



Via Electronic Mail and United States Postal Service

February 14, 2019

Ben Steffen, Executive Director
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD 21215
ben.steffen@maryland.gov

Re: Interested Party Written Comments for Docket No. 18-24-2430

Dear Executive Director Steffen,

On behalf of United Workers, Charmed City Land Trust, and Sanctuary Streets, we are submitting Interested Party Written Comments regarding the Application for Certificate of Need submitted by Johns Hopkins Bayview Medical Center-Docket No. 18-24-2430.

Please direct all future communications to Peter Sabonis of United Workers and Charm City Land Trust (peter@nesri.org), and Chelsea Gleason of Sanctuary Streets (chelsea.gleason@gmail.com).

Thank you for your consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'PS' with a stylized flourish.

Peter Sabonis
United Workers
Charm City Land Trust

A handwritten signature in black ink, appearing to read 'Chelsea Gleason' in a cursive style.

Chelsea Gleason
Sanctuary Streets

cc: Kevin McDonald, Chief, Certificate of Need, Maryland Health Care Commission
(kevin.mcdonald@maryland.gov)

INTERESTED PARTY WRITTEN COMMENTS

Regarding the Application for Certificate of Need Submitted by Johns Hopkins Bayview Medical Center - Docket No. 18-24-2430

Please find enclosed the Interested Party written comments from United Workers, Charm City Land Trust, and Sanctuary Streets (hereinafter, "our organizations") regarding the Certificate of Need (CON) application submitted by Johns Hopkins Bayview Medical Center (Docket Number 18-24-2430). In addition, we are submitting two requests: one, for the opportunity to present oral arguments prior to the preparation of a proposed decision; and a second, for an evidentiary hearing. Thank you for your attention to this matter. We would be pleased to answer any questions that you may have regarding these comments.

Pursuant to COMAR §10.24.01.08F(I), our organizations qualify for interested party status in the review of JHBMC's Application. Any "interested party" is entitled to file written comments in a CON proceeding. COMAR §10.24.01.08F. An "interested party" includes "[a] person who can demonstrate to the reviewer that the person would be adversely affected, in an area over which the Commission has jurisdiction, by the approval of a proposed project." COMAR §10.24.01.01(B)(20)(e). An "adversely affected" person includes an entity that "can demonstrate to the reviewer that the person could suffer a potentially detrimental impact from the approval of a project before the Commission, in an issue area over which the Commission has jurisdiction." COMAR §10.24.01.01(B)(2)(d).

Our organizations are interested parties under this provision because we represent people within the service area of the applicant. Our members purchase health care services in the service area

of the applicant, purchase health insurance plans covering residents of the applicant's service area, and in many cases are qualified to receive financial assistance for hospital care in the service area. In addition, our organizations support and advocate for the development of affordable and equitable housing within the service area of the hospital. Changes and new developments at Johns Hopkins Bayview Medical Center (JHBMC) often have a profound impact on the cost of housing in the surrounding neighborhoods, directly or indirectly leading to higher rents and reduced affordability. Such changes adversely impact our members, and subvert the mission of our organization.

Summary of Written Comments

Johns Hopkins Bayview Medical Center's Certificate of Need application to convert 16 Chronic beds to become Comprehensive Inpatient Rehabilitation beds should be denied due to the hospital's failure to follow the general standards for the State Health Plan for Acute Care Hospital Services (COMAR §10.24.10) and COMAR §10.24.01.08(G). Specifically, the hospital has fallen below the national and state averages on a number of key measures of quality of care. These quality issues are alarming and need to be corrected prior to CON approval. Additionally, JHBMC has failed to implement in full effect the Charity Care Policy mandated in the State Health Plan and under Maryland law COMAR §10.37.10.26. Finally, JHBMC's application should be denied until the hospital commits to taking steps to ensure that the involuntary displacement of residents of East Baltimore, which has occurred due to previous Johns Hopkins development projects, will not be a by-product of this or any other projects of the Johns Hopkins Health System. This application must not be approved unless JHBMC can show that it has remedied the problems listed above.

In the written comments below, we provide details on how JHBMC is deficient on a number of quality indicators, how it has failed to implement required charity care policies, and why and how Bayview should take steps to minimize the displacement of local residents.

QUALITY PERFORMANCE FAILURES

When members of our community fall ill or suffer injury, many will end up at JHBMC as patients. As advocates for our community we are committed to having a hospital that provides high quality care. JHBMC has fallen below the national and state averages on a number of key indicators of quality of care. JHBMC should resolve its quality issues prior to receiving CON approval of its application.

Patient Falls

Preventing falls is an important issue for all patients, but for those in rehabilitation units it is one of the highest priorities. Unfortunately, JHBMC has struggled with fall prevention for rehab patients over the last few years. In Exhibit 6 of the CON application, the hospital reveals that between the second quarter of 2016 and the first quarter of 2018, its rehabilitation unit had an average rate of falls per 1,000 patient days that was 49.9% greater than the average fall rate for all hospitals, and was 63.7% higher than the median rate for all hospitals (50th percentile). Out of the eight annual quarters presented, JHBMC's fall rate exceeded the average of all hospitals in five of them, with its highest fall rates occurring the most recent quarters.¹ These fall rates, which are largely preventable, are unacceptable and should be remedied prior to the hospital being allowed to increase its number of rehabilitation beds.

Emergency Department:

The quality issues found within the emergency department (ED) raise a number of red flags and should be remedied prior to CON approval. The data shows that JHBMC is below both the state and national averages for providing quality emergency department care.²

Ten percent of JHBMC's ED patients leave prior to ever being seen. This is dramatically higher than the state and national average, and indicates that the ED is not adequately living up to its core

¹ Johns Hopkins Bayview Medical Center (Rehab) - Docket No. 18-24-2430. Exhibit 6:

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/filed_2018/Bayview%20Rehab/Exhibit%206.pdf

² Source for quality measure: Hospital Compare, Medicare.Gov, Hospital Profile: JOHNS HOPKINS BAYVIEW MEDICAL CENTER. Accessed 1/23/2019. <https://www.medicare.gov/HospitalCompare/search.html>

function of providing timely and effective emergency care. This may be in part due to the massive wait times ED patients are subjected to at JHBMC.

