THE CAMPAIGN TO END MEDICAL DEBT

How New York Dramatically Reduced Patients' Medical Debt Burden

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CSS Community Service Society

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About the Authors

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Acknowledgements

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CSS Community Service Society

The Community Service Society of New York (CSS) has worked with and for New Yorkers since 1843 to promote economic opportunity and champion a more equitable city and state. We power change through a strategic combination of research, services, and advocacy to make New York more livable for people facing economic insecurity. **www.cssny.org**

NY HEALTH FOUNDATION *Improving the state of New York's health*

Support for this work was provided by the New York Health Foundation (NYHealth). NYHealth's mission is to improve the health of all New Yorkers, especially people of color and others who have been historically marginalized.

ROBIN HOOD

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"I never expected the last two years of my life to be like this. But it has turned into an absolute complete nightmare."

John Ingram, Retiree and
Community Health Advocates Client

John Ingram retired at age 70 on a fixed income. He was insured through Medicare, but bills began piling up when he suffered a heart attack, a foot condition requiring surgery, and then colon cancer. He owed thousands of dollars to his hospital and its affiliated providers. When he couldn't keep up with payments, the hospital sent John to collections. He fell so far behind on his rent that he faced eviction.

In 2019, desperate for help, John brought a tall stack of bills to Community Health Advocates, New York's health consumer assistance program run by the Community Service Society of New York. His Advocate worked through the stack, applying for financial assistance and setting up payment plans. Sadly, John passed away from cancer while still worrying about his medical bills.

Executive Summary

This paper describes the campaign to end medical debt in New York, launched by the Community Service Society of New York (CSS). Medical debt hurts patients physically and fiscally, often in inequitable ways. In 2019, individual patients and survey data indicated that health care providers were utilizing increasingly aggressive medical debt collection strategies. In response, CSS led a campaign consisting of three advocacy tactics: leveraging research to document and publicize the issue; engaging hospitals directly; and organizing at the grassroots level.

This campaign worked closely with State officials, including Governor Kathy Hochul and the New York State legislature, to enact a series of eight State-level medical debt reforms, often with bipartisan support:

- Cut the medical debt statute of limitations (2020);
- Reduced the consumer judgment interest rate (2021);
- Banned the practices of filing liens on patients' primary residences and garnishing patients' wages (2022);
- Banned facility fees for preventative care (2022);
- Improved hospital price and quality data transparency (2022);
- Mandated a uniform hospital financial assistance form (2023);
- Banned hospitals from reporting medical debt to credit bureaus and barred those credit bureaus from reporting medical debt on consumer credit reports (2023); and
- Expanded eligibility for hospital financial assistance and barred hospitals from suing most patients for medical debt (2024).

December 13, 2023 Medical Debt Credit Protection Act Bill Signing, from top to bottom, CHA Supervising Attorney, Diane Spicer walking with Governor Kathy Hochul; David Jones, CSS; Karines Reyes, NYS Assemblymember; Beth Fogel, AARP; Governor Kathy Hochul; Senator Gustavo Rivera; Assemblymember Amy Paulin; #EndMedicalDebt campaign thank you cards.

#EndMedicalDebt press conference in Albany in May 2022. From left to right: Bethsy Morales, Hispanic Federation; Elisabeth Benjamin, CSSNY; Sybil McPherson, DC37; Health Committee Chair Senator Gustavo Rivera; Blair Horner, NYPIRG; Health Committee Chair Assemblymember Richard Gottfried; and Mel Gagarin.

In the wake of these reforms, the campaign to end medical debt made a significant impact on New York's patients, including:

» **A 99.8 percent decline** in the number of medical debt lawsuits filed by New York hospitals.

  o Medical debt lawsuits declined from 13,886 to 105 annually, saving patients an estimated $36 million per annum.

» **A 78 percent decline** in the proportion of New Yorkers with medical debt in collections.

  o The proportion of New Yorkers with medical debt in collections declined from 7.6 percent to 1.7 percent, removing an estimated $241-$337 million from consumer credit reports.

New York's campaign to end medical debt offers a model for changing medical collection practices at the State level to policymakers, consumer advocates, and patients alike. Advocates can utilize one or more of these strategies to center the patient experience as policymakers consider how to reform medical debt collection practices and strengthen the provision of hospital financial assistance. Ending aggressive medical debt collection practices is an increasingly important policy option, particularly as millions of Americans are set to lose coverage due to federal health cuts.

Medical debt harms patients' mental, physical, and fiscal health

Patients with medical debt experience worse mental and physical health, more premature deaths, higher mortality rates, and financial hardships.[1] In many cases, their interactions with the health care system are shaped by attempts to avoid medical debt. A 2025 survey of New Yorkers found that 66 percent of respondents delayed or went without care in the past year due to cost, and 80 percent worried about affording health care in the future.[2] Adults with medical debt are more likely to skip or delay care or medications due to cost—a national study found that 79 percent of people with medical debt reported skipping or delaying care, compared to 49 percent of people without medical debt.[3] After adjusting for sociodemographic characteristics, a 1 percentage point increase in population with medical debt is associated with 1.12 years of life lost per 1,000 people.[4]

An estimated 56 percent of American adults experience medical financial hardships.[5] This phenomenon is particularly harmful to people with chronic conditions. For example, a 2022 survey issued by the American Cancer Society found that over half of cancer survivors have cancer-related medical debt, with Black respondents more likely to have debt than White respondents.[6] Financial toxicity is a well-documented issue for adults with cancer.[7] Financial toxicity describes the impact of the economic burden of medical debt on patients, including adverse health outcomes and reduced quality of life.[8] Medication costs further hamper patients' ability to take medications as prescribed, a phenomenon referred to as cost-related non-adherence. Cost-related non-adherence is associated with worse patient outcomes and increased unnecessary hospitalizations, which result in billions of dollars in avoidable health care costs.[9]

People without health insurance have the highest rates of medical debt.[10] But medical debt also harms patients who have health insurance. For example, individuals with health insurance coverage can still incur medical debt due to denied claims, out-of-network care, and inability to afford their deductible or cost-sharing. Medical debt dominates the consumer debt landscape, making up most of the debt in collections on consumer credit reports for the past decade.[11] Although research has established that medical debt is a poor predictor of credit risk, having medical debt in collections can limit access to loans or other credit and negatively impact a person's ability to obtain insurance, find employment, or secure housing.[12]

Nationally and in New York, low-income communities and communities of color bear the burden of medical debt compared to their higher-income and White counterparts.[13] The Census Survey of Income and Program Participation found that, on average, around 28 percent of Black households have medical debt, compared to around 17 percent of White households.[14] In a survey of adults with medical debt, 63 percent of respondents were forced to cut back on necessities, and 48 percent used most or all of their savings to pay down their debt. People of color and those with lower household incomes (below $40,000 annually) cut back on necessities and spent down their savings more often than their White and higher-income counterparts.[15]

