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**REPORT FINDS LITTLE EVIDENCE HOSPITALS CONFORM TO  
FINANCIAL ASSISTANCE GUIDELINES FOR UNINSURED PATIENTS**

**BOSTON, May 12, 2005** –A new report raises serious concerns about whether hospital commitments to abide by the American Hospital Association’s (AHA) voluntary guidelines for providing financial assistance to uninsured patients have resulted in real changes in their practices. Faced with lawsuits, Congressional investigations, and proposed legislation to restrain hospitals from harsh billing and collections practices toward the uninsured, the AHA issued the guidelines, which call for hospitals to develop fair policies and publicize them widely, almost 18 months ago.

“Although the AHA claims over 80 percent of its 5,000 hospital members have signed a commitment to abide by the guidelines,” said Mark Rukavina, director of The Access Project, a national research and advocacy organization, “a national survey was unable to find evidence that hospitals have really altered their procedures.”

The Access Project today released *Voluntary Commitments: Have Hospitals That Signed a Confirmation of Commitment to the American Hospital Association’s Billing and Collections Guidelines Really Changed Their Ways?*, which presents the findings from a random survey of 61 private non-profit and for-profit hospitals about whether their policies conform to the AHA guidelines. In spite of the AHA’s admonition that all hospital leaders should be “familiar with their own internal policies” about billing, collections, and charity care for the uninsured and “prepared to discuss them publicly,” few hospitals were willing to provide surveyors with clear information about their financial assistance policies.

According to Bill Lottero, lead researcher on the project, “Even many of the hospitals that responded to our questions were unable or unwilling to share written policies explaining their criteria for eligibility for

charity care,” although the AHA guidelines specifically call on hospitals to do so. “This national survey places the burden of proof on hospitals to show that they actually are sharing information with their communities about financial support for uninsured patients and that their signatures on the letter of commitment reflect their actual practices,” said The Access Project’s Rukavina.

These concerns were reinforced by findings from ACORN, a national community organizing network, whose members called hospitals in more than ten cities to ask for their charity care policies but were frequently turned away empty-handed. ACORN reported on many low and middle income families whose lives have been ruined by unaffordable hospital bills and crushing medical debt.

Hospital practices of charging the uninsured the highest rates for services, often several times higher than actual costs, and then failing to inform low-income uninsured patients about the availability of financial assistance triggered outrage and led to a Congressional hearing by a House Energy and Commerce subcommittee last June, at which hospital executives promised to change their treatment of the uninsured. Representative Jim Greenwood, who chaired the hearing, told the AHA that if it got 5,000 hospitals to commit to abiding by its guidelines, legislation would be unnecessary. However, the new report indicates that Congress cannot assume that oversight and regulation aren’t needed simply because hospitals signed a commitment letter.

The Access Project report calls on all hospitals to publish their financial assistance and collection policies and provide them in writing to anyone who requests them, and it calls on the AHA to find ways to guarantee that these hospitals are in fact keeping their word.

The Access Project website, [www.accessproject.org](http://www.accessproject.org), includes links to the *Voluntary Commitments* report, other reports on medical debt, and related health issue websites. Printed copies of these reports are available from The Access Project, Lincoln Plaza, 89 South Street, Suite 404, Boston, MA 02111, (617) 654-9911.