The fact that patients at Bayview's ED are waiting on average 8 hours before being admitted to the hospital, again significantly more than the state and national averages, implies the hospital itself is experiencing overcrowding. If that is the case, then perhaps JHBMC should consider adding additional acute beds rather than simply relicensing its chronic beds. The Commission should ensure that JHBMC reduce its ED wait times before approving the CON.

Indeed, by every measure of ED wait times JHBMC exceeds the state and national average. The average amount of time a patient at Bayview's ED spent in the ER was 4.6 hours, a 1.5 hours longer than the state average, and nearly 2 hours longer than the national average.³

- **Percentage of patients who left the emergency department before being seen**

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	MARYLAND AVERAGE	NATIONAL AVERAGE
10%	3%	2%

- **Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient**

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	MARYLAND AVERAGE	NATIONAL AVERAGE
477 minutes (8 hours)	371 minutes (6.2 hours)	300 minutes (5 hours)

³ "Hospital Compare data are reported using the median only. However, the median is often referred to as the 'average' on the Hospital Compare website to allow for ease of understanding." Noted on the JHBMC profile from Hospital Compare, under Emergency Department Volume:
<https://www.medicare.gov/hospitalcompare/profile.html#profTab=2&ID=210029&state=MD&lat=0&lng=0&name=JOHNS%20HOPKINS%20BAYVIEW%20MEDICAL%20CENTER&Distn=0.0>

- **Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room**

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	MARYLAND AVERAGE	NATIONAL AVERAGE
193 minutes (3.3 hours)	161 minutes (2.7 hours)	118 minutes (2 hours)

- **Average (median) time patients spent in the emergency department before leaving from the visit**

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	MARYLAND AVERAGE	NATIONAL AVERAGE
273 minutes (4.6 hours)	184 minutes (3.1 hours)	160 minutes (2.7 hours)

- **Average (median) time patients spent in the emergency department before they were seen by a healthcare professional**

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	MARYLAND AVERAGE	NATIONAL AVERAGE
34 minutes	31 minutes	22 minutes

Sepsis and Septic Shock:

JHBMC is 53% worse than the Maryland average in providing appropriate care for sepsis and septic shock, and 39% lower than the national average.⁴ The low rating of Bayview on this indicator is an enormous concern to the sickest and weakest patients receiving care at the hospital and should be improved before the CON application is approved.

- **Percentage of patients who received appropriate care for severe sepsis and septic shock:**

⁴ Source for quality measure: Hospital Compare, Medicare.Gov, Hospital Profile: JOHNS HOPKINS BAYVIEW MEDICAL CENTER. Accessed 1/23/2019. <https://www.medicare.gov/HospitalCompare/search.html>

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	MARYLAND AVERAGE	NATIONAL AVERAGE
36%	55%	50%

Blood Clot Treatment:

JHBMC's performance in treating its patients to prevent blood clots is astoundingly deficient compared to the state and national averages.⁵ Again, this quality measure is particularly important for chronic and rehab patients. JHBMC should improve its blood clot outcomes before the Commission approves the CON.

- **Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it**

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	MARYLAND AVERAGE	NATIONAL AVERAGE
8%	1%	2%

Readmissions:

- **Rate of readmission after discharge from hospital (hospital-wide)⁶**

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	NATIONAL RATE
Worse than the National Rate	15.3%

⁵ Source for quality measure: Hospital Compare, Medicare.Gov, Hospital Profile: JOHNS HOPKINS BAYVIEW MEDICAL CENTER. Accessed 1/23/2019. <https://www.medicare.gov/HospitalCompare/search.html>

⁶ Source for quality measure: Hospital Compare, Medicare.Gov, Hospital Profile: JOHNS HOPKINS BAYVIEW MEDICAL CENTER. Accessed 1/23/2019. <https://www.medicare.gov/HospitalCompare/search.html>

FAILURE TO IMPLEMENT CHARITY CARE POLICIES

Maryland law requires acute care hospitals under the jurisdiction of the Maryland Healthcare Commission to develop and implement a charity care policy that provides, at a minimum, free medical care to patients with family income at or below 200 percent of the federal poverty level, reduced-cost care to low-income patients with family income between 200 and 300 percent of the federal poverty level, and reduced-cost care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. State law also provides “Presumptive Eligibility for Free Care” for patients who are beneficiaries of a means-tested assistance programs, including free/reduced lunch, Supplemental Nutrition Assistance Program, energy-assistance programs, Primary Adult Care Program (PAC), Women, Infants, and Children (WIC), and any program deemed eligible by the Maryland Department of Health and the HSCRC (COMAR §10.37.10.26).⁷

In addition, Johns Hopkins Bayview Medical Center states in its policy for charity care (Exhibit 11 of the CON application) that the availability of financial assistance will be made known to the public and patients through multiple avenues. Importantly, the policy states that it will be discussed with patients during oral communications. It also stipulates that patients with unpaid medical debt are to be sent information regarding financial assistance along with their medical bills:

“JHHS (Johns Hopkins Health System) hospital will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office [sic], and at the emergency department within each facility. Notice of availability will be posted on each hospital website, will be mentioned during oral communications, and will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.”⁸

⁷ COMAR 10.37.10.26 <http://www.dsd.state.md.us/comar/comarhtml/10/10.37.10.26.htm>

⁸ https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/assistance_policies.html

Upon examining the aggressive and predatory fashion in which JHBMC has attempted to collect medical debts from its former patients, it appears that JHBMC is neglecting to follow its own charity care policies by failing to inform indebted former patients about the availability of financial assistance and discouraging them from applying. Many of the patients who JHBMC is pursuing for medical debt come from impoverished neighborhoods with large African-American populations. Given Maryland's standards for charity care, it is almost a certainty that many of the individuals targeted with lawsuits by JHBMC would qualify for charity care. A number of examples are provided in the following section, which demonstrate that JHBMC is suing patients who likely meet the criteria for financial assistance.

