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**STATE OF WASHINGTON
KING COUNTY SUPERIOR COURT**

STATE OF WASHINGTON,

Plaintiff,

v.

PROVIDENCE HEALTH & SERVICES-
WASHINGTON; SWEDISH HEALTH
SERVICES; SWEDISH EDMONDS; and
KADLEC REGIONAL MEDICAL
CENTER,

Defendants.

NO.

COMPLAINT FOR INJUNCTIVE
AND OTHER RELIEF UNDER THE
CONSUMER PROTECTION ACT,
RCW 19.86

COMES NOW PLAINTIFF, State of Washington, by and through its attorneys Robert W. Ferguson, Attorney General, and Assistant Attorneys General Audrey Udashen, Will O'Connor, Aileen Tsao, and Matthew Geyman, and brings this action against Providence Health & Services Washington, Swedish Health Services and Swedish Edmonds (Swedish) and Kadlec Regional Medical Center (Kadlec) alleging as follows on information and belief:

I. INTRODUCTION

1.1 Providence, along with its Washington affiliates, Swedish and Kadlec (collectively Providence), is a large nonprofit health system with a stated mission of serving the

1 poor and vulnerable.¹ In Washington alone, Providence operates 14 hospitals, many of which
2 serve as safety net providers in communities across the state. Despite its mission, for years,
3 Providence has engaged in unfair and deceptive practices that prevent many of the most
4 vulnerable members of the communities it claims to serve from accessing free and reduced cost
5 charity care. Though it has a legal obligation to screen patients for charity care eligibility prior
6 to attempting to collect payment from them, Providence failed to develop adequate systems for
7 identifying charity care patients. Rather than screening patients for charity care eligibility,
8 Providence trains and encourages its agents to create the impression that all of its patients are
9 obligated to pay for their care regardless of their income level. Even when Providence identifies
10 charity care qualified patients, it sends many of their accounts to Debt Collectors in hopes that
11 it can extract some payment from patients Providence knows cannot afford to pay. In the words
12 of one of its own employees, Providence sends “the poor to bad debt,” while at the same time
13 paying lavish compensation to its executives and receiving tax benefits based on its nonprofit
14 status.

15 1.2 Providence’s obligation to promote access to affordable care for the poor and
16 vulnerable does not derive merely from its mission or good will. Washington law requires it.
17 The Charity Care Act, RCW 70.170, mandates that all Washington hospitals make free and
18 reduced-cost charity care accessible to indigent patients, which includes patients with household
19 income at or below 200% of the federal poverty level (FPL) (e.g., currently \$ 55,500 for a family
20 of four).

21 1.3 Providence engages in practices that obscure the availability of charity care and
22 that convey the deceptive net impression that patients have no option but to pay for their care

24 ¹ See Providence’s website, “Our Mission,” available at <https://www.providence.org/providence?state=WA> (last visited Jan. 31, 2022); Swedish’s website, “Our Values,”
25 <https://www.swedish.org/about/overview/mission-outreach> (last visited Jan. 31, 2022); Kadlec’s website,
26 “Community Outreach,” <https://www.kadlec.org/community/community-outreach> (last visited Jan. 31, 2022).

1 regardless of their income level. First, Providence fails to provide meaningful notice of the
2 availability of charity care to patients during the registration and admission process. Next,
3 Providence trains its staff to attempt to collect payment from patients by identifying the amount
4 patients owe and asking them “*how* would you like to pay that *today*?” Internal training materials
5 Providence distributed to staff explain that they should use this scripting so that patients know
6 “*payment is expected.*” Intensifying its efforts to persuade patients to pay for their care even
7 further, Providence encourages its staff to exhaust all other collection options, including
8 attempting to persuade patients to (i) pay in full; (ii) pay half of the amount they owe; or, (iii)
9 enter a payment plan before providing patients with information about the availability of charity
10 care. In its final effort to pressure patients to pay for their care, at the end of its billing cycle
11 Providence sends patients a final statement which conveys the deceptive impression that it may
12 send the patients’ account to a third-party debt collection agency (Debt Collector) who could
13 damage the patient’s credit if the patient does not pay immediately. However, Debt Collectors
14 are barred by law from engaging in any credit reporting for another seven months from the time
15 this final statement is sent.

