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## **Medical debt plagues Mass. residents**

**Boston Business Journal**

Medical debt continues to be a problem for lower- and middle-income residents of Massachusetts, even though hundreds of thousands of state residents now have health insurance under the landmark health reform law, according to a new report from research group The Access Project.

The new findings were published in, “In Debt but not indifferent: Chapter 58 and The Access Project’s Medical Debt Resolution Program,” by Boston-based The Access Project, which is a research affiliate of the Schneider Institute for Health Policy at **Brandeis University**.

Between Sept. 2006 and April 2008, the Access Project’s medical debt resolution program worked with 187 people with an aggregate medical debt of more than \$2 million, according to the report. The program helped the people resolve medical debt by informing them about insurance appeal rights, eligibility standards for public programs, and strategies to negotiate payment arrangements with medical providers.

“It’s a tragedy that many clients in our program had medical bills that should have been paid by a private insurer or public program, but they did not know about available resources to help them secure payment or coverage,” said Andrew Cohen, coordinator of The Access Project’s debt resolution program and co-author of the report, in a statement.

The Blue Cross Blue Shield of Massachusetts Foundation funded the study, and supports its recommendations.



MASS HEALTH LAW

# Medical debt a continuing problem, report says

Posted by Elizabeth Cooney September 18, 2008 12:00 PM

The state's landmark healthcare law is pulling people onto the insurance rolls through new mandates and insurance offerings, but some Massachusetts citizens are still struggling with medical debt, a report released today says.

According to **The Access Project**, a national health research and advocacy group based in Boston, about 40 percent of the people who came to them for help with their medical debt over the last two years had insurance, but were still unable to pay their bills. Many were unaware of programs put in place to assist them or had difficulty navigating them, said **Andrew Cohen**, coordinator of the project's Medical Debt Resolution program and co-author of the report.

"This really is a silent tragedy in Massachusetts," he said in an interview. "It's really about medical bills being transformed into medical debt."

The report focuses on 187 people who came for help between September 2006, before the law requiring near-universal coverage was implemented, and April 2008, after it took effect. Most of the people seeking assistance had low incomes; those who qualified were helped to obtain coverage through state-subsidized **Commonwealth Care**. Others enrolled in non-subsidized insurance plans had trouble paying both insurance premiums and co-payments while dealing with previous medical debt.

While many of the programs' clients weren't aware of programs designed to help them pay their bills, they weren't alone, the report says. People working at hospitals and other healthcare settings contacted by the program didn't always know about them either, the report said.

"While Massachusetts strives to achieve universal coverage, a robust safety net must remain in place to assist people who have unaffordable medical expenses, whether they are uninsured or have inadequate insurance coverage," the report says.

The report recommends awareness programs to better inform individuals and healthcare providers about resources such as the **Health Safety Net**, the **Office of Patient Protection**, and charity care.

It also suggests allowing college students who meet income eligibility requirements to receive Commonwealth Care coverage.

**Bob Carey**, director of planning and development at the **Commonwealth Health Insurance Connector Authority**, said if even 10 percent of the students attending college in Massachusetts were enrolled, that could mean adding 45,000 people to a program that now insures 170,000 people. Adding that significant extra cost might not make sense if the problems lie in the current student insurance program.

"There are certain pressures on Massachusetts health reform and we need to be mindful of that," he said.

While praising The Access Project and its Medical Debt Resolution program for helping people navigate a confusing system, Carey also said its report should be viewed with caution. Its sample is small, representing neither the state as a whole nor the time frame in which the healthcare law was in full effect.

"This is not pre- and post-reform. It's pre-reform and the beginning of reform," he said. "You can't draw conclusions about the general population based on the 200 people who were unfortunate enough to run up medical bills. These guys do good work and they're very helpful to the community, but drawing conclusions from a limited population can be dangerous."

