



ALASKA STATE LEGISLATURE

Representative Genevieve Mina

Chair, House Health and Social Services Committee

Member, House Transportation Committee

Member, House Judiciary Committee

Serving House District 19: Airport Heights, Mountain View, & Russian Jack

HB 178 Version A Sponsor Statement

No one is immune to the possibility of a costly medical bill from an unforeseen sickness, out-of-network care, or billing errors. Navigating the bureaucracy of the American health care industry can financially upend a household living paycheck-to-paycheck. Approximately 41% of American adults have some form of medical debt. In 2021, 14% of Alaskans had medical debt in collections, with a median amount of approximately \$1,500 (twice the national average).

A working Alaskan who lacks sufficient emergency savings and cannot pay a medical bill could have their debt sent to collections, lowering their credit score and creating insurmountable financial consequences. Low credit scores specifically entrench low-income individuals into a vicious cycle of poverty by creating barriers to economic mobility and making loans, housing, and employment more difficult to obtain.

Since medical debt is rarely chosen and difficult to avoid, it should not be used as a predictor of financial trustworthiness. Medical debt is an unreliable indicator of default and other types of payment behavior. Moreover, when medical debt is removed from credit reporting, credit scores increase by an average of 20 points. In January 2025, the federal Consumer Protection Finance Bureau (CFPB) issued a ruling to ban the inclusion of medical debt on credit reports, but implementation has been delayed to June, and its future is uncertain.

HB 178 would ban the reporting of medical debt on credit reports in state statute, emulating the CFPB rule. It would prohibit the furnishing of medical debt to credit reporting companies and prevent them from displaying any medical debt information in the first place. Furthermore, this bill bans landlords and employers from using medical debt as eligibility criteria for considering tenants and employers.

With wages failing to keep up with inflation and rising living costs, credit is essential for low-income households to pay their bills. HB 178 improves the self-sufficiency of Alaskans by ensuring that illness or disability do not impact access to credit and economic opportunity.

Session: State Capitol Room 416 • Juneau, AK 99801-1182 • (907) 465-3424
Interim: 1500 W. Benson Blvd. • Anchorage, AK 99503

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Section 1. Amends AS 18.80.220(a)

Subsection (a) forbids employers and labor organization from discriminating against a person because they have medical debt. It also forbids an employer or person to print, publish, broadcast, or otherwise circulate a statement, inquiry, or advertisement in connection with prospective employment that expresses discrimination as it relates to medical debt.

Section 2. Amends AS 18.80.240 by adding a new subsection

The new subsection makes it unlawful to refuse renting a property because of a person's medical debt; discriminate against someone related to the use, lease, or rental of the property because of a person's medical debt; make an inquiry or record of the medical debt of a person looking to rent or lease the property; misrepresent the availability of the property because of someone's medical debt; advertise that a property rental would discriminate against someone with medical debt.

Section 3. Amends AS 18.80.300 by adding a new paragraph

References an existing definition of medical debt in statute.

Section 4. Amends AS 45.48 by adding a new section, Section 45.48.800

Section (a) prohibits the furnishment of medical debt to a credit reporting agency by a medical debt creditor or debt collector. If a collector violates this rule, the debt is void and unenforceable.

Section (b) specifies that a consumer credit reporting agency may not include medical debt in a consumer report or use medical debt in score calculations.

Section (c) provides definitions for medical creditors, medical debt, and medical debt collectors.

Section 5.

Adds an immediate effective date.

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34-LS0569\N
Gunther
4/6/25

HOUSE BILL NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE MINA

Introduced:

Referred:

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to medical debt and consumer credit reporting agencies; relating to
2 discriminatory practices based on the medical debt of a person; and providing for an
3 effective date."