16 1.4 In order to make charity care accessible to low-income patients, the Charity Care
17 Act requires hospitals to screen patients to determine if there is any private or public insurance
18 available to pay for their care and to determine if they are eligible for charity care prior to
19 attempting to collect payment from patients. RCW 70.170.060(10). This screening, referred to
20 as an “initial determination of sponsorship status,” must occur at or near the time of the patient’s
21 admission. WAC 246-453-020(1)(b). Disregarding these requirements, Providence only trains
22 its staff to screen patients to identify any third-party payment sources from which Providence
23 can draw reimbursement, not to determine their eligibility for charity care. Without a process to
24 identify charity care eligible patients, Providence engages in the aggressive collection attempts
25 described above regardless of patients’ ability to pay and only suspends these collection attempts
26 if patients request information about charity care or specifically articulate a financial hardship.

1 This practice upends the duties imposed by the law.

2 1.5 Although Providence utilizes a sophisticated tool to identify unpaid accounts
3 associated with potentially charity care qualified patients before sending these accounts to Debt
4 Collectors, it typically fails to inform patients when they are identified by the tool as charity care
5 qualified. By failing to disclose to patients when it knows that they are charity care eligible,
6 Providence prevents patients from using the knowledge of their charity care eligibility to request
7 charity care on other outstanding accounts, for future care, or for family members.²

8 1.6 Worse yet, even when Providence knows that patients are charity care qualified,
9 it still sends some patients, including charity care qualified patients with income between 151-
10 200% FPL and patients enrolled in Medicaid, to Debt Collectors. These practices subject some
11 of the most low-income and vulnerable Washingtonians to aggressive attempts to collect
12 payment by Debt Collectors. In spite of multiple warnings from staff from as early as 2019 that
13 it was sending low-income patients to Debt Collectors, in November 2021 Providence's Chief
14 Revenue Cycle Officer testified that Providence was still sending low-income patients to Debt
15 Collectors. From September 2019 through September 2021, Providence sent 46,783 accounts
16 with outstanding balances of over \$53 million associated with patients identified as having
17 income between 151-200% FPL to Debt Collectors. In the same time frame, Providence assigned
18 8,454 accounts of currently enrolled Medicaid patients, totaling \$20.3 million dollars in charges,
19 to Debt Collectors. Upon information and belief, Providence continues to send charity care
20 eligible patients to Debt Collectors to this date.

21 1.7 Providence's acts and practices exploit the power and knowledge imbalance
22 between Providence and its patients for its own financial gain. While Providence is fully aware
23 of its charity care obligations to patients, many of its low-income patients are not. Without an
24

25 ² In a *de minimis* number of cases where a patient identified as presumptively charity care
26 qualified previously made a partial payment on their delinquent account, Providence may notify them of
their presumptive charity care qualification and give them an opportunity to apply for a refund.

1 understanding of their charity care rights, Providence's patients may pay medical bills that are
2 eligible for charity care or defer necessary care out of fear of the high cost of hospital care.

3 **II. JURISDICTION AND VENUE**

4 2.1 This Complaint is filed and these proceedings are instituted under the provisions
5 of the Consumer Protection Act, RCW 19.86.

6 2.2 Venue is proper in King County pursuant to RCW 4.12.020 and RCW 4.12.025
7 because the violations alleged in this Complaint were and are being committed in whole or in part
8 in King County, and Defendants reside in whole or in part in King County.

9 2.3 The violations alleged in this Complaint are injurious to the public interest.

10 2.4 The Court has jurisdiction over this matter under RCW 19.86.080 and
11 RCW 19.86.140.

12 **III. PARTIES**

13 **A. Plaintiff.**

14 3.1 Plaintiff is the Attorney General of the State of Washington.

15 3.2 The Attorney General is authorized to commence this action by RCW 19.86.080
16 and RCW 19.86.140. The Attorney General may seek restitution, injunctive relief and civil
17 penalties in an action brought under RCW 19.86.080 and RCW 19.86.140.