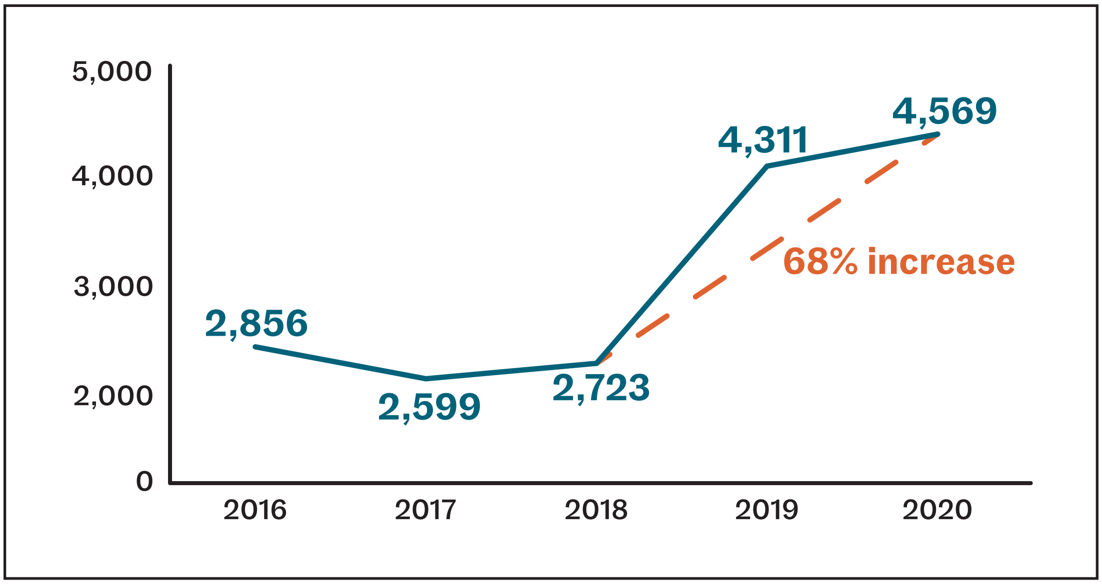
The influence of hospitals on medical debt in New York

New York hospitals are all nonprofit charities or public facilities pursuant to State law.[16] Nonetheless, in the past decade, private nonprofit and public hospitals in New York filed over 80,000 medical debt lawsuits against their patients. Between 2019 and 2025, New York's five State-run facilities were responsible for 41 percent of medical debt lawsuits filed against patients.[17]

Rising health care spending, specifically hospital spending, drives medical debt. Nearly 75 percent of adults with medical debt owe some or all of their debt to hospitals.[18] Health care in New York has become increasingly unaffordable since the deregulatory efforts of the mid-1990s.[19] Higher hospital costs lead insurers to shift more of the cost of care to patients. Rising health insurance premiums, deductibles, and other cost-sharing features cause patients to spend a significant portion of their budget on health care.[20] By 2022, this phenomenon led New York to have the second-highest overall health care spending per person ($14,000).[21] In 2023, New Yorkers had the second-highest health insurance premiums for family coverage ($26,400) in the nation.[22] Hospital care is the single most significant contributor (39 percent) to health care spending in New York, rising twice as fast as wages and four times as fast as inflation over the past decade.[23]

Over a decade ago, New York State and federal policymakers enacted medical debt reforms targeting hospitals.[24] In 2008, New York State tightened up the rules around its $1.1 billion Indigent Care Pool (ICP), enacting the Hospital Financial Assistance Law. This law required public and nonprofit hospitals receiving ICP funds to adopt financial assistance policies for low- and moderate-income patients with incomes up to 300 percent of the Federal Poverty Level (FPL) to secure funding from the $1.1 billion ICP. However, each facility was permitted to design and use its own unique hospital

Figure 1. Community Health Advocates cases on medical debt, 2016-2020



financial assistance form. In addition, hospital financial assistance was only available to uninsured patients, not underinsured patients.[25] By 2012, advocates and patients had observed that the law was often disregarded.[26] In response, the New York State Department of Health's Medicaid Redesign Team further conditioned the ICP funding by requiring regular compliance audits of hospital financial assistance policies starting in 2012.[27] Despite these reforms, approximately 70 percent of the hospitals failed at least one of the auditors' questions.[28]

In 2010, the federal Affordable Care Act also sought to regulate hospitals' financial assistance and debt collection practices. Internal Revenue Service regulations required nonprofit hospitals to offer financial assistance to eligible patients to maintain their tax-exempt status and prohibited them from pursuing "extraordinary" collection practices, such as filing civil legal actions, placing property liens, and garnishing wages.[29]

By 2019, a survey of New Yorkers found that over half (52 percent) of respondents experienced medical financial hardships in the prior year, and 76 percent of respondents expressed concern about affording health care in the future. The survey also indicated that nearly half (45 percent) of respondents encountered cost-related barriers to care, including delaying care (31 percent), skipping a recommended treatment or test (29 percent), and cutting pills or skipping doses of medicine (23 percent).[30]

These survey results dovetailed with data compiled by New York State's independent consumer assistance program, Community Health Advocates (CHA), which observed a 68 percent increase in medical debt cases in 2019. *See* Figure 1. CHA, a program of the Community Service Society of New York (CSS), helps New Yorkers use their health insurance, resolve medical billing problems, and otherwise access health care. *See* Sidebar.

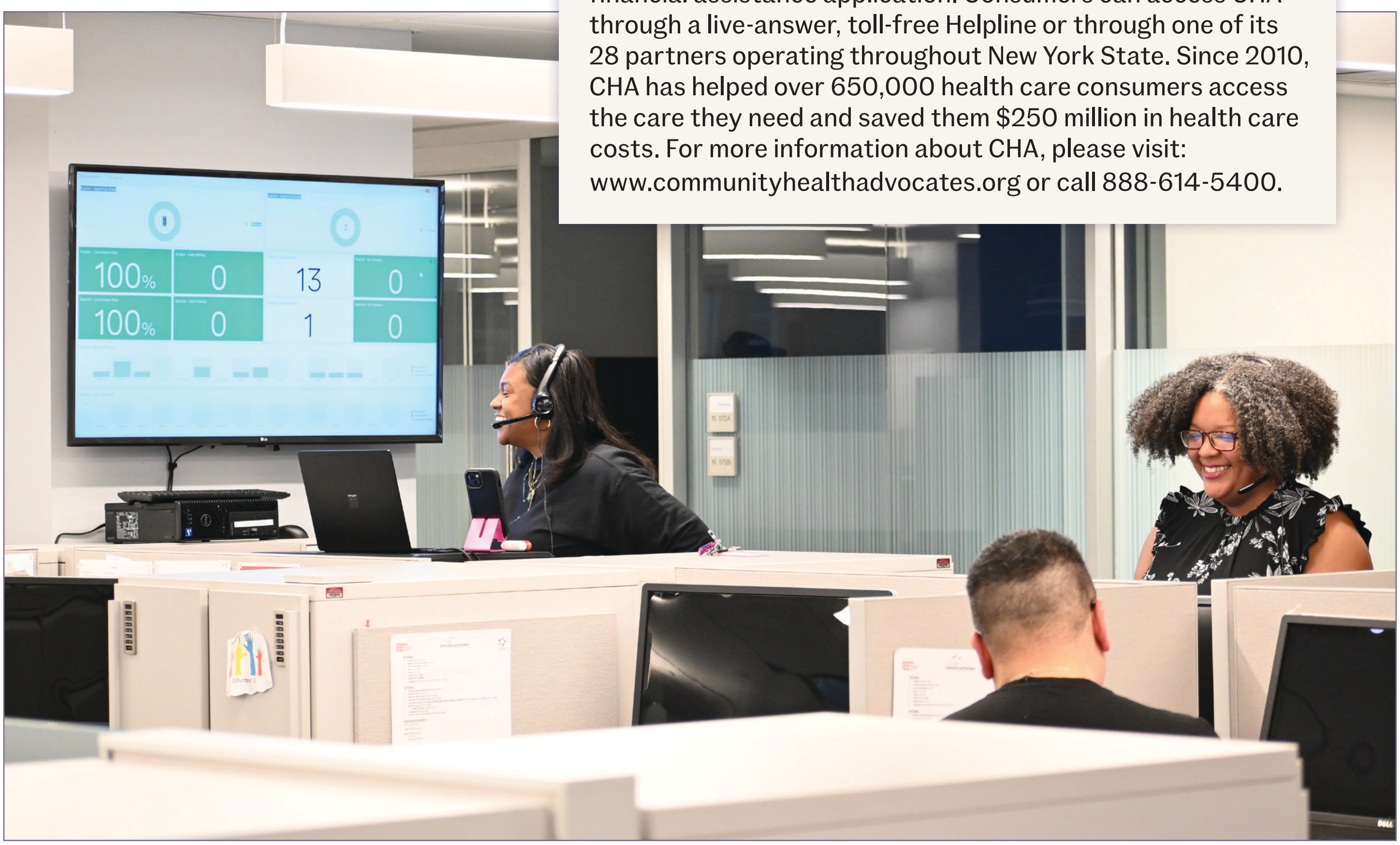
Many CHA clients complained that their hospitals were becoming increasingly aggressive with their debt collection practices. As described below, New York hospitals were responsible for suing around 14,000 patients in 2019.