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 * **Section 1.** AS 18.80.220(a) is amended to read:

6 (a) Except as provided in (c) of this section, it is unlawful for

7 (1) an employer to refuse employment to a person, or to bar a person
8 from employment, or to discriminate against a person in compensation or in a term,
9 condition, or privilege of employment because of the person's race, religion, color, or
10 national origin, because of the person's medical debt, or because of the person's age,
11 physical or mental disability, sex, marital status, changes in marital status, pregnancy,
12 or parenthood when the reasonable demands of the position do not require distinction
13 on the basis of age, physical or mental disability, sex, marital status, changes in
14 marital status, pregnancy, or parenthood;

1 (2) a labor organization, because of a person's sex, marital status,
2 changes in marital status, pregnancy, parenthood, age, race, religion, physical or
3 mental disability, color, [OR] national origin, or medical debt, to exclude or to expel
4 a person from its membership, or to discriminate in any way against one of its
5 members or an employer or an employee;

6 (3) an employer or employment agency to print or circulate or cause to
7 be printed or circulated a statement, advertisement, or publication, or to use a form of
8 application for employment or to make an inquiry in connection with prospective
9 employment, that expresses, directly or indirectly, a limitation, specification, or
10 discrimination as to sex, physical or mental disability, marital status, changes in
11 marital status, pregnancy, parenthood, age, race, creed, color, [OR] national origin, or
12 medical debt, or an intent to make the limitation, unless based on [UPON] a bona fide
13 occupational qualification;

14 (4) an employer, labor organization, or employment agency to
15 discharge, expel, or otherwise discriminate against a person because the person has
16 opposed any practices forbidden under AS 18.80.200 - 18.80.280 or because the
17 person has filed a complaint, testified, or assisted in a proceeding under this chapter;

18 (5) an employer to discriminate in the payment of wages as between
19 the sexes, or to employ a female in an occupation in this state at a salary or wage rate
20 less than that paid to a male employee for work of comparable character or work in the
21 same operation, business, or type of work in the same locality; or

22 (6) a person to print, publish, broadcast, or otherwise circulate a
23 statement, inquiry, or advertisement in connection with prospective employment that
24 expresses directly a limitation, specification, or discrimination as to sex, physical or
25 mental disability, marital status, changes in marital status, pregnancy, parenthood, age,
26 race, religion, color, [OR] national origin, or medical debt, unless based on [UPON]
27 a bona fide occupational qualification.

28 * Sec. 2. AS 18.80.240 is amended by adding a new subsection to read:

29 (b) It is unlawful for the owner, lessee, manager, or other person having the
30 right to lease or rent residential real property

31 (1) to refuse to lease or rent the real property to a person because of the

1 person's medical debt;

2 (2) to discriminate against a person in a term, condition, or privilege
3 relating to the use, lease, or rental of the real property because of the person's medical
4 debt;

5 (3) to make a written or oral inquiry or record of the medical debt of a
6 person seeking to rent or lease the real property;

7 (4) to represent to a person that the real property is not available for
8 inspection, rental, or lease when in fact it is so available, or to refuse to allow a person
9 to inspect the real property because of the person's medical debt;

10 (5) to make, print, or publish, or cause to be made, printed, or
11 published, any notice, statement, or advertisement with respect to the rental of the real
12 property that indicates any preference, limitation, or discrimination based on a
13 person's medical debt.

14 * **Sec. 3.** AS 18.80.300 is amended by adding a new paragraph to read:

15 (19) "medical debt" has the meaning given in AS 45.85.800(c).

16 * **Sec. 4.** AS 45.48 is amended by adding a new section to read:

17 **Article 6A. Miscellaneous Provisions.**

18 **Sec. 45.48.800. Medical debt.** (a) A medical creditor or medical debt collector
19 may not communicate with or report information to a consumer credit reporting
20 agency regarding a medical debt. If a medical creditor or medical debt collector
21 communicates with or reports information to a consumer credit reporting agency
22 regarding the medical debt of a consumer in violation of this subsection, the
23 consumer's agreement to pay the debt is void and unenforceable.

24 (b) A consumer credit reporting agency may not include medical debt in a
25 consumer report or use medical debt to calculate a credit score.