# CAPE COD TIMES

## Health care debt burdens many

By [DAVID KIBBE](#)

[dkottaway@aol.com](mailto:dkottaway@aol.com)

September 19, 2008 6:00 AM

BOSTON — Nearly one in five Massachusetts residents is struggling to pay off debt from medical bills, according to a study funded by the Blue Cross Blue Shield of Massachusetts Foundation.

The study by The Access Project, said many consumers don't realize they can appeal insurance denials or might be eligible for state programs to pay their medical bills. The study calls for new consumer protections so medical debt doesn't end up on credit reports or in the hands of collection agencies.

"The detrimental effects of medical debt are well documented," said Mark Rukavina, the executive director of the Boston-based Access Project, which helps people climb out of medical debt. "It can serve as a barrier to health care and ruin people's credit." The report called on government agencies and private insurers to do more to make sure people are getting the maximum coverage.

Nancy Marnik, of Sandwich, sought help from The Access Project after depleting \$12,000 in savings trying to get appropriate insurance for her husband, Martin, 60, who has heart problems.

Her first insurer wasn't accepted on the Cape. Then she signed up for Blue Cross Blue Shield. She could barely afford her premiums, which began at \$965 a month and went up to \$1,400.

"We went through our whole savings account in the past year," she said. "How could we possibly come up with \$1,400 a month? It was just incredible." The Access Project helped the couple get into Commonwealth Care, a state-subsidized program that cut their premiums to the \$400-a-month range. They also helped Marnik work out an affordable payment schedule with Jordan Hospital.

She was grateful for the assistance.

"We were pretty down and out about getting health insurance," Marnik said. "It had a happy ending."

The Access Project's Medical Debt Resolution Program worked with 187 people with a combined \$2 million in debt between September 2006 and April 2008. The Access

Project informed them of appeal options, eligibility for public programs and strategies to renegotiate payment plans, resulting in more than \$1 million of the debt being retired.

"It's a tragedy that many clients in our program had medical bills that should have been paid by a private insurer or public program, but they did not know about available resources to help them secure payment or coverage," said Andrew Cohen, who coordinates the debt resolution program and co-authored the report.

Some people learned too late about the state's Health Safety Net, which can cover past bills, and the Office of Patient Protection, which hears appeals of insurance denials.

About 40 percent of the nearly 200 people in the program had insurance, but still racked up debt due to unaffordable out-of-pocket costs.

The report, citing a 2008 study by the Urban Institute, said the number of uninsured people with medical debt had dropped from 27 percent to 23 percent since the state's health reform law took effect in 2006.

Including those with insurance, nearly one in five Massachusetts residents, or 18 percent of the state, still had medical debt in the fall of 2007.

The law requires all residents to have insurance, either through subsidized or private plans.

Yet, "we still see uninsured and under-insured people who have accumulated medical debt and are now putting off needed care," said Jarrett Barrios, president of the Blue Cross Blue Shield of Massachusetts Foundation.

# Many need help healing from medical debts

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By John Hilliard/Daily News staff

**The MetroWest Daily News**

*Posted Sep 19, 2008 @ 12:23 AM*

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For Waltham's Terry Collins, battling mounting medical debt means watching her wallet rather than her health as she tries to pay off more than \$1,000 in bills from area hospitals and other health providers.

This means she could run out of prescription medication in a few weeks, plus she said she has delayed a needed mammogram for last six months because she can't afford it.

"All these co-pays are piling up on me...and I don't have the money to pay them," Collins said.

Collins is among those Massachusetts residents who are forced to pay off their medical expenses over time, facing costly bills and the threat of damaged credit if they don't pay, according to a new report from the Access Project, which helps local communities improve health care options and related concerns.

The agency reports that about 18 percent of the state's residents had to pay off their medical bills over time in 2007.

Andrew Cohen, who co-wrote the report and is a community research coordinator with the organization, said more needs to be done to connect residents with resources that can help control their medical debts and refute onerous bills.