18 **B. Defendants.**

19 3.3 Providence Health & Services Washington is a tax-exempt nonprofit corporation
20 with its principal place of business in King County, Washington. It owns and operates eight
21 nonprofit hospitals in Washington consisting of Providence Centralia Hospital in Centralia,
22 Providence St. Joseph Hospital in Chewelah, Providence Mount Carmel Hospital in Colville,
23 Providence Regional Medical Center in Everett, Providence St. Peter Hospital in Olympia,
24 Providence Holy Family Hospital in Spokane, Providence Sacred Heart Medical Center in
25 Spokane, and Providence St. Mary Medical Center in Walla Walla.

26 3.4 Swedish Health Services is a tax-exempt nonprofit corporation with its principal

1 place of business in King County, Washington. It owns and operates four nonprofit hospitals in
2 Washington located in Seattle (First Hill, Cherry Hill, Ballard), and Issaquah, all of which are
3 affiliated with Providence Health & Services Washington.

4 3.5 Swedish Edmonds is a tax-exempt nonprofit corporation with its principal place
5 of business in Snohomish County, Washington. It owns and operates Swedish Edmonds, formerly
6 known as Stevens Hospital, in Edmonds. Although separately incorporated, Swedish Edmonds is
7 part of Swedish Health Services (collectively, Swedish), and is also affiliated with Providence
8 Health & Services Washington.

9 3.6 Kadlec Regional Medical Center is a tax-exempt nonprofit corporation with its
10 principal place of business in Benton County, Washington. It owns and operates Kadlec Regional
11 Medical Center (Kadlec), in Richland, and is also affiliated with Providence Health & Services
12 Washington.

13 3.7 All of these Providence and Providence-affiliated hospitals in Washington
14 (hereafter collectively referred to as Providence) are part of Providence St. Joseph Health, a
15 national, tax-exempt, nonprofit health system based in King County, Washington.

16 IV. FACTS

17 A. Washington's Charity Care Act.

18 4.1 In 1989, the Legislature enacted the Charity Care Act, RCW 70.170, mandating that
19 all Washington hospitals must provide charity care. The Legislature found that "rising health care
20 costs and access to health care services are of vital concern to the people of this state," making it
21 "essential that strategies be explored that moderate health care costs and promote access to health
22 care services." RCW 70.170.010(2). Because "access to health care is among the state's goals and
23 the provision of such care should be among the purposes of health care providers and facilities," the
24
25
26

1 Legislature called for the establishment of “charity care requirements” for all hospitals to ensure
2 access to necessary hospital care. RCW 70.170.010(3).

3 4.2 The Charity Care Act requires Washington hospitals to make free and reduced-cost
4 charity care available to low-income patients. RCW 70.170.060. The Act and its implementing
5 regulations (collectively, the Charity Care Act or the Act) require Washington hospitals to provide
6 charity care to all “indigent” patients, which is defined as all patients with household income at or
7 below 200% of the federal poverty level (FPL). RCW 70.170.060(5) (requiring charity care for full
8 amount of hospital charges for patients at or below 100% FPL); WAC 246-453-040(2) (requiring
9 partial charity care for patients between 101% and 200% FPL).³ This charity care obligation extends
10 to all “medically necessary hospital health care.” RCW 70.170.020(4).⁴

11 4.3 Importantly, the Legislature’s charity care mandate is not limited to uninsured
12 patients, but also includes low-income insured patients to the extent they have out-of-pocket
13 responsibilities not covered by insurance. RCW 70.170.020 (charity care applies “to the extent that
14 the persons are unable to pay for the care or to pay deductibles or coinsurance amounts required by
15 a third-party payer”); WAC 246-453-010(4) (“indigent persons” covered by charity care include
16 “patients who have exhausted any third-party sources, including Medicare and Medicaid, and
17 whose income is equal to or below 200%” FPL”).

