

CASE STUDY



Centering Community Voices to Protect New Mexicans from Medical Debt



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CASE STUDY: **Centering Community Voices to Protect New Mexicans from Medical Debt**

JENNY CHIANG

State Advocacy Manager Community Catalyst

CO-CONTRIBUTORS: New Mexico Center on Law and Poverty,
Strong Families New Mexico a program of Forward Together, Casa de Salud



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Introduction

ALTHOUGH NONPROFIT HOSPITALS are legally obligated to provide community benefit resources to better serve the health needs of the community, many hospitals have been scrutinized for their uncharitable practices. Hospitals have consistently made headlines for pursuing extraordinary collections efforts such as suing patients, garnishing wages, putting liens on property, or reporting debt to credit bureaus for unpaid medical bills. Unaffordable health care and medical debt has a negative effect on care-seeking behavior and makes it difficult to meet other financial needs. Media headlines have highlighted the aggressive collective actions taken by New Mexico hospitals, such as Carlsbad Medical Center. Aggressive actions, such as reporting hospital debt on credit reports, can ruin a person's credit ratings, which affect one's ability to obtain mortgages, loans, and even employment. These practices inflict damage on families and further disadvantage communities of color which are more likely than white communities to have medical debt in collections.

Additionally, uninsured [Hispanics and Asians are less likely to be eligible for coverage in Medicaid and Marketplace plans](#) than white communities due to citizenship status. According to the Urban Institute, [20 percent of communities of color](#) (which include African American, Hispanic, Asian or Pacific Islander, American Indian or Alaska Native, another race other than white, or multiracial) in New Mexico have medical debt in collections, which is well above the share of white communities with medical debt in collections in the state, at 12 percent. According to the US Census, New Mexico is also one of the states with the largest population of tribal communities, with a population of [10 percent who identify](#)

[as American Indian or Alaska Native alone](#). Additionally, [immigrants \(foreign-born individuals\) comprise more than 9 percent of the population](#) in the state. According to the US Census, [49.3 percent of the state identifies as Hispanic or Latino and 34 percent speak a language other than English at home](#). Limited English language proficiency often reduces one's ability to understand complex application processes and comprehend consumer protections that may be in place. Hospital policies that are responsive to community needs can help to address these inequities in affordable health care access.

To help ensure people in need are able to access health care, most counties in the state have indigent care funds to help pay for hospital services. In addition, non-profit hospitals are obligated to offer financial assistance to low-income individuals. However, access to these resources is often undisclosed to patients and/or difficult to navigate, involving a burdensome application process. Additional barriers often result if the patient is a non-English speaker, as resources in additional languages are not always readily available. While the state expanded Medicaid coverage in 2013, a large number of qualified residents continue to live without health insurance coverage and are unaware that they are eligible. Unfortunately, many of these uninsured residents have been billed for medical services and/or had accounts sent to collections without being made aware of coverage and financial assistance options. Protections were not in place to hold hospitals and providers accountable for ensuring their low-income patients were informed of programs that would protect them from financial harm. Advocates from the New Mexico Center on Law and Poverty (NMCLP), Strong Families New Mexico

(SFNM) – a program of Forward Together – and Casa de Salud were hearing many stories from people in communities struck with large medical bills and that resulted due to a lack of transparency from hospitals on payment or financial assistance options. Community members were highly discouraged from seeking care for fear of receiving large medical bills. Many of the individuals were low-income patients who were never offered payment plans, but were sent to collections for unpaid bills.

The following case study examines how health care advocates in New Mexico launched a successful campaign that resulted in a victory with the passage of three legislative bills to protect access to affordable medical care and mitigate harm from medical debt.

TAKING ACTION TO PROVIDE MEDICAL DEBT PROTECTIONS

A core piece of legislation targeting aggressive medical debt collection was the [Patients' Debt Collection Protection Act \(SB 71\)](#), passed in the 2021 legislative session. It helps patients avoid the damaging effects of medical debt by requiring hospitals to work with patients to identify coverage options and provide clear billing information. Through helping patients identify public coverage options, it also helps the hospitals reduce uncompensated care costs by ensuring the hospital has reliable payment for the medical expenses. The law provides additional protections by preventing health care facilities, providers, and debt collectors from selling a patient's medical debt or filing medical debt lawsuits for nonpayment for people living below 200 percent of the Federal Poverty Level (FPL).