JHBMC's apparent failure to implement its own charity care policies and its vulturine collections practices are even more shocking in light of the fact that Maryland's rate support system reimburses hospitals for their charity care costs. In fact, for the last 3 years that data is available, Bayview has received reimbursements for charity care exceeding what it actually provided by over \$11 million.⁹ It is difficult to understand why a hospital would pursue petty lawsuits and wage garnishments against its impoverished patients who are eligible to receive state supported charity care – a pattern of behavior that seems in conflict with the intent of the Maryland's rate support system.

Fiscal Year	Charity Care Provided	Charity Care Rate Support	Rate Support in Excess of Charity Care Provided	Rank Among Maryland Hospitals
2017	\$16,951,000	\$26,088,029	\$9,137,029	52
2016	\$12,679,000	\$13,491,671	\$821,671	39
2015	\$16,531,000	\$17,582,500	\$1,051,500	33
Total	\$46,161,000	\$57,162,200	\$11,010,200	

Furthermore, JHBMC fails to notify its patients of the availability of charity care in a way that meets the minimum standard required by the State Health Plan. Specifically, the State Health Plan

⁹ Source: Maryland Health Services Cost Review Commission, Community Benefits Program

requires “Individual notice regarding the hospital’s charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.”¹⁰ JHBMC’s policy, referenced above, stipulates that “[a] Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.”¹¹ As noted by Commission staff in response to JHBMC’s rehab Certificate of Need application, providing the information on charity care before discharge does not meet the standard of providing it at preadmission or admission.¹² In JHBMC’s response to the Commission’s concerns, it indicates that it has revised its policy to be in compliance with Maryland law. Upon reviewing the financial assistance policy attached to JHBMC’s response, as well as its policy posted online, no such revisions have taken place, and the policy still fails to meet the minimum standard of the State Health Plan.¹³

The CON should not approve the proposed project until JHBMC takes the following actions: the hospital must stop filing lawsuits against impoverished and minority patients who cannot pay their medical bills and who are very likely to qualify for charity care; the hospital must ensure that those who may qualify for financial assistance are given the opportunity and encouragement to apply for it.

JHBMC Medical Debt Lawsuits 2009-2018:

Since 2009 the hospital has chosen to file thousands of lawsuits against its indebted and likely impoverished patients, often seizing their assets or wages. These actions result in destabilizing the lives of former patients who are too poor to pay the cost of their health care. JHBMC’s actions are causing added stress, financial hardships, and have led to dozens of bankruptcies among those who are the intended beneficiaries of Maryland’s charity care requirements.

¹⁰ COMAR §10.24.10

¹¹ Johns Hopkins Medicine: Financial Assistance Policies (accessed 2/11/2019)

https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/assistance_policies.html

¹² MHCC Request for Completeness Information (10/4/18), Johns Hopkins Bayview Medical Center Certificate of Need Application. https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/hcfs_con_bayview_rehab.aspx.

¹³ MHCC Request for Completeness Information (10/4/18), Johns Hopkins Bayview Medical Center Certificate of Need Application. https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/hcfs_con_bayview_rehab.aspx. And Johns Hopkins Medicine: Financial Assistance Policies (accessed 2/11/2019)

https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/assistance_policies.html

According to a study by the Urban Institute, residents of Baltimore struggle with medical debt at a rate much higher than the state and national averages. Twenty-nine percent of all Baltimore residents have medical debt in collections. Nonwhite residents of the city have medical debt in collections at nearly double the rate for the entire state.¹⁴ Baltimore residents and minority communities should be benefiting from the charity care that JHBMC is required by law to provide, but those very populations are in fact experiencing disproportionately high rates of medical debt.

Share with medical debt in collections			
	All	White	Nonwhite
Baltimore City	29%	19%	32%
Maryland	17%	15%	21%
National	18%	16%	21%

In examining JHBMC's debt collections practices, we reviewed all of the lawsuits the hospital filed in Maryland Circuit or District Courts against former patients over unpaid medical debt from 2009 through 2018.¹⁵ Our analysis revealed a number of details that cause us to doubt that JHBMC is in compliance with Maryland's charity care requirements, and that indicate the hospital may be failing to communicate to indebted patients orally and through its patient bills about the availability of financial assistance, as it is required to do.

- The sheer number of lawsuits filed by JHBMC to recover debt from its former patients from 2009 through 2018 is alarming: 2,373 total cases, including 604 wage and asset garnishments. In 69 cases, the patients ultimately filed for bankruptcy.
- JHBMC has filed lawsuits against patients who owed as little as \$250. The median amount claimed in its lawsuits was \$1,184. It is likely that those who are struggling to pay the relatively

¹⁴ Debt in America: An Interactive Map. <https://apps.urban.org/features/debt-interactive-map/>

¹⁵ All data reported on JHBMC medical debt lawsuits is from the Maryland Judiciary Case Search database: <http://casesearch.courts.state.md.us/casesearch/inquiry-index.jsp>

small amounts of medical debt JHBMC is pursuing would be strong candidates for required financial assistance.

- JHBMC's medical debt lawsuits disproportionately target former patients who live in areas with high poverty rates with large populations of African Americans, strongly indicating that many of the targets of JHBMC's lawsuits come from impoverished and minority households.

