

132nd Legislature
Senate
of Maine
Senate District 31

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Testimony of Senator Donna Bailey introducing
**LD 2129, An Act to Prohibit Liens on Principal Residences and Wage
Garnishments for Medical Debt**
Before the Joint Standing Committee on Health Coverage, Insurance, and Financial Services
Tuesday, February 17, 2026

Good morning, Representative Mathieson and fellow Colleagues on the Health Coverage, Insurance, and Financial Services Committee. As you know, I am Senator Donna Bailey, and I represent Senate District 31, which includes Buxton, Old Orchard Beach, and Saco. Today, I am proud to introduce my bill **LD 2129, “An Act to Prohibit Liens on Principal Residences and Wage Garnishments for Medical Debt.”**

Last year, as you will recall, I sponsored a bill to protect Maine consumers from the harmful impact of medical debt on consumer credit reports. Then, as I do now, I did not believe it was fair that, through no fault of their own, a Mainer would have to face an additional hardship – a bad credit score – for taking on medical debt. After all, no one plans to have an emergency, so rarely can any budgeting or financial planning prepare an individual for it.

I was pleased that this committee took my original proposal and strengthened it: In addition to keeping medical debt off these reports, we also banned health care providers from reporting medical debt to the consumer credit bureaus. Now law, this new consumer protection helps Mainers with medical debt buy a car, rent a home, or take out a loan.

While I am proud of the progress we have made on reducing the negative impact of medical debt on Mainers, there is more work to do. Even with the new law, many Mainers still experience the damaging effects of medical debt. My new bill LD 2129 seeks to address these remaining effects and prohibit liens on principal residences and wage garnishments for medical debt.

Just like with consumer credit reports, a medical emergency should not result in lifelong financial harm through losing a home or wages. Medical debt is a hurtful feature of the overall health care system, not the lack of financial literacy or responsibility on the part of the individual.

Today, you’ll hear about some of the particularly devastating impact of medical debt on cancer survivors. As a cancer survivor myself, I hope you listen carefully to the testimony. Mainers

undergoing these treatments for cancer – or any other serious condition or disease – deserve to focus on their health and recovery rather than worry about their financial future.

If we pass this bill, then we can join the rest of the states in the Mid-Atlantic and New England regions who already have similar laws on the books. Here in Maine, where medical debt is a widespread and growing problem, we can take this action to help lower costs and build stronger communities.

I thank the Committee for its time, and I would be happy to answer any questions.

A handwritten signature in black ink, appearing to read 'Donna Bailey', with a long, sweeping underline.

Donna Bailey
State Senator, Senate District 31
Buxton, Old Orchard Beach, and Saco

This appendix is supplemental to a Commonwealth Fund report, Maanasa Kona and Vrudhi Raimugia, *State Protections Against Medical Debt: A Look at Policies Across the U.S.: July 2025* (Commonwealth Fund, July 2025). This research is up to date as of June 12, 2025. For more detail on the data presented here, see the *State Protections Against Medical Debt* interactive maps.

APPENDIX

State Medical Debt Protections Overview

State	Regulation of billing and collections practices						Protections related to medical debt lawsuits			
	Financial assistance requirement	Community benefit requirement	Payment plan requirement	Limits on interest	Preconditions before sending a bill to collections	Limits on credit reporting	Limits on selling debt	Limits on liens and foreclosures	Limits on wage garnishment	Reporting requirements
Alabama										
Alaska									*	
Arizona				✓					*	
Arkansas										
California	✓	✓	✓		✓	✓	*	✓	✓	
Colorado	✓	✓	✓	✓	✓	✓	*	✓	*	✓+
Connecticut	✓	✓		✓	✓	✓		✓	✓	✓
Delaware	✓		✓	✓	✓	*	*	✓	✓+	*
Florida	✓	✓				*	✓	UH	✓	*
Georgia	✓	✓								✓
Hawaii									*	
Idaho		✓				*	*			*
Illinois	✓	✓+	✓	✓	✓	✓		✓	✓	✓+
Indiana		✓							*	✓+
Iowa								UH	*	
Kansas								UH	✓	
Kentucky										
Louisiana										
Maine	✓			✓		✓			*	✓
Maryland	✓	✓	✓			✓	✓	✓	✓	✓+
Massachusetts		✓			✓				*	
Michigan										
Minnesota		✓	✓		✓	✓			✓	✓
Mississippi										
Missouri									*	*
Montana										*
Nebraska									*	
Nevada	✓	✓+			✓	*		✓	*	✓
New Hampshire		✓							*	*
New Jersey	✓	✓+	✓	✓	✓	✓	✓		✓	✓+
New Mexico					✓	✓	✓	✓	✓	*
New York	✓	✓	✓		✓	✓	✓	✓	✓+	✓+
North Carolina	✓	✓	✓	✓	✓	✓	✓	✓	✓+	✓
North Dakota				✓					*	
Ohio	✓							✓		✓
Oklahoma	✓							UH		
Oregon	✓	✓+		✓	✓				*	✓
Pennsylvania		✓+							✓+	*
Rhode Island	✓	✓				✓		✓	✓	*
South Carolina	✓	✓								
South Dakota								UH	*	
Tennessee										*
Texas		✓						UH	✓+	✓
Utah		✓+			✓	*				*
Vermont	✓	✓	✓	✓		✓	✓		✓	*
Virginia		✓	✓		✓	✓	*	✓	✓+	✓
Washington	✓	✓		✓	✓	✓	*		*	✓
West Virginia		✓							*	✓
Wisconsin									✓	*
Wyoming										
District of Columbia	✓	✓+						UH	*	*

