, the care and well-being of patients, the protection of public health, and the betterment of the medical profession.</p> <p>The issue of medical debt is of paramount importance to our organization and the patients we serve. Medical debt is a significant barrier to healthcare access and can have long-lasting impacts on individuals' financial stability and overall well-being. It often leads to delayed or foregone medical care, exacerbating health conditions and increasing long-term healthcare costs. As physicians, we witness firsthand the detrimental effects of medical debt on our patients' health outcomes and quality of life.</p> <p>We are particularly encouraged by the ordinance's focus on data collection and transparency. By authorizing the Department of Public Health to collect and publish data on debt collection practices and financial assistance policies, this amendment will shed light on the scope and nature of medical debt in Los Angeles County. This increased transparency is crucial for identifying systemic issues and developing targeted solutions.</p> <p>LACMA is looking forward to collaborating with the Los Angeles County Department of Health Services in addressing this critical issue. We believe that the data collected under this ordinance will provide valuable insights that can inform policy decisions and improve healthcare delivery systems.</p> <p>Moreover, the enforcement authority granted to the Department of Public Health will ensure accountability and compliance with reporting requirements. The ordinance's emphasis on financial assistance policies is particularly noteworthy. By increasing transparency in this area, we hope to see improved access to financial aid for patients in need, potentially reducing the incidence of medical debt.</p> <p>In conclusion, LACMA strongly supports this amendment as a significant step towards addressing the medical debt crisis in our community. We believe it aligns perfectly with our mission to protect public health and improve patient care. We stand ready to assist in any way we can to ensure the successful implementation of this important initiative.</p>
			Jelga Ramirez	Please keep health navigator programs. These services are crucial to the community. Community agencies provide a vital work in keeping families in Medi-Cal
			Jessica Marsella	
			Joy Dockter	



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The following individuals submitted comments on agenda item:				
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51.	110	Favor	Kira Sano	
			Mairelise Robinson	Medical debt is an important topic for healthcare affordability and reducing the financial burden for the AAPI and LEP communities. Increased transparency in medical debt data collection and publication will help us understand the negative impacts on our communities and provide us with more data to understand healthcare affordability. Making the process more transparent and making sure that hospitals are actually reporting data on medical debt will also help communities who may not have a sufficient understanding of the healthcare system and/or resources available to advocate for themselves.
			Malena C Bell	I am a lifelong Angeleno and college student, and the content of this ordinance is a topic that is extremely personal to me. I have firsthand experience with medical debt and the challenges navigating it imposes on myself and my family. I think being able to collect this data from hospitals for the first time will be beneficial as it will increase transparency and allow the public to understand what happens in the facilities meant to serve us across the county. As such, I urge the Board of Supervisors to vote in favor of this ordinance amendment. Thank you.



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Correspondence Received

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
51.	110	Favor	Mihae Lozano	<p>My name is Mihae Jung Lozano. I'm currently residing in Long Beach, the 4th district of LA County. I am representing myself - a proud Angelino- and also the California Pan-Ethnic Health Network, CPEHN. CPEHN is a statewide health policy organization that advocates for the health and well being of BIPOC and LGBTQ+ communities. I'm in support of the medical debt ordinance.</p> <p>Any Americans, Any Californians, and Any Angelinos can fall into the never ending cycle of medical debt induced poverty. On November 8th 2013, my husband Mike Lozano was riding his motorcycle from a grocery store and was hit by a car in front of Galleria at a four way intersection. The car that hit my husband made a sharp and immediate left turn into the Galleria mall, struck Mike, causing him to fly onto their hood, shattering their windshield with his head, and landing in the street. Needless to say, Mike was severely injured in the accident, fracturing his spine, dislocating his right shoulder, among other severe abrasions of arms and legs. At this time, Mike had a gap in his health coverage because he'd finished school and started a new job. So, he was taken to the LA County USC Hospital from the accident. Immediately, the medical bill from the three day stay at LA County USC Hospital was nearly \$10,000 including the ambulance, two different MRIs, CAT Scans, and X Rays. Despite the whopping \$10,000, the physicians at the County Hospital did not properly diagnose the severity of his neck injury, discharging him without good instructions. As pain increased, Mike got a second opinion at the Providence Saint Joseph Medical Center in Burbank due to his family's advocacy. Upon evaluation, the doctors were horrified at the improper diagnosis and ordered an emergency spinal fusion right away. Surgery was performed on November 22nd, 2013. After his stay at Saint Joseph Medical Center, he received a bill. It was a whopping \$147,000. Every 15 minutes in the surgical room cost \$4000; each MRI cost \$5000 and he needed five of them. Within 30 days after his accident, Mike had incurred a medical bill of \$204,000 he was responsible for. He was lucky though- the person who hit him had good insurance and it wasn't a hit-and-run. Many of us aren't so lucky. In LA county, the total medical debt burden is greater than 2.9 billion and it disproportionately affects people of color. A 2019 study found that close to 60% of all consumer bankruptcies involve medical bills.</p> <p>All of us are one car accident away and one paycheck away from the entrapment of medical debt due to our complete nonsensical healthcare system. We cannot "go-fund-me" our way out of this issue and this ordinance is the first step to take action. And you have the opportunity today to stand with the people of Los Angeles, not institutions or the private sector. Please support the medical debt ordinance.</p>