- JHBMC has become increasingly aggressive in using the Maryland courts to collect medical debt.

The annual number of debt collections lawsuits filed by JHBMC has increased from 6 in 2009 to nearly 500 in 2016 before leveling off. Similarly, the annual amount of money claimed by JHBMC in debt collection lawsuits increased from \$3,184 in 2009 to nearly \$900,000 in 2015 before leveling off. What justification is there for a change of this magnitude? It certainly is not warranted by any change in the hospital's usage rates or financial situation.

All the more troubling is the fact that this is not new behavior for JHBMC. In a 2008 Baltimore Sun exposé about the aggressive pursuit of medical debt by Maryland hospitals, the authors highlighted a particular case in which JHBMC filed a lawsuit over a \$10,000 medical debt against a disabled Medicare beneficiary who was receiving heating fuel support from the state. Over the five year period examined in the article, JHBMC and Johns Hopkins Hospital together filed over 14,000 lawsuits against patients concerning unpaid bills.¹⁶

It is also important to note that this pattern of behavior is systemic within the Johns Hopkins Health System. The 4 Johns Hopkins hospitals in Maryland (Johns Hopkins Bayview, Howard County General Hospital, Suburban Hospital, and Johns Hopkins Hospital) filed over 18,000 lawsuits between 2009 and 2018, against former patients to recover medical debt. It is not the interest or intent of the State Health Plan or Maryland's charity care statutes that so many thousands of the state's poorest residents be sued

¹⁶ "In Their Debt" By Fred Schulte and James Drew. The Baltimore Sun, 12/21/2008.
<https://www.baltimoresun.com/news/nation-world/bal-te.hospitaldebt21dec21-story.html>

for medical debts, and the CON should not approve the proposed project until Johns Hopkins ceases its predatory behavior and fully implements its charity care policy.

Summary of Findings:

- Total Cases filed by JHBMC 2009-2018: 2,373¹⁷
- Total Claims by JHBMC: \$3,914,775
- Median claim amount: \$1,184
- Minimum claim: \$250
- Bankruptcies resulting from JHBMC claims: 69

JHBMC Medical Debt Lawsuits - Amounts				
Number of Lawsuits	Total Medical Debt Sought	Median Lawsuit Amount	Minimum Amount Sought	Maximum Amount Sought
2,373	\$3,914,775	\$1,184	\$250	\$29,950

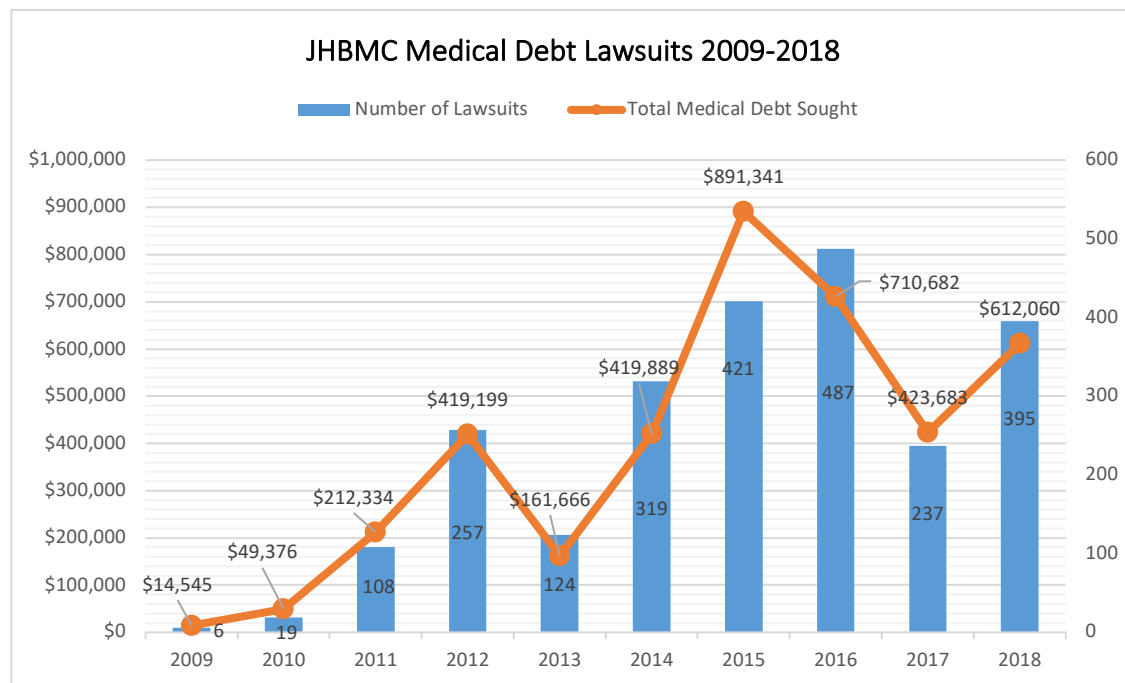
JHBMC Medical Debt Lawsuits by Year – Increasingly Aggressive

- Annual number of debt collections lawsuits filed by JHBMC has increased from 6 in 2009 to nearly 500 in 2016. The hospital filed 395 such lawsuits in 2018.
- Annual amount of money claimed by JHBMC in debt collection lawsuits increased from a total of \$14,545 in 2009 to nearly \$900,000 in 2015. For 2018, the hospital claimed over \$612,000 in such lawsuits.