18 **B. Providence trains its staff to use collection tactics that create the deceptive net**
19 **impression that all patients must pay for their care regardless of their income level.**

20 4.4 Providence has trained its staff to collect payment from patients using methods
21 that obscure the availability of charity care. Rather than meaningfully disclosing the availability
22 of charity care before attempting to collect payment from patients, Providence gives patients the
23

24
25 ³ Under 2022 poverty guidelines, 100% FPL and 200% FPL for a four-person household are
incomes of \$27,750 and \$55,500 per year, respectively. See <https://aspe.hhs.gov/poverty-guidelines>.

26 ⁴ The terms “charity care” and “financial assistance” are used interchangeably in this Complaint.

1 deceptive impression that they must pay the full requested amount for their care immediately
2 regardless of their ability to pay.

3 4.5 Beginning in 2018, Providence rolled out a number of initiatives aimed at
4 dramatically increasing the amount of payments it collects directly from patients. These initiatives
5 were known collectively as “RevUp.”

6 4.6 McKinsey & Company (McKinsey), an international consulting firm, assisted
7 Providence in designing and implementing RevUp. In 2019, McKinsey was Providence’s highest
8 paid independent contractor, receiving over \$45 million from Providence for its consulting work.

9 4.7 As part of RevUp, Providence distributed training and scripting materials to all
10 staff who directly interact with patients (scheduling, registration staff, call center staff, and
11 financial counselors). These materials direct staff to attempt to collect payment during every
12 interaction with patients, instructing staff to “***Ask Every Patient Every Time***” to pay their hospital
13 bills. These documents demonstrate Providence’s clear expectation that its staff should engage in
14 robust payment collection at every opportunity regardless of a patient’s ability to pay:
15 “Collections while providing excellent service is your job,” and “it is an expectation that an ask
16 for payment is made.”

17 1. ***Providence trains its staff to ask patients “how would you like to pay today?”***
18 ***to impress on patients that payment is expected.***

19 4.8 Providence trains its staff to use specific collection phrasing to give patients the
20 deceptive impression that immediate payment in full for their care is expected.

21 4.9 Providence trains its staff to identify the amount owed by the patient and then ask
22 the patient *how* they want to pay that amount *today*.

23 4.10 It is clear that Providence specifically selected this phrasing to eliminate any
24 notion that patients could delay, avoid, or defer payment or seek charity care to which the patient
25 is entitled.

26 4.11 The RevUp training materials illustrate how Providence imparted this collection

scripting to its staff. The RevUp materials direct staff to begin their collection attempts by explaining how they determined the amount the patient owed and stating the amount due. The materials then direct staff to inform the patient that the hospital accepts “cash, checks, credit/debit cards, flex spending accounts, and health saving accounts,” followed by “*How would you like to pay that today?*”

4.12 Providence’s training materials explain that it selected this phrasing because it gives patients the net impression that “*payment is expected.*” The materials stress that staff should not ask patients “*if* they will pay,” if they would *like* to pay, or otherwise use language that could suggest that delaying payment is an option. Instead, staff should always ask: “*how* they will pay.” Providence trains its staff to use this scripting during all collection and payment conversations with patients, including during registration and at other points prior to a patient receiving treatment.

How to Ask



Explain how the amount was determined

“Mr. Patient, we verified your insurance coverage and benefits with your insurance company.”

State the amount due

“Based on the services provided and your benefits the **Estimated Liability Due of \$\$\$.**” (Copay, Deductible, or Coinsurance)

List accepted payment methods

“We accept **Cash, Checks, Credit/Debit Cards, Flex Spending Accounts, and Health Savings Accounts.**”



Ask the question in a way that payment is expected

“**How** would you like to pay that **today?**”

4.13 The presenter notes from one of the RevUp trainings further direct the trainer to

1 inform Providence's staff that they should "avoid asking questions that allow the pt [patient] to
2 assume there is an option NOT to pay." The notes direct the trainer to explain the importance of
3 asking **how** patient will pay by explaining that "[w]ould you Mind: is a weak phrase, it ask[s] the
4 patient to say, 'No' easier. Ask HOW the patient will pay, 'Your expected patient portion today
5 is your \$1,000 deductible. We accept cash, check, or credit cards, which method will [you] be
6 using today?'"