26 (c) In this section,

27 (1) "medical creditor" means an entity that provides health care
28 services and to whom a consumer owes or, if purchased by a medical debt collector,
29 owed medical debt;

30 (2) "medical debt" means an obligation for the payment of money
31 arising out of an agreement or contract, express or implied, for the provision of health

1 care services, products, or devices; "medical debt" does not include debt charged to a
2 credit card or an extension of credit made by a financial institution to a borrower;

3 (3) "medical debt collector" means a person that

4 (A) regularly collects or attempts to collect, directly or
5 indirectly, medical debt originally owed or due, or asserted to be owed or due,
6 to another;

7 (B) purchases medical debt from an entity that provides health
8 care services.

9 * **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).



FEBRUARY 2024

MEDICAL DEBT IN ALASKA

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This report and associated materials can be downloaded for free at the Alaska Public Research Interest Group website: <https://www.akpirg.org/reports-resources>

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SUMMARY

- Alaska has some of the highest costs of medical care and health insurance in the country, and costs are rapidly going up.
- Health insurance doesn't prevent Alaskans from going into medical debt.
- Medical debt likely burdens over 40% of Alaskans, which is about 290,000 people.
- Alaskans avoid medical care because they're concerned about going into debt.

POLICY RECOMMENDATIONS

1. Leverage public funds to immediately wipe out Alaskans' medical debt.
2. Hold local hospitals accountable for providing free and discounted care, as required by federal law.
3. Pass the Uniform Default Judgment Act to protect Alaskans from abusive collection practices.
4. Streamline the application process for Medicaid.
5. Learn from our military and Tribal health care systems to build a robust public health care system

THE EXTENT OF MEDICAL DEBT IN ALASKA

Debt poses a heavy burden on Alaskan families. Including all sources of medical debt, including debt held on health payment products, credit cards, hospital payment plans, and collections, an estimated 290,000 Alaskans, or 40% of our population has some form of medical debt.

Nearly 1 out of every 5 Alaskans (17%) currently has a debt in collections. Medical costs are a major source of collections. In 2020, medical debt impacted half of all Alaskans with debt in collections.¹

Additionally, credit card debt can be medical debt in disguise. Data from JPMorgan Chase shows that credit card usage increases 34% in the month immediately following a medical event. Even a year after that medical event, credit card balances were still 9% above their previous baseline.²

This credit card data illustrates both the extent of medical debt and how these debts last. Once acquired, medical debt becomes a continuous drain on the resources of Alaskan families and communities.

The credit reporting figures cited above only capture a portion of all medical debts. Most debt doesn't go to collections.

A 2022 national study by the Kaiser Family Foundation confirmed that about 1 in 5 respondents had medical debt in collections, similar to Alaska's numbers. But they also found another 24% of participants had active medical debts they were making payments on, bringing the total share of Americans with medical debt up to 41%. And that number was just one snap-shot in time. Over 50% had gone into debt due to medical bills at some point in the last five years.

3

While we don't have Alaska specific survey data, the similarity in credit reporting data suggests

¹ Id. Accessed 2021-03-31. 2020 credit report data is a more reliable measure of the ratio because 2022 reforms removed many medical debts from credit reports.

² Fiona Greig and Erica Deadman. 2022. "Healthcare spending through the Pandemic: the impact of high-cost medical events on household finances". JPMorgan Chase Institute. Published 2022-05.

³ [Kaiser Family Foundation Health Care Debt Survey](#), a nationally representative study of 2,375 participants. Additional [article based on the same data source](#).

that these results would be similar (or worse) in Alaska. It is likely that 40% of our fellow Alaskans are impacted by medical debt, which is over 290,000 people.

Alaska is ranked “weak,” on the [Medical Debt Policy Scorecard](#). On the positive side, Alaska has opted into Medicaid expansion, set a statute of limitations on consumer debt, and taken some steps to protect Alaskans from wage seizures. On the negative side, the state has not taken steps to improve hospital billing and collections practices, such as requiring pre-screening for charity care and public benefits. The recommendations section below offers some suggestions, based on experiences of other states that would improve medical debt protections.

THE BURDEN OF MEDICAL DEBT

Medical debt is more than a financial burden.