JHBMC Medical Debt Lawsuits By Year			
	Number of Lawsuits	Total Medical Debt Sought	Median Amount per Lawsuit
2009	6	\$14,545	\$3,184
2010	19	\$49,376	\$1,550

¹⁷ All data reported on JHH medical debt lawsuits is from the Maryland Judiciary Case Search database: <http://casesearch.courts.state.md.us/casesearch/inquiry-index.jsp>

2011	108	\$212,334	\$1,187
2012	257	\$419,199	\$1,116
2013	124	\$161,666	\$965
2014	319	\$419,889	\$1,102
2015	421	\$891,341	\$1,346
2016	487	\$710,682	\$1,092
2017	237	\$423,683	\$1,430
2018	395	\$612,060	\$1,301
Total	2,373	\$3,914,775	\$1,184



Wage and Property Garnishments 2009-2018

JHBMC Medical Debt Lawsuits: Wage and Property Garnishments				
Total Garnishment Lawsuits	Total Medical Debt Sought through Garnishments	Median per Lawsuit	Minimum Amount Sought	Maximum Amount Sought
604	\$1,259,205	\$1,258	\$283	\$26,965

Wage and Property Garnishments

Garnishee Type	Number of Lawsuits	Total Medical Debt Sought through Garnishments	Median per Lawsuit
PROPERTY GARNISHEE	88	\$250,663	\$1,421
WAGE GARNISHEE	516	\$1,008,542	\$1,195
Total	604	\$1,259,205	\$1,387

Medical Debt Lawsuits Concentrated in Neighborhoods with Large Minority Populations and High

Rates of Poverty

- The zip code area with the most residents sued by JHBMC (21222) has a poverty rate that exceeds the state average by nearly 50%. In addition, the area's average median household income is 56% lower than the state average.¹⁸
- Of the 10 zip codes with the highest number of former patients sued by JHBMC, 7 have poverty rates higher than the state average, 3 have child poverty rates more than double the state average, and all but 1 have median household incomes below the state average.
- Of the 10 zip codes with the highest number of former patients sued by JHBMC, 3 are majority African American, and in all but 2 of the areas the non-white population accounts for over 30% of the total.
- Nearly a quarter of JHBMC's medical debt cases target those living in areas where a majority of the population is nonwhite

Zip Codes with Most JHBMC Medical Debt Lawsuits									
Zip	Zip Code in Baltimore ¹⁹	Residents Sued by JHBMC	Percent Living in Poverty	Percent of Children Living in Poverty	Percent African American	Percent Asian	Percent Hispanic or Latino	Percent White	Median household income
21222	Y	537	14.4	19	11.7	3.5	5.3	75.1	\$50,644

¹⁸ All zip code data is from U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

¹⁹ 2010 ZCTA to County Relationship File: https://www.census.gov/geo/maps-data/data/zcta_rel_download.html

21224	Y	320	17.7	32.4	16.4	3.0	19.1	58.8	\$65,501
21221	Y	161	13.2	19.8	28.0	1.2	4.6	64.1	\$53,215
21206	Y	110	14.0	19	71.4	2.1	3.0	21.8	\$50,975
21220	Y	94	9.8	11	22.1	3.1	4.3	68.5	\$64,139
21213	Y	75	28.2	36.5	89.6	0.4	1.3	6.8	\$34,917
21205	Y	62	37.1	49.4	68.8	1.0	14.8	16.9	\$28,675
21219		62	7.0	10.6	8.4	1.5	3.1	84.7	\$80,815
21236	Y	57	8.5	12.5	16.6	9.8	2.7	68.2	\$77,532
21234	Y	55	8.8	11.2	28.5	5.2	4.2	60.4	\$61,748
Maryland Overall			9.7	12.9	29.7	6.2	9.6	51.9	\$78,916

- Over 13% of JHBMC's medical debt lawsuits were against former patients who lived in areas where the poverty rate is more than double the state average.
- 72% of all JHBMC medical debt lawsuits target those living in areas where the poverty rate is higher than the state average.
- More than 27% of medical debt cases target those living in areas where the child poverty rate is more than double the state average.
- Over 80% of JHBMC's medical debt cases target those living in areas where the average household income is below the state average.
- 40% of JHBMC's medical debt cases target those living in areas where the median household income for a family of 4 is below 200% of the federal poverty level²⁰ - Maryland law states that anyone with a household income of 200% or less of the federal poverty level is entitled to free hospital care.²¹
- 57% of JHBMC's medical debt cases target residents of areas where the poverty rate exceeds the state average by more than 40%.

Zip Codes with Poverty Rates Double the State Average

²⁰ HHS POVERTY GUIDELINES FOR 2019: [HTTPS://ASPE.HHS.GOV/POVERTY-GUIDELINES](https://aspe.hhs.gov/poverty-guidelines)

²¹ COMAR 10.37.10.26 <http://www.dsd.state.md.us/comar/comarhtml/10/10.37.10.26.htm>

Zip	Zip Code in Baltimore ²²	Residents Sued by JHBMC	Percent Living in Poverty	Percent of Children Living in Poverty	Percent African American	Percent Asian	Percent Hispanic or Latino	Percent White	Median household income
21223	Y	11	38.5	48.6	73.1	2.4	5.0	16.1	\$26,899
21205	Y	62	37.1	49.4	68.8	1.0	14.8	16.9	\$28,675
21217	Y	15	36.7	53.6	85.2	1.3	2.0	9.9	\$28,116
21201	Y	8	30.8	44.7	51.3	8.3	2.9	34.8	\$33,877
21202	Y	15	29.3	41.8	59.8	4.2	5.4	28.5	\$44,656
21213	Y	75	28.2	36.5	89.6	0.4	1.3	6.8	\$34,917
21216		17	26.2	45.4	95.2	0.2	0.8	2.0	\$37,314
21215	Y	25	25.6	35.6	80.7	0.3	1.7	15.9	\$36,500
21225	Y	14	24.9	37.2	40.6	2.6	12.4	40.5	\$41,904
21218	Y	43	24.5	36.7	61.2	5.0	3.9	26.7	\$43,352
21231	Y	31	19.8	31.3	30.4	4.4	10.6	51.3	\$69,979
Maryland Overall			9.7	12.9	29.7	6.2	9.6	51.9	\$78,916

