No. 1041829

IN THE SUPREME COURT OF THE
STATE OF WASHINGTON

CERTIFICATION FROM THE U.S. DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
IN

MIKRAE PRESTON,
Plaintiff/Appellant,

v.

SB&C, LTD, aka SKAGIT BONDED COLLECTOR, L.L.C.
Defendant/Respondent.

AMICUS CURIAE BRIEF OF NATIONAL ASSOCIATION OF CONSUMER ADVOCATES (NACA), NATIONAL CONSUMER LAW CENTER (NCLC), AND DOLLAR FOR

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I. INTEREST AND IDENTITY OF AMICI

National Consumer Law Center (NCLC)

The nonprofit National Consumer Law Center ("NCLC") works for economic justice for low-income and other disadvantaged people in the U.S. through policy analysis and advocacy, publications, litigation, and training. NCLC publishes a 21-volume Consumer Credit and Sales Legal Practice Series, including Collection Actions (6th ed. 2024) and Fair Debt Collection (10th ed. 2022). NCLC has particular expertise concerning federal and state debt collection laws, *see, e.g., Debt Collection - NCLC*, *available at* https://www.nclc.org/topic/debt-collection/, as well as medical debt collection and state financial assistance laws. *See, e.g., Medical Debt - NCLC*, *available at* https://www.nclc.org/topic/medical-debt/. NCLC frequently appears as amicus curiae in consumer law cases throughout the country and has a particular interest in ensuring that state laws

are implemented fairly to protect the rights of low-income consumers in debt collection actions.

National Association of Consumer Advocates (NACA)

The National Association of Consumer Advocates ("NACA") is a nonprofit association of attorneys and consumer advocates dedicated to representing consumers against abusive and predatory business practices. NACA's members litigate cases across the country under federal and state consumer protection statutes, including the FDCPA, state consumer protection acts like Washington's Charity Care Act and Consumer Protection Act, and health care-related debt collection laws. NACA has a longstanding interest in ensuring that debt collection practices are conducted lawfully and fairly, particularly in the context of medical debt, which is the leading source of consumer financial distress nationwide. Because NACA's membership spans all fifty states, it can provide the Court with valuable comparative insights regarding how other jurisdictions have addressed similar

issues, as well as the policy implications of failing to hold debt collectors accountable for enforcing statutory prerequisites to collection.

Dollar For

Dollar For is a nonprofit patient advocacy organization that has helped over 30,000 patients access over $100 million in hospital financial assistance. While Dollar For's services are available to patients across the country, it started in the Pacific Northwest and is headquartered in Vancouver, Washington. Dollar For's online screener can check a patient's eligibility for financial assistance at any hospital in the country. Patients are then connected with trained patient advocates to help them navigate the often cumbersome and complex process of getting a financial assistance application approved at a hospital. Dollar For's work with patients gives it unique insight into hospital financial assistance programs. Dollar For has also published multiple data-driven reports on the points of failure in hospital

financial assistance programs with recommendations for how they may be improved. It has also served on regulatory rules committees in Washington and Oregon, and has worked with other state and federal legislators, regulators, and attorney generals to improve and enforce hospital financial assistance policy.

II. INTRODUCTION AND SUMMARY OF ARGUMENT

This case presents a fundamental question about whether Washington's statutory safeguards for patients facing hospital debts are enforceable when hospitals outsource collection to third-party agencies. Specifically, it considers whether a collection agency violates the Consumer Protection Act (CPA) and misrepresents the legal status of the debt under the Collection Agency Act (CAA) and Fair Debt Collection Practices Act (FDCPA) when it files suit to collect hospital debt without confirming compliance with the Charity Care Act and without notifying patients of the availability of financial assistance.

The answer must be yes. Washington law requires that an "initial determination of sponsorship status shall precede collection efforts directed at the patient." RCW 70.170.060(10)(c). This requirement is not optional; it embodies the legislature's recognition that indigent patients cannot meaningfully exercise their rights without timely information and screening. When a collection agency sues without ensuring that screening has occurred, and without disclosing the availability of charity care, it misrepresents the enforceability of the alleged debt and deprives patients of protections the Legislature has deemed essential.