The 2021 legislative session also saw the passage of [The Health Care Affordability Fund](#)



[\(SB 317\)](#) and [Health Benefits for Certain Non-Citizens \(HB112\)](#). SB 317 prohibits cost sharing by health insurers on behavioral health services and creates a fund dedicated to reducing health insurance costs and medical expenses. The fund will generate roughly \$150 million annually by increasing the state's existing surtax on insurance companies from one percent to 3.75 percent. Additionally, SB 317 charges the Superintendent of Insurance with developing a plan to extend health care coverage to New Mexico residents who do not qualify for coverage on the state's insurance marketplace or for federal premium assistance. HB 112 promotes access to health care for workers and families across New Mexico, and prohibits discrimination against non-citizens, regardless of immigration status, in any state funded health care programs (e.g., indigent care).

These three laws will ensure all patients are screened for health coverage options to avoid detrimental medical debt and also includes immigrant friendly practices. This case study will primarily focus on the efforts to address medical debt issues through protections included in SB 71.

CAMPAIGN ROADMAP

HOSPITAL TRANSPARENCY ON FINANCIAL ASSISTANCE AND HEALTH COVERAGE OPTIONS

Hospitals in New Mexico made [national headlines](#) for aggressive medical debt collection practices in 2019. Media attention has highlighted hospitals in the state that have continued to sue patients, garnish wages, place liens on patient's homes, and ruin credit scores. Carlsbad Medical Center changed its aggressive practices after pressure from media attention highlighted their extraordinary collection actions, but some hospitals have continued detrimental practices which continues to deter individuals from seeking further medical attention. While non-profit hospitals are obligated to provide charity care to eligible patients, there was no standardized process to inform patients of discounted or free care options. Additionally, although the [immigrant communities have contributed a significant amount of taxes toward health care assistance programs](#), some hospitals believe federal law prevents them from providing financial assistance to individuals with certain types of immigration status, such as undocumented individuals and many visa holders. Federal law also limits health care coverage options for at least 43,000 New Mexico residents who are ineligible for Medicaid, CHIP, or Marketplace plans due to their immigration status. While education about coverage options has been an issue, coverage affordability has also been a big barrier to getting medical attention.

The responsibility of knowing what financial assistance options or health care coverage options exist often falls on the patient, many of whom are likely already experiencing overwhelming stress about their own well-being. To help confront these issues,

advocates pushed for hospitals to screen patients for health care coverage and financial assistance eligibility and pushed for prohibiting discrimination on the basis of immigration status for local indigent care funds. Advocates fought to prohibit lawsuits and collections against low-income patients – those making less than 200 percent of the Federal Poverty Level. Additionally, the Healthcare Affordability Fund's (SB 317) enabling legislation will expand health insurance coverage to low-income workers and require the state to develop a strategy for expanding coverage for residents

A COMMUNITY LEADER WITH SFNM SHARED A STORY ABOUT HER SON WHO WAS RUSHED TO THE EMERGENCY ROOM AFTER AN ACCIDENT.

The front desk staff admitting them asked for insurance but the family did not have any at the time since the father was in between jobs. The family felt neglected as the hospital staff asked them how they would pay rather than prioritizing care for their son. A nurse told the receptionist to admit the son for treatment and take care of details later. After the son received surgery, the hospital staff again asked for payment without informing the family of any payment assistance or coverage options. The family asked for a payment plan and it took them five years to pay off the debt. Since that incident, the family learned about Medicaid and likely would have qualified for coverage. While the family was able to eventually pay off the debt, the situation likely would have worsened if they encountered another incident that made them unable to keep up with making payments.

– COMMUNITY STORY
SHARED BY STRONG FAMILIES NM

currently ineligible for health care coverage options. It is critical that SB 71 and SB 317 are implemented in tandem to optimize protections and ensure residents are aware of expanded health coverage options for those who did not previously qualify.

