

140 CMR: DEPARTMENT OF PUBLIC HEALTH BOARDS

140 CMR 2.00: REQUIREMENTS APPLICABLE TO ALL HEALTH CARE PROVIDERS LICENSED BY BOARDS WITHIN THE DEPARTMENT OF PUBLIC HEALTH

Section

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2.01: Purpose

140 CMR 2.00 sets forth requirements applicable to all licensees subject to licensure by the professional licensing boards overseen by the Department of Public Health.

2.02: Definitions

Health care facility. An individual, partnership, association, corporation or trust or any person or group of persons that employs health care providers, including any hospital, clinic, convalescent or nursing home, charitable home for the aged, community health agency, substance use disorder treatment program, pharmacy or other provider of health care services licensed, or subject to licensing by, the Department of Public Health.

Health care provider. An individual who is a licensed health care provider under the provisions of chapter 111J or 112 including, but not limited to, registered nurses, licensed practical nurses, advanced practice registered nurses, physicians, physician assistants, chiropractors, dentists, occupational therapists, physical therapists, optometrists, pharmacists, podiatrists, psychologists, social workers, and licensed alcohol and drug counselors, or any other health care provider who performs or has performed health care related services for and under the control of a health care facility.

Medical debt. Any debt incurred or any obligation owed directly to a health care provider or health care facility for the payment of money arising out of any agreement or contract, express or implied, for the provision of health care services as defined in M.G.L. c. 176O, s. 1.

2.03: Requirements

- (1) No health care provider or health care facility shall report any portion of medical debt to a consumer reporting agency, as defined in M.G.L. c. 93, s. 50.
- (2) All contracts executed on or after January 15, 2027 between debt collectors and health care providers or health care facilities for the purchase or collection of medical debt, must contain a

provision that prohibits the reporting of any portion of medical debt to a consumer reporting agency, as defined in M.G.L. c. 93, s. 50.

(3) Contracts executed prior to January 15, 2027 that extend beyond April 15, 2027, must be terminated or amended to include a provision that prohibits the reporting of any portion of medical debt to a consumer reporting agency, as defined in M.G.L. c. 93, s. 50, by April 15, 2027.

(4) Failure to comply with the requirements of this regulation is a violation of M.G.L.c.93A. The Department of Public Health may refer allegations of violations of this section to the Office of the Attorney General.

(5) Nothing contained herein shall prohibit an individual from pursuing remedies available pursuant to M.G.L.c.93A.

2.04: Waivers

The Commissioner may waive the applicability to a particular health care facility or health care provider of one of more of the requirements imposed by 140 CMR 2.00 upon finding that:

- (A) Compliance would cause undue hardship to health care facility or health care provider; and
- (B) The health care facility or health care provider provides to the Commissioner written documentation supporting its request for a waiver.

2.05: Severability

The provisions of 140 CMR 2.00 are severable, and if any provision shall be in violation of any Federal rule or regulation or any Federal or Massachusetts law, such provision shall be null and void, and such violation shall not affect or impair any of the remaining provisions.

REGULATORY AUTHORITY: M.G.L. c. 13, §§ 10, 10A, 90, 105, 108; c. 112, §§ 2 through 9B, 9F, 17A, 23M, 23Z, 42A, 43, 67, 73F, 74, 79, 90, 199, 202, 212, 268, 292.