The following individuals submitted comments on agenda item:				
Agenda #	Relate To	Position	Name	Comments
51.	110	Favor	Robert Park	<p>My name is Robert Park from the American Cancer Society Cancer Action Network, and I am here to express our strong support for this ordinance. Tackling medical debt is a national priority for ACS CAN this year, and we are extremely proud that LA County is leading the way. Cancer patients, in particular, face significant financial challenges due to the high cost of treatments and associated care. Medical debt often forces these patients to delay necessary treatments and screenings, and struggle with basic necessities like food and housing. In a recent survey conducted of cancer patients and survivors, about 50% of those surveyed reported incurring medical debt in order to pay for their cancer care, and almost 100% of them had medical insurance. While a majority of cancer patients and survivors surveyed (63%) were aware that most hospitals and many other health providers have financial assistance programs, one-quarter (25%) were not. Just over a third of those surveyed (36%) were offered or applied for financial assistance and 68% of those successfully received it. Critically, among those who were not aware of assistance programs, 30% said they would have changed something about their cancer treatment if they had known.</p> <p>The benefits of this ordinance to cancer patients are profound. By bringing the much-needed transparency and accountability to the hospital debt collections process, we can protect patients from harassment and some of the harms of having medical debt, while also gaining important insights on the magnitude of medical debt in our state. Cancer patients must be allowed to focus on their health and recovery rather than being overwhelmed by debt. We urge the passing of this ordinance. Thank you.</p>
			Rodolfo Velasco	The Community Health Navigator program, has worked with impacted families, we screen them, enroll them, troubleshoot cases/working with State and DPSS, hospital billing, collection agencies, get retro coverage to pay medical debt, help with charity care applications.
			Selene Betancourt	
			Travis S West	Please see attachment.
		Oppose	Robert M Sausedo	
		Item Total	18	
		Grand Total	19	



July 31, 2024

Honorable Board of Supervisors
County of Los Angeles
Kenneth Hahn Hall of Administration – 383
500 West Temple St.
Los Angeles, CA 90012

Re: Support of Ordinance to Amend Title 11 – Health and Safety Code of the Los Angeles County Code to Amend Section 11.02.085 to Clarify Applicability and add Chapter 11.41, Addressing Medical Debt through Data Collection

Dear Supervisors:

Western Center on Law and Poverty strongly encourages you to adopt the proposed medical debt data collection ordinance being presented at your meeting on August 6, 2024. For almost 60 years, Western Center has advocated on behalf of Californians experiencing poverty, guided by the belief that low-income Californians deserve the finest possible legal representation before every institution that shapes their lives. Through the lens of economic and racial justice, we litigate, educate, and advocate in the areas of health care, housing, and public benefits policies and administration. Western Center is proud to be a member of the L.A. County Medical Debt Coalition.

Medical debt disproportionately burdens people of color. A nationwide poll conducted in June of 2022 by the Kaiser Family Foundation revealed that Black adults reported the highest rate of medical debt at 56 percent, compared with 37 percent of white adults. The National Consumer Law Center reports that debt collectors target Black people and people of color with greater frequency than white people. Furthermore, a June 2022 study by the Urban Institute found that just under 73 percent of adults with past-due medical debt owed money to a hospital.

Years ago, Western Center helped write the laws that require hospitals to provide financial assistance to low-income Californians. These laws include strong consumer protections and have led to good policies at most hospitals. But the gap has always been policy versus practice. Other than through anecdotal stories from impacted consumers, there is currently no way to know whether patients are actually getting the assistance that they are entitled to receive.