community
health advocates

The Community Service Society of New York and Community Health Advocates

Since 1843, the Community Service Society of New York (CSS) has worked to promote economic opportunity. CSS's health department operates direct service programs that help people enroll in and use health insurance and access care. The data derived from these direct service operations help CSS identify research needs to better describe and quantify the experiences of the health care consumers it serves—typically in the form of research reports like the Discharged into Debt series described in this paper. CSS takes the lived experiences of its clients and its research findings to its campaign partners to join forces to educate policymakers about how to improve the health care system for patients.

CSS operates New York State's health insurance consumer assistance program, authorized under Section 1002 of the Affordable Care Act, called Community Health Advocates (CHA). CHA helps consumers enroll in insurance and patient affordability programs, access health care, use insurance, resolve medical debt and billing problems, and appeal insurance and hospital financial assistance denials. CHA's phone number is listed on insurance notices and New York's uniform hospital financial assistance application. Consumers can access CHA through a live-answer, toll-free Helpline or through one of its 28 partners operating throughout New York State. Since 2010, CHA has helped over 650,000 health care consumers access the care they need and saved them $250 million in health care costs. For more information about CHA, please visit: www.communityhealthadvocates.org or call 888-614-5400.



Community Health Advocates helpline operators, October 2024.

The Strategies Deployed to End Medical Debt in New York

CSS launched the New York medical debt campaign in 2019 to address the issue with a three-prong strategy: (1) leveraging research and publications; (2) direct outreach to hospital systems and facilities; and (3) organizing campaigns through We The Patients and #EndMedicalDebt.

#ENDMEDICALDEBT

#EndMedicalDebt

The #EndMedicalDebt campaign is comprised of over 50 participating organizations dedicated to ending medical debt in New York State. Participating organizations include groups that represent: health consumers, clergy, local geographic areas, immigrants, seniors, people with disabilities and/or specific conditions, children and young adults, low-income people, labor, families and children, people in rural areas, legal services advocates, and organizations representing people of color.

WE THE PATIENTS

We The Patients

We The Patients is a platform to amplify patient experiences related to health care access, cost, and quality for policymakers and the public. Through social media, We The Patients empowers patients in the fight to end medical debt in New York. Follow We the Patients @wethepatientsny.

Strategy #1: Leveraging research to document and publicize medical debt and collection practices in New York.

In response to consumer complaints and survey data, CSS began to document the nature and extent of medical debt in New York State through a series of *Discharged into Debt* reports, issued between 2020 and 2024. *See* Figure 3. In 2020, CSS issued an initial *Discharged into Debt* report, which found that tens of thousands of patients had been sued by 139 hospitals in a sample of 26 counties statewide. The median judgment of a random sample of those lawsuits was $1,900, and most lawsuits were won by default—meaning the patients were not in court to defend themselves. The report also found that most lawsuits were filed by a minority of the State's 213 hospitals, and many hospitals sued only rarely, or not at all.[31]

This initial *Discharged into Debt* report launched a series of publications that documented: hospitals sued thousands of patients during the height of the pandemic; a pattern of racial disparities in hospital lawsuits filed in Albany County; hospitals' practice of filing liens on patients' homes; hospitals' practice of seeking wage garnishments; an investigation into SUNY Upstate's medical debt lawsuits; the need to reform the State Hospital Financial Assistance Law; and an analysis of the New York State-run hospital medical debt lawsuits against their patients. *See* Figure 3.

Ultimately, with the support of Robin Hood, CSS research identified a universe of over 80,000 medical debt lawsuits filed by hospitals in New York over the past decade.[32] Researchers conducted random samples of hospital medical debt cases and found that hospitals appeared to be suing patients who lived in zip codes where residents were either low-income, people of color, or both. Most of the lawsuits resulted in default judgments.[33]

Some hospitals took additional extraordinary collection actions to collect medical debts. Between 2017 and 2018, hospital reports filed with the New York State Department of Health indicated that 56 hospitals imposed almost 5,000 liens on the homes of their patients with outstanding medical bills.[34] Most of these liens were filed in counties where the median income was well within the eligibility limits of the State Hospital Financial Assistance Law. A random sample of over 1,500 wage garnishment cases indicated that indebted patients worked in low-wage occupations (e.g., retail, social services, manufacturing, and health care), further underscoring that patients were not being informed about the availability of hospital financial assistance.[35]

At the outset of the medical debt campaign, data from public court files indicated that six systems were responsible for 77 percent of all medical debt lawsuits in 2019. Four of the top nine suing hospitals were formally or clinically affiliated with the Northwell system.[36] *See* Figure 2.

Between 2019 and 2023, in response to the #EndMedicalDebt campaign described below, many of the State's nonprofit hospitals either stopped suing patients entirely or substantially reduced the practice. By 2023, an analysis of New York's five State-run hospitals found that they were outliers in the frequency with which they sued patients for medical debt. In 2023, the State-run facilities were responsible for 83 percent of all medical debt lawsuits.[37]

