



August 9, 2024

The Honorable Rohit Chopra
Director
Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

Re: Prohibition on Creditors and Consumer Reporting Agencies Concerning Medical Information (Regulation V) - CFPB-2024-0023

Dear Director Chopra:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Consumer Financial Protection Bureau's (CFPB's) proposed rule concerning credit reporting and medical information. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is more determined than ever to end cancer as we know it, for everyone.

ACS CAN supports this proposal to prohibit medical debt from appearing on credit reports because it will reduce the detrimental impacts of medical debt on people with cancer and their families. We urge the CFPB to finalize this rule as soon as possible, while also considering our comments below about expanding the proposal.

ACS CAN is acutely aware that medical debt impacts many people with cancer, their families, and their caregivers. ACS CAN has long fought for public policies — like access to comprehensive and affordable health insurance coverage — that reduce the likelihood or severity of that debt. Unfortunately, many Americans remain uninsured or underinsured and even those with comprehensive coverage can still incur significant medical debt. People with cancer often bear significant health care costs because they can have substantial health care needs, are high utilizers of health care services, use many different providers, and sometimes require more expensive treatments. They also must pay many indirect costs, like transportation and lodging and incur lost wages due to unpaid time off or job loss, which add to their already heavy cost burden.

In March and April of 2024, ACS CAN asked people with cancer and survivors about their experiences with medical debt through our Survivor Views survey panel.¹ The survey² found that:

- Nearly half of cancer patients and survivors surveyed (47%) have had medical debt related to their cancer, and the plurality of those (49%) have carried over \$5,000 in medical debt. 69 percent have carried this debt for more than 1 year and over one-third (35%) have had medical debt related to their cancer for more than 3 years.
- Nearly all (98%) respondents were insured at the time when the debt was incurred, most commonly by a high deductible health plan without a health savings account (34%).

- The health implications are significant: those with cancer-related medical debt are three times more likely to be behind on recommended cancer screenings (18% vs. 5%), 27% of those with cancer-related medical debt have gone without adequate food, and 25% have skipped or delayed care.
- The financial consequences of cancer-related medical debt can also be significant: nearly half (49%) saw their credit scores decrease and 30% had difficulty qualifying for loans.
- The impacts of cancer-related medical debt are not felt equally and further deepen existing disparities. Black and Hispanic patients and survivors with medical debt are about twice as likely as White respondents to report being denied care due to their debt (13% and 14% vs. 7%, respectively). Black respondents are also more likely to report being contacted by collections agencies (66%) and to feel harassed by them (44%).
- Respondents support a multifaceted approach to addressing medical debt, with several policy improvements deemed helpful to reducing the burden of medical debt on cancer patients and survivors.

These survey results emphasize what we have known for years — that medical debt is a major problem for many people with cancer and that debt can have profound impacts well beyond the time in which they are in active treatment. Therefore, ACS CAN firmly believes that addressing medical debt in the U.S. is crucial to accomplishing ACS CAN's mission of ending cancer as we know it for everyone. We support this proposal because, if finalized, it will reduce the detrimental impacts of medical debt that has already been incurred.

Previously, a regulatory exemption existed to the Fair and Accurate Credit Transactions Act of 2003 that allowed credit agencies to include medical debt in credit reports and creditors to use this information in determining credit worthiness. CFPB proposes³ to:

- Remove the financial information exception which broadly permits creditors to obtain and use medical financial information (including information about medical debt) in connection with credit eligibility determinations, while retaining select elements of the exception related to income, benefits, and loan purpose; and
- Limit the circumstances under which consumer reporting agencies are permitted to furnish medical debt information to creditors in connection with credit eligibility determinations.

Upon finalization of this rule, a creditor would no longer be able to obtain or use medical information related to debts, expenses, assets, or collateral, in connection with a credit eligibility determination, unless a specific exception otherwise applies to the creditor's consideration of the medical information. And a consumer reporting agency generally would be prohibited from furnishing to a creditor a consumer report containing medical debt information in connection with a credit eligibility determination.

ACS CAN strongly supports this proposal, as it will prevent medical debts from negatively impacting patients' and their families' eligibility for credit and broader financial health. Our survey data shows that among people with cancer who have cancer-related medical debt, nearly half (49%) saw their credit scores decrease and 30% had difficulty qualifying for loans.⁴ This illustrates the far-reaching consequences of medical debt for patient and family financial security and quality of life, especially given that many individuals/families need credit and/or loans in order to obtain housing and transportation.