State Medical Debt Protections Overview (continued)

DESCRIPTION OF CRITERIA

Financial assistance requirement

Identifies states that require hospitals to maintain a financial assistance policy and set certain minimum standards for these policies. The state can require hospitals to have these policies in place as a condition of licensure, as a legal mandate subject to penalties, or as a condition of receiving state funding. States that have less prescriptive requirements for their hospitals (like states that put the onus of providing financial assistance on individual counties, or states that generally require provision of financial assistance without setting minimum standards) have been excluded.

Community benefit requirement

- ✓ Identifies states that require nonprofit hospitals to meet community benefit standards in exchange for an exemption from state taxes.
- ✓+ Identifies states that additionally set certain minimum quantitative standards for how hospitals can fulfill their community benefit obligations.

Regulation of billing and collections practices

Payment plan requirement

Identifies states that require hospitals to offer payment plans and states that also set limits on monthly payment amounts and interest that can be charged on these payment plans.

Limits on interest

Identifies states that generally cap interest on medical debt, and those that also prohibit medical debt for certain or all populations. All states have general usury laws that limit the amount of interest that can be charged on any oral or written agreement.

Preconditions before sending a bill to collections

Identifies states that require hospitals to meet certain conditions before they can send a bill to collections. Conditions might include waiting periods, prior patient notification, offer of a reasonable payment plan, screening for financial assistance, or a prohibition on sending bills of certain low-income patients to collections.

Limits on credit reporting

- * Identifies states that allow providers to report medical debt to credit reporting agencies if certain conditions are met.
- ✓ Identifies states that either prohibit providers and/or debt collectors from reporting medical debt to credit reporting agencies and/or prohibit credit reporting agencies from including medical debt on credit reports.

Limits on selling debt

- * Identifies states that limit sale of medical debt. Limitations might include waiting periods or setting standards for debt buyers.
- ✓ Identifies states that prohibit the sale of medical debt for some or all patients.

Protections related to medical debt lawsuits

Limits on liens and foreclosures

Identifies states that exceed federal protections against placing liens or foreclosing on homes to collect on medical debt.

UH Identifies states with an unlimited homestead exemption.

- ✓ Identifies states that prohibit or limit the ability to place a lien or foreclose on a home.

Limits on wage garnishment

Identifies states that exceed federal protections against wage garnishment to collect on medical debt.

- * Identifies states that protect a larger proportion of wages than federal law does.
- ✓ Identifies states that prohibit wage garnishment for certain populations, certain bills, or during certain times of demonstrated financial need.
- ✓+ Identifies states that fully prohibit wage garnishment for all patients.

Reporting requirements

Identifies states that require hospitals to report certain data relevant to medical debt protections.

Financial data: total dollar amounts spent on financial assistance and/or bad debt.

FAP data: numbers of financial assistance applications received, numbers approved and denied, numbers appealed, etc.

Demographic data: reporting of the above data by race, ethnicity, gender, preferred or primary language, etc.

- * Identifies states that require hospitals to report financial data only.
- ✓ Identifies states that require hospitals to report financial data and FAP data.
- ✓+ Identifies states that require hospitals to report financial, FAP, and demographic data.