Figure 2. Medical debt litigation by facility, 2019

All facilities that have sued more than 500 patients are listed by name

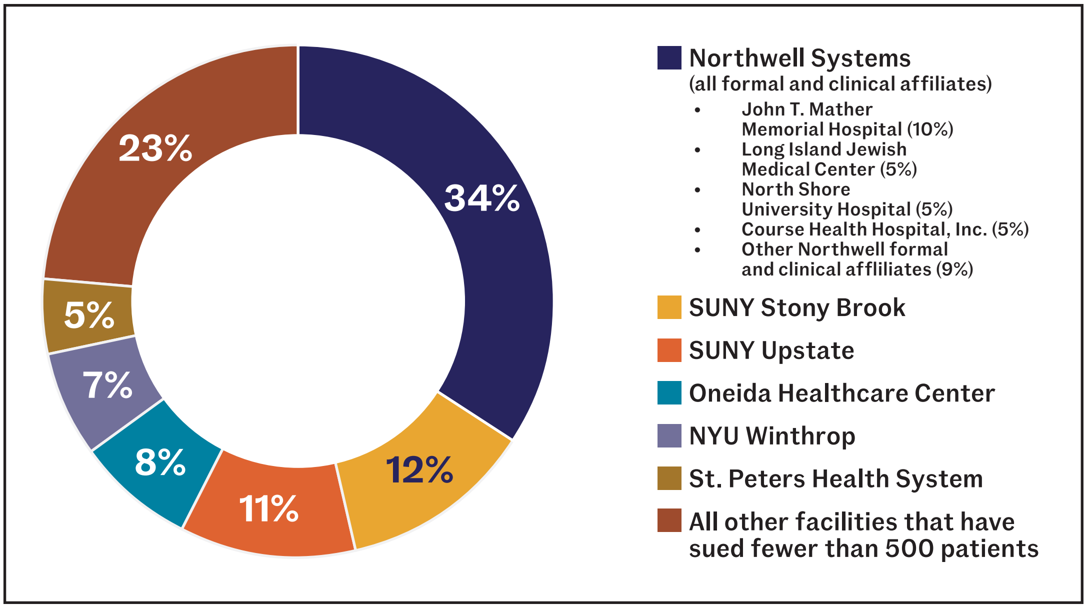
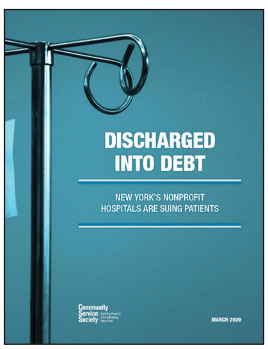
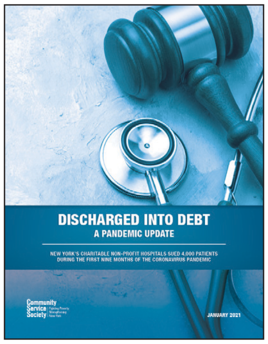
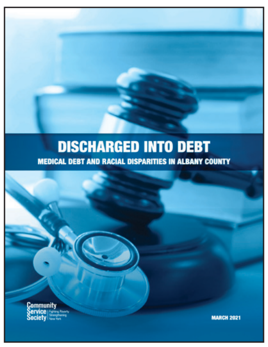
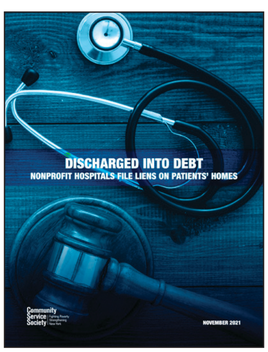
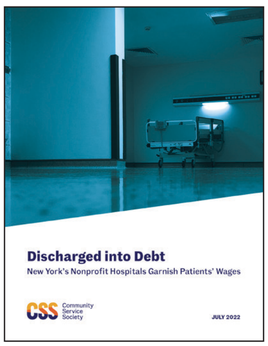
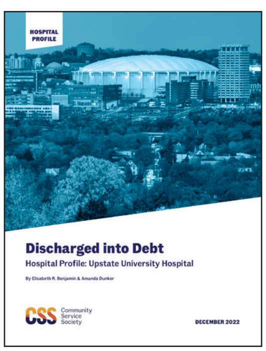
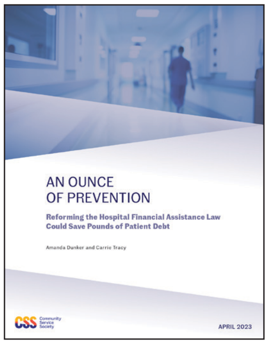
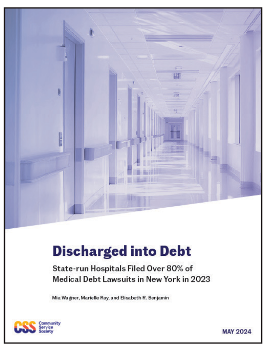


Figure 3. Medical Debt Research Conducted by CSS or in Partnership with CSS

Report	Methods	Findings
 *New Yorkers Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines,* Altarum Healthcare Value Hub (March 2019)[38]	A survey of more than 980 New York adults, fielded from Dec. 20, 2018 to Jan. 2, 2019, was conducted by Altarum's Healthcare Value Hub in partnership with CSS.	• More than half (52%) of survey respondents experienced healthcare affordability burdens in the past year. • Over three-quarters (76%) of survey respondents were worried about affording health care in the future.
 *Discharged into Debt: New York's Nonprofit Hospitals are Suing Patients,* CSS (March 2020)[39]	Analysis of all nonprofit hospital lawsuits filed in 26 out of 52 New York county civil courts.	• Between 2015-2019, 30,818 patients were sued in the civil courts in the 26 counties analyzed. • Some hospitals (55 out of 139) never sued patients at all. • Just 25 hospitals were responsible for 93 percent of the lawsuits. • The systems who sued the most patients were: Northwell, NYU Langone, St. Peter's, NY Presbyterian, Nathan Littauer. • The median judgment amount was $1,900. • Court fees and the 9 percent interest rates drove up the judgment costs significantly. • Most cases resulted in default judgments against patients. In 97 percent of cases, the patient did not have an attorney, while the hospitals were always represented by counsel. • Little information was provided by the hospital plaintiffs about the bills in question. • The rate of lawsuits filed against patients per county ranged from 263 to 0 lawsuits filed per 10,000 people, indicating medical debt "hotspots" in certain rural and urban counties (e.g., Fulton, Cortland, Onondaga/Syracuse, Capitol district). • The hospitals that sued the most often received more Indigent Care Pool funds than they provided in hospital financial assistance for patients.

Report	Methods	Findings
 *Discharged into Debt: A Pandemic Update,* CSS (January 2021)[40]	Statewide analysis of all civil court hospital lawsuits filed during the COVID-19 pandemic (March and November 2020).	• During the height of the COVID-19 pandemic (March -November 2020), 55 out of 215 hospitals sued 3,995 patients in civil court. • Of these, 36 percent (1,420 cases) were brought by hospitals in the Northwell system. • The top counties where patients were sued were Suffolk, Albany, Madison, Nassau, Oneida, Orange, Cayuga, and Broome. • The hospitals that sued received over $2.4 billion in federal CARES Act funding, which was supposed to help offset the hospitals' pandemic-related financial losses.
 *Discharged into Debt: Medical Debt and Racial Disparities in Albany County,* CSS (March 2021)[41]	Analysis of a representative sample of hospital lawsuits filed in Albany County between 2015 and 2020.	• Albany County is a medical debt litigation hotspot. Between 2015 and 2020, five nonprofit charitable hospitals sued 2,900 Albany residents. • Half of the patients in the sample lived in communities where the median income was less than the 300 percent of FPL cutoff for hospital financial assistance (around $52,000 at the time), indicating they may have been eligible for financial assistance. • Patient wages were garnished in 8 percent (27 cases) of the cases in the sample. • Patients faced multiple lawsuits for 24 percent (81 patients) of patients in the sample.
 *Discharged into Debt: Nonprofit Hospitals File Liens On Patients' Homes,* CSS (November 2021)[42]	Analysis of liens filed against patients being sued for medical debt in 2017 and 2018.	• Between 2017 and 2018, 56 hospitals imposed 4,880 liens on the homes of their patients with outstanding medical bills while collecting over $442 million in State Indigent Care Pool funds to incentivize the provision of hospital financial assistance. • The practice of hospitals filing liens on patients' homes was most pervasive in 15 counties: Albany, Rensselaer, Suffolk, Broome, Fulton, Madison, Nassau, Schenectady, Otsego, Ulster, Dutchess, Schuyler, Saratoga, Onondaga, and Steuben.

Report	Methods	Findings
 *Results from a Statewide Survey: How New Yorkers Feel About Affordability and Healthcare Reform,* Perry Undem (March 2022)[43]	A survey of 805 New Yorkers 18 and older.	• 53 percent of New Yorkers say they are not confident they can pay for usual health care services. • 38 percent say they are sacrificing healthcare because of costs (e.g., skipping pills, avoiding doctors). • 34 percent faced financial hardship as a result of medical bills. • 70 percent support a law that would stop providers from filing liens on patients' homes or garnishing their wages. • 58 percent support a nonprofit hospital from pursuing extraordinary debt collections (e.g., suing patients).
 *Discharged into Debt: New York's Nonprofit Hospitals Garnish Patients' Wages,* CSS (July 2022)[44]	Analysis of a random sample of five nonprofit hospitals' wage garnishment cases.	• A random sample of 1,611 wage garnishment cases indicated that indebted patients work in low-wage occupations such as retail, social services, manufacturing, and health care. • Wage garnishments were imposed in 6 to 46 percent of sampled cases, depending on the hospital.
 *Discharged into Debt: Hospital Profile - Upstate University Hospital,* CSS (December 2022)[45]	Analysis of medical debt collection practices conducted in 2019 and 2021 by the State-run SUNY Upstate University Hospital, the largest medical center in Central New York.	• State-run Upstate Hospital, represented by the State Attorney General, sued more patients for medical debt than any other hospital in New York, as many as 1,500 patients a year. • Almost half (46 percent) of cases were discontinued, indicating that Upstate Hospital was suing patients precipitously. • Another 36 percent of cases resulted in default judgments, indicating that patients were unaware they were sued or could not afford to defend themselves. • The median income was below $40,000 for four of the five patient zip codes in which Upstate hospital sued patients, indicating many of the sued patients were likely eligible for hospital financial assistance.