"Everyone could do a better job with informing people of their appeal rights" and other options to manage health care expenses, he said.

When Massachusetts passed health care reform in 2006, it was meant to help provide subsidies for low and moderate income residents to get health insurance.

But Cohen said the focus should go beyond getting people on health care plans and ensuring their coverage will include their health care expenses.

Just before the law was changed, the group started its medical debt resolution program that has helped nearly 200 people knock down more than \$1 million in total debt, according to the report.

Barbara Anthony, executive director of Health Law Advocates, a law firm that specializes in health insurance access concerns, said this debt is not something patients incurred by choice.

"This is debt incurred because of medically necessary (procedures)," she said.

Collins, who is working with Cohen to bring down her debt, said she has recently enrolled in a state insurance plan and just got a job.

She has a 22-year-old son attending college in Beverly and, like other students, he doesn't qualify for the state's Commonwealth Care plan. He has insurance, but it doesn't cover physicals or eye exams, she said.

"I'm not looking for a handout. I want to combine it and pay it off," said Collins.

Natick's Donald Clark faced more than \$1,200 in medical costs after he cut off the tip of his thumb with a power saw and underwent treatment about a year and a half ago. He met with Cohen, and the Access Project was able to reduce his bill to about \$600 to \$700, which he paid out of pocket because he didn't have insurance. Self-employed since 2000, he now is on a state health plan, he said.

He said more information about a patient's options to deal with health costs should be available.

"It should be. Believe me when I tell you, I'm not proud of this situation," Clark said.

Cohen said part of the problem facing some Bay State residents grappling with health care costs is that many don't know their options for appealing onerous bills, such as the state's Office of Patient Protection, which performs an independent

external review of denied insurance claims. The state also oversees Health Safety Net, which provides financial assistance for people with existing medical bills.

The group advocates for a public campaign to make people aware of options when struggling with high health care costs; block medical bills from getting onto patients' credit reports; and allowing college students to get on state Commonwealth Care plans, among other measures.

(John Hilliard can be reached at 508-626-4449 or [John.Hilliard@cnc.com](mailto:John.Hilliard@cnc.com).)

W O R C E S T E R

# TELEGRAM & GAZETTE

September 19, 2008

## **Medical debt**

BOSTON — Medical debt continues to trouble low- and middle-income people in Massachusetts, even though many more residents have signed up for health insurance, according to a new report from **The Access Project**.

Some people build up medical debt because they cannot afford to pay the bills that their insurance will not cover, and others are unaware that their insurance should be covering bills or that programs exist to help patients with bills, according to the report.

“It’s a tragedy that many clients in our program had medical bills that should have been paid by a private insurer or public program, but they did not know about available resources to help them secure payment or coverage,” said **Andrew Cohen**, a co-author of the report and coordinator of the Debt Resolution Program, which helps consumers find ways to tackle medical debt.



## **1 in 5 Mass. residents has medical debt**

September 19, 2008 6:00 AM

BOSTON — Nearly 1 in 5 Massachusetts residents is struggling to pay off debt from medical bills, according to a study funded by the Blue Cross Blue Shield of Massachusetts Foundation.

The study, released Thursday by The Access Project, said many consumers don't realize they can appeal insurance denials or might be eligible for state programs to pay their medical bills. The study calls for new consumer protections so medical debt doesn't end up on credit reports or in the hands of collection agencies.

"The detrimental effects of medical debt are well documented," said Mark Rukavina, the executive director of the Boston-based Access Project, which helps people climb out of medical debt. "It can serve as a barrier to health care and ruin people's credit."

The report called on both government agencies and private insurers to do more to make sure people are getting the maximum coverage.

Nancy Marnik of Sandwich sought help from The Access Project after depleting \$12,000 in savings trying to get appropriate insurance for her husband, Martin, 60, who has heart problems.

Her first insurer wasn't widely accepted in Southeastern Massachusetts. Then she signed up for Blue Cross Blue Shield. She could barely afford her premiums, which began at \$965 a month and went up to \$1,400.

