



MECHANISMS FOR ADVANCING PUBLIC HEALTH 50-State Survey

Preventing Medical Debt: State Laws Requiring a Uniform Application for Hospital Financial Assistance Programs

Background

Medical debt is a pervasive issue across the United States. In [*Health Care Debt In The U.S.: The Broad Consequences of Medical and Dental Bills*](#), the Kaiser Family Foundation estimates that approximately 41% of adults in the United States carry some type of medical debt. A quarter of the people with medical debt face significant financial hardship and risk the consequences of failing to pay off or manage these debts. The passage of the Affordable Care Act (ACA) in 2010 did help alleviate the problem of medical debt by mandating that all hospitals and entities that participate in federal healthcare programs develop financial assistance policies (FAPs) through which patients, even those without insurance, can be eligible for discounted or free care if they cannot afford care otherwise.

However, the statutory language of the ACA is not specific about FAP eligibility determination criteria, components, or application processes, and hospitals, healthcare systems, and states have filled the gaps by creating different applications, eligibility criteria, processes, and patient education about FAPs. Many patients are either unaware of the existence of financial assistance programs or overlook the forms or information that different healthcare entities provide related to their FAPs. In one year alone, patients who qualify under FAP were instead sent over [\\$2.7 billion](#) in hospital bills.

The adoption of a uniform application for hospital-based financial assistance programs has the potential to increase patient awareness, enrollment, and utilization of FAPs; and could help streamline the application review process for hospitals, ultimately relieving some of the burdens that are placed on patients and hospitals alike from the high costs of medical care. This 50-state survey provides an overview on the adoption of uniform applications for hospital FAPs across the country, and highlights some of the mechanics of these uniform application requirements.



Overview of Existing State Laws and Regulations Requiring the Use of Uniform Applications for Hospitals Financial Assistance Policies

Maryland

In 2005, the Maryland General Assembly passed a uniform application. [House Bill 627](#) (2005) was a comprehensive bill, not only adding the uniform application requirement but addressing hospital financial assistance policies more broadly. The uniform application requirement is codified in [MD Health-General §19-214.1\(d\)](#) and the application can be found on the [website of the Maryland Health Services Cost Review Commission](#). Under §19-214.1(d), the Commission is tasked with developing a uniform financial assistance application and with enforcing that hospitals use the uniform application to determine eligibility. This application must be written in simplified language and cannot require “documentation that presents an undue barrier to a patient's receipt of financial assistance.”

New York

In New York state, a narrow version of a statewide uniform application requirement was [first passed in 2006](#) and required hospitals that received money from the State's indigent care pool use the uniform application. In 2024 this was broadened to include all hospitals in the State with the passage of [Senate Bill S8307C](#), codified as a part of [§2807-k of the New York Public Health Law](#). As in Maryland, this bill was a part of omnibus legislation that implemented the State's budget for health and mental hygiene services. The New York Department of Health was tasked with developing and implementing the form. The uniform application is available at the Departments website, [here](#).


State Uniform Application Laws that Have Been Repealed

Colorado

In 2021, Colorado passed a uniform application requirement. [House Bill 21-1198](#) added [CO Rev. Stat §25.5-3-502 \(1\)](#), which mandated that hospitals utilize a uniform screening form developed by the Colorado Indigent Care Program (CICP) to screen patients for all forms of state-sponsored healthcare coverage and hospital-based financial assistance programs. The form required modest patient financial information and outlines clear criteria for each program that a patient may qualify for. However, in 2024, Colorado passed legislation that repealed the entirety of the CICP program in 2025, including the uniform application requirement. There is no indication that the uniform application was the focus of the repeal. Rather, as a component of the CICP program, it, along with the full program, was repealed.

Idaho

Before 2010, Idaho mandated the use of a uniform application for hospitals FAPs through [Idaho Code § §31-3504](#). This provision required the Idaho Association of Counties and the Idaho Hospital Association to collaborate to create the uniform application form. In 2010, with the passage of [House Bill 681](#), this requirement was relocated in the code but was still maintained. In 2022, the uniform application requirement was completely removed with the passage of [House Bill 735](#), which primarily passed the obligation of funding



and maintenance of “indigent public defense” from the counties to the State. As with Colorado, the repeal of the uniform application was part of a broader policy change.

Uniform Application Policies Not Mandated by State Law

Illinois

Illinois does not have a uniform application for hospital financial assistance per se, but in 2013 the State adopted regulation [77 Ill. Adm Code §4500](#) that establishes strict requirements for the information a hospital may ask from a patient on a financial assistance application. Mandated sections include the following:

- an opening statement that advises a patient that they may be able to receive free or discounted care;
- a statement that if a patient is uninsured, they do not need to provide a social security number to qualify for free or discounted care; they need only provide a social security number if they would like to be screened for public healthcare programs like Medicaid; and
- a patient information section, that may only ask about patient identifiers and contact information, whether they are a resident of Illinois, household membership, household income, assets, expenses, and any insurance or benefit information.

Ohio

In Ohio there is no uniform application requirement imposed on hospitals. However, under [Ohio Admin. Code §5160-2-17\(c\)](#) hospitals are required to develop an application for their FAP, which must include, at a minimum, information on the patient’s income, family size and the patient’s eligibility for services under Medicaid. Further, this regulation provides that “A hospital system may create policies . . . that allow for all hospitals in the system to use a single approved application.”

Oregon

Currently in Oregon, there is no uniform application requirement or regulation. However, under [OR ST § 442.610](#), a nonprofit hospital’s application may only require two things: (1) a patient’s income, and (2) “[i]nformation about any third party that may be liable for the cost of the services.” Further, Oregon law previously included a provision that encouraged the use of a uniform application developed by the Oregon Health Authority, though [acceptance of the uniform application was voluntary](#). This provision was repealed in 2023 with the passage of [House Bill 3320](#), which expanded financial assistance requirements.

