

## **2017 WSNA RESOLUTION # 3**

### **Ending Healthcare Billing Practices that Contribute to Medical Debt**

WHEREAS, In 2015, 30 percent of privately insured Americans reported having received an unexpected medical bill within the past two years and 25 percent reported they or someone in their household had problems paying or were unable to pay medical bills in the past year; and

WHEREAS, two-thirds of Americans with problems paying medical bills say their problems followed a one-time emergency medical situation, suggesting medical debt is not limited to people with chronic medical conditions and, as such, poses a risk to the broader public; and

WHEREAS, health insurance plans increasingly offer fewer benefits and require higher out-of-pocket costs like increasing deductibles, copays and coinsurance and since 2010, deductibles have risen six times faster than workers' earnings and more than one-quarter of workers with employer-sponsored insurance are enrolled in a high-deductible health plan (HDHP), with deductibles of at least \$1,300 for individual coverage and \$2,600 for family coverage, and

WHEREAS, Patients should not have to choose between medically important care and financial stability. High out-of-pocket costs limit access to care as HDHPs encourage patients to postpone or forego medically important care to avoid paying the high cost of the deductible and co-insurance. Those in HDHPs are nearly twice as likely as those enrolled in lower deductible plans to report problems paying or an inability to pay medical bills, and

WHEREAS, despite having health insurance, the combination of narrow provider networks, inadequate information about the network status of billable providers and covered costs, and the lack of regulations restricting "balance billing" unnecessarily exposes patients to surprise medical bills that can run into the tens of thousands of dollars and leave patients with crippling debt, and

WHEREAS, patients burdened with medical debt are often forced to exhaust their savings, work longer hours, increase borrowing and/or cut back spending on food, clothing and other basic household items or even declare bankruptcy. The ripple effect created by medical debt poses a threat to the health and well-being of families and communities and severely limits financial resources available for other important priorities like education, housing and retirement savings; and

WHEREAS, as highly respected health professionals, nurses know that abusive medical billing practices and medical debt significantly limits access to care and destabilizes families and communities:

**BE IT THEREFORE,**

**RESOLVED,** that WSNA encourage and support the development of state legislation addressing abusive billing practices that contribute to medical debt, such as legislation requiring improved billing transparency and restricting balance-billing patients following an emergency or inadvertent encounter with an out-of-network provider; and

RESOLVED, that WSNA will partner with our national affiliates to support state and federal efforts to restrict unreasonable out-of-pocket costs like deductibles, copays and coinsurance; and

RESOLVED, that WSNA, in collaboration with ANA and AFT, will help provide educational resources and other tools for nurses and patients to help prevent surprise medical bills, and to negotiate better terms of repayment following an encounter with an out-of-network provider; and

RESOLVED, that WSNA will encourage and support WSNA local units to use collective bargaining as a vehicle to bargain language to enhance transparency and improve hospital financial assistance policies.

Sponsors:

Professional Nursing & Health Care Council  
WSNA Board of Directors

Approved by WSNA Board Executive Committee April 2017  
Adopted by the WSNA General Assembly 5-4-2017