DEVELOPING THE COALITION

In 2017, SFNM, NMCLP, and Partnership for Community Action launched the [New Mexico Together for Healthcare \(NMT4HC\)](#) collaborative. NMT4HC is a statewide campaign of families and community organizations working together across multiracial, intergenerational, and geographically diverse communities to strengthen health care access in New Mexico. The foundation of NMT4HC was laid by strong working relationships between community groups and a history of collaboration and success. In 2004, NMCLP worked with a coalition of community groups including Casa de Salud and Partnership for Community Action to successfully secure the agreement of the state's largest hospital, the University of New Mexico (UNMH), to stop charging uninsured patients 50 percent upfront for surgeries and to develop model language interpretation services for patients. In 2007, NMCLP filed a lawsuit against UNMH regarding the lack of language access services. Additionally, in 2014, NMT4HC worked together to address the discriminatory exclusion of immigrant patients from UNMH's indigent care programs. This multi-year campaign successfully convinced UNMH to stop sending low-income patients under 300 percent of FPL to collections and to reverse the unexpected reinstatement of the hospital's policy of charging patients 50 percent upfront. It also created a foundation of policy priorities for the partnership to continue advocating for equitable health care access.

Although issues with medical debt have been raised in the community throughout the years, NMT4HC saw a spike of complaints in January 2020. They received numerous complaints about Carlsbad Hospital's practice of lawsuits against individuals with medical debt and reports of debt being sent to collections. NMCLP ended up representing some of the patients sued by the hospital. By the fall of 2020, NMT4HC came together and agreed on the need to work on medical debt issues and discrimination of immigrants in financial assistance policies.

The partners from NMT4HC leading efforts on SB 71 combined policy expertise from NMCLP, community organizing to inform the policy change from Strong Families New Mexico, and health worker organizing from Casa de Salud. NMCLP had been pushing for health care protections for years. SFNM brought strong connections in engaging and centering family leaders in all four corners of the state and including communities that had been historically marginalized. Casa de Salud, a non-profit integrative primary care facility well versed in serving low-income communities of color, shared firsthand information on their patients facing the damaging effects of medical debt from larger hospital institutions.



Key protections needed for Patients' Debt Collections Protections Act:

- *Require providers to determine if a patient is low income BEFORE suing or sending them to collections.*
- *The protection for low-income patients should not expire after one year.*

LEVERAGING VOICES IN THE COMMUNITY

Engaging members from NMT4HC was essential to identifying people who would share their personal stories and make calls to their legislators to support the bill.

One of the partners, Casa de Salud, is a primary care clinic that serves primarily uninsured patients in Bernalillo County. The clinic was born in part out of a grassroots community

Casa de Salud’s organizing model is influenced by its direct service work in the community — issues that rise up from care of uninsured patients and from case management needs provide critical information and data for organizing work. The clinic has a full-time community organizer on staff who helped organize health workers and clinicians for SB71 to provide strategic messaging to counter claims from providers opposed to the legislation.

As a trusted resource in the community, Strong Families New Mexico (SFNM), a program

PATIENTS' DEBT COLLECTION PROTECTION ACT

NO ONE SHOULD FEAR FINANCIAL DISASTER FROM SEEKING MEDICAL CARE.

Hundreds of New Mexican families have been sent to collections or sued by hospitals over unaffordable medical bills.

- Hospitals across the state will no longer be able to send patients who are under the federal poverty level line to collections for unpaid medical debt.
- With this new law, hospitals and other healthcare facilities are required to screen patients for eligibility for public programs.
- Will require transparency for the use of public funds as it is unclear how hospitals and other facilities use those funds.
- will close a loophole that allows debt collectors to continue to sue people for medical debt.
- Hospitals and healthcare facilities are also able to use certain public funds like the indigent care system.

