



American Cancer Society Cancer Action Network
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<https://www.fightcancer.org/states/maine>

**Testimony of Julia MacDonald, Maine Government Relations Director,
American Cancer Society Cancer Action Network**

In Support of LD 558, "An Act to Strengthen Consumer Protections by Prohibiting the Report of Medical Debt on Consumer Reports," and, and LD 1030, "An Act Regarding the Reporting of Medical Debt on Consumer Reports."

March 25, 2025

Good Afternoon, Senator Bailey, Representative Gramlich, and members of the Health Coverage, Insurance and Financial Services Committee. My name is Julia MacDonald, and I am the Maine Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We advocate for evidence-based public policies to reduce the cancer burden for everyone. As the nation's leading advocate for legislative solutions that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

On behalf of ACS CAN, I would like to thank you for this opportunity to submit the following testimony in strong support of LD 558, "An Act to Strengthen Consumer Protections by Prohibiting the Report of Medical Debt on Consumer Reports," and LD 1030, "An Act Regarding the Reporting of Medical Debt on Consumer Reports."

The impact of medical debt on cancer patients and survivors cannot be overstated. Many individuals undergoing cancer treatment face significant out-of-pocket costs even when they have health insurance. These costs can quickly escalate, leading to financial distress and long-term economic consequences. Studies have shown that medical debt is a leading cause of financial instability, forcing many patients to make difficult decisions, such as delaying or forgoing necessary medical care.

LD 558 would prohibit consumer reporting agencies from including medical debt on consumer credit reports, preventing medical debt from unfairly damaging a patient's financial standing. This policy is essential, as medical debt is often an unreliable indicator of an individual's creditworthiness. Unlike other types of debt, medical bills frequently result from unforeseen circumstances, billing errors, or insurance disputes rather than irresponsible financial behavior.

Similarly, LD 1030 would prohibit the reporting of medical debt if the consumer was covered by a health plan at the time of the medical event and the debt stems from an emergency or out-of-network benefit claim. This bill acknowledges the reality that patients frequently encounter



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unexpected medical bills due to gaps in insurance coverage or provider network limitations—issues that are often beyond their control.

Protecting cancer patients and other individuals from the negative financial consequences of medical debt is a crucial step toward ensuring they can focus on their health and well-being rather than worrying about their credit scores. A cancer diagnosis should not lead to financial ruin, and these bills help mitigate the long-term impact of medical expenses on Maine families.

Those with medical debt often report feeling trapped; medical debt is not chosen. It not only affects patients' and families' financial stability but also health outcomes. Medical debt is associated with more days of poor physical and mental health, more years of life lost, and higher mortality rates. Further, data indicates that patients with cancer-related medical debt are three times more likely to be behind on recommended cancer screenings, and 25% have delayed or skipped medical care to avoid further debt, potentially increasing their risk of mortality.

We urge the committee to support LD 558 and LD 1030 to protect patients from the undue financial burden of medical debt on their credit reports.