Finalizing this proposal will also remove a common tactic debt collectors use to harass and intimidate debtors: threatening that lack of payment of the debt will destroy their credit and credit score. Our survey data also shows the struggles that cancer patients and survivors experience with this type of harassment. Fifty-five percent of those who have had cancer-related medical debt have been contacted by a collection

agency or debt collector and 64% of those felt harassed. Just 31% believe they were treated fairly and only 26% say they were offered a reasonable payment plan. 79% say the collections process was not helpful to paying off their debt. We support this proposal as it will hopefully reduce this type of harassment, and the negative health and quality of life outcomes it causes. In light of this, we also encourage CFPB to widely publicize the new policy when it is finalized so patients and their families know that their credit score is not under threat. The debt collections industry cannot be trusted to communicate this to consumers. We stand ready to partner with CFPB in creating awareness of a final policy among our constituents and the general public.

In addition to our strong support of the proposal as written, we urge CFPB to take additional steps in its final rule to protect consumers and patients from the detrimental impacts of medical debt by:

Extending the credit reporting prohibition to include debt from medical payment products. According to our survey data,⁵ over half (55%) of those who have had cancer-related medical debt have had a payment plan, medical credit card, or installment payments for their medical debt. Only about half (51%) of those with these types of debt products felt they clearly understood the terms, and 46% say they were able to make the payments. Fewer than half (45%) say they would use the product again. Just 31% say the payment plan, medical credit card, or installment payments were offered at a reasonable rate, while 26% say they were surprised by the rate or owed more than they thought and 24% report that it made their debt increase. More than half (56%) say they felt pressured into the loan product.

While the full impact and utilization of medical payment products in oncology care is still unknown, we urge CFPB to include this type of debt in its definition of medical debt and prohibit its inclusion on credit reports like other medical data discussed above. Debt held through these products — which are specifically meant to pay for medical care — are very clearly medical debt and should fall into the CFPB prohibition. We are also concerned that if CFPB does not include this type of medical debt in its prohibition, that medical payment products will become a large loophole in this important policy. This would likely result in more providers promoting — or even requiring — the use of these products with their patients. If debt collectors or providers can still threaten a patient's credit report with debt from medical payment products, more providers may prefer this payment method out of concern that patients will not otherwise pay their debts.

CFPB is well aware of the concerns around these products, as it has issued its own request for information and inquiries about the topic.⁶ We believe CFPB has enough information about these products to include them in this prohibition and urge that the consequences of not doing so could cause a proliferation of this type of product. We also urge CFPB to explore ways it could also include medical debts that are paid through general consumer credit cards.

Extending the credit reporting prohibition to credit reports used for employment and tenant screening. Medical debt should not only be prohibited from official credit reports and scores, but also any credit reporting that is used by employers and landlords.

Cancer treatment is already incredibly disruptive to a patient's employment. According to research, about 47% of adults with a cancer history report that they made changes to their regular employment after their diagnosis,⁷ including extended leave (35.6%) and changes to schedules, roles, or career trajectory (15.9%), such as switching to a flexible schedule, or from full-time to part-time work, or to a less demanding job, declining a promotion, or even retiring earlier than planned (27.2%).^{6,8} Additionally, working-age adults with a cancer history are more likely than their working-age counterparts without a cancer history to report being unable to work because of health problems (25.9% vs. 15.3%) and being limited in the amount or type of work

they can perform (12.0% vs. 6.1%).⁹

Likewise, being diagnosed with cancer can adversely impact a person's housing situation, leading to housing insecurity,¹⁰ including for minor children of people with cancer.¹¹ Medical and nonmedical financial hardships associated with cancer can negatively impact housing security,¹² including patients and families having to refinance homes, risking foreclosure or eviction to afford medical treatment, and moving in with family or friends to save money.¹³ These issues can be compounded for low-income households, without a financial cushion to absorb even small, unexpected expenses or income declines.^{14,15} Cancer survivors with minor children may be particularly vulnerable to financial hardship, including worrying about housing costs (35.7% of children of cancer survivors vs. 30.7% of children whose parents have not been diagnosed with cancer).¹⁶

We encourage CFPB to alleviate one of the ways that cancer and other serious illness can adversely impact employment and housing security by expanding this proposal to not allow medical debt to be factored into decisions regarding employment or housing.