Race of Defendants:

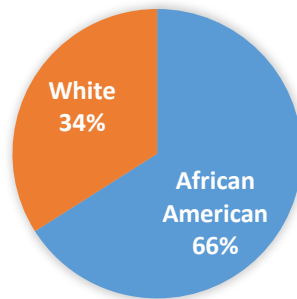
Demographic information on the defendants is available in some of the JHBMC lawsuits.²³ We reviewed a sample of nearly 10% of the garnishment cases, of which about 90% provided information of the race of the defendant. Of those cases, roughly 2/3rds were African American, and 1/3rd were white.²⁴

²² 2010 ZCTA to County Relationship File: https://www.census.gov/geo/maps-data/data/zcta_rel_download.html

²³ If defendant is served, the process server indicates the defendant's race, gender, height and weight. In addition, demographic information is revealed elsewhere in some of the court cases reviewed.

²⁴ We reviewed 56 cases resulting in garnishment orders issued from the Baltimore City District Court (5800 Wabash Ave) and the Towson District Court.

RACE OF DEFENDANTS



Johns Hopkins Health System total medical debt lawsuits 2009-2018:

Johns Hopkins Health System's hospitals in Maryland, which include JHBMC, Howard County General Hospital, Suburban Hospital, and Johns Hopkins Hospital, filed 18,268 lawsuits against former patients in the 10 years since 2009. That averages out to more than 5 medical debt lawsuits being filed every single day from January 1, 2009 and December 31, 2018.

Debt Collection Lawsuits: 2009-2018

	Johns Hopkins Bayview Medical Center	Howard County General Hospital	Suburban Hospital	Johns Hopkins Hospital	Total
2018	395	411	223	428	1470
2017	237	319	119	338	1013
2016	487	489	192	535	1738
2015	421	162	1572	310	2487
2014	319	105	3510	344	4285
2013	124	288	1405	108	1926
2012	257	379	1233	244	2114
2011	108	131	751	73	1062
2010	19	10	773	38	841
2009	6	22	1284	20	1332
2009-2018 Total	2373	2316	11062	2438	18268

Examples of Johns Hopkins Suing the Poor

Information regarding the income of the defendants in JHBMC's collection lawsuits is unavailable through online search, but can be gleaned from the court documents from lawsuits seeking wage and property garnishments. After reviewing a sampling of such cases, we found a number of examples that shed light on the economic realities of working people pursued for medical debt by Johns Hopkins. Many of these former patients would likely have qualified for charity care.

Bankruptcy Case Example 1: A former patient, an African-American male between the ages of 55 and 59, is sued in 2014 by JHBMC over \$1,984.23 in alleged medical debt from 2012, and a wage garnishment order is issued for that amount plus an additional \$81.92 for interest and court costs. The patient earned only \$10 an hour at the time. The parties agreed to a consent judgement allowing for a payment plan of \$30 month to pay off the debt, in which the patient would be making payments for nearly 6 years. Three years later, an additional garnishment order is issued for \$1,525.54, showing the former patient had paid off \$540. About 6 months later, the patient submitted a hand written form to the District Court filing for bankruptcy and asking for the court to dismiss his wage garnishment.²⁵ When JHBMC initially sued this former patient in 2014, his hourly wage indicated he would have qualified for 100% of charity care coverage under Maryland law, assuming he worked 2,080 hours annually and had no other sources of income.²⁶

(TO BE FILED WITHIN 10 DAYS FROM RECEIPT OF THE WRIT OF GARNISHMENT ON WAGES)

The answer of the Garnishee to the Writ of Garnishment served in this case, reports as follows:

☐ The Defendant (specify name) _____ is not employed by this Garnishee
and the Garnishee requests dismissal of the garnishment.

☒ The Defendant (specify name) _____ is employed
by this Garnishee, and the rate or basis of pay is \$10.00 per hr.

REC'D
EST.
2014

²⁵ Case No. 010100144062014, Baltimore City District Court.

²⁶ Poverty Thresholds, 2014. US Census Bureau. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>



501 E Fayette St.		Baltimore	ty
Court Address		City/County	010100144062014
<hr/>			
John Hopkins Bayview Medical	[Redacted]		
Plaintiff/Defendant/Creditor	Defendant/Debtor/Creditor		
1920 Greenspring Drive, Ste. 130	[Redacted]		
Address	Address		
Timonium, MD 2093	[Redacted]		
City, State, Zip	City, State, Zip		
<hr/>			
I am asking court to dismiss wage garnishment inter on 126 on July 3, 2018 I file chapter 7 Bankruptcy please see attached.			
<hr/>			
<hr/>			
[Redacted]			
Signature			

Bankruptcy Case Example 2: A former patient, an African-American male between 34 and 39 years old, is sued by Bayview in 2015 for alleged medical debt of \$14,735.18. The patient agrees to a payment plan of \$50 a month, which means he would be paying off his debt to the hospital for nearly 25 years. When the patient is no longer able to make his monthly payments, JHBMC requests a wage garnishment order. Shortly after the garnishment is granted, the patient is forced into bankruptcy.²⁷

Low Wage Earner Garnishment Example 1: A former patient, an African-American female, is sued in 2014 by JHBMC over \$1,028.47 in alleged medical debt from 2013, and a wage garnishment order is issued for that amount plus an additional \$212.49 for interest and court costs. At that time, the patient earned \$13 an hour working for Amazon.Com. By 2016, JHBMC files an order of satisfaction, indicating the debt is paid.²⁸ Within the year, however, the patient is sued again by Johns Hopkins. This time, Johns Hopkins Hospital sued the patient for alleged medical debt of \$3,539.27, plus interest and court costs, related to treatment she received in 2015. In both cases, there is no adjustments or payments shown in the itemized charges, indicating the patient is uninsured.²⁹ When JHBMC initially sued this former patient in 2014, her hourly wage shows she would have qualified for 60% to 100% of

²⁷ Case No. 010100008512015, Baltimore City District Court.