This Court has long held that the CPA is a broad, remedial statute, designed to be liberally construed to "protect the public and foster fair and honest competition." RCW 19.86.920; *Hangman Ridge Training Stables v. Safeco Title Ins. Co.*, 105 Wash.2d 778, 784–785, 719 P.2d 531 (1986). Likewise, the CAA and FDCPA prohibit the misrepresentation of the character,

amount, or legal status of consumer debts. RCW 19.16.250; 15 U.S.C. § 1692e(2)(A); *Panag v. Farmers Ins. Co. of Wash.*, 166 Wash.2d 27, 53–54, 204 P.3d 885 (2009). Allowing collection agencies to litigate hospital accounts without regard to charity care obligations would render these statutory schemes ineffectual, enabling hospitals to circumvent consumer protections by outsourcing collection.

Amici emphasize two themes. First, the problem of medical debt is both national and acute. Medical debt is the leading source of consumer collections in the United States, affecting nearly one in five households. It disproportionately burdens low-income families and communities of color, compounding inequities in access to healthcare and financial stability. Washington's Charity Care Act, like similar statutes in other states, is a legislative response to this crisis. Its safeguards are vital, and their enforcement against collection agencies is indispensable if the Act's protections are to have any meaning.

Second, the law already provides the tools to address this conduct. This Court has consistently held that the CPA must remain "sufficient[ly] flexib[le] to reach unfair or deceptive conduct that inventively evades regulation." *Panag*, 166 Wash.2d at 49. To exempt collection agencies from compliance with the CPA would undermine the Act's remedial purpose, create market distortions between direct and assigned collection, and invite systemic evasion of consumer protection laws.

The stakes are not abstract. As Ms. Preston's case illustrates, failure to disclose and honor charity care eligibility has real-world consequences and can leave vulnerable patients saddled with judgments for debts they never legally owed. Broader enforcement ensures not only fairness to individual patients but also consistency across the healthcare marketplace and systemic accountability for one of the most pressing sources of consumer harm.

Accordingly, this Court should hold that collection agencies violate the CPA, the CAA, and the FDCPA when they initiate suit on hospital debt without verifying compliance with the Charity Care Act and without notifying patients of their rights. Only such a ruling will give effect to the legislature's intent and protect Washington consumers from the cascading harms of medical debt.

A. Background: The National Problem of Medical Debt

1. Medical Debt Is a Leading Source of Financial Harm

Medical debt is the most common form of consumer debt in collections in the United States.[1] Studies show that more than 100 million Americans currently hold some form of medical debt,[2] and nearly one in five households has unpaid medical bills

[1] *Medical Debt Burden in the United States*, Consumer Fin. Prot. Bureau (Mar. 1, 2022), Medical debt burden in the United States | Consumer Financial Protection Bureau
[2] Noam N. Levey, *100 Million People in America Are Saddled With Health Care Debt*, KFF Health News (June 16, 2022), 100 Million People in America Are Saddled With Health Care Debt - KFF Health News

that are targeted by debt collection agencies.[3] Unlike other forms of consumer debt, medical debt often arises from emergencies outside a patient's control, leaving even insured families exposed to sudden and overwhelming financial liability.

This burden is not distributed evenly. Low-income families, people of color, and rural communities are disproportionally affected.[4] Medical debt is a leading cause of bankruptcy, a barrier to obtaining credit, and a driver of intergenerational financial instability.[5] The Consumer Financial Protection Bureau has found that medical debt does not reliably predict creditworthiness,[6] yet

[3] *Have medical debt? Anything already paid or under $500 should no longer be on your credit report*, Consumer Fin. Prot. Bureau (May 8, 2023), Have medical debt? Anything already paid or under $500 should no longer be on your credit report | Consumer Financial Protection Bureau

[4] *Health Disparities: Creating Health Care Equity for Minorities*, United Way of the Nat'l Capital Area (Sep. 24, 2024), Healthcare Disparities Impacting Minorities | United Way NCA