Washington

Washington State has no uniform application requirement, however, the Washington Hospital Association developed both a set of [standard financial assistance application](#) forms for Tier 1 and Tier 2 hospitals and a [standard plan](#) for communicating about financial assistance. The Hospital Association states that that these “forms have been adopted by more than [90 percent of our member hospitals](#)” showing a high usage rate of these forms.



Insights for Policy Makers and Pending Legislation

Insight 1: Most States Do Not Have Uniform Application Requirements

The majority of states do not impose uniform application requirements. Most states refer to the ACA's FAP requirements to govern the development and implementation of hospital-based financial assistance programs as sufficient. In states that have considered uniform application laws, hospital systems point to the ACA requirements as sufficient and any additional requirements such as a uniform application as duplicative and burdensome for hospitals and patients. In states that have implemented uniform application requirements, such as Maryland and New York, there is scant information related to the impact or effectiveness of how these uniform application laws alter the utilization of hospital-based financial assistance programs.

Insight 2: Most Hospital-based Financial Assistance Programs Require Applicants to Apply for Medicaid, which Effectively Discloses Citizenship Status as Part of the Application Process.

Across the country there is little to no information as to whether a patient can choose to be screened or not for federal health care programs such as Medicaid (which would require a disclosure of citizenship status) as part of the application process for financial assistance. This issue is becoming increasingly important due to recent federal policies on immigration which may discourage those who are ineligible for Medicare from seeking financial assistance.

Insight 3: States are Currently Considering Whether Having a Uniform Application is Right for Them

Although outside the scope of this survey, it is important to note that states are currently considering whether adopting a uniform application requirement would assist with increasing access to assistance and reducing medical debt. For example, Massachusetts is currently considering a uniform application bill ([Bill S.842](#)) in its General Assembly during the 2025 legislative session. At the same time, other states have chosen to enhance hospital-based financial assistance program requirements that stop short of requiring the usage of a uniform application. While it appears that uniform application legislation is not being widely considered at this time, this is an issue that has begun to pop up around the country.

Insight 4: States that Have Uniform Application Laws Passed Them as a Component of Comprehensive Legislation Related to Hospital Debt

For the states that have passed uniform application laws, the uniform application requirement tended to be encased within the text of a larger bill, such as a bill on state-funded financial assistance programs or a state omnibus spending bill. This may have aided in their passage as there was little evidence of controversy or pushback on this aspect of the larger bills from the state hospital associations or other affected parties. These laws also place the creation and oversight of a uniform application process under a state government healthcare agency (in contrast to Massachusetts' pending bill, S.842, which creates a public-private partnership between the state health agency and a private non-profit organization to oversee the creation and implementation of a uniform application), which could have aided in transparency and industry adoption of the uniform application.

Insight 5: State Hospital Associations Have Opposed Uniform Application Requirements

During Connecticut’s 2024 legislative session, [H.B. No. 5320](#), which proposed a uniform application requirement, faced significant pushback from the Connecticut Hospital Association and the largest healthcare systems in the State. This pushback can be summed up in three arguments: (1) uniform applications would not capture the variability of hospital assistance programs; (2) uniform applications would be more burdensome for the patient; and (3) uniform applications are duplicative of federal notification requirements and would present excessive administrative burdens for health care entities.

It is important for policy makers to consider these arguments as they consider uniform applications in their own state. Although the actual effect that uniform applications have on the usage of FAPs is unclear, what is clear is that policy solutions are needed to address the significant burden that medical debt has on families across America.

Summary Matrix of State Laws and Regulations Requiring Use of Uniform Applications for Hospital Financial Assistance Policies

Enacted or Adopted by March 2025

State	Is there a Statutory or Regulatory Requirement	Statute Citation	Link to Access Uniform Application	Notes
AL	No			
AK	No			
AZ	No			
AR	No			
CA	No			
CO	Yes**	Colo. Code Regs. § 25.5-3-502 (2025).	Colorado Uniform Application	Repealed in 2024; effective 2025 See CO HB24-1399 Discounted Care for Indigent Patients
CT	No			
DE	No			
FL	No			
GA	No			
HI	No			
ID	No**			Idaho used to have a uniform application requirement under Idaho Code §31-3504 , but it has since been repealed and replaced in 2022 with passage of House Bill 735 with the intent to hand the program over to the State.
State	Is there a Statutory or Regulatory Requirement	Statute Citation	Link to Access Uniform Application	Notes

IL	No**			Under 77 Ill. Adm. Code §4500.30 there is a regulatory requirement for hospitals to format applications to include certain information.
IN	No			
IA	No			
KS	No			
KY	No			
LA	No			
ME	No			
MD	Yes	MD. Code Ann., Health-Gen §19-214.1	Maryland Uniform Application	
MA	No			
MI	No			
MN	No			
MS	No			
MO	No			
MT	No			
NE	No			
NV	No			
NH	No			
NJ	No			
NM	No			
NY	Yes	N.Y. Pub. Health Law § 2807-k	New York Uniform Application	
NC	No			
ND	No			
OH	No**			Not required but encouraged through Ohio Admin. Code §5160-2-17(c)
OK	No			
OR	No***			Not required but set of information required through ORS §442.610
PA	No			
RI	No			
SC	No			
SD	No			
TN	No			
TX	No			
UT	No			
VT	No			
VA	No			
State	Is there a Statutory or Regulatory Requirement	Statute Citation	Link to Access Uniform Application	Notes



WA	No***		Tier One Recommended Application Tier Two Recommended Application	Not required but encouraged through the Washington State Hospital Association
WV	No			
WI	No			
WY	No			

Laws effective as of March 2025

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