



ADVANCING LEGAL EMPOWERMENT FOR UTAHNS EXPERIENCING MEDICAL DEBT



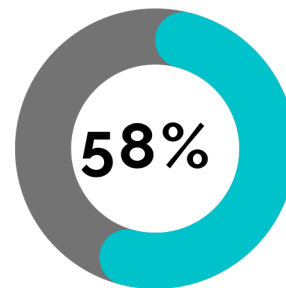
OVERVIEW

No one chooses to get sick, which makes the **downstream consequences** of medical debt particularly unjust. Once a person incurs medical debt, it sets that person on a path that derails their economic mobility, their financial well-being, and their physical health. After incurring medical debt, a person is less likely to obtain subsequent treatment, and more likely to experience deterioration of their mental and physical health. By the time a medical debt reaches the court system, **devastating consequences for the debtor** are almost inevitable; in some jurisdictions, including Utah, more than 70 percent of debt cases end in default judgments against the debtor.

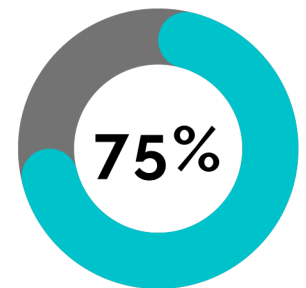
The Utah Supreme Court has a new regulatory system that allows new providers of legal help, with a focus on protecting consumers from harm: **Utah's regulatory Sandbox**. The focus of our research in Utah is to design, build and test innovative pilots that leverage the Sandbox to legally empower Utah community members experiencing medical debt.

Project Problem Statement:

Understand the barriers and challenges that the social service sector faces with regard to leveraging the opportunities afforded by the Sandbox, and explore how to overcome those obstacles to advance access to justice.



Medical debt is the most common type of debt in collection, accounting for 58% of all debt collection lawsuits.



More than three quarters of medical debt lawsuits result in a monetary judgment against the defendant.



THREE PROPOSED NON-PROFIT PILOTS FOR THE SANDBOX

- 1** A court-sanctioned **medical debt diversion program** with legal advocates providing advice and assistance to defendants.
- 2** Leveraging existing networks of bilingual **community health care workers** and providing training to augment their services by also acting as medical debt legal advocates.
- 3** A partnership with an education partner to train **trauma-informed social work students** to become medical debt legal advocates.



OUR PROCESS

01

Interviews

The research team worked with 18 lived experience experts (LEE) and over 50 other stakeholders who shared their personal experiences with medical debt, weighed in on the assumptions underlying our proposed pilots, and provided robust feedback on prototypes of all three pilots

02

Define Opportunities

The research team synthesized what we learned from community interviews and observations in order to identify intervention points with the potential to disrupt the medical debt cycle and create opportunities to empower people experiencing medical debt.

03

Proposed Pilots

The research led the team to identify the three proposed pilot interventions designed to be responsive to community needs. The research team also determined that each pilot would require development of a medical debt legal advocate curriculum.

04

Prototype & Test

The research team engaged the Utah community in the design of the three proposed pilot interventions by constructing prototypes of the pilots. The three prototypes were shared with lived experience experts and other community stakeholders, with the goal of soliciting feedback and responsively adapting the pilot components.



PILOT INTERVENTION PROPOSALS

MEDICAL DEBT COURT DIVERSION INITIATIVE

In the Medical Debt Court Diversion Initiative, i4J partnered with a community non-profit that provides financial coaching to launch a court-sanctioned medical debt diversion Initiative that provides defendants with no-cost medical debt legal advocates before a complaint is filed. Select creditor attorneys have agreed to participate in the diversion Initiative. This Initiative empowers people experiencing medical debt to negotiate their debt with the assistance of a medical debt legal advocate and reach agreements before trial, potentially reducing the debt itself and avoiding additional costs associated with lawsuits. At this time, the Initiative has been paused at the request of the partner community organization. i4J continues to assess opportunities for relaunching this component of the MDLA Initiative.

COMMUNITY HEALTHCARE WORKER MEDICAL DEBT ADVOCATE INITIATIVE

In the Community Healthcare Worker Medical Debt Legal Advocate Initiative, i4J partners with Holy Cross Ministries in Utah to empower bilingual community health workers (CHWs) to provide no-cost legal advice about medical debt to the community members they serve. This Initiative is designed to deliver upstream intervention. CHW ("promotoras") provide advice about insurance options and financial-aid applications, considering collateral effects on citizenship. As MDLAs, they are upskilled to also identify legal levers for settlement negotiations and empower people experiencing medical debt to engage with the justice system by helping them to understand court processes and file court forms.

BACHELORS OF SOCIAL WORK MEDICAL DEBT ADVOCATE INITIATIVE

In the design phase of the MDLA Initiative, i4J explored the potential of the existing network of social workers who hold BSW degrees to give limited-scope legal advice about medical debt-related legal issues. This proposed Initiative would utilize a continuum of care model that creates an opportunity to intervene at multiple points in the medical debt journey. It would leverage the trauma-informed, holistic work of social workers, who are more likely than lawyers to engage with people experiencing medical debt upstream. i4J continues to work in and with the community to identify partner programs to support the launch of this component of the MDLA Initiative.