[5] Jesse Bedayn, *States confront medical debt that's bankrupting millions*, AP News (Apr. 12, 2023), States confront medical debt that's bankrupting millions | AP News

[6] Consumer Fin. Prot Bureau, *CFPB Finalizes Rule to Remove Medical Bills from Credit Reports*, CFPB Newsroom (Jan. 7, 2025), CFPB Finalizes Rule to Remove Medical Bills from Credit Reports | Consumer Financial Protection Bureau

its presence on credit reports has historically diminished opportunities for employment, housing, and financial security.[7]

The problem of medical debt is particularly acute in hospital collections. Patients often encounter opaque billing practices, complex insurance denials, and little to no information about financial assistance programs.[8] As such, when debts are ultimately referred to collection agencies, patients often learn about the availability of charity care, if at all, only after a lawsuit or judgment has been entered.

2. The Charity Care Act: Washington's Legislative Response

In 1989, the Washington Legislature enacted the Charity Care Act (RCW 70.170) to address precisely this problem: the inability of low-income patients to assess necessary hospital

[7] Lori Stratford, *How Medical Debt Affects Your Credit Report: Understanding Recent Changes*, Navicore Solutions (Aug. 1, 2025), How Medical Debt Affects Your Credit Report: Understanding Recent Changes

[8] Meyer, Melanie A., *A Patient's Journey to Pay a Healthcare Bill: It's Way Too Complicated*, 10 J. Patient Exp. 1 (2023)

services without undue financial harm. The legislature declared that rising health care costs and access to health services were of "vital concern to the people of this state." RCW 70.170.010(2).

The Act requires hospitals to provide charity care to patients based on income and other financial criteria. It further mandates repeated notice of charity care availability and prohibits collection activity before hospitals make an initial determination of eligibility. *See* RCW 70.170.060(10)(c); WAC 246-453-020. In effect, the Act recognizes that medical debt is categorically different from other obligations; it is often involuntary, unpredictable, and incurred in moments of crisis.

3. National Parallels and Comparative State Approaches

Washington is not alone in recognizing the special nature of hospital debt. A growing number of states have enacted

charity care statutes or financial assistance mandates.[9] For example, California recently introduced legislation requiring hospitals to screen patients for charity care and to post prominent notices of financial assistance programs. Cal. Assem. B. 1312, 2025-2026 Reg. Sess. (Cal. 2025). Illinois already imposes similar obligations, linking charity care requirements to tax exemptions for nonprofit hospitals. 305 Ill. Comp. Stat. 85/1 et seq. (2024). Oregon and Maryland also require written notice of charity care and restrict collection practices absent compliance. ORS 646A.677; COMAR 10.24.10.04A(2).

These bills and statutes reflect a common legislative judgment: that charity care obligations must follow the debt, regardless of whether it is pursued by the hospital or by a third-party collection agency. Courts in other states have recognized

[9] Jenifer Bosco; Berneta Haynes; Andrea Bopp Stark, *An Ounce of Prevention: A Review of Hospital Financial Assistance Policies in the States*, Nat'l Consumer L. Ctr. (Aug. 25, 2023), An Ounce of Prevention: A Review of Hospital Financial Assistance Policies in the States - NCLC

that allowing hospitals to avoid charity care duties through assignment would nullify legislative intent and undermine protections for consumers. *See Provena Covenant Med. Ctr. v. Dep't of Revenue*, 236 Ill. 2d 368, 398, 925 N.E.2d 1131 (2010); *see also Utah Cnty. ex rel. Cnty. Bd. Of Equalization v. Intermountain Health Care, Inc.*, 709 P.2d 265, 274 (Utah 1985) (finding that the absence of a substantial "gift" to the community, either through nonreciprocal provision of services or alleviation of government burdens, disqualifies hospitals from being considered charitable institutions).

Despite these legislative efforts to combat medical debt, hospitals have not adequately implemented laws meant to protect patients and have rather continued to skirt their statutory responsibilities. For example, in Oregon, a report found that most hospital financial assistance programs in the state were not compliant with Oregon's law requiring notice of and screening for charity care, which was leaving thousands of

patients saddled with medical debt they could not afford to pay.[10]

Washington's Charity Care Act is among the strongest in the nation, but its effectiveness depends on ensuring that the obligations it imposes are binding on all actors in the collection process. Recognizing this principle not only upholds Washington law but also aligns with the broader national movement to protect patients from the cascading harms of medical debt.