casa de salud

organizing effort to fill gaps in care, support marginalized populations, and organize health workers and patients. The clinic’s history is tied to local advocacy to expand healthcare access, and Casa de Salud has a 17-plus year history of organizing around overwhelming medical debt from hospital bills, supporting individuals in navigating hospital collections systems, and expanding access to care. The organization has worked closely with the New Mexico Center on Law and Poverty for all these years. A decade ago, Casa de Salud worked on legislation that, if it had passed, would have capped hospital bills for uninsured people. In the last decade, the clinic has helped save Bernalillo County residents over \$2.5 million in medical debt by providing direct service case management. The clinic also built a coalition of patients impacted by medical debt.

of Forward Together, was able to organize community members in their networks throughout the state to deliver public comments. SFNM was essential in reaching immigrant and tribal communities to keep them informed and to bring their voices to the center of these policy discussions. The advocates at SFNM brought over 10 years of experience building trusting relationships and development of culturally relevant and linguistically specific outreach materials to the coalition. The advocates have been mindful of the digital divide when trying to reach all four corners of the linguistically diverse state. They took steps to ensure that community members were able to join community engagement efforts by offering accessible options and took precautions during the pandemic. They often supported them with gift cards to pay for transportation

to libraries or places with an internet connection and also provided community members with laptops, cell phones, and hotspots enabling them to access the internet.

The advocates went through a few rounds of negotiations with legislators and opponents. They kept community members and advocates engaged throughout the entire legislative process. The advocates wanted to uplift the stories of community members who had experienced medical debt and have them be at the forefront of the legislative effort. They prioritized ensuring all community members were included and provided them with opportunities to understand the bill, engage in all bill hearings, and celebrate and evaluate the passage of the bill. This people-centered approach toward the legislative process provided an opportunity for community members to build leadership skills and understand the complex legislative process.



the Governor’s office. The advocates were able to succeed in passing the legislation by uplifting personal stories of patients impacted and by working with legislative champions and administrative officials dedicated to protecting low-income patients from the burden of medical debt and expanding health care coverage throughout the state.

The Patients’ Debt Collection Protection Act was introduced on the Senate Floor by lead sponsor Sen. Katy Duhigg along with co-sponsors Sen. Martin Hickey and Rep. Debbie Armstrong in March 2021. Sen. Duhigg was a freshman legislator who ran on a platform of making health care more affordable and acces-

WORKING WITH THE NM STATE LEGISLATURE AND STATE AGENCIES

The passage of the three bills was a remarkable victory. The bills had strong Democratic support, a product of long-term conversations that advocates had been having since 2004. Gaining legislators support was not easy since the hospital association opposed their proposals. Hospitals are powerful entities, able to influence members of the New Mexico Legislature and

Emailing Your Representative

To: Your Representative
Subject: Please Vote YES on SB 71 Patient's Debt Collection Protection Act

Dear [Name of Legislator],

My name is [first and last], and I am from [healthcare workplace or location]. I am writing to you to please vote in favor of SB 71, Patient's Debt Collection Protection Act. This legislation would stop collections against low-income patients, stop hospitals from overcharging uninsured patients, and help families get connected with healthcare coverage that can pay for their care. [please share why this matters to you or a personal story] Please vote YES on SB 71 because no one should have to risk financial disaster when seeking care.

Thank you for your time.

Best,
[Your Name]



Search your Representative here: <https://bit.ly/3s1c0Yc>

Calling Your Representative

Hi, my name is (first and last) and I am calling from (healthcare workplace or location) to support SB 71, Patient's Debt Collection Protection Act. Thousands of New Mexicans across the state are being sued for unpaid medical bills, having their wages garnished, liens placed on their homes, and their credit ruined. (please share why this matters to you or a personal story) Please vote YES on SB 71 because no one should have to risk financial disaster when seeking care.



Search your Representative here: <https://bit.ly/3s1c0Yc>

sible. Additionally, Rep. Armstrong was the chair of the House Health and Human Services Committee, and all three legislators are members of the Legislative Health and Human Services Committee, which meets in between legislative sessions. NMCLP was able to work closely with Sen. Duhigg to provide policy expertise during the committee hearings and floor debate. The legislation was passed on a bipartisan vote of 27-12 in the Senate and 42-28 in the House.