7 4.14 The former Director of Providence's Patient Access Department, which handles
8 patient registration, testified that the staff she oversaw followed this scripting when collecting
9 payment from patients before treatment. She confirmed that when collecting copays from patients
10 during registration, her staff was trained to "inform the patient that they -- that their insurance
11 company did require a co-payment, and we would ask how they would want to pay that today."

12 4.15 Similarly, the Executive Director of Customer Experience at Providence, charged
13 with oversight of call center staff, admitted that those staff members were trained to use the same
14 suggestive language when speaking to patients about their hospital bills. She confirmed that: "the
15 training was how would you like to pay that? I see you have a balance owing of a hundred dollars,
16 how would [you] like to pay that today?"

17 4.16 Providence's collection scripting promotes the deceptive net impression that all
18 patients are required to immediately pay for any out-of-pocket expenses associated with their care
19 when, in reality, some or all of these expenses could be covered by charity care.

20 **2. Providence does not train staff to provide a meaningful charity care disclosure**
21 **prior to its deceptive collection demands.**

22 4.17 Providence does not provide patients with a robust charity care disclosure prior to
23 these payment demands, heightening the deceptive net impression that patients must pay for their
24 care immediately.

25 4.18 The only written information Providence proactively gives patients during
26 registration regarding the availability of charity care is buried in broad-ranging and dense forms,

1 which, upon information and belief, staff members review with patients in a rushed, cursory
2 manner if at all.

3 4.19 At Swedish, this form is known as the Conditions of Admission (COA). The COA
4 is a single-page document with condensed text covering everything from a patient's consent to
5 treatment, to Swedish disclaiming responsibility for a patient's personal belongings, to the
6 disclosure of medical information.

7 4.20 At Providence's other Washington hospitals this form is known as the Consent for
8 Service, and covers a similar swath of broad-ranging topics.

9 4.21 Though Swedish's COA directs registration staff to offer all patients a brochure
10 on its charity care program, staff only provide patients with this brochure if patients specifically
11 request the brochure.

12 4.22 Similarly, Providence's other Washington hospitals only offer or provide a
13 brochure on charity care to patients if the patient specifically requests one or if the patient
14 articulates an inability to pay for their care.

15 4.23 Upon information and belief, many Providence facilities do not make charity care
16 brochures and other material specific to charity care readily available in areas where patients
17 register for treatment or other public areas of the hospital.

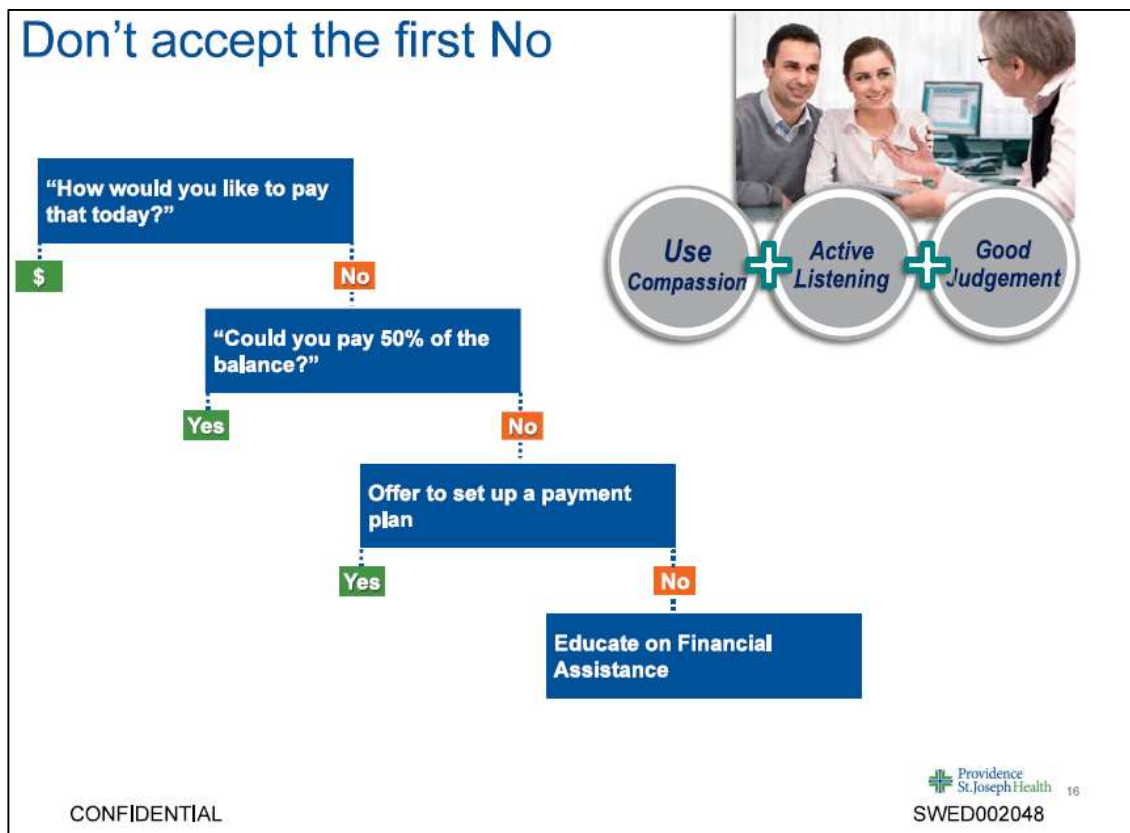
18 4.24 To the extent signs regarding the availability of charity care are posted in
19 Providence hospitals, these signs are often placed in areas that could easily be missed by patients
20 or are drowned out by other postings and notices.