III. ARGUMENT

The statutory and regulatory framework governing charity care in Washington imposes clear obligations that must be respected by all entities involved in medical debt collection. When a hospital assigns an account to a collection agency, the agency does not obtain a freer hand than the hospital itself. On the contrary, it steps into the shoes of the assignor, inheriting all

[10] *Pointless Debt: How Oregon Hospitals Skirt Financial Assistance Laws to Charge Patients—Without Increasing Revenue*, Dollar For (Feb. 1, 2023), Pointless Debt: Oregon Report – Dollar For

statutory restrictions and defenses that travel with the debt. The central question in this case is whether a collection agency must ensure that the statutory preconditions to collection, such as the determination of charity care eligibility and disclosure of the right to apply, have been satisfied before pursuing the debt. The answer must be yes. Anything less would subvert the legislature's carefully constructed legislative scheme, undermine the remedial purposes of the Charity Care Act, and render patients' statutory protections meaningless.

A. Collection Agencies Must Comply with Statutory Preconditions to Collect

Washington's Charity Care Act establishes that a hospital may not pursue collecting a patient's bill until it has made an initial determination of whether the patient qualifies for financial assistance. RCW 70.170.060(10)(c) explicitly provides that such a determination must "precede collection efforts directed at the patient." The Department of Health's implementing regulation,

WAC 246-453-020, echoes this requirement and underscores that collection activity cannot begin until after the hospital has completed its charity care screening. This is not merely a procedural nicety; it defines when and under what conditions a debt may be legally enforced in Washington.

These requirements do not vanish when a hospital assigns its receivables to a third party. On the contrary, it is well settled in Washington law that an assignee acquires no greater rights than the assignor. *Home Indem. Co. v. McClellan Motors, Inc.*, 77 Wash.2d 1, 5, 459 P.2d 389 (1969). The Court of Appeals reiterated this principle in *Gebreseralse v. Columbia Debt Recovery, LLC*, holding that debt collectors who accept assignment of accounts are bound by all statutory restrictions and defenses applicable to the original creditor. 24 Wash. App. 2d 650, 664, 521 P.3d 221 (2022). Put differently, a hospital that cannot lawfully initiate collection cannot circumvent the law by assigning the account to a collection agency.

Construing the statute otherwise would create a glaring loophole: hospitals could outsource debts to avoid compliance, while patients would be stripped of their statutory protections at the very moment they most need them. Such a result would contradict this Court's longstanding directive that remedial statutes must be construed liberally to achieve their protective purpose. *Dep't of Ecology v. Campbell & Gwinn, L.L.C.*, 146 Wash.2d 1, 11, 43 P.3d 4 (2002). Courts have consistently rejected interpretations that defeat the manifest purpose of the legislation. *Cockle v. Dep't of Labor & Indus.*, 142 Wash.2d 801, 808, 16 P.3d 583 (2001). The manifest purpose of the Charity Care Act is to ensure that patients receive the benefit of charity-care eligibility screening before the process of debt collection is set in motion.

As such, a collection agency may not lawfully pursue medical debt unless the statutory preconditions imposed by the Charity Care Act have first been satisfied.

B. Failure to Disclose Charity Care Availability Misrepresents the Legal Status of Debt

RCW 70.170.060(8)(a) was designed to ensure that patients are fully informed of their rights before being subjected to hospital debt collection. When collection agencies pursue debts without these disclosures, they misrepresent the legal status of the obligation and engage in practices that the legislature has declared unfair. Such conduct constitutes a per se violation of the Consumer Protection Act and exposes violators to liability under RCW 19.86.

Washington law clearly requires that hospitals disclose the availability of charity care before attempting to collect on hospitals bills. RCW 70.170.060(8)(a) mandates that "all hospital billing statements and other written communications concerning billing or collection of a hospital bill by a hospital must include" a prominent notice informing patients that they may qualify for free or discounted care. The statute also requires hospitals to make every reasonable effort to determine private or public

sponsorship, assess the patient's income relative to federal poverty guidelines, and determine eligibility for charity care in accordance with hospital policy.