Report	Methods	Findings
 *An Ounce of Prevention: Reforming the Hospital Financial Assistance Law Could Save Pounds of Patient Debt,* CSS (April 2023)[46]	Analysis of the State Hospital Financial Assistance Law and administration of the $1.1 billion Indigent Care Pool, including review of Department of Health Financial Assistance Policy Audit responses.	• From 2014-2021, New York hospitals answered less than 70 percent of questions in the open-book financial assistance policy audit questions correctly. • As of 2021, many hospitals used policies and application forms that included prohibited requirements that led to insurmountable barriers for patients: 28 required tax returns, 26 required Medicaid denials, and 15 required social security numbers.
 *Discharged into Debt: State-Run Hospitals Filed Over 80% of Medical Debt Lawsuits in New York in 2023,* CSS (May 2024)[47]	Analysis of the medical debt collection practices of New York's five State-run hospitals in comparison to their other 213 public and nonprofit counterparts.	• New York's five State-run hospitals sued patients for medical debt significantly more than their peer public and nonprofit hospitals. • In 2023, State-run facilities were responsible for 83 percent of all medical debt lawsuits. • In random samples of lawsuits taken against patients of Roswell Park Comprehensive Cancer Center and SUNY Upstate Medical University, almost all patients were likely eligible for financial assistance under State law. • Medical debt collection is not necessary to stabilize State-run hospitals financial positions. If facilities collected all of the medical debt they were pursuing, it would make up less than 1 percent of its annual revenue.

The CSS and Urban Institute research generated substantial press attention.

OPINION

NY should ban liens on patients' homes over medical debts (Editorial Board Opinion)

Updated: Nov. 15, 2021, 7:54 a.m. | Published: Nov. 14, 2021, 7:00 a.m.

OPINION

Hospitals must stop placing liens on medical debtors' homes

One Hospital System Sued 2,500 Patients After Pandemic Hit

The largest health system in New York, led by a close ally of the governor, continued to sue over medical debt during the Covid-19 crisis, even after other big hospitals suspended lawsuits.

Why state-run hospitals like Roswell Park sue patients over medical debt so often

Medical Debt Is Crushing Black Americans, and Hospitals Aren't Helping

Billing tactics are inflicting financial harm on patients—and sometimes health-care companies aren't even aware of their own practices.

Medical debt reform requires changes to New York hospital financial aid policies, report says

Nonprofit New York hospitals keep suing patients for their wages. Gov. Kathy Hochul has a chance to end it

CAPITAL TONIGHT

Report: Some aggressive hospitals in New York are garnishing wages of poor patients

New report shows thousands of New Yorkers at risk of housing insecurity due to medical debt

Nonprofit hospitals placed liens on thousands of New Yorkers' homes, jeopardizing their chances to an economically secure future.

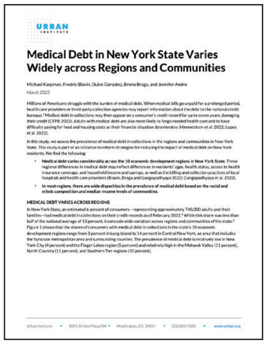
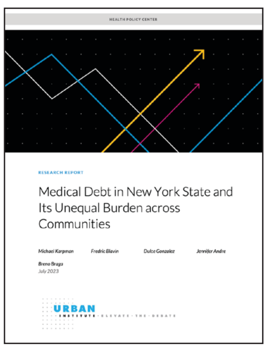
Capital Region advocates call for end to medical debt

WAMC Northeast Public Radio | By Dave Lucas
Published December 8, 2022 at 4:11 PM EST

LISTEN • 4:13

In 2023, the Urban Institute, with the support of the New York Health Foundation, released a series of reports that investigated medical debt that appeared on deidentified credit reports. The Urban Institute researchers conducted a representative random sample of these credit reports to assess the prevalence and variation in medical debt at the regional, county, and community levels across New York in 2022.[48] Notably, this research found that many of the regions with the highest levels of medical debt on credit reports corresponded with the regions with the most medical debt lawsuits identified by CSS. *See* Figure 4.

Figure 4. Urban Institute Reports on Medical Debt in New York

Report Name	Methods	Findings
 URBAN INSTITUTE Medical Debt in New York State Varies Widely across Regions and Communities *Medical Debt in New York State Varies Widely across Regions and Communities*, Urban Institute (March 2023)	Analysis draws on February 2022 data from a representative random sample of deidentified credit records for more than 600,000 consumers ages 18 and older in New York State from one of the national credit reporting agencies.	• An estimated 6 percent of New York consumers had medical debt in collections on their credit records in February 2022. • Medical debt prevalence varied considerably across the State—the share of consumers with medical debt ranged from 3 percent in Long Island and 4 percent in New York City to 14 percent in Central New York. • Most regions experience disparities in the prevalence of medical debt based on the racial and ethnic makeup and median income levels of communities.
 Medical Debt in New York State and Its Unequal Burden across Communities *Medical Debt in New York State and Its Unequal Burden across Communities,* Urban Institute (July 2023)	Analysis draws on February 2022 data from a representative random sample of deidentified credit records for more than 600,000 consumers ages 18 and older in New York State from one of the national credit reporting agencies.	• Communities with the highest rates of medical debt were concentrated in Central New York, Mohawk Valley, North Country, and Southern Tier regions. • In most regions, communities of color and low-income communities had higher rates of medical debt—sometimes, significantly higher rates—than their white and higher-income counterparts. • Many counties with high rates of medical debt were also hotspots for hospital medical debt lawsuits. • People living in communities with a lower median income often owed larger sums of medical debt. • High-debt communities (at the zip code level) were more rural, had higher rates of disability, and had lower rates of employment and educational attainment than low-debt communities. • Nearly half of consumers with medical debt owed $500 or more and were left unprotected by voluntary reforms at the federal level.
 URBAN INSTITUTE Medical Debt in New York State *Medical Debt in New York State,* Urban Institute (October 2023)	Analysis draws on February 2022 data from a representative random sample of deidentified credit records for more than 600,000 consumers ages 18 and older in New York State from one of the national credit reporting agencies.	• Across the state's 25 largest cities by population, the share of consumers with medical debt ranged from a low of 3.4 percent in White Plains to a high of 34.5 percent in Elmira. • Other cities with high rates of medical debt included Syracuse (24.1 percent), Poughkeepsie (17.0 percent), Utica (16.1 percent), and Rome (16.0 percent).

Strategy #2: Hospital engagement: outreach to hospital systems and facilities.