The proposed Ordinance would serve to bridge that gap by requiring hospitals located in L.A. County to report on their actual practices. It would further cast light on what has always been a

secretive process: The debt collection activities of institutions who are charged with improving the health of the people they serve, but who are often – unintentionally and entirely without malice – doing the opposite through their collection practices.

Our experience has shown that the very act of making hospitals see the impact of their practices serves as an incentive for them to improve. In the Central Valley, Western Center and its partner legal services organization stopped all collection litigation against patients at two large hospitals, simply by showing hospital administrators the extent of the collection actions being taken on their behalf by third-party collection agencies. Both administrations noted that prior to our conversations, they had no idea so many patients were being sued in their names. The door was then opened for us to help revamp the financial assistance programs at both hospitals, improving financial outcomes for patients. When hospitals acknowledge the harm their collection practices are doing to patients, they are more likely to work to improve their financial assistance programs to ensure no low-income patients are being sent to collections.

The financial assistance information gathering and reporting requirement of the proposed amendments will enable hospitals to more accurately assess whether they are actually providing the assistance that they should be providing, and allow them to more easily see where their procedures are diverging from their policies. This will help bring hospitals' practices into compliance with the law, while at the same time, encouraging them to take a more active view of how their practices impact patients.

The additional requirement of reporting on collection activities will further illuminate the activities of hospitals, and help reveal – to the Department of Public Health and to the hospitals themselves – the extent of the damage their collection activities are doing to patients. It will require minimal additional work on the part of hospitals: They are already gathering all of this information when they send accounts for collection. Simply copying that information to the Department will not be a significant additional burden. Yet this simple act could have a deep impact on reducing the number of accounts that are going to collection, reducing the number of patients being sued for medical debt, and increasing the number of families whose medical debt is relieved through legally-mandated financial assistance programs.

Western Center urges the Board to adopt this ordinance and by doing so, lead the way in helping L.A. County hospitals do better, so that fewer residents are unjustly burdened by medical debt.

Sincerely,



Joy K. Dockter
Senior Health Attorney



California Pan-Ethnic HEALTH NETWORK

BOARD OF DIRECTORS

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Law and Poverty

Kaying Hang
President of The Center, Sierra Health
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– Moores Cancer Center

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Regional Pacific Islander Task Force

Doreena Wong, Esq.
Policy Director
Asian Resources, Inc.

Kiran Savage-Sangwan, MPA
Executive Director

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1107 9th Street, Suite 410
Sacramento, CA 95814

August 5, 2024

Honorable Board of Supervisors, Los Angeles County
Kenneth Hahn Hall of Administration – 383
500 West Temple Street
Los Angeles, CA 90012

Re: Support of Ordinance to Amend Title 11 – Health and Safety Code

Dear Supervisors,

The California Pan-Ethnic Health Network (CPEHN) writes to express strong support for the medical debt data collection ordinance.

CPEHN is a statewide multicultural health advocacy organization dedicated to the advancement of health justice through racial equity. Since 1992, CPEHN has served California's Black, Indigenous, and Communities of Color (BIPOC) by bringing together and mobilizing historically excluded populations to advocate for public policies that advance health equity and improve health outcomes. CPEHN is a proud member of the L.A. County Medical Debt Coalition.

In Los Angeles County, the total medical debt burden is greater than \$2.9 billion and disproportionately impacts Latine, Black, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and multiracial adults.¹ The burden of debt falls disproportionately on communities of color and women, and can have a long-term impact on an individual's financial well-being. Communities of color are more likely to have medical debt collections reported on their credit reports and Black patients are disproportionately impacted by wage garnishments that stem from hospital lawsuits.²

The proposed ordinance is a much-needed step to ensure L.A. County Department of Public Health and the communities we serve have a clearer picture of hospitals' financial assistance activities so that we can work together to improve our health system for all patients. By reporting data that hospitals are already collecting, we can better identify gaps, bright spots, and develop solutions that can serve as a model for the rest of the state.

For these reasons, CPEHN respectfully urges you to adopt the ordinance and continue LA County's leadership in addressing this public health crisis. If there are any questions, please contact Selene Betancourt, Policy Manager, at sbetancourt@cpehn.org.