Conclusion

We applaud CFPB for proposing this rule and the agency's leadership in alleviating the problems of medical debt among people with cancer and other serious illness. We strongly support this proposal and urge the agency to finalize it as quickly as possible with the expansions discussed above. If you have any questions, please feel free to contact Jennifer Hoque at jennifer.hoque@cancer.org.

Sincerely,



Lisa A. Lacasse, MBA
President
American Cancer Society Cancer Action Network

¹ For more information, please visit www.fightcancer.org/survivor-views

² ACS CAN. Survivor Views on Medical Debt. April 2024.

https://www.fightcancer.org/sites/default/files/national_documents/sv_debt_summary_24.pdf

³ Consumer Financial Protection Bureau. Proposed Rulemaking: Prohibition on Creditors and Consumer Reporting Agencies Concerning Medical Information (Regulation V). Docket ID CFPB-2024-0023.

<https://www.regulations.gov/document/CFPB-2024-0023-0001>

⁴ ACS CAN. Survivor Views on Medical Debt. April 2024.

https://www.fightcancer.org/sites/default/files/national_documents/sv_debt_summary_24.pdf

⁵ ACS CAN. Survivor Views on Medical Debt. April 2024.

https://www.fightcancer.org/sites/default/files/national_documents/sv_debt_summary_24.pdf

⁶ CFPB. Ensuring consumers aren't pushed into medical payment products. June 18, 2024. [Ensuring consumers aren't pushed into medical payment products | Consumer Financial Protection Bureau \(consumerfinance.gov\)](https://www.consumerfinance.gov/ensuring-consumers-arent-pushed-into-medical-payment-products/)

⁷ de Moor JS, Kent EE, McNeel TS, et al. Employment outcomes among cancer survivors in the United States: implications for cancer care delivery. *J Natl Cancer Inst.* 2021; 113(5): 641-644. doi:10.1093/djaa084

⁸ Halpern MT, de Moor JS, Han X, Zhao J, Zheng Z, Yabroff KR. Association of employment disruptions and financial hardship among individuals diagnosed with cancer in the United States: findings from a nationally representative study.

Cancer Res Commun. 2023; 3(9): 1830-1839. doi:10.1158/2767-9764.CRC-23-0157

⁹ Yabroff KR, Doran JF, Zhao J, et al. Cancer diagnosis and treatment in working-age adults: implications for employment, health insurance coverage, and financial hardship in the United States. *CA Cancer J Clin.* 2024; 74(4): 341-358. doi:10.3322/caac.21837

¹⁰ Qinjin Fan, Danya E Keene, Matthew P Banegas, Sarah Gehlert, Laura M Gottlieb, K Robin Yabroff, Craig E Pollack, Housing Insecurity Among Patients With Cancer, *JNCI: Journal of the National Cancer Institute*, Volume 114, Issue 12, December 2022, Pages 1584–1592, <https://doi.org/10.1093/jnci/djac136>

¹¹ Zheng Z, Han X, Zhao J, Fan Q, Yabroff KR. Parental Cancer History and Its Association With Minor Children’s Unmet Food, Housing, and Transportation Economic Needs. *JAMA Netw Open.* 2023;6(6):e2319359. doi:10.1001/jamanetworkopen.2023.19359

¹² Abrams HR, Durbin S, Huang CX, et al. Financial toxicity in cancer care: origins, impact, and solutions. *Transl Behav Med.* 2021;11(11):2043-2054. doi:10.1093/tbm/ibab091.

¹³ Carroll A, Corman H, Curtis MA, Noonan K, Reichman NE. Housing instability and children’s health insurance gaps. *Acad Pediatr.* 2017;17(7):732-738. doi:10.1016/j.acap.2017.02.007.

¹⁴ Keene DE, Lynch JF, Baker AC. Fragile health and fragile wealth: mortgage strain among African American homeowners. *Soc Sci Med.* 2014;118(C):119-126. doi:10.1016/j.socscimed.2014.07.063.

¹⁵ Houle JN, Keene DE. Getting sick and falling behind: health and the risk of mortgage default and home foreclosure. *J Epidemiol Community Health.* 2015;69(4):382-387. doi:10.1136/jech-2014-204637.

¹⁶ Zhiyuan Zheng et al., Association of parental cancer and minor child’s unmet economic needs in food, housing, and transportation.. *JCO* **40**, 12014-12014(2022).

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