In order to encourage hospitals to reassess their aggressive medical debt collection practices, advocates approached individual hospitals that filed the most lawsuits or had noteworthy medical debt collection tactics. This outreach included a comprehensive analysis (typically a random sample) of lawsuits filed by the facility against its patients. The letters described the income and racial characteristics of the communities in which most sued patients resided, while providing examples of their patients' stories gleaned from civil and Supreme Court filings that explained their circumstances. The letters also included data about liens filed against patients' primary residences and wage garnishments, where appropriate. Between 2019 and 2023, letters were sent to the following hospitals and/or hospital systems: Nathan Littauer; New York Presbyterian; Northwell; NYC Health + Hospitals; NYU Long Island Community Hospital; NYU Winthrop; Oneida Health; Roswell Park; SUNY Upstate; St. Peter's Health Partners; SUNY Upstate; and United Health Services.

Advocates requested to meet with these hospital systems and facilities to discuss their medical debt collection and hospital financial assistance practices. Many facilities and systems changed their practices in response. Some responded quickly and terminated the practice of suing their patients and took steps to withdraw existing cases (e.g., NYC Health + Hospitals, NYU Winthrop and NYU Long Island Community Hospital). Others reformed their financial assistance policies in response to the concerns presented by the advocates (e.g., NY Presbyterian, St. Peter's Health Partners). A few were unwilling to change their collection practices at all until the State Hospital Financial Assistance Law reforms were implemented in the fall of 2024 (e.g., SUNY Stony Brook).

Amelia Bittel and Ursula Rozum of Citizen Action of New York tabling about the #EndMedicalDebt campaign in Syracuse in December 2022.

Strategy #3: Grassroots organizing: the We The Patients and #EndMedicalDebt Campaigns.

Two campaigns helped propel medical debt advocacy in New York State. In 2019, CSS launched the We The Patients campaign, providing a forum that elevates patients' concerns with the health care system. Organizers connected with patients willing to share their stories about medical debt, later sharing these personal accounts on the We The Patients website and social media platforms. This social media digital organizing strategy drew strong engagement from advocates and members of the public alike.

In 2022, the #EndMedicalDebt campaign was launched to harness the grassroots organizing power of more than 50 organizations representing diverse constituencies, including: health consumers, clergy, immigrants, seniors, people with disabilities and/or specific conditions, children and young adults, low-income people, labor, families and children, people in rural areas and other localities, legal services advocates, and people of color.

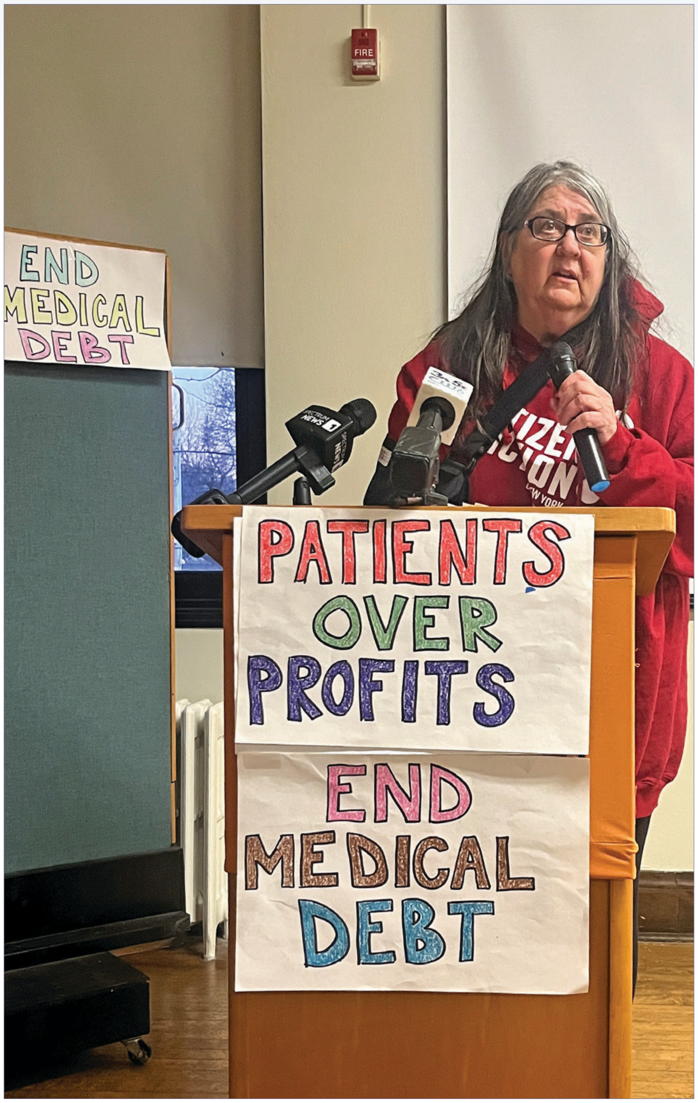
With the support of the New York Health Foundation, groups working with the Public Policy and Education Fund hosted town halls with elected officials in Brooklyn, Syracuse, and Albany. Patients testified about their experiences with medical debt, drawing additional media attention. The groups engaged in extensive public education activities.

From left to right: #WethePatients launch event, April 29, 2019: David Sandman, New York Health Foundation; Councilmember Mark Levine; Dr. Mitch Katz, NYC Health+Hospitals; Rodrigo Sanchez-Camus, Northern Manhattan Improvement Corporation; and Elisabeth Benjamin, CSS.

For example, New York StateWide Senior Action Council hosted over 50 consumer education presentations for older New Yorkers navigating medical debt, and New York Public Interest Research Group held 30 workshops and other public education activities on college campuses to engage college students about the issue of medical debt.

Campaign members also met with legislators and other State policymakers to discuss the impact medical debt had on their constituents and the need for reform. Many groups joined together to write petitions or group memoranda of support urging policymakers to take action. For example, the Labor-Religion Coalition circulated a clergy petition to support the enactment of the Ounce of Prevention Act that would reform the State Hospital Financial Assistance Law.

The campaign adopted a legislative strategy that began with an omnibus bill that eventually was broken into discrete bills in the ensuing years of the campaign. The original holistic bill was called the Patient Medical Debt Protection Act (PMDPA) (S6757A|A8639), which was comprised of core components of the campaign agenda. Although the PMDPA was not enacted as one comprehensive bill, it was useful as an initial socializing strategy with lawmakers—Democrats and Republicans alike. Eventually, the key elements of the bills were enacted over the next five years either through the state budget process or as standalone laws. *See* Figure 5.



Donna C'Cartel sharing her story with medical debt at a Syracuse community forum at Beauchamp Branch Library in December 2022.