Sincerely,

Selene Betancourt
Policy Manager
California Pan-Ethnic Health Network

¹ http://publichealth.lacounty.gov/hccp/docs/Medical_Debt_Update_Jan24_English.pdf

² <https://www.urban.org/urban-wire/communities-color-disproportionally-suffer-medical-debt>

Public Comment: County Code, Title 11 – Health and Safety Code Ordinance Amendment (August 2024)

I am a lifelong Angeleno and college student, and the content of this ordinance is a topic that is extremely personal to me. I have firsthand experience with medical debt and the challenges navigating it imposes on myself and my family. I think being able to collect this data from hospitals for the first time will be beneficial as it will increase transparency and allow the public to understand what happens in the facilities meant to serve us across the county. As such, I urge the Board of Supervisors to vote in favor of this ordinance amendment. Thank you.



**LOS ANGELES COUNTY
MEDICAL ASSOCIATION**

August 6, 2024

Los Angeles County Board of Supervisors
500 W. Temple St. Room 383
Los Angeles, CA 90012

Dear Los Angeles County Board of Supervisors,

On behalf of the Los Angeles County Medical Association (LACMA), I am writing to express our strong support for the proposed amendment to County Code, Title 11 - Health and Safety Code, particularly the addition of Chapter 11.41, Addressing Medical Debt Through Data Collection.

LACMA, established in 1871, is one of the largest and most active local medical associations in California. We represent over 7,000 physicians from every medical specialty and practice setting. Our mission is to promote the science and art of medicine, the care and well-being of patients, the protection of public health, and the betterment of the medical profession.

The issue of medical debt is of paramount importance to our organization and the patients we serve. Medical debt is a significant barrier to healthcare access and can have long-lasting impacts on individuals' financial stability and overall well-being. It often leads to delayed or foregone medical care, exacerbating health conditions and increasing long-term healthcare costs. As physicians, we witness firsthand the detrimental effects of medical debt on our patients' health outcomes and quality of life.

We are particularly encouraged by the ordinance's focus on data collection and transparency. By authorizing the Department of Public Health to collect and publish data on debt collection practices and financial assistance policies, this amendment will shed light on the scope and nature of medical debt in Los Angeles County. This increased transparency is crucial for identifying systemic issues and developing targeted solutions.

LACMA is looking forward to collaborating with the Los Angeles County Department of Health Services in addressing this critical issue. We believe that the data collected under this ordinance will provide valuable insights that can inform policy decisions and improve healthcare delivery systems. Moreover, the enforcement authority granted to the Department of Public Health will ensure accountability and compliance with reporting requirements.



The ordinance's emphasis on financial assistance policies is particularly noteworthy. By increasing transparency in this area, we hope to see improved access to financial aid for patients in need, potentially reducing the incidence of medical debt.

In conclusion, LACMA strongly supports this amendment as a significant step towards addressing the medical debt crisis in our community. We believe it aligns perfectly with our mission to protect public health and improve patient care. We stand ready to assist in any way we can to ensure the successful implementation of this important initiative.

Thank you for your leadership on this critical issue.

Sincerely,



Gustavo Friederichsen, CEO
Los Angeles County Medical Association



Jerry P. Abraham, MD MPH
Los Angeles County Medical Association
Immediate Past President



**California
Nurses
Association**



**National
Nurses
United**

OUR PATIENTS. OUR UNION. OUR VOICE.

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August 6, 2023

The Honorable Board of Supervisors
County of Los Angeles
500 West Temple Street
Room 383
Los Angeles, CA 90012

**RE: County Code, Title 11 - Health and Safety Code Ordinance Amendment,
Addressing Medical Debt Through Data Collection – SUPPORT**

Dear Supervisors,

California Nurses Association/National Nurses United (CNA), representing more than 100,000 registered nurses who provide direct patient care at the bedside, writes to express our support for the proposed County Code, Title 11 - Health and Safety Code Ordinance Amendment, Addressing Medical Debt Through Data Collection (Proposed Ordinance). CNA applauds the Los Angeles County Board of Supervisors (Board) and Los Angeles County Department of Public Health (LADPH) for considering how the county can examine and address the issues of medical debt in our broken health care system. While CNA knows that the only way to truly end the dangerous impacts of medical debt is to eliminate medical debt altogether through a single payer health care system, greater data collection and reporting about how debt is currently being accumulated and collected at hospitals within the county will go a long way towards identifying the inadequacies in our current system.

