

**HOUSE . . . . . No. 1386**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***John J. Mahoney***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

**An Act to ensure uniform and transparent reporting of medical debt data.**

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>John J. Mahoney</i>	<i>13th Worcester</i>	<i>1/17/2025</i>

**HOUSE . . . . . No. 1386**

By Representative Mahoney of Worcester, a petition (accompanied by bill, House, No. 1386) of John J. Mahoney for legislation to establish an electronic system of public reporting for providers as a prerequisite condition for advancing overdue medical bills to debt collection agencies. Health Care Financing.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

An Act to ensure uniform and transparent reporting of medical debt data.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 SECTION 1. Section 7 of chapter 6D of the General Laws, as so appearing in the 2022  
2 Official Edition, is hereby amended by striking subsection (d) in its entirety and inserting in  
3 place thereof the following:-

4 (d) The commission shall consider proposals that achieve 1 or more of the following  
5 goals: (i) to support safety-net provider and disproportionate share hospital participation in new  
6 payment and health care payment and service delivery models; (ii) to support the successful  
7 implementation of performance improvement plans by health care entities under subsection (c)  
8 of section 10; (iii) to support cooperative efforts between representatives of employees and  
9 management that are focused on controlling costs and improving the quality of care through  
10 workforce engagement; (iv) to support the evaluation of mobile health and connected health  
11 technologies to improve health outcomes among under-served patients with chronic diseases; (v)  
12 to develop the capacity to safely and effectively treat chronic, common, and complex diseases in

13 rural and underserved areas and to monitor outcomes of those treatments; (vi) to reimburse the  
14 center for health information analysis on all funds expended for the purposes of executing the  
15 uniform medical debt reporting system established in section 25 of chapter 12C; and (vii) any  
16 other goals as determined by the commission.

17 SECTION 2. Section 1 of chapter 12C of the General Laws, as so appearing, is hereby  
18 amended by inserting after the definition of "Medical assistance program" the following  
19 definition:-

20 "Medical debt", any debt owed for goods or services provided by a medical facility, a  
21 provider of health care or a provider of emergency medical services including the financing or an  
22 extension of credit by a third party for the sole purpose of purchasing goods or services provided  
23 by a medical facility, a provider of health care or a provider of emergency medical services.

24 And is further amended by inserting after the definition of "Self-insured group" the  
25 following definition:-

26 "Significant medical debt", any medical debt owed by an individual exceeding \$200.

27 SECTION 3. Said chapter 12C of the General Laws, as so appearing, is hereby further  
28 amended by inserting after section 24 the following new section:-

29 Section 25. Uniform medical debt reporting system

30 (a) The center shall coordinate with the public health council, the boards of registration  
31 for providers, the commission board, and the state finance and governance board to develop a  
32 uniform and interoperable electronic system of public reporting for providers as a prerequisite  
33 condition for advancing overdue medical bills to a debt collection agency.

34 (b) The uniform medical debt reporting system shall include information designed to  
35 advise on policy relating to medical debt. The uniform medical debt reporting system shall also  
36 ensure a comprehensive and transparent analysis of demographic data as it relates to medical  
37 debt including, but not limited to, rates of medical debt carried in the following demographics:  
38 (1) race; (2) sex, gender identity, and sexual orientation; (2) disability status; (3) criminal record;  
39 (4) health status; (5) family and individual income level; (6) education; (7) nation of origin; (8)  
40 region of residence in the commonwealth; (8) individual and family health insurance status; (8)  
41 veteran status; (9) age group; (10) chronic condition status; (11) education level; (12) primary  
42 language; and (13) times between procedures and reporting of debt to a collection agency.

43 (c) The purpose of the uniform medical debt reporting system is to reduce the adverse  
44 effects of medical debt and to protect patients in matters related to medical creditors, medical  
45 debt buyers, and medical debt collectors with respect to such debt. As such, the center shall  
46 collect and analyze data on all aspects related to the purposes of this section including, but not  
47 limited to: trends of medical debt assignment and collection per provider; rates of medical debt  
48 qualifying as “significant” as defined in section 1; the relative concentration of individual and  
49 family debt per person as compared to the total amount of medical debt in the commonwealth;  
50 any risks associated with masking medical debt data; the impact of medical debt data on public  
51 health and welfare; and dating relating to the rate at which those carrying medical debts  
52 successfully settle such debt.

53 (d) The center may centralize the uniform medical debt reporting system or create a  
54 central portal for public access to the medical debt data and information. The uniform medical  
55 debt reporting system shall be accessible to other state agencies and authorities including, but not

56 limited to, the commission, the secretary for the executive office of health and human services,  
57 the department of public health, and the state finance and governance board.

58 (e) The center shall promptly make available to the secretary of the executive office of  
59 health and human services all data pursuant to subsection (a) prior to a provider sending such  
60 debt information to a collection agency.

61 (f) The center shall coordinate with the commission, through its oversight and control of  
62 the Healthcare Payment Reform Fund, pursuant to section 7 of chapter 6D, to receive  
63 reimbursement funds for the purposes of executing the uniform medical debt reporting system as  
64 established in this section.

65 SECTION 4. Section 52 of chapter 93 of the General Laws, as so appearing, is hereby  
66 amended by inserting after clause (6) of subsection (a) the following two clauses:-

67 (7) Information concerning medical debt arising from the receipt of health care services.

68 (8) Medical debt which has:

69 (a) not yet been reported to the secretary of the executive office of health and human  
70 services pursuant to section 25(c) of chapter 12C;

71 (b) already been fully paid or settled; or

72 (c) existed for less than one year from the date of first acquisition.

73 SECTION 5. Said section 52 of said chapter 93, as so appearing, is hereby further  
74 amended by striking subsection (b) and inserting in place thereof the following subsection:-

75 (b) Except for the provisions in clause (8), the provisions of subsection (a) are not  
76 applicable in the case of any consumer credit report to be used in connection with:

77 (1) a credit transaction involving, or which may reasonably be expected to involve, a  
78 principal amount of fifty thousand dollars or more; or

79 (2) the underwriting of life insurance involving, or which may reasonably be expected to  
80 involve, a face amount of fifty thousand dollars or more.