Figure 5. Policy Victories of the #EndMedicalDebt Campaign

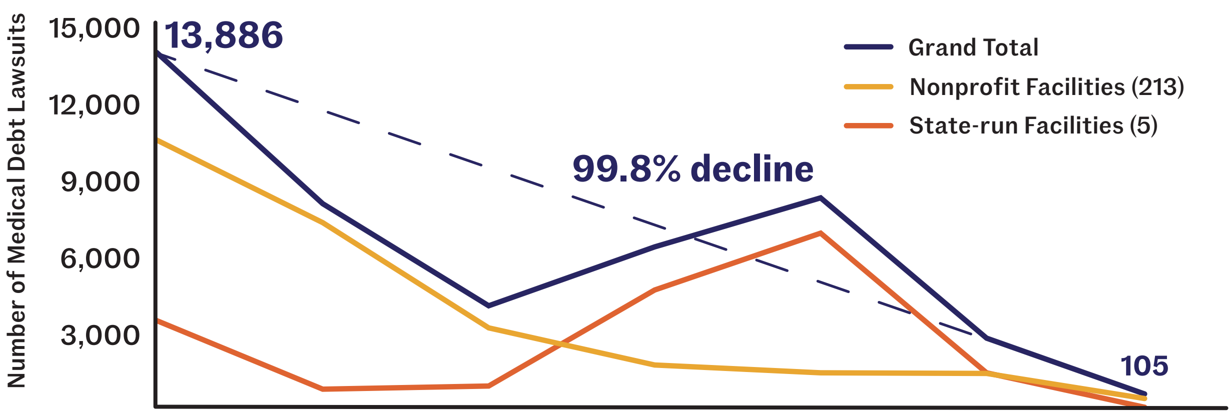
	Policy	Mechanism
2020	Restricted the statute of limitations (time to sue patients) from six to three years.	This reduction in the statute of limitations was initially introduced as a component of the PMDPA in 2019. It was subsequently enacted in the State's final budget in April 2020.
2021	Reduced consumer judgment interest rate from 9 percent to 2 percent.	The Fair Consumer Judgment Interest Act (S5724A/A6474A) was signed into law in December 2021.
2022	Banned the practices of filing liens on patients' primary residences and garnishing patients' wages.	The ban on liens and wage garnishments for medical debt litigation (S6522A/A7363A) was signed into law in November 2022.
2022	Banned facility fees for preventative care and required patients to be told about them beforehand.	The Facility Fee Reform bill (S2521C/A3470C) was initially introduced as a component of the PMDPA in 2019. It was signed into law in December 2022.
2022	Improved hospital price and quality data transparency by ensuring that data was not proprietary for the purposes of the State All Payer Claims Database.	The Hospital Equity and Affordability Law (HEAL) Act (S7199A/A8169A) was signed into law in December 2022.
2023	Directed the Commissioner of Health to issue a uniform hospital financial assistance form.	This policy was initially a component of the Ounce of Prevention Act (S1366/A6027), which was introduced in the Legislature in early 2023. It was later adopted through the State budget in May 2023.
2023	Banned hospitals and other medical providers from reporting medical debt to credit bureaus and barred those credit bureaus from reporting medical debt on consumer credit reports.	The Fair Medical Debt Reporting Act (S4907A/A6275) was signed into law in December 2023.
2024	Reformed the Hospital Financial Assistance Law to apply to all general hospitals in New York, expanding eligibility to New Yorkers making up to 400 percent of the FPL and banning patients with incomes under 400 percent of the FPL from being sued for medical debt.	This law was broadly modeled after the Ounce of Prevention Act (S1366/A6027) and enacted through the State budget in April 2024.

Discussion of campaign outcomes

The New York #EndMedicalDebt campaign strategies of leveraging research to document and publicize the issue, engaging hospitals directly, and organizing at the grassroots level yielded significant results in New York. Between 2020-2024, eight medical debt reform laws were enacted in response. As described below, the response to these strategies successfully reduced both the number of patients sued by hospitals by 99.8 percent and the prevalence of people with medical debt in collections by 78 percent.

Reduction in medical debt lawsuits. During the course of the campaign, hospital medical debt lawsuits in New York State declined by 99.8 percent between 2019 and 2025. *See* Figure 6. In 2019, court records indicated that hospitals sued 13,886 patients. In 2025, just 105 New Yorkers are projected to be sued by hospitals. Nonprofit hospitals have steadily decreased their practice of suing patients over the past six years. Several State-run hospitals appeared to accelerate their medical debt litigation activities in 2023 before terminating the practice in compliance with the implementation of the reformed Hospital Financial Assistance Law in 2024. As of 2025, nearly all hospitals in New York have terminated the practice of suing patients for medical debt. The decline in medical debt lawsuits is associated with an estimated $36 million for which patients are no longer being sued. *See* Methodology.

Figure 6. New York medical debt lawsuits, 2019-2025

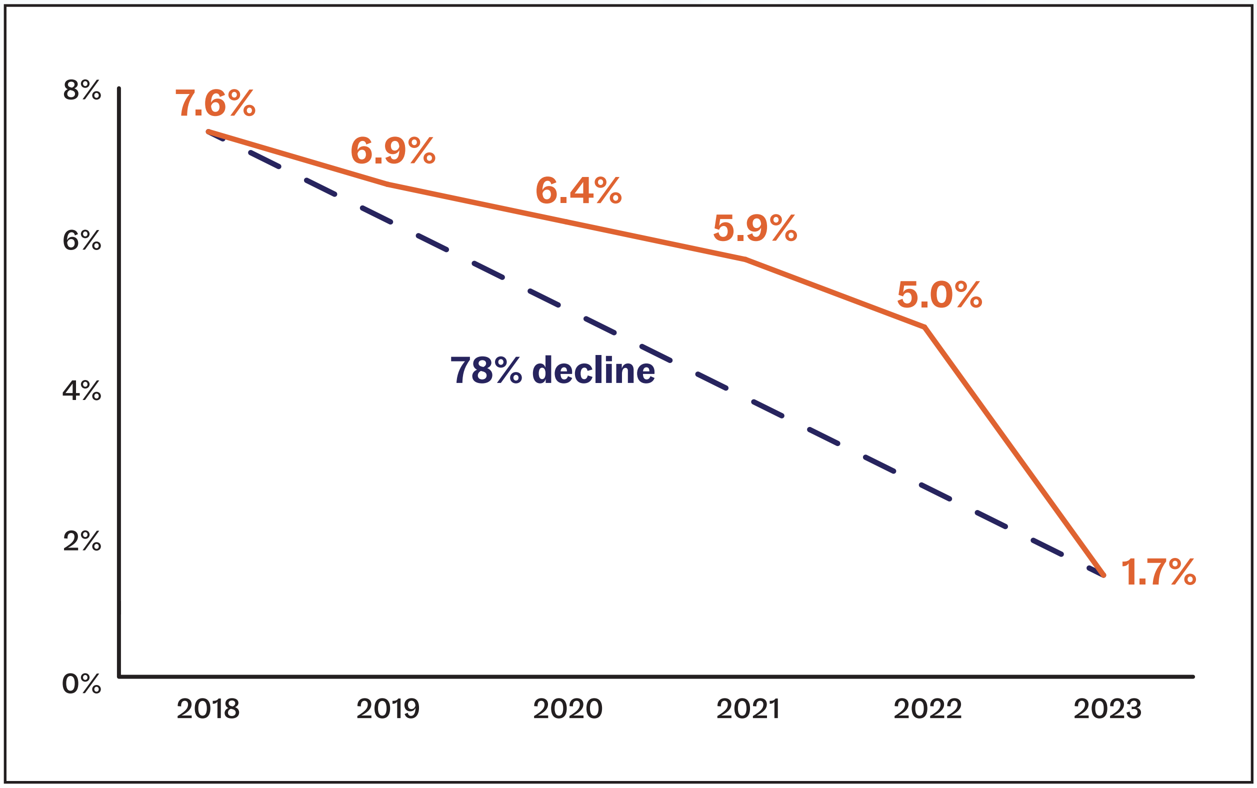


Timeline: Passage of New York State Laws

- **2020:** **Statute of limitations** reduced from 6 to 3 years for medical debt
- **2021:** **Judgment interest rate** reduced from 9% to 2% for consumer and medical debt
- **2022:** **Ban on liens and wage garnishments**; **Facility fees banned** for preventative care
- **2023:** Medical debt **banned from consumer credit reports**; Providers barred from reporting medical debt to credit bureaus
- **2024:** **Hospital Financial Assistance Law Reform**
  - Ban on suing patients <400% FPL
  - Financial aid up to 400% FPL
  - Payment cap of 5% per annum

*Projected based on partial-year data

Figure 7. Share of New Yorkers with medical debt in collections, 2018-2023



Reduction of the prevalence of New Yorkers with medical debt in collections. Similarly, the prevalence of New Yorkers with medical debt in collections dropped from 7.6 percent in 2018 to 1.7 percent in 2023. *See* Figure 7.