CNA deeply appreciates the work of the Board's Health Cluster and LADPH for ensuring that the data it would collect under the Proposed Ordinance will be made available to the public on its website. It is important for the public to have access to information regarding how medical debt is being accumulated and collected at specific hospitals, both to guide individual treatment decisions and to allow for more effective public engagement on regulatory efforts regarding medical debt.

Along these lines, CNA encourages further clarification through LADPH rulemaking that the "Aggregate Debt Data" the Department will provide on its website will include certain detailed information about medical debt accumulation, collection, and litigation. Specifically, we urge that public information about medical debt is disaggregated by hospital, insurer, and debt collector or third-party assignee. Disaggregating such information will allow regulators and members of the public to better determine where and how medical debt accumulates, and to identify if particular hospitals or regions are producing more medical debt than others. We also encourage clarification through rulemaking that medical debt information include information collected by LADPH about civil actions initiated against patients to collect on medical debt. This information is equally as important to patients and regulators because medical debt collections practices, such as liens on patients' homes and wage garnishments, are where the most

pernicious effects of medical debt are typically felt by patients and their families. Clarifying through rulemaking that this additional information will be provided on the LADPH website will greatly expand the utility of the Proposed Ordinance if adopted.

Moreover, while the Proposed Ordinance serves as a great start, CNA strongly encourages the Board to expand data collection through LADPH rulemaking or future ordinances to help better identify problematic trends and determine which patients are most impacted by medical debt. In particular, we encourage collection of information related to medical debt litigation, including: the status of any litigation, where the debt originated from, if it was sold or assigned to a debt collector, the parties to the litigation, and the resolution of the litigation. Information about the number and status of debt collection lawsuits, and how ownership of debt is transferred to and collected by third parties, will allow regulators and the public to better understand the scope of such collection efforts, as well as the ultimate impact of collection efforts on patients.

CNA also encourages greater tracking of demographic information related to medical debt litigation and medical debt accumulation generally. In this regard, we also strongly support the promulgation of rules or future ordinances to ensure that medical debt data collection includes information such as the race, ethnicity, gender, zip-code, and primary spoken language of medical debt holders and litigants. Such information is crucial to identifying the effect of medical billing and debt collection practices on specific communities, and is the only way for regulators and members of the public to determine if certain communities are being impacted more than others.

In addition, whether through LADPH rulemaking or future ordinances, medical debt data collection should also include greater information about hospital charity care policies and practices. Information regarding how hospitals screen patients for eligibility for financial assistance, time limits placed on applying for charity care, and the average length of time to respond to applications for financial assistance all provide important insights about the availability and efficacy of existing charity and discount care programs.

In sum, CNA strongly supports the proposed ordinance on Addressing Medical Debt Through Data Collection and urges the Board of Supervisors to adopt it without amendment. While we encourage expanded data collection and reporting through rulemaking or future ordinances, CNA believes the Proposed Ordinance is a laudable first step towards better understanding and addressing the issue of medical debt.

Respectfully,

A handwritten signature in black ink, appearing to read "Puneet Maharaj". The signature is fluid and cursive, with a large loop at the end.

Puneet Maharaj, Director of Government Relations
California Nurses Association/National Nurses United



August 5th 2024
Honorable Board of Supervisors County of Los Angeles
Kenneth Hahn Hall of Administration – 383
500 West Temple St. Los Angeles, CA 90012

Re: Support of Ordinance to Amend Title 11 – Health and Safety Code of the Los Angeles County Code to Amend Section 11.02.085 to Clarify Applicability and add Chapter 11.41, Addressing Medical Debt through Data Collection

Dear Supervisors:

Hello, My name is Brigette Montgomery Wallman. I am with Communities Actively Living Independent and Free, a non-profit that helps people with disabilities and seniors connect to resources to live independently. I want to express my sincere gratitude to the board for their invaluable and continued support in addressing the medical debt epidemic in Los Angeles. Your support is crucial in our efforts to help those who experience the stress of medical debt.

Our organization serves a wide range of clients, including people with disabilities and seniors in Central and South Los Angeles. We have encountered situations where individuals are unable to access necessary care due to insurance limitations. Some clients miss out on taking their prescribed medication because of unexpected medical bills or excessive prices of the main-brand medication when generic isn't available due to short supply. Another example is SSI recipients who use an ambulance may receive a direct bill, not realizing that Medi-Cal covers the cost. The lack of awareness and data contributes to financial challenges for people with disabilities and seniors on a fixed income.