While the statute explicitly addresses hospitals, its reach extends to the conduct of third-party entities that act on the hospital's behalf. The provision applies to "billing or collection of a hospital bill," which necessarily includes any agent authorized to undertake collection activities. Courts interpreting statutes in Washington consistently apply broad, remedial constructions when the language demonstrates legislative intent to protect a class of vulnerable individuals, such as patients with limited financial means. *See, e.g.*, *Panag*, 166 Wash.2d at 37 (holding that remedial statutes, such as the CPA, should be interpreted liberally to effectuate their protective purpose). Collection agencies, as the functional instruments of hospital billing enforcement, step into the shoes of the hospital when they engage in collection communications. To construe the statute

otherwise and allow hospitals to outsource collection while avoiding disclosure obligations would defeat the statutory purpose of ensuring patients are aware of their rights to financial assistance.

This interpretation is supported by the Washington Court of Appeals' recent decision in *Fairway Collections, LLC v. Turner*, which addressed nearly identical conduct by a hospital-affiliated collection agency. 29 Wash.App.2d 204, 504 P.3d 805 (2023). There, a collection agency pursued a patient debt without first ensuring that the patient had been screened for charity care, as required under RCW 70.170.060. The court found a genuine issue of material fact as to whether the agency's collection efforts misrepresented the "character, amount, or legal status" of the debt in violation of the FDCPA and, by extension, the Washington CPA. *Id.* at 221. Notably, the court emphasized that even though the statute's primary obligations apply to hospitals, third-party collectors are not immune from its requirements when they are

engaged in the billing or collection of hospital debt. *Id.* at 220 ("Fairway is responsible for including a notice about charity care when seeking to collect on a hospital bill under the plain language of RCW 70.170.060"). The court rejected the notion that hospitals can bypass consumer protection statutes by assigning collection responsibilities to outside agents. *Id.*

Other provisions in the Act, such as RCW 70.170.060(6) and (7), reinforce this reading. Under these provisions, hospitals must post notices of charity care availability in all patient-accessible areas and make current versions of charity care policies, summaries, and applications available on their websites in all applicable languages. These provisions indicate a legislative concern not merely with internal hospital compliance, but with patient-facing communications that provide individuals with notice of their rights under RCW 70.170.

Furthermore, under well-established principles of statutory interpretation, the presence of mandatory language, such as

"must" or "shall," found throughout RCW 70.170 signals that compliance is a precondition to lawful collection activity. Any collection action initiated by a hospital or an agency without prior disclosure effectively misrepresents the patient's legal obligations and contravenes the statutory scheme.

The legislative history and text of RCW 70.170 underscore its remedial intent. The statute mandates proactive disclosure of charity care availability requires hospitals to implement procedures ensuring equitable access, and obligates hospitals to make every reasonable effort to identify patients eligible for assistance. When collection agencies pursue patients without providing the disclosures mandated by RCW 70.170.060(8)(a), they undermine the statute's purpose by effectively bypassing the protections the legislature intended.

C. The CPA and CAA Require Broad, Remedial Construction

Washington courts have consistently recognized that the CPA and the Charity Care Act are remedial statutes that must be

construed broadly to achieve their protective purposes. The CPA is intended to shield the public from unfair or deceptive practices in the course of trade or commerce, and the Charity Care Act establishes a comprehensive statutory scheme guaranteeing access to financial assistance for hospital patients. To effectuate the legislative purpose of these statutes, courts must interpret them in a manner that maximizes protection for vulnerable populations, particularly those who are unable to pay for necessary medical care.