"We went through our whole savings account in the past year," she said. "How could we possibly come up with \$1,400 a month? It was just incredible."

The Access Project helped the couple get into Commonwealth Care, a state-subsidized program that cut their premiums to the \$400-a-month range. They also helped Ms. Marnik work out an affordable payment schedule with Jordan Hospital.

She was grateful for the assistance.

"We were pretty down and out about getting health insurance," Ms. Marnik said. "It had a happy ending."

The Access Project's Medical Debt Resolution Program worked with 187 people with a combined \$2 million in debt from September 2006 to April 2008. The Access Project informed them of appeal options, eligibility for public programs and strategies to renegotiate payment plans, resulting in more than \$1 million of the debt being retired.

"It's a tragedy that many clients in our program had medical bills that should have been paid by a private insurer or public program, but they did not know about available resources to help them secure payment or coverage," said Andrew Cohen, who coordinates the debt resolution program and co-authored the report.

Some people learned too late about the state's Health Safety Net, which can cover past bills, and the Office of Patient Protection, which hears appeals of insurance denials.

About 40 percent of the nearly 200 people in the program had insurance but still racked up debt due to unaffordable out-of-pocket costs.

The report, citing a 2008 study by the Urban Institute, said the number of uninsured people with medical debt had dropped from 27 percent to 23 percent since the state's health reform law took effect in 2006.

Including those with insurance, nearly one in five Massachusetts residents, or 18 percent of the state, still had medical debt in the fall of 2007.

The law requires all Massachusetts citizens to have health insurance, either through subsidized or private plans. The state reform also made lower-cost private plans available.

"Health reform continues to insure record numbers of state residents, but we still see uninsured and under-insured people who have accumulated medical debt and are now putting off needed care for fear of accruing more bills," said Jarrett Barrios, president of the Blue Cross Blue Shield of Massachusetts Foundation.

# The Republican.

## Medical debt 'silent tragedy'

Saturday, September 20, 2008

By DAN RING

[dring@repub.com](mailto:dring@repub.com)

BOSTON - Robert M. Peck, of Greenfield, felt stymied last year when his health insurer refused to pay for a second opinion after he was diagnosed with a rare form of blood cancer.

His Connecticut-based insurer sent him a \$2,000 bill, saying he received the opinion at a Boston hospital that was out of its network. The Boston hospital downgraded Peck's scary diagnosis to pre-cancerous, but he was still facing the bill.

"I felt frustrated," he said Thursday. "I didn't know where to turn."

Peck, 54, a self-employed consultant, is among one in five Massachusetts residents younger than 65 who is plagued with medical debt, according to a newly released study funded by The Blue Cross Blue Shield Foundation.

Even with the state's near-universal health care law, medical debt continues to be a problem for lower- and middle-income people in the state, said the 29-page study, completed by The Access Project in Boston, a private nonprofit that works to improve access to health care.

"Implementation of new programs with complicated rules and regulations that overlap with existing programs has created confusion and coverage gaps," the report said. "Private insurance has also been inadequate to protect some people from access and medical bill problems."

The report found there is a widespread lack of awareness about state and other programs to help them pay medical debt.

"This is a silent tragedy ... for both insured and uninsured," said Andrew P. Cohen, a coordinator at the access project and lead author of the report.

Between September 2006 and April, the Access Project worked with Peck and 186 other people with total medical debt of more than \$2 million.

Peck appealed his insurer's decision to the state Office of Patient Protection, a panel established under a 2000 law, and the insurer agreed to pay the bill.

"Don't simply accept a rejection ... and feel you have no other avenues," Peck said. "Speak up and reach out to organizations and people."

According to the report, many people on state insurance programs without subsidies struggled to pay insurance premiums and co-payments.

The project helped some people obtain coverage through Commonwealth Care, which provides subsidized health care for low- and moderate-income people. The insurance program was established under the state's health care law, passed in April 2006.