Authorizing the Department of Public Health (DPH) to collect and publish data will allow for catching some of the miscommunication and develop other means of addressing medical debt. That's why CALIF is in Favor of the agenda item 51 ordinance. Thank you so much for your time.

Sincerely

Brigette Wallman

Brigette Montgomery Wallman
Program Coordinator
Communities Actively Living Independent & Free

Bet Tzedek Written Public Comment

Thank you for the opportunity to provide written public comment on the proposal to address medical debt through data collection. Bet Tzedek Legal Services is a legal aid organization that serves low-income adults in Los Angeles County. Bet Tzedek is a part of Los Angeles County's Medical Debt Coalition and has provided past public comments on medical debt related proposals. We strongly support this ordinance.

Bet Tzedek is part of the Medical-Legal Community Partnership of Los Angeles County. The Medical Legal Partnership model uniquely integrates legal providers into a patient's health care team to address social determinants of health. Attorneys are on-site at county hospitals to provide legal services to patients.

Residents of LA County have more than \$2.9 billion in medical debt. And although California hospitals are required to offer charity care and financial assistance, the policies are not centralized.

Our clients are all ages: seniors, middle-aged, young parents. One thing many have in common, however, is that they are in financially precarious positions.

For instance, one Bet Tzedek client, Ms. R, received a hospital bill for over \$90,000, which was a huge burden for her. Through our persistent advocacy, we were able to help her navigate the complicated hospital financial assistance program. But not every patient is able to find a legal aid organization that can help them. And, even with insurance, an unexpected medical bill can lead to eviction and homelessness.

Moreover, many patients are not aware that hospitals are required to offer financial assistance policies and/or were unable to find the applications. Not only do medical bills cause financial stress (which impacts health outcomes), it also deters patients from seeking care.

For example, another Bet Tzedek client, Mr. A, received a \$3,000 medical bill. He recently had heart surgery and was not able to pay the bill. The financial stress impacted his recovery, caused further medical complications, and led to a prolonged hospitalization. The client was never informed about financial assistance programs. Mr. A came to Bet Tzedek for help, and with our intervention, and the debt was erased because the medical bill was not submitted to Mr. A's insurance. But before our advocates intervened and resolved the matter, Mr. A delayed getting care in fear of further medical bills—he stated the he had the choice to pay rent or pay the medical bill.

Mr. A is a monolingual Spanish speaker and low income. A 2022 study from KFF notes that there is insufficient data about how many low-income patients (particularly immigrants and those with limited English proficiency) are eligible for financial assistance, let alone the number

Ordinance to Amend 11 - Health and Safety Code of the Los Angeles County Code to Amend Section 11.02.085 to Clarify Applicability and Add Chapter 11.41, Addressing Medical Debt through Data Collection (#07717)

of patients benefiting from them.¹ Under the ordinance, the Department of Public Health would be able to extrapolate data about patients, including age, race, socioeconomic status, and preferred language. The data would inform advocates where best to intervene before a crisis occurs.

In Mr. A's case, the data provided by the ordinance would have allowed advocates to intervene earlier and prevent years of stress and avoidable medical complications.

These stories are not unique and represent some of the myriad of reasons why efforts to further transparency about hospital financial policies implementation are so important—to make sure that these stories do not continue to be the norm.

Bet Tzedek strongly supports this ordinance: By collecting data from hospitals, we can better understand their medical financial assistance programs, determine improvements to the programs, and overall, improve our community's health and quality of life. Thank you for your past leadership on this issue; we urge you to vote yes on this ordinance.

¹ Levinson, Zachary et al, *Hospital Charity Care: How it Works and Why it Matters*, KFF, www.kff.org/health-costs/issue-brief/hospital-charity-care-how-it-works-and-why-it-matters. (Nov 3, 2022) (Last accessed Aug 5, 2024).



August 6, 2024

Honorable Board of Supervisors
500 West Temple Street, Room 381-B
Los Angeles, CA 90012

Re: Medical Debt Ordinance Support

My support statement:

- Medical Debt is a burden in Los Angeles County. It continues to disproportionately affect Blacks and Latinos and adults with lower incomes and families with children.
- Adults with medical debt burdens are more likely in a great way to be food insecure and forgo needed health care, delay prescriptions, and be unequipped financially, unsupplied with means such as food, and be unstably housed, e.g., like an unfurnished house.

Best regards,

Dr. Robert M. Sausedo
President and CEO
Community Build, Inc.