Additionally, passage was aided by a strong relationship with the Office of the Superintendent of Insurance (OSI). The OSI is New Mexico's consumer protection agency for insurance; when consumers have issues with insurance, OSI provides assistance, reviews complaints, resolves appeals, holds hearings, and takes enforcement action against those that violate the law. SB 71 charged OSI with responsibility for implementing the provisions that ensure that health care facilities and covered third-party health care providers screen and identify patients who are eligible for Medicaid or other health insurance, and to ensure that medical debt incurred by "indigent" patients (i.e., those with household incomes

under 200 percent FPL) will not be pursued through lawsuits or collections. OSI had been working with the advocates early in the process, and the office was well aligned with the advocates' goals for the legislation.

UNDERSTANDING THE OPPOSITION

The legislative proposals passed during the 2021 session help cover some gaps to affordable health care for the state, but there were related provisions that were not able to pass the Legislature. There was criticism during the hearings on SB 317, arguing the cost of the Health Care Affordability Fund would eventually get passed on to consumers. However, providing patients with coverage options would ultimately allow hospitals to bill a third-party and reduce their uncompensated care costs. Legislators raised similar concerns that the Patients' Debt Collection Protection Act (SB 71) would provide an incentive for middle- and high-income individuals to seek care but avoid paying their bills because they could not be pursued through litigation or collections. Additionally, SB

71 included a provision that would have capped hospitals' fees charged to uninsured patients, for emergency and medically-necessary care, at the Medicare rate for such care. Industry lobbyists argued this provision would have detrimental impacts on patients' access to elective care. In particular, lobbyists argued that limiting uninsured patients' out-of-pocket costs for medically-necessary care to the Medicare rate would drive down providers' reimbursement rates for medically-necessary, elective procedures such as in vitro fertilization and breast augmentation, which would discourage providers of such care to stay in or come to New Mexico. Amendments to the bill removed this provision. This narrowed the bill's focus on prohibiting debt collection actions against low-income patients and providing information to patients, such as requiring screenings and application assistance for public insurance and financial assistance.

The hospital association and other provider groups opposed to the proposal supported amendments to require that OSI develop guidance to help different types of health care facilities navigate patient screening best practices. Lobbyists for the hospital association agreed with the intent of the bill, but argued that facilities do not uniformly have the same staffing capacity to screen patients and argued that the definition of health care facility – to which the bill's screening requirement applies – should be limited to facilities licensed by the state's Department of Health (DOH). However, advocates were concerned that linking this definition exclusively to those facilities licensed by DOH would exclude from the screening requirement at some [urgent care centers and freestanding emergency rooms, which are not well-regulated in NM](#) and might not be licensed by DOH at all. Indeed, public records requests confirmed that many urgent care centers in Albuquerque have no facility license from DOH.

Accordingly, the bill was amended to clarify that the definition of health care facility applied to urgent care centers and freestanding emergency room licensed by DOH.

Moreover, certain provider groups argued the screening requirement should not be placed uniformly on all health care facilities and providers. For example, they claimed that not all physicians have the expertise to do appropriate screenings and could drain resources from the practice. The advocates acknowledged that the capacity of large hospital facilities and small clinics could vary significantly. A larger hospital facility may have staffing to help screen patients for coverage, whereas smaller clinics may not have staffing to cover the additional administrative costs. To ease the administrative burden, the advocates understood the need for the Superintendent of Insurance to develop standardized resources to ease access to care and increase compliance from health care facilities. While screening patients may require some administrative capacity, it helps ensure patients who are eligible for health care coverage can get access.

Despite hospitals and provider groups claims that they did not send medical debt into collections, they opposed the legislation prohibiting such actions. Provider groups argued that the legislation would hurt their bottom line and result in burdensome administrative costs. It was particularly helpful to have health workers and clinicians from Casa de Salud present at the hearing to counter this narrative. They were able to explain that effective hospital screening for coverage options ultimately allows the hospitals to be adequately reimbursed for services. Additionally, hospitals often do not collect significant revenues from sending patients to collections and these actions only deepens mistrust between the hospital and the community.