People with medical debt often cut back on basic expenses like food and shelter. 70% of families with medical debt reported cutting back spending on clothes and food.⁴ 27% of people with medical debt reported that it impacted their ability to pay rent or even led to eviction. And⁵ debt makes us sicker. Medical debt is associated with worsened social determinants of health, making individuals two to three times more likely to experience housing and food insecurity.
6

People with medical debt also avoid medical care. In a Gallup poll, 38% of Americans reported that they have avoided needed medical care because they feared going into debt. The share of folks avoiding care because of costs is even higher in rural states like Alaska and⁷ smaller cities like Anchorage.
8

Avoiding medical care can lead to lasting health consequences. In the long-term, avoiding care can lead to higher costs because worsened conditions require more expensive treatments. More importantly, delayed or avoided care leads to easily preventable pain, suffering, and even death.

4 Matthew Rae, Gary Claxton, Krutika Amin, Emma Wager, Jared Ortaliza, and Cynthia Cox [“The burden of medical debt in the United States.”](#) Published 2022-03-10.

5 Cynthia Cox, Kevin Lucia, and Katie Keith [“Medical Debt Among People With Health Insurance.”](#) Published 2014-01-14.

6 Himmelstein DU, Dickman SL, McCormick D, Bor DH, Gaffney A, Woolhandler S. Prevalence and Risk Factors for Medical Debt and Subsequent Changes in Social Determinants of Health in the US. [JAMA 2022.](#)

7 Megan Brennan, Gallup News [“Record High in U.S. Put Off Medical Care Due to Cost in 2022”](#)

8 [2022 CFPB Report on Challenges for Rural Banking \(Finding that every 6 months, ~9% of people outside of cities and in smaller cities avoided medical care due to cost, in contrast with ~7.5% in large cities, which is a 20% difference.\)](#)



INSURANCE: A LIMITED SOLUTION

Although insurance can reduce medical debt, it does not prevent it. In other words, people who have insurance can still go into medical debt.

Census data shows that 16% of American households who *have insurance* also have medical debt, with an average debt of \$2,000. The percentage and amount are greater, 31% and \$3,000, for folks with inadequate or incomplete coverage.⁹

Alaskans pay some of the highest insurance premiums in the country.

PRIVATE INSURANCE: EMPLOYER-SPONSORED PLANS AND THE HEALTHCARE.GOV MARKETPLACE

Alaskans who are insured pay some of the highest premiums in the country. From 2003 to 2018, Alaska was ranked #1 (or #50 depending on your perspective) in health insurance premium costs, paying 40% over the national average.¹⁰ And costs have gone up considerably in the last few years. Premiums for small group plans (employer-plans) have consistently increased by 6% over the last three years. And the rate is far higher for marketplace plans, which increased 18% in 2023 and are slated to increase another 16% in 2024.¹¹

About half of Alaskans get their insurance from their employer. And in contrast to employers in other states, Alaskan employers pay a greater share of those insurance costs.¹² This means Alaskan employers are doubly burdened: they must pay a higher share of higher costs in order to recruit workers to our state.

Alaskans who are self-employed or who have an employer that doesn't offer insurance as a

⁹ Census Bureau, ["Who Had Medical Debt in the United States."](#) Published 2021-04-07.

¹⁰ Dr. Benedic Ippolito for the Alaska Policy Forum, ["Report: Controlling Health Care Costs in Alaska"](#) Published 2020-06-30.

¹¹ Nat Herz, [Monthly premiums for health insurance on the federal marketplace will rise 16% in Alaska next year.](#)

¹² Id.

benefit can buy insurance through the Affordable Care Act marketplace at healthcare.gov.

Alaskans who make under 400% of the Federal Poverty Level for Alaska may qualify for a tax credit that reduces the cost of marketplace insurance.¹³ An individual Alaskan who makes less than \$72,840 may qualify for some subsidy.¹⁴

Still, 13.5% of Alaskans are uninsured.¹⁵

And having insurance does not guarantee coverage. The maze of insurance rules and denials means that even an expensive insurance plan provides limited peace of mind.