²⁸ Case No. 010100301012013, Baltimore City District Court.

²⁹ Case No. 010100173852016, Baltimore City District Court.

charity care coverage under Maryland law, assuming she worked 2,080 hours annually had no other sources of income.³⁰

Disposable wages are the part of wages that remain after deduction of any amount required to be withheld by law.

ANSWER
(TO BE FILED WITHIN 30 DAYS FROM RECEIPT OF THE WRIT OF GARNISHMENT ON WAGES.)

The answer of the Employer to the Writ of Garnishment served in this case, reports as follows:

☐ The Defendant (specify name) _____ is not employed by this Employer, and the Employer requests dismissal of the garnishment.

☐ The Defendant (specify name) _____ is employed by this Employer, and the rate or basis of pay is \$13,000 Per hour.

☐ The Employer asserts that _____

☐ There are other attachments against this employee's wages, as follows:

Name and Address of Court	Case Number	Plaintiff's Name and Address	Date Attached	Amount of Attachment
No prior Garnishment				

9/23/2015
Ph 206-740-0507
Fax: 206-266-2503

Signature of Employer or Attorney: Sk Safi Ibrahim
Amazon.com
PO Box 80726 Seattle, WA 98108

To the Employer: Send copies of completed Answer to ☒ Plaintiff/Creditor ☐ Defendant/Debtor ☐ Court

LOCATION: 01
CASE NUM: 01-01-0017385-2016
COMPLAINT NUM: 001
FILED: 08/02/2016
INIT. CLAIM: \$3,539.27
COSTS & FEES: \$59.00
CONTRACT

DATE: 10/05/2016
ROOM: 00
TIME: 09:30 AM

PLAINTIFF VS. DEFENDANT

JOHNS HOPKINS HOSPITAL THE
600 N WOLFE ST
BALTIMORE MD 21287
LINDNER, JOHN E
ATTORNEY FOR PLAINTIFF

[REDACTED]
BALTIMORE MD 21205
ATTORNEY FOR DEFENDANT

JUDGMENT ENTERED FOR THE PLAINTIFF(S)

☒ AFFIDAVIT
☐ DEFAULT
☐ CONSENT
☐ CONFESSED
☐ FOREIGN
☐ AFTER TRIAL
☐ JOINTLY AND SEVERALLY

☐ DISMISSED
☐ JUDGMENT DENIED

JUDGMENT PRINCIPAL.....\$ 3,539.27
PRE-JUDGMENT-INTEREST.....\$ -
TOTAL JUDGMENT.....\$ 3,539.27
COSTS.....\$ 59.00
OTHER.....\$ -
ATTORNEY'S FEES.....\$ -
POST-JUDGMENT INTEREST AT ☒ LEGAL RATE ☐ CONTRACTUAL RATE

Low Wage Earner Garnishment Example 2: A former patient, an African-American male, is sued in 2013 by JHBMC over \$1,365.99 in alleged medical debt from 2012. JHBMC obtains a wage garnishment order from the court for that amount plus an additional \$98.58 for interest and court costs. At that time, the patient earned \$702.10 gross income biweekly.³¹ When the patient received writ of summons from the court, he hand wrote a note in his defense explaining “I can’t pay the amount you’re asking for.” At the time of the lawsuit, the patient’s income level shows he would have qualified for 100% of charity care coverage under Maryland law, assuming he had no other sources of income.³²

³⁰ Poverty Thresholds, 2014. US Census Bureau. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

³¹ Case No. 080400053912013, Baltimore City District Court.

³² Poverty Thresholds, 2013. US Census Bureau. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

CUT HERE

NOTICE OF INTENTION TO DEFEND

Defendant: [REDACTED] Case # 080400053912013
 Trial Date: Jul 8, 2013 Complaint # 001

Notice: If you **contest the claim** or any part thereof, you must complete this Notice of Intention to Defend and file with the court listed at the top of this summons no later than 15 days after you receive this Summons and be present in court on the trial date. If you do not appear judgment by default or the relief sought may be granted.

A corporation may enter an appearance only by an attorney except that an officer of the corporation may appear on its behalf if the action is based on a claim that does not exceed \$5,000.00.

Any reasonable accommodation for persons with disabilities should be requested by contacting the court prior to trial.

Possession and use of cell phones and other electronic devices may be limited or prohibited in designated areas of the court facility.

SEE ATTACHED NOTICE FOR IMPORTANT INFORMATION


I intend to be present at the trial of this claim and demand proof of the Plaintiff's claim.

Explanation of defense: cl cant pay the amount you're asking for

Date: 07/08/2013 Signature: [REDACTED] Mobile Phone: [REDACTED] Home Phone: [REDACTED]

Address/City/State/Zip code: [REDACTED]

Fax number: [REDACTED] e-Mail Address: [REDACTED]



Property Garnishment Example: A former patient, an African-American female, is sued by JHBMC in November of 2012 over \$2,922.70 in alleged medical debt from treatment provided in February of 2012. Bayview only attempted to collect the debt for 9 months before filing a lawsuit against the patient. JHBMC obtained a property garnishment order from the court to seize money from the patient's bank account at Wells Fargo in 2014. The bank responded to the garnishment order, reporting the patient's accounts had a balance of \$6.14. The following year, JHBMC obtained a wage garnishment order (no wage or income information is available in the court records), and by 2016 the hospital filed an order of satisfaction.³³ Given the small amount of money the patient had in the bank, there seems to be a strong likelihood this woman would have qualified for financial assistance.