The CPA does not define the term unfair. *See* RCW 19.86.010. And this Court has "allowed the definitions to evolve through a gradual process of judicial inclusion and exclusion" because the Legislature intended the statute to "provide sufficient flexibility to reach unfair or deceptive conduct that inventively evades regulation." *Greenberg v. Amazon.com, Inc.*, 3 Wash.3d 434, 454, 553 P.3d 626 (2024). Washington courts use a variety of tests to determine whether an act or practice is unfair,

including whether conduct violates another statute containing a Legislative declaration that violations also violate the CPA (a per se violation); whether the conduct causes substantial injury to consumers; whether the conduct offends public policy as established by statutes, the common law, or otherwise; or whether the conduct is immoral, unethical, oppressive, or unscrupulous. *Id.* at 456, 459. "There may even be additional ways that a plaintiff can show that act or practice that is unregulated by statute is unfair." *Id.* at 459. This Court has also reinforced that statutory schemes designed to protect vulnerable populations should not be narrowly construed in ways that permit evasion or exemption by third party actors. *See Greenfield v. Dep't of Labor and Indus.*, 27 Wash.App.2d 28, 46, 531 P.3d 290 (2023) (recognizing the broad remedial purpose of worker protection statutes like the MWA and the need to limit exceptions "only to situations that are plainly and unmistakably consistent with the terms and spirit of the legislation").

Here, even if RCW 70.170.060(8)(a) does not apply directly to collection agencies, it would be a non-per se unfair act for a debt collector to violate the statute while standing in the shoes of a hospital.[11] Patients rely on the disclosures mandated by RCW 70.170.060(8)(a) to make informed decisions regarding their obligations. When collection agencies fail to provide these disclosures, patients are misled about their legal rights and may be coerced into paying debts for which they are partially or fully entitled to relief. A narrow construction that limits liability solely to hospitals would frustrate the remedial purpose of the statutory scheme, allowing collection agencies, which functionally act as extensions of hospitals, to evade statutory obligations.

[11] This conclusion is integral providing a complete answer the federal district court's certified question. While the federal court's question does not specifically ask whether a debt collector's failure to comply with RCW 70.170.060(8)(a) may be unfair under the CPA, Ms. Preston's claim is for violations of the CPA, not RCW 70.170.060(8)(a) directly. *See* Order on Motion to Dismiss and Alternative Motion to Certify Question to the Washington State Supreme Court at 4 (listing relief sought by Ms. Preston).

Moreover, Washington courts have long recognized that broad enforcement of remedial statutes promotes consistency and fairness in the marketplace. In *Panag*, this Court held that consumer protection statutes must be interpreted to provide meaningful remedies and prevent circumvention of statutory protections by indirect actors. 166 Wash.2d at 38–39. Interpreting the CPA and the Charity Care Act to impose per se liability on collection agencies ensures that patients are protected not only from hospital practices but from all commercial actors involved in debt collection.

A broad and remedial construction of the CPA and Charity Care Act assures that collection agencies cannot sidestep statutory requirements. By imposing liability for omissions in disclosure of charity care, the statutes ensure that patients are fully informed and protected, consistent with legislative intent and the remedial goals of Washington consumer protection law. Enforcement against collection agencies is thus both legally

mandated and essentially to safeguard vulnerable patients from unfair and deceptive practices.

D. Public Policy Supports Requiring Collection Agency Compliance with Charity Care Requirements

Enforcement of Washington's charity care and consumer protection laws against collection agencies is not only legally required but also supports broader policy objectives. Amici submit that three primary considerations underscore the importance of robust enforcement: consumer harm and equity, market fairness and consistency, and systemic impacts on vulnerable populations.

1. Consumer Harm and Equity

Collection agencies that pursue hospital debt without complying with statutory requirements inflict substantial and immediate harm on consumers. Patients often face repeated collection notices, demands for payment, threats of litigation, and adverse credit reporting even while they remain unaware of

their eligibility for charity care or discounted payments under RCW 70.170. By failing to disclose these protections, collection agencies create inequitable outcomes, undermining the statutory purpose of providing meaningful financial relief to patients in need.