In Alaska in 2021, marketplace insurers denied nearly 1 out of every 4 claims (23.5%, compared to about 17% nationally).¹⁶ The vast majority (71%) of claims were denied for “unspecified reasons” with another 9% due to the lack of a referral or prior authorization, and the remaining 20% because the treatment was excluded from coverage. Yet even with the vast majority of claims denied for no reason, less than 0.2% of claims are appealed.¹⁷

The current structure misaligns the incentives of insurance companies and consumers. Insurers have a perverse incentive to limit the types of care they cover and to deny as many claims as possible.

GOVERNMENT PROVIDED INSURANCE: MEDICAID AND MEDICARE

15% of Alaskans (114,270) receive low-cost insurance through Medicare. Medicare is the Federal health insurance program for Americans age 65 and up.¹⁸

To fill in gaps in Medicare coverage, some folks choose to purchase supplemental policies. Consumer watchdogs warn that these policies typically add little value relative to their cost. Elders are advised to read the fine print and think carefully before adding on a supplemental plan.

¹³ [Healthcare.gov “Federal poverty level \(FPL\)”](https://healthcare.gov/federal-poverty-level-fpl/). Accessed 2023-10-12.

¹⁴ U.S. Department of Health and Human Services [“2023 Poverty Guidelines for Alaska”](#). Accessed 2023-10-12.

¹⁵ Kaiser Family Foundation 2020 [State Health Care Snapshots: Alaska](#)

¹⁶ Justin Lo and Rayna Wallace, Kaiser Family Foundation [Claims Denials and Appeals in ACA Marketplace Plans in 2021](#). Published 2023-02-09.

¹⁷ Ruth Sussweiln, Consumer Action, [“How to appeal health insurance claim denials \(Summer 2022\)”](#). Published 2022-07-27.

¹⁸ Center for Medicare & Medicaid Services, [Medicare Monthly Enrollment statistics](#) for June 2023. Accessed 2023-10-12.

A third of Alaskans (256,916) receive low-cost insurance through Medicaid and/or the Children's Health Insurance Program.¹⁹ Medicaid is the Federal health insurance program for low-income Americans. Children's Health Insurance Program is a Federal program for low-income children and pregnant women. These programs are funded with Federal dollars but administered by the State of Alaska as DenaliCare and Denali KidCare.

To qualify for Medicaid a person must make under 138% of the Federal Poverty Line, which is slightly higher in Alaska.²⁰ This means to qualify for Medicaid (DenaliCare) an individual Alaskan would need to make less than \$25,130, and a family of 4 would need to make under \$51,750.¹⁵²¹

The Children's Health Insurance Program (Denali KidCare) has a higher limit at 208% of the poverty line.²⁰ For an Alaskan child in a family of 4, their family would need to make under \$78,000.²¹

As a result of these income limits, as well as other restrictions, Alaskans must go through a yearly reapproval process. This bureaucratic process imposes a costly burden on both the state and individuals.

In 2023, 14,000 Alaskans lost their Medicaid in just 2 months for purely procedural reasons. These Alaskans, many of which were children, lost coverage not because they didn't qualify, but because the Alaska Division of Public Assistance failed to reach them. Thankfully, after considerable press coverage and threats from the Federal government, the State paused some reapprovals.²²

This was on top of an on-going failure by the Division of Public Assistance to process applications in a timely manner. As of January 2023, there were nearly 9,000 Medicaid approvals that had been yet to be processed by the Alaska Division of Public Assistance.²³ As of mid-2023, only half (54%) new Medicaid applications and 43% of renewals were being processed on time.²⁴

¹⁹ [June 2023 Medicaid & CHIP Enrollment Data Highlights](#). Accessed 2023-10-12.

²⁰ U.S. Department of Health and Human Services "[2023 Poverty Guidelines for Alaska](#)". Accessed 2023-10-12.

²¹ Kaiser Family Foundation 2020 [State Health Care Snapshots: Alaska](#)

²² Annie Berman, Alaska Daily News "[State pauses some Medicaid renewals after thousands lose coverage](#)." Published 2023-10-05.

²³ Sean Maguire, Alaska Daily News "[Alaska's Medicaid backlog violates federal and state law, attorneys say](#)" Published 2023-01-07.