MEDIA STRATEGY

The campaign relied heavily on engaging the community through social media and traditional media platforms. The advocates placed op-eds in major papers statewide centering the stories and expertise of family leaders from SFNM. They also utilized regular media coverage on movement of the bills that combined the resources of all the organizations, which included strong quotes from health workers and clinicians mobilized by Casa de Salud, community members from SFNM, and communications support from all organizations in the NMT4HC coalition.

The advocates consistently used storytelling graphics in social media to center community voices in moving policy. Social media became a platform to help engage community input and put out calls to action. It also was a space to provide updates for those that were not able to join hearings or community meetings.

IMPLEMENTATION

While passing the legislation was a major victory, implementation of the protections quickly became the next challenge. For example, SB 71, the Patients' Debt Collection Protection Act required OSI to go through a rulemaking process to ensure key protections for patients were adequately developed. NMCLP began with conversations with OSI about what regulations they would pursue and how the community partners could provide their perspective. As OSI had drafted regulations to implement the law, advocates were able to provide public comment in virtual hearings and provide written recommendations to the office. Advocates from NMCLP had become a trusted resource to help inform issues that arose in thinking about implementation. For example, NMCLP was able to

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YOU ARE HERE: OPINIONS > VIEWPOINTS > PASS THE MEDICAL DEBT PROTECTION ACT!

Pass the Medical Debt Protection Act!

FRIDAY, 12 MARCH 2021 03:00 BY ANNA RONDON CHI CHIL TAH, MCKINLEY COUNTY

Like 24 Tweet

I couldn't breathe. My chest felt like it was on fire. I thought I was having a heart attack. And I was terrified.

Alone in my car, on my way home to my kids after work, all I could do was react. I instinctively drove the two miles to Rehoboth McKinley Christian Hospital. They admitted me right away.

It wasn't a heart attack; it was gallstones, but the hospital didn't have the right equipment to treat me.

I needed to be transported to Albuquerque.

After receiving pain medication, I wasn't coherent. I was scared and still in so much pain. The billing people came in to see me. All I remember is them saying to sign here and sign there. I did.

Then I was rushed more than 100 miles by ambulance to Presbyterian Hospital.

I had insurance, so I never thought about the cost of the care I needed. I just focused on getting better so that I could go home to my kids.

The doctors at Presbyterian treated me immediately and I stayed overnight at the hospital before traveling by ambulance back to Gallup to recover. Fortunately, my aunt was able to stay with my children.

It took some time, but I recovered fully, and went back to my job with the Navajo Nation and being a mom.

Two months later, though, I again felt like I couldn't breathe: I received a bill from Rehoboth for an \$800 copay and one from the ambulance company for \$1,200. My insurance didn't cover these costs.

provide insight on screening practices engaging feedback from partner organizations to lessen the burden on patients.

One of the first actions taken by OSI was to create a screening process that health care institutions could uniformly utilize to determine whether patients were eligible for health care coverage. There were concerns that how effectively facilities participated in screening was dependent on the hospital size; smaller hospitals may not have the administrative capacity to conduct a thorough application assistance process compared to larger facilities. NMCLP consulted with Casa de Salud for provider perspectives and received assistance from Community Catalyst on approaches used in other states to develop recommendations for efficient screening. This was shared with OSI in order to put the least burden on patients. OSI has been tasked with creating guidelines on billing and screening best practices for different facilities based on type and size.

The advocates also wanted to lessen the burden on patients so that hospitals would be asking for no more information than needed to confirm “indigency” for purposes of the protection from debt collection actions. They worked with OSI to recommend a [common declaration of indigency](#) to attest that they are at or below 200 percent FPL as an alternative to providing multiple pieces of documentation. Requiring excessive documentation is often a barrier, in particular for low-income populations, communities of color and even more challenging for undocumented immigrants who may be fearful of how documents will be used against them based on their immigration status. While an attestation would provide relief from a burdensome process, the advocates also remained cautious that debt collectors could try to pursue these individuals for mistakes provided in the attestation, and suggested requiring one piece of income documentation as an alternative to the self-attestation. The ongoing work of advocates involves working with community leaders to help educate residents about their rights under the new law to keep them informed and protected if providers are not complying.

