

RIP
MEDICAL
DEBT



2021 Impact Report

A Message from Our Executive Director

2021 was full of change and progress at RIP Medical Debt, and a year in which the problem of medical debt received a lot of attention. Medical debt continues to be the number one cause of bankruptcy in the U.S. and is increasingly named as a major concern by families at nearly all income levels. It is this worsening reality that has guided our decision to target systemic causes of medical debt in addition to growing our capacity to provide direct relief to individuals.

Four key components encapsulate our strategic direction:

- Increase scale, efficiency, and efficacy of our debt abolishment work to increase the number of people benefiting from debt relief efforts.
- Support health care provider charity care policy improvements and government policies to reduce the unreasonable financial burdens on patients.
- Demonstrate our commitment to racial and social equity through intentional actions that call out and address the inherent inequities of medical debt.
- Increase familiarity with RIP Medical Debt to a broad range of audiences, including those burdened by medical debt, health care providers, people supporting debt relief, and policy makers.

With these pillars as guides, we began evolving the work of RIP Medical Debt over the course of 2021; bringing on new team members (highlighted below), dialing up progress on our proprietary debt abolishment software system, expanding our access to medical debt, and improving our ability to highlight the stories of those impacted by our work. And these are just the headlines!

In 2021 RIP Medical Debt:

- Abolished \$2.7 billion of medical debt for 1.3 million people
- Purchased debt directly from 12 health care providers
- Hosted 132 crowd funding campaigns
- Adopted an updated mission and vision statement
- Had over 2,000 mentions in the media
- Recruited Magan Ray to our Board of Directors

Our success would not be possible without the incredible support of our donors. From the father that contributed through his local church to the daughter that gave through her family foundation, together you stepped up and removed the burden of medical debt. Thank you for your generosity.

As we move into 2022, we will continue to expand our footprint by purchasing even more debt directly from hospitals and other health care providers and leaning into efforts to address the causes of medical debt. We look forward to continuing to make big strides in meeting our mission to end medical debt.

Thanks for your support.



Allison Sesso

EXECUTIVE DIRECTOR

Since we were founded, RIP has relieved
\$6,748,483,000

in medical debt for 3,619,950 people.

In 2021, we raised \$17.24mm and relieved \$2,787,897,194 in debt for 1,312,697 people with donations from:



In The News



Medical-Debt Charity to Buy, Wipe Out \$278 Million of Patients' Hospital Bills

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One Good Thing: Flight paramedic treats patient medical debt

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Washington church raises \$300,000 to wipe away medical burden for families across the Northwest

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Philadelphia's lost coin collector helps clear medical expense

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RIP Medical Debt, TransUnion relieve \$5B in medical debt

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Stacey Abrams organization, Fair Fight, donates \$1.34M to wipe out medical debts

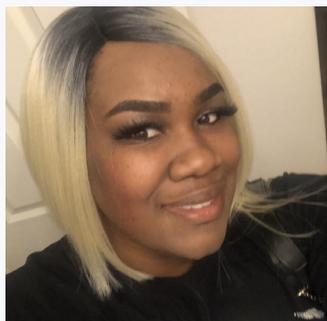
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Update on the No Surprises Act—and What's in it for the Uninsured

This January, new consumer protections to curb “surprise” medical bills went into effect. The No Surprises Act should help patients with private insurance (insurance accessed most frequently through an employer) avoid getting stuck with higher-than-expected medical bills after seeing an out-of-network provider during a health emergency, or in situations where a facility is in-network but a specific provider is not. With some exceptions, the No Surprises Act now bans providers from billing insured patients the higher out-of-network rate in these scenarios. Because the law is new and complex, it's a good idea for patients, plans, and providers to familiarize themselves with the new requirements. (For an overview of the new rules, list of patient protections, and provider resources, [visit the CMS website at No Surprises Act | CMS](#).)

Also of note, the rules to implement the No Surprises Act include some protections for uninsured patients, too. Health care providers and facilities must now give uninsured patients a “good faith estimate” of their expenses—including any financial assistance the patient might qualify for—so people can plan ahead for their care. Finally, the rules also set up a dispute resolution process uninsured patients can access if they feel their final bill is much larger than expected. In 2021, [RIP provided public comments on this important new law here](#).

While the No Surprises Act addresses one source of high out-of-pocket costs, it is not a solution for all medical debt. More work needs to be done to ensure that people have equitable access to comprehensive health coverage that meets their health needs without emptying their wallets.