²⁴ Alaska Department of Health and Human Services, Division of Public Assistance "[Internal Performance Measures: Year-to-Date Performance](#)"

Delays and gaps in coverage have real consequences for Alaskans. A person waiting on coverage may delay or avoid care. Thankfully, Alaska allows retroactive medicaid coverage²⁵ (not all states do), but that coverage depends on being approved eventually, a risk that not everyone is willing to gamble on.

There are likely several reasons for the harmful and potentially illegal delays. The Division of Public Assistance points to lack of funding and resources. But budget cuts do not fully explain the fact that the Divisions' still uses paper forms and decades out-of-date computer systems. Even, more fundamentally, the problem is the complex system of reapprovals required by excessive regulations. There are too many hoops to jump through.

Digitization and regulatory simplification are urgently needed to preserve the rights of Alaskans and to conserve taxpayer resources.

As an example of a rule that could be repealed, consider Alaska's restriction on Intellectual and Developmental Disability Medicaid waivers. These waivers provide coverage for the needs of disabled folks, such as specialized equipment and in-home care. In 2018, the Alaska Division of Senior and Disability Services decided to restrict Intellectual and Developmental Disability waivers to 50 new enrollees a year, with no more than 600 total enrollees in the entire state.²⁶ According to the State's own analysis, intellectually and developmentally disabled Alaskans must wait an average of 41 months, that's over 3.5 years, for coverage.²⁷

GOVERNMENT PROVIDED CARE: TRIBAL HEALTH ORGANIZATIONS AND THE VETERANS ADMINISTRATION

Alaska Native and American Indian people may qualify for care through a Tribal Health Organization under the Federal Indian Health Service. One of the largest such organizations, the Alaska Native Tribal Health Consortium co-operates the Alaska Native Medical Center in Anchorage.

Additionally, active-duty military members and veterans are typically covered by the Veterans Administration and/or TriCare, the insurance program for active-duty military. As the military is one of the largest employers in Alaska, this reflects a major source of health care in our state.

²⁵ 7 AAC 100.072 - Retroactive Medicaid eligibility

²⁶ Workforce Innovation and Opportunity Act, Alaska State Plan for 2020-2023.

²⁷ Id.

Still, bureaucratic hoops and regulatory limits on the Indian Health Service and Veterans Administration mean that many covered individuals still end up with medical debt.

For example, an Alaska Native person traveling in the lower 48 must obtain a waiver from the Indian Health Service before receiving care outside of the state. One individual we spoke with was facing a surprise bill of over \$2,000 because they came down with an unexpected illness while visiting family.

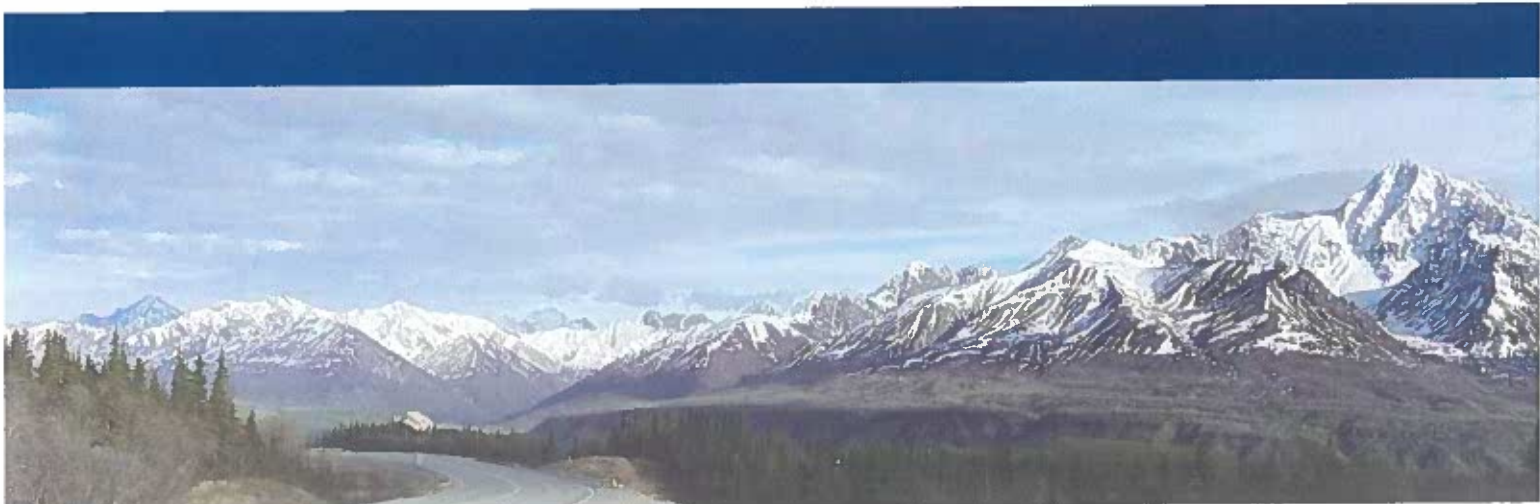
From 2016 to 2019, nationwide, the Indian Health Service refused to pay medical bills for more than 500,000 patients, resulting in more than \$2 billion in medical debt.²⁸