The legislature enacted RCW 70.170 to ensure that hospitals provide charity care and to protect vulnerable patients from financial exploitation. Enforcement against collection agencies is essential because noncompliance allows patients to be misled about their obligations, effectively nullifying statutory rights. This aligns with the broad remedial purpose of Washington's CPA, which recognizes that deceptive or unfair practices, particularly those interfering with enforceable statutory rights, constitute actionable harm. Courts have repeatedly emphasized that misrepresenting legal rights or obligations constitutes per se actionable conduct under the CPA. *See Hangman Ridge*, 105 Wash.2d at 787 (holding that deception

as to legal rights satisfies the CPA's unfair or deceptive act requirement). Even a single instance of misrepresentation, such as failing to inform a patient of charity care eligibility, can create a legally cognizable injury, particularly when the patient is already financially vulnerable.

2. Market Fairness and Consistency

Effective enforcement promotes fairness and consistency across the healthcare and debt collection markets. When collection agencies are allowed to bypass statutory obligations, compliant hospitals and agencies are placed at a competitive disadvantage. Hospitals that adhere to RCW 70.170 and provide proper notice of charity care may be forced to absorb the financial impact of unpaid bills. Hospitals, and their collection agency agents, that ignore statutory requirements gain a competitive advantage by extracting funds from patients who are unaware of their rights.

Ensuring uniform compliance reinforces a level playing field, encouraging all participants in the healthcare finance environment to adopt standardized, transparent practices. This Court has recognized that statutory enforcement not only protects individual rights but also promotes broader economic fairness. *See Panag*, 166 Wash.2d at 50 (noting that regulatory compliance supports market integrity). By requiring all collection agencies to observe statutory obligations, the law maintains market consistency, reduces arbitrary collection practices, and sustains public confidence in healthcare billing and debt collection systems.

3. Systemic Impact on Vulnerable Populations

Failure to enforce charity care and disclosure obligations disproportionately harms low- and moderate-income patients, particularly those with limited English proficiency, limited financial literacy, or other barriers to accessing healthcare information. These populations are less likely to know about or

navigate charity care programs without clear notice, leaving them vulnerable to aggressive collection tactics that may escalate to litigation or credit damage.

Washington's statute specifically requires that notice be provided in both English and the second most spoken language in a hospital's service area, demonstrating legislative intent to protect non-English-speaking patients. RCW 70.170.060(8)(a). Enforcement ensures that these systemic safeguards are effective, providing meaningful access to care and financial relief. In addition, robust enforcement aligns with the legislature's overarching purpose to reduce disparities in access to healthcare and prevent vulnerable populations from bearing disproportionate financial burdens. By holding collection agencies accountable, the law mitigates the structural inequities that would otherwise persist, advancing both equity and social welfare goals. To accomplish this, statutes protecting vulnerable populations should be interpreted to maximize practical effect.

See Hangman Ridge, 105 Wash.2d at 789 ("Statutes enacted for public protection should be liberally construed to effectuate the legislative purpose").

In sum, enforcement against collection agencies achieves three critical objectives: it prevents direct consumer harm, fosters fairness and consistency in the healthcare market, and safeguards the most vulnerable patients. These policy considerations strongly support the conclusion that statutory protections must extend to all parties engaged in debt collection, ensuring the statutory scheme's remedial purposes are fully realized.

IV. CONCLUSION

For the foregoing reasons, Amici respectfully urges this Court answer the certified question "Yes." Collection agencies must comply with Washington's statutory charity care and disclosure requirements when attempting to collect hospital debt. Enforcement against these agencies is consistent with the

statutory text, legislative purpose, and longstanding principles of consumer protection. Such enforcement prevents harm to patients, promotes fairness and consistency in healthcare and debt collection markets, and safeguards vulnerable populations who are disproportionately affected by misleading or incomplete debt collection practices.

Amici therefore submits that applying the Consumer Protection Act to collection agencies in this context is both legally correct and necessary to ensure that Washington's charitable care protections achieve their intended effect. Accordingly, amici respectfully request that the Court rule in favor of affirming these statutory obligations.

V. RAP 18.17(b) CERTIFICATION

I hereby certify that this motion contains 4,799 words in compliance with RAP 18.17(b) and RAP 18.17(c)(17).

RESPECTFULLY SUBMITTED AND DATED this 8th day of September, 2025.

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I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this 8th day of September, 2025.

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