Another challenge the advocates faced was OSI’s proposed final rule that would require patients to affirmatively request an “indigency determination.” If granted, it would allow protections from collection actions for low-income patients to automatically expire after one year. Hospitals and providers were not required to provide advance notice of the expiration. This could leave a patient unaware until they received a call from the debt collector or were subject to an extraordinary collection action such as wage garnishment or liens on their homes. The advocates argued that low-income patients should not be

required to submit documentation every year, as doing so creates burden for families and patients originally protected by the new legislation to put them at risk again. The advocates re-engaged with the community to submit public comments to OSI and voice their concerns. OSI validated the concerns and revised the final rule to reflect the intent of the medical debt protection law. Effective December 28, 2021, [OSI released final rules](#) revising the one-year protection from lawsuits/collections, changing it to a two-year protection. The rules require medical providers and hospitals to make a determination of whether a patient is low-income before sending them to collection or pursuing legal action against them.

In addition to the Patients’ Debt Collection Protection Act, advocates are engaging with OSI to ensure the Healthcare Affordability Fund is appropriately administered. In particular, advocates are hosting several in-person and virtual “listening sessions” across the state throughout 2022, in which community members, advocates, and providers are being asked to discuss their experiences with accessing health care services and coverage. Based on this feedback, NMT4HC will develop a report outlining how New Mexico should expand health care coverage access to all New Mexico residents,

NM Together for Healthcare
September 15 at 1:08 PM · 🌐

Public comment needed! When implemented, the Patients’ Debt Collection Protection Act will protect New Mexicans from devastating medical debt. Join us in submitting public comment urging OSI to ensure key protections are incorporated into the rules.
<https://nmtogether4health.org/.../action-alert-protect.../>

Key protections needed for Patients’ Debt Collections Protections Act

- Require providers to determine if a patient is low income BEFORE using or sending them to collections.
- The protection for low-income patients should not expire after one year.

Give public comment at the zoom hearing on September 27, 2021.

9:00 a.m.
<https://us02web.zoom.us/j/83654595694>

Send in your comments via email!

OSI-docketfiling@state.nm.us

With the subject line “RE: SB71 Proposed Rules” by September 27 at 4:00 p.m.

including those unable to access coverage due to their immigration status. Advocates will then use this as a means by which to gauge how OSI's proposal for expanding access – which must be submitted to the Legislature by June 30, 2022 – responds to the communities' needs. Advocates will need to continue pressuring the agency and legislators to ensure the Healthcare Affordability Fund is used equitably and leaves no one behind.

LESSONS LEARNED

- **Leveraging Community Voices.** The advocates engaged community members to voice concerns and call for medical debt protections. Individuals also provided testimony at hearings and written comments that allowed the legislature to fully understand the current experiences of New Mexico residents from across the state and realize the need for new protections. Rural communities, tribal communities, and linguistically diverse populations throughout the state were engaged by the advocates to provide insight on the issue. The advocates sought out feedback from community members to inform legislative language and provisions throughout the process, which in turn help to build community leadership.
- **Engaging a Diverse Set of Stakeholders.** A critical component of the successful campaign was the engagement from a variety of stakeholders. The partnership included policy expertise of NMCLP, grassroots engagement throughout the state from SFNM, and insight from health care workers and clinicians at Casa de Salud. Additionally, the advocates and the NMT4HC coalition became a trusted resource for legislative champions and the Office of the Superintendent of Insurance.
- **Assessing the Legislation's Weaknesses Earlier in the Process.** Engaging certain stakeholders early in the process would have allowed for further opportunity to assess possible areas of weakness and/or concern. New Mexico has an interim process where legislators can look at possible bills to point out weaknesses in between sessions. Although the weight afforded by the interim stamp of approval is not necessarily significant nor determinative, engaging with additional legislators early on might have allowed for further understanding of opposition.