“As a single parent, I have done everything I can to stay away from debt. I don't have a credit card and I've never taken out loans. But that day, I had to go to the hospital.

I remember walking with my friend to the bus stop, when I suddenly felt dizzy. An ambulance came and took me. I thought I had insurance but the hospital told me that I didn't. Hopefully with this relief my credit score will go up and we can finally get our own place. Thank you!”

— **ROCHELLE J. IN ARIZONA**

“In 2012 my son Ben was diagnosed with dilated cardiomyopathy at four weeks of age. It enlarged his heart which compressed his organs. The blood was not [circulating correctly] and he had to have a heart transplant. In 2014 when he was two and a half years old, he got lymphoma. He started chemo [to shrink the mass in his abdomen]. Today he is nine years old and doing amazingly well. He loves baseball and usually makes the all-star team. You wouldn’t even know that he had a transplant.



Receiving the letter from RIP Medical Debt was awesome. Any little bit helps. It was very unexpected and so appreciated. From the bottom of our hearts— thank you all so much for relieving some of our bill.”

— LAURA G. IN ALABAMA

2022: A Policy Outlook

We continue to hear from beneficiaries about the burden of medical debt and negative impact on people’s lives. Medical debt threatens people’s financial security and limits access to economic opportunity and importantly, leads to emotional distress and delays in seeking needed health care. These stories are important in informing our policy efforts as we work to influence the decisions being made from state houses to the Capitol.

There are several policy issues surfacing in 2022 that RIP Medical Debt will be monitoring,

namely high out of pocket costs, equitable access to health insurance, harmful debt collection practices and improvements to hospital charity care. We hope you will stay tuned, share your stories and help us build our voice and power to address the root cause of medical debt.

Our Team Grew!

Ruth Lande

Vice President of Hospital Relations

Ruth Lande led hospital revenue cycle teams at an academic hospital and an integrated health system. She has expertise in patient access, operational transformation, and clinician alignment. She has been recognized for initiatives resulting in enhanced financial performance and high value outcomes for physicians, administrators, patients, and employees. She is an enthusiastic traveler and has a MA in International Relations.

Eva Stahl

Director, Public Policy

Eva Stahl joins us as our Director of Public Policy and oversees development and implementation of RIP Medical Debt's policy work. She works closely with RIP's staff to ensure that beneficiaries' voices and experiences are centered in solutions that address the medical debt crisis. Eva spent twelve years at Community Catalyst, a national consumer health advocacy organization, leading policy campaigns at the state and federal levels. She has expertise in health care affordability, coverage and access. Eva has worked extensively in coalition with national partners focused on health justice and racial equity. She enjoys hiking with her family and reading dystopian and YA fiction. She holds a master's degree in public affairs and PhD in social policy.

Camila Salvagno

Program Manager

Camila joins our team as Program Manager for Constituent Services. She is integral in engaging with constituents, communicating RIP's mission,

and conveying the debt relief impact through beneficiary stories. She is honored to apply her energy toward amplifying the voices of our constituents and supporting their wellbeing. Camila's interest and experience with the complex cultural dynamics of NYC underpin her work in supporting public health initiatives through data collection, community outreach, action research facilitation, and program coordination. Camila interprets and facilitates meetings for a working group of largely Spanish-speaking independent recyclers, known as "canners", in East Williamsburg, Brooklyn. She enjoys dancing and playing electric bass.

"I would like to extend my gratitude [to] you all [for] assisting me with this bill. Last year I lost my mom and brother due to Covid. I also was affected by the virus during the same time, but I survived the battle. Since then I have been in and out of the hospital and even had surgery on my lungs.

Your generosity [helped me] since I am also not working anymore [as I am] not able to get around like I used to! I can't say it enough but thank you thank you thank you and may god bless you."

—JOHN B. IN GEORGIA

"Firstly, I felt a sense of relief. I'm happy to have one less burden to worry about and to put an end to the collection calls and this debt showing up on my credit. I had gone in for a routine exam. Insurance only covered a part of it and because I hadn't fully paid into my deductible, the bills started coming in.

I think that debt can be a form of bondage—it is not something anyone should have to struggle with. All of this was created by humans and can be changed by humans. There are impediments out there driving people to owe more money than they can pay with their means. And in these moments, people must pivot, juggle, and borrow. People are accepting the status quo and the ramifications of it, but they can step into their power and reform this system."

—KAYE E. IN GEORGIA