The decline in the proportion of New Yorkers with medical debt in collections is due, in part, to national reforms involving credit reports. In 2022, the credit bureaus stopped reporting unpaid medical collections until those debts were one year old. The following year, the credit bureaus voluntarily stopped including medical collections under $500 in consumer credit reports. The most precipitous decline in medical debt in collections occurred when these reports stopped.

In 2023, Governor Hochul signed the Fair Medical Debt Reporting Act. This State law went further than the voluntary efforts at the federal level by both banning medical providers from reporting debt to credit bureaus and banning the credit bureaus from reporting medical debt out (i.e., "furnishing") to would-be creditors. Unlike the federal voluntary effort, New York's law banned the reporting of all medical debt, regardless of the sum of money involved. As a result, an estimated $241 million to $337 million was removed from consumer credit reports. *See* Methodology.

These credit reporting reforms had a significant impact. In 2018, 16.5 percent of Americans and 7.6 percent of New Yorkers had medical debt in collections. By 2023, only 5 percent of Americans and 1.7 percent of New Yorkers had medical debt in collections. Over these five years, the prevalence of medical debt in America declined by 70 percent and in New York by 78 percent.

By 2023, the difference in the prevalence of medical debt in White communities and communities of color in New York had also narrowed. On average, people with medical debt living in predominantly White communities in New York had slightly more medical debt ($1,269 on average) than communities of color ($1,119 on average). This difference is surprising because communities of color have a higher uninsurance rate (7 percent compared to 3 percent) and lower average household income ($98,000 compared to $134,000) when compared to predominantly White communities in New York.

Regional disparities in medical debt persist in New York, with rural counties having the highest proportion of residents with medical debt: 18 percent of residents in Yates County and 6 percent of residents in Jefferson, Montgomery, and Oswego counties.

The simultaneous rapid decline in medical debt lawsuits and the prevalence of New Yorkers with medical debt in collections indicate that policy reforms to curb aggressive collection tactics secured concrete results that improved the lives of thousands of New York patients.

Mrs. Wilson and Maria Alvarez at a November 16, 2022 #EndMedicalDebt town hall in Brooklyn.

Conclusion

The campaign to end medical debt in New York led to policy and regulatory protections that significantly reduced the number of medical debt lawsuits and the prevalence of medical debt in New York State. Throughout the campaign, CSS issued a series of reports on hospital medical debt collection practices that complemented the credit report research generated by the Urban Institute. Simultaneously, advocates reached out to 10 of the hospital systems and facilities in the State with the most aggressive medical debt collection practices. Grassroots organizing efforts built momentum that elevated patients experiences to ultimately secure meaningful policy reform for patients.

This combination of leveraging research to document and publicize the issue, hospital engagement, and grassroots organizing led to a 99.8 percent decrease in medical debt lawsuits in New York State from 2019 to 2025. Prior to the inception of the #EndMedicalDebt campaign, the proportion of New Yorkers with medical debt in collections was 7.6 percent in 2018. By 2023, this figure dropped to just 1.7 percent. These successes yielded significant results for consumers: the decline in medical debt lawsuits was associated with an estimated $36 million for which patients are no longer being sued, and the removal of an estimated $241–$337 million in medical debt from consumer credit reports due to the New York ban of medical debt on credit reports.

The elements of the campaign to end medical debt in New York are replicable by elsewhere by policymakers, consumer advocates, and patients alike. CSS researchers used publicly available court data to publicize extraordinary medical debt collection tactics, a process that could be re-created in other jurisdictions. Further, a series of policy interventions to reduce or eliminate extraordinary collection tactics and strengthen hospital financial assistance could be introduced at the local, state, and federal levels to curb the prevalence of medical debt.

The success of New York's #EndMedicalDebt campaign has improved the lives of tens of thousands of patients, established New York as a national leader on medical debt reform, and created a model that can be replicated in other states in the years to come. In light of federal cuts to health insurance coverage included in HR 1 (the "One Big Beautiful Bill"), it is imperative that policymakers protect consumers from medical debt. This report shows how that can be done.

Senator Brisport speaking at a November 16, 2022 #EndMedicalDebt town hall in Brooklyn.

Appendix. Methodology

Community Service Society of New York (CSS) Lawsuit Database. CSS researchers created the New York medical debt lawsuit database (CSS database) using publicly available court files to inform a series of eight *Discharged into Debt* reports. The first report in the series, "Discharged into Debt: New York's Nonprofit Hospitals Are Suing Patients" (March 2020), relied on data collected in person at civil courthouses in New York City and online. Subsequent reports relied on online resources: data on civil court cases was retrieved from the eCourts portal (a resource created by the New York State Unified Court System), and data on State-run facilities was retrieved from the New York State Courts Electronic Filing Supreme Civil Court portal.

The New York State eCourts and Supreme Civil Court portals provided the following information: the name of the plaintiff (i.e., the hospital), the name of the defendant (i.e., the patient), the legal representation for both, if any, the case status, and the filing date. This information was entered into the CSS database and analyzed for litigation patterns. Researchers then conducted a random and statistically significant sample of case files to review judgment amounts, defendant zip codes, patient answers, interest, liens, and wage garnishments, as applicable. Random samples were then evaluated to identify themes within a given facility or type of facility (e.g., State-run).

The New York State eCourts and Supreme Civil Court portals do not include demographic data for the defendants. Researchers used zip codes as a proxy for race and income, using American Community Survey data from the Census Bureau to determine the median income and the proportion of non-White residents in each community. This community-level data was then compared to county-level data to determine if the communities with the most lawsuits reflected the county-level demographics and characteristics. This data informed the *Discharged into Debt* series of reports, which describe medical debt collection practices in New York State.

Estimate of Potential Consumer Savings. Two data sources were used to determine the impact of lawsuit termination on consumers. For nonprofit hospital lawsuits, a random sample of cases in 26 counties indicated that the median amount of damages (or medical debt sought) was $1,900 between 2015 to 2019. For State-run facilities, a random sample of cases from two of the five State-run facilities indicated that the median amount of damages was $4,725 between 2019 and 2023. Between 2019 and 2025, the number of lawsuits brought by nonprofit hospitals declined from 13,913 (10,496 nonprofit and 3,417 State-run) to a projected 105. To determine the amount saved by the near cessation of lawsuits, the median value of damages for each type of facility was multiplied by the number of cases to find estimated damages in 2019 and 2025. These calculations yielded estimates of $36,031,299 in damages in 2019 and $496,125 in 2025. The difference between these values indicates that patients are no longer being sued for an estimated $36 million per annum.

The estimated range of medical debt removed from consumers' credit reports as a result of the New York ban was calculated based on

2022 and 2023 data from the Urban Institute. The high end of the estimated range reflects a scenario in which all medical debt was eliminated from credit reports as a result of the ban. The estimated number of consumers with medical debt in February 2022 (740,000) was multiplied by the median amount of debt ($456) to determine the overall amount of medical debt on credit reports at that time. Based on this calculation, if medical debt was entirely eliminated from consumers' credit reports, the total amount removed would have been approximately $337,440,000.

The low end of the estimated range reflects a scenario in which 1.7 percent of New Yorkers with a credit record continued to have medical debt on their credit reports after 2022 due to errors in the implementation of the ban (as indicated by pre-implementation 2023 Urban Institute data). Assuming the number of consumers with medical debt on their credit reports declined to 1.7 percent of this population in 2023 (approximately 209,667 individuals), multiplying the number of consumers with medical debt on their credit reports by the median medical debt ($456) yields an estimate of $96 million in medical debt on credit reports in 2023. This would result in a $241 million difference in the amount of medical debt on credit reports between 2022 and 2023. This is likely a conservative estimate of the decrease in medical debt on credit reports, as 2024 data—following the implementation of New York's credit reporting ban for medical debt—was unavailable at the time of publication.

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