GARNISHEE'S CONFESSION OF ASSETS OF PROPERTY OTHER THAN WAGES (MD Rule 3-645)

THE GARNISHEE reports that assets (other than wages) belonging to the Defendant, as of November 7, 2014 the date upon which the attachment in this case was served, are being held by the garnishee and consist of the following:

☐ No assets of any defendant held.

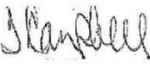
☒ Savings account (number, name and amount):
 # XXXXXXXX5876 [REDACTED] \$0.00

☒ Checking account (number, name and amount):
 # XXXXXXXX1664 [REDACTED] \$6.14

☐ Other debts due any defendant or any other property belonging to any defendant (name, nature and value)

Name _____	Nature _____	\$ _____
Name _____	Nature _____	\$ _____
Name _____	Nature _____	\$ _____
Name _____	Nature _____	\$ _____

November 7, 2014
 Date


 Signature of Garnishee or Attorney
 P.O. Box 7600
 Philadelphia, PA 19106

³³ Case No. 080400338402012, Towson District Court.

DISPLACEMENT OF EAST BALTIMORE RESIDENTS

Johns Hopkins has a history of engaging in or supporting development projects in the areas of East Baltimore that have led to the involuntary displacement of local minority residents. This pattern of behavior, which continues to this day, appears to be a violation of Policy 3.1 of the State Health Plan, which states in part that “all Maryland hospitals and health systems will strive to address the needs of underserved populations and to reduce identified ethnic and racial disparities in the provision of acute hospital care” (COMAR §10.24.10). To address the needs of the underserved who live in Baltimore’s poorest neighborhoods, Johns Hopkins Health System, including JHBMC, must take steps to reduce the involuntary displacement caused directly or indirectly by its development program. These steps should include the following:

- Support shared equity housing in East Baltimore to reduce involuntary displacement of East Baltimore Residents caused by Johns Hopkins development projects and their impact effect of increasing the cost of housing.
- Provide Johns Hopkins property to shared-equity housing programs such as Community Land Trusts (CLTs) that ensure permanently affordable housing and resist speculative market pressure.
- Provide financial assistance to CLTs and shared-equity housing (limited equity co-operatives, etc.).
- Modify Johns Hopkins “Live Near your Work” program to prioritize CLT and shared equity programs.

Displacement and Gentrification in East Baltimore

Johns Hopkins history of displacing local residents can be traced back to the 1950s Broadway project, discussed by Marisela Gomez in a 2017 journal article:

“In this project, more than 1,000 families, majority African American, were displaced along with local businesses into adjacent areas with similar socioeconomic conditions as the ones they were leaving. The city acquired and cleared the land and sold it to JHMI. Because no affordable housing or amenities were rebuilt in the revitalized area, none of the historic residents could return. In the case of the Broadway project, a wall was constructed around the newly built housing for Johns Hopkins Hospital staff and families to keep former residents from walking through the land they previously occupied, segregating the new development from the adjacent blighted community they now inhabited.”³⁴

A half century later, Johns Hopkins again displaced hundreds of East Baltimore residents with its development the 88 acre Johns Hopkins Science and Technology Park. This project resulted in the displacement of over 700 African American families through eminent domain proceedings. Tearing apart communities in this fashion, and the resulting “grieving for a lost home” it causes, have been found to have negative health effects on those displaced.³⁵

The actions of Johns Hopkins hospitals in Baltimore have also played a role in the city’s growing unaffordability and inequality. According to a 2018 report, rents for a 2 bedroom apartment in Baltimore jumped 15.2% in a single year. Swelling rents have caused Baltimore to become the 22nd most expensive city in the country to rent an apartment.³⁶ In 2015 Baltimore was named one of the top 15 gentrifying U.S. cities, based on rising housing costs and the number of people with bachelor’s degrees.³⁷ Just as Johns Hopkins’ actions have directly displaced residents of Baltimore’s poor neighborhoods, its influence on gentrification has indirectly displaced the city’s poor through the rising cost of housing.

³⁴ Marisela B. Gomez. Neoliberalization’s Propagation of Health Inequity in Urban Rebuilding Processes: The Dependence on Context and Path. *International Journal of Health Services*; 2017, Vol. 47(4) 655–689.

³⁵ Marisela B. Gomez. Neoliberalization’s Propagation of Health Inequity in Urban Rebuilding Processes: The Dependence on Context and Path. *International Journal of Health Services*; 2017, Vol. 47(4) 655–689.

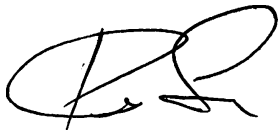
³⁶ Rent in Baltimore is more expensive than the national average — and rates are climbing
By Carley Milligan, *Baltimore Business Journal*. Aug 1, 2018.
<https://www.bizjournals.com/baltimore/news/2018/08/01/rent-in-baltimore-is-more-expensive-than-the.html>

³⁷ Marisela B. Gomez. Neoliberalization’s Propagation of Health Inequity in Urban Rebuilding Processes: The Dependence on Context and Path. *International Journal of Health Services*; 2017, Vol. 47(4) 655–689.

CONCLUSION

Based upon the issues discussed above regarding quality of care deficiencies, charity care, and the likely displacement of local residents, the United Workers, Charm City Land Trust, and Sanctuary Streets respectfully request that the Commission delay approval of the requested CON until JHBMC has fully addressed and remedied these concerns. Failure to require JHBMC to do so will cause adverse impacts upon our organizations and our members who live and work in the service area of the hospital.

Respectably submitted:

A handwritten signature in black ink, appearing to read 'PS' with a stylized flourish.

Peter Sabonis
United Workers
Charm City Land Trust

A handwritten signature in black ink, appearing to read 'Chelsea Gleason' in a cursive script.

Chelsea Gleason
Sanctuary Streets