

Medical Debt Protection Act / HB565
Official Testimony
Position: FAVORABLE

To the House Health & Government Operations Committee

My name is Martin Kasey, and I'm a Baltimore resident and a member of the End Medical Debt Maryland Coalition. I support the Medical Debt Protection Act (HB565/SB514).

Maryland's hospital system is fundamentally broken because our hospitals are strongly incentivized to commit graft at the expense of the state and their most vulnerable patients by misappropriating all subsidies and tax exemptions intended to provide care to low and middle-income Marylanders, while having no incentive to abstain from graft and instead use the funds for their legitimate and intended purpose in order to fulfill their chartered mandate. This is not so much a loophole as a breach in the hull of our health and human services infrastructure, and the Medical Debt Protection Act is the minimal repair needed to prevent a critical mass of Marylanders from sinking into misery beyond hope.

This bill will protect low and middle-income households from punitive medical debt lawsuits. It will prohibit medical debt lawsuits for \$1000 or under, require income-based repayment plans, and prevent wage garnishments and liens on homes over medical debt. I believe that passing of this bill is essential because it is crucial to maintaining basic standards of public health and safety, and allowing Marylanders to live productive lives that contribute to the economic and cultural flourishing of our state. For instance, if my wages are garnished I may very well lose not only my purchasing power but the ability to start a family or adequately provide for children I already have while also having time to spend with them.

Healthcare encompasses so many of modern societies basic prerequisites that a broken healthcare system is a major contributor to all forms of societal breakdown. In Baltimore, one thinks immediately of violent crime. One of myriad ways in which crime and healthcare are strongly related is the fact that a temporary bout or intensification of mental illness in conjunction with other factors can lead someone who only wants to do good down a path to deeply antisocial behavior with irreversible consequences for all involved.

I recently spoke to a desperately impoverished man who, just this November, felt so powerfully compelled to harm a person in his life that he called 911 on himself while on his way to commit the act. He was involuntarily committed to a psych ward for one month, which he found enormously beneficial but thinks he might have forgone if given the choice because he couldn't afford it. Now his relationship with the boyfriend of his children's mother is mended and he remains a devoted father to his children and friend to their mother. He wants to do whatever he can to make a better life for himself and his family and continue channeling his uncommonly powerful and sensitive emotions through creative endeavors that benefit society, but he knows that all of this will be impossible if the hospital sues to collect the seventeen thousand dollars he owes them on their own terms. This bill wouldn't prevent the hospital from suing because his debt is seventeen times the threshold for forgiveness that it mandates, but it would compel the hospital to collect on terms and a schedule based on his income and ability to pay. He said he would like to do the right thing again if he flares up this way, but he doesn't think he can now that he knows how much it costs.

My own life may have been saved by a similar instance of mental health self-reporting. I once had a very charming but troubled neighbor who had served multiple tours in Iraq and Afghanistan, leading other soldiers in heavy combat. He

spoke of this unsolicited, with a sort of wry cheerfulness, showing off his bullet wounds and surgical scars. Occasionally his speech lost some of its coherence and ventured into what seemed like paranoid delusions, but he was self aware and noted that the extensive health care he had received as a result of his service included mental health-care. He once told me excitedly about an extremely vivid and persistent vision of a dancing vampire inspired by music he heard coming from our unit, which he wanted to make into a short film or music video. Then, a few weeks later, a team of paramedics came to his door and he followed them to an ambulance, cheerful as ever. His live-in partner explained that he was completely convinced that my roommates and I were planning to kill him, and that it was therefore necessary for him to kill us first. The traumatized veteran had called the ambulance for himself because he felt the need to kill us so strongly that to him it felt like the only alternative. If he had not both received some mental health treatment from the VA following his violent experiences and felt that he could afford an ambulance and hospitalization, I might not be here to advocate for the rights of every Marylander to receive life-saving care.

I respectfully urge this committee to issue a favorable report on the HB565/SB514, the Medical Debt Protection Act.

Sincerely,

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