



July 11, 2024

The Honorable Bernie Sanders
Chair
Senate Committee on Health, Education,
Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC, 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Chair Sanders and Ranking Member Cassidy:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the Senate Committee on Health, Education, Labor and Pensions (HELP) holding the hearing “What Can Congress Do to End the Medical Debt Crisis in America?” ACS CAN advocates for evidence-based public policies to reduce the cancer burden for everyone. As the American Cancer Society’s nonprofit, nonpartisan advocacy affiliate, ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. By engaging advocates across the country to make their voices heard, ACS CAN influences legislative and regulatory solutions that will end cancer as we know it.

We are acutely aware that medical debt impacts many people with cancer, their caregivers, and their families. ACS CAN has long fought for public policies — like access to comprehensive and affordable health insurance coverage — that reduce the likelihood or severity of that debt. Unfortunately, many Americans remain uninsured or underinsured and even those with comprehensive coverage can still incur significant medical debt. People with cancer often bear significant health care costs because they can have substantial health care needs, are high utilizers of health care services, use many different providers, and sometimes require more expensive treatments. They also must pay many indirect costs, like transportation and lodging as well as losing wages due to unpaid time off or job loss, which add to their already heavy cost burden.

In March & April of 2024, ACS CAN asked people with cancer and survivors about their experiences with medical debt through our Survivor Views survey panel.¹ The survey found that:

- Nearly half of cancer patients and survivors surveyed (47%) have had medical debt related to their cancer, and the plurality of those (49%) have carried over \$5,000 in medical debt. 69 percent have carried this debt for more than 1 year and over one-third (35%) have had medical debt related to their cancer for more than 3 years.

¹ For more information, please visit www.fightcancer.org/survivor-views

- Nearly all (98%) respondents were insured at the time when the debt was incurred, most commonly by a high deductible health plan without a health savings account (34%).
- The health implications are significant: those with cancer-related medical debt are three times more likely to be behind on recommended cancer screenings (18% vs. 5%), 27% of those with cancer-related medical debt have gone without adequate food, and 25% have skipped or delayed care.
- The financial consequences of cancer-related medical debt can also be significant: Nearly half (49%) saw their credit scores decrease and 30% had difficulty qualifying for loans.
- The impacts of cancer-related medical debt are not felt equally and further deepen existing disparities. Black and Hispanic patients and survivors with medical debt are about twice as likely as White respondents to report being denied care due to their debt (13% and 14%, respectively). Black respondents are also more likely to report being contacted by collections agencies (66%) and to feel harassed by them (44%).
- Respondents support a multifaceted approach to addressing medical debt, with several policy improvements deemed helpful to reducing the burden of medical debt on cancer patients and survivors.

For these reasons, we firmly believe that addressing medical debt in the U.S. is crucial to accomplishing ACS CAN's mission of ending cancer as we know it for everyone. To effectively achieve that reality, all individuals must first and foremost have access to quality and affordable health insurance coverage. To address the specific issue of medical debt, we support policies that:

1. **Prevent the occurrence of medical debt by improving and expanding provider financial assistance programs, ensuring patients can use discount/assistance programs for prescription drugs and resolving medical billing issues before they impact patients — particularly those from underserved populations —** by enacting policies that:
 - Ensure patients are screened for and directed to available financial assistance programs before they receive care;
 - Make financial assistance programs available to more patients, and through more provider-types;
 - Require providers to screen and advise patients regarding their financial assistance program (as applicable) before billing the patient and in any subsequent communication;
 - Strengthen regulation of existing rules regarding financial assistance programs, including increasing transparency and data collection;
 - Ensure patients do not receive surprise medical bills; and, if they do, have available information on how to report/resolve the charges;
 - Increase access to patient navigation services that include financial counseling and connections to financial assistance programs for patients and their families; and

- Ensure patients using prescription drugs can receive the full financial benefit from any patient assistance or drug discount programs available.
2. **Reduce the impact of incurred medical debt on individuals and families** by enacting policies that:
- Remove all medical debt as a factor in considering an individual's credit worthiness;
 - Minimize the selling of individuals' medical debt to third party debt collectors;
 - Prohibit collection practices for medical debt that are predatory, discriminatory, and/or extraordinary;
 - Prohibit debt collection actions while individuals are appealing the claim that is the subject of the debt;
 - Limit interest rates charged on medical debt; and
 - Prohibit medical payment products from using practices that are predatory and/or damaging to the cardholder's financial health.
3. **Develop innovative and impactful ways to eliminate medical debt and provide patients with alternative funding mechanisms for their cancer-related care or debt payments that meet the goals stated above.**

As I said earlier, we firmly believe that addressing medical debt in the U.S. is crucial to keeping health care affordable for all Americans — especially for those with serious illnesses like cancer. We are pleased to see legislation being introduced to begin to address the burden medical debt places on too many people and we commend the bill sponsors and members of the HELP Committee for leading on this issue. We are also encouraged that many states have taken leadership on this issue, creating state-level policies that accomplish some of the goals listed above. Just this year, legislators in Illinois, Minnesota, Oregon, Rhode Island, and Virginia have passed such laws, and several others are still in progress. States are also innovating on this issue — a very recent example being the promising proposal in North Carolina to encourage hospitals to relieve medical debt and prevent future patients from incurring it. We welcome the opportunity to discuss the Committee's efforts further. If you or your staff have any questions or would like to set up a time to discuss, please do not hesitate to contact Nishith Pandya, Director, Federal Relations at Nishith.Pandya@cancer.org.

Sincerely,



Lisa A. Lacasse
President, ACS CAN