Similarly, there are significant problems at the Veterans Administration, including slow payments, and unnecessarily complicated bureaucracy. This maladministration can lead to veterans and service members ending up with medical debt even when they're supposedly covered under TriCare. A [2022 CFPB report](#) found that half of medical debt complaints by active-duty military concerned debt they should never have owed.

Yet for all their gaps and challenges, the Veterans Administration and Indian Health Service have significant advantages over the more indirect approaches of insurance subsidies. Rather than creating unproductive competition between hospitals and insurers, a single-payer system aligns the interests of providers and patients.

The Veterans Administration and Indian Health Service, which insure a large share of Alaskans demonstrate that it is possible for the government to directly provide health care. By directly providing care they reduce the debt and paperwork burdens on patients and providers, can more easily control costs, and are more responsive to public oversight.

²⁸ National Consumer Law Center and Community Catalyst, [“Medical Debt Crisis – Impact on Native and Indigenous Families.”](#) Presented 2023-02-09.





April 11, 2025

The Honorable Zack Fields
House Labor & Commerce Committee
120 4th Street
Juneau, AK 99801

The Honorable Carolyn Hall
House Labor & Commerce Committee
120 4th Street
Juneau, AK 99801

RE: HB 178 (Mina) – Medical Debt Information - Support

Dear Co-Chairs Fields and Hall:

On behalf of those living with or in remission from blood cancer, we encourage you to support House Bill 178 (HB 178). HB 178 (Mina) offers a practical route for families to prevent unforeseen financial challenges, avoiding the risk of being pushed deeper into a cycle of debt and poverty.

The Leukemia & Lymphoma Society® (LLS) is a global leader in the fight against cancer. The LLS mission: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS funds lifesaving blood cancer research around the world, provides free information and support services, and is the voice for all blood cancer patients seeking access to quality, affordable, coordinated care.

Patients feel trapped by medical debt. According to a recent [national survey](#), nearly 7 in 10 U.S. adults say they receive medical bills they cannot afford. Many are forced to delay paying the bill, put it on a credit card, or challenge the bill. 74% of those with past or present medical debt have experienced negative impacts as a result. More than 4 in 10 delayed medical care because they did not want to go further into debt. And 32% of Americans say they became more depressed and anxious due to their medical debt.

HB 178 prohibits consumer reporting agencies from including medical debt on credit reports. It requires that medical debt contracts include provisions preventing medical debt information from being shared with credit reporting agencies. On average, removing medical debt from a credit report can increase an individual's credit score by 20 points. This removes significant barriers to housing, employment, and lines of credit so that patients can move on from their lives without the burdens of medical debt.

Strong bipartisan support exists for action to protect consumers from medical debt and high healthcare costs. We thank you in advance for your consideration and urge your support of HB 178 (Mina).

Sincerely,

Adam Zarrin
Director, State Government Affairs