The report found that even modest medical bills can create health access and financial problems. It also said a significant percent of the debt could have been covered by private or public health insurance if patients knew about existing protections.

Hospital workers and some employees of other providers didn't know about programs that could assist people with medical debt, the report said.

Miriam Alers, 53, of Amherst, who is disabled, said she was temporarily dropped from MassHealth, the state's Medicaid program, in 2006. She didn't know she was terminated from the coverage and her bills piled up for various health problems such as diabetes and multiple sclerosis.

"I felt alone," she said. "I really felt lost and alone."

After working with the Access Project, most providers waived bills, but she is still working to resolve two bills totaling about \$300. MassHealth eventually reinstated her, after she reapplied, she said.

Sonal Dahima, 23, of Springfield, sought advice from the project and negotiated payments for a \$1,425 bill for anesthesia for an amputation of her husband's left foot. He had seriously injured his foot in a bicycle accident many years ago, she said.

Just by asking, she was also able to persuade the doctor to reduce the bill to \$250, according to Cohen.

Dahima, who said she has a limited version of MassHealth, said she wasn't initially aware she could negotiate the bill. She now is paying \$25 a month. "Everything worked out," said Dahima, who works part-time at a gas station.

The report urges a public awareness campaign to inform residents and health care providers about state resources such as Health Safety Net, charity care and the state Office of Patient Protection.

# Access Project helps poor who are saddled with medical debt

September 24, 2008

By Robin Kaminski / The Lynn Daily Item

LYNN -- When Lynn resident Vera Jarasitis was diagnosed with lung cancer last year, the last thing on her mind was the outstanding debt she would incur as a result of treatments she needed to save her life.

Saddled with bills she couldn't afford to pay while she was out of work recuperating, Jarasitis said she didn't know where to turn for help.

"I just thought to myself, I can't seem to get help with these bills from anywhere," she said. "But I couldn't ignore the calls from the creditors either."

Jarasitis said her friend's husband, who works at General Electric, pointed her in the direction of Andrew Cohen, a Community Research Coordinator for The Access Project, which helped him settle several medical bills.

"He told me that I didn't have to pay my bills and that The Access Project would pay them for me," she said. "It was such a relief because I couldn't handle it on my own."

In April 2006, Massachusetts passed a landmark reform law, Chapter 58, which was designed to achieve universal health care coverage in the state by providing subsidies to help low- and moderate-income people obtain insurance, and by requiring others to purchase coverage through employers or on the individual market.

Then in September 2006, prior to the implementation of Chapter 58, The Access Project created the Medical Debt Resolution Program that aimed to help people resolve outstanding debt and monitor the impact of Chapter 58.

The program has since helped 186 people resolve over \$1 million in medical bills from September 2006 to April 2008 who have inquired about it.

The bulk of the payments were made by private insurers and public programs, or by providers in the form of discounts or charity care.

Most of the people who inquired for help had an average of \$3,000 in debt and were low-income, according to a study funded by the Blue Cross Blue Shied of Massachusetts Foundation.

Cohen said many clients like Jarasitis experience stress and anxiety because

of their debt and aren't aware of The Access Project.

"A lot of people have found us through word of mouth," he said. "But for those who don't know about us, they are forced to take money out of their family budget, housing budget to pay for their on-going healthcare expenses."

Jarasitis said she hopes the project continues to help others like her.

"I told my friends to spread the word about this program," she said. "Andrew walked me through the whole process and he was very helpful."

Because outstanding debts are often referred to creditors, resulting in poor credit ratings for those afflicted with the high bills, Cohen said people often forego healthcare to avoid extra bills and suffer increased anxiety.

Cohen said people with bills that are up to six months old and have health insurance qualify for assistance, and for those without health insurance, the plan would only cover bills that are up to 10 days old.

"So timing is everything," he said.

For more information on The Access Project call 617-654-9911.