21 4.25 Providence's fleeting reference to the availability of charity care in the context of
22 its dense and broad-ranging admission forms, which are not routinely provided to patients, along
23 with a notice of its charity care program posted among a swarm of other notices at registration
24 areas, is not sufficient to put patients on notice of their charity care rights before being subject to
25 Providence's aggressive collection attempts described above.

3. ***Providence trains its staff to continue to attempt to collect even after patients decline to pay.***

4.26 Providence trains its staff to continue to pressure patients to pay even after patients rebuff its initial collection attempt.

4.27 A collection training from 2018 details this approach. A slide from this training, titled “***Don’t Accept the first No,***” describes the sequence of payment options staff should present to patients before providing information about charity care. This sequence includes: (1) payment in full; (2) payment of 50% of their balance upfront; and (3) a payment plan. Only after each of these options are presented and declined by patients, are staff instructed to provide patients with information on charity care:



4.28 The 2018 training included numerous “registration scenarios” which demonstrated how staff could implement these collection techniques. One of these scenarios relates to a patient in the emergency department who responds to a request for a \$200 copay by asking: “Can you

1 just bill me? I don't have the money to pay today." The training directs staff to respond as follows:

2 "Would you be able to pay **half** of the **balance today, \$100** to reduce the amount
3 that you have to worry about later?"

4 *If NO,*

5 "Would you like me to indicate that you will be paying the balance in full when
6 you receive the bill?"

7 *If NO,*

8 "We offer **6 months zero-interest payment plans**. Would you like me to document
9 that you would prefer to have a representative call you to set up a monthly payment
10 plan?"

11 *If Patient states that they will not be able to afford this,*

12 "We do offer financial assistance for those patients who do not have the ability to
13 pay. Would you like an application?"

14 4.29 Another scenario from this training involves registering a patient at their bedside
15 in the emergency department and requesting payment of a \$275 copay. In this scenario, the patient
16 responds: "I thought that you guys were nonprofit." The training materials direct staff members
17 to respond to as follows:

18 We are a nonprofit.

19 However, we want to inform our patients of their balances as soon as possible and
20 help the hospital invest in patient care by reducing billing costs.

21 **How** would you like to take care of this **today**?

- 22 • If **unable** to pay in full, ask for a percentage/deposit amount.
- 23 • If **unable**, offer to document that they will pay in full when they receive the bill.
- 24 • If **unable**, offer to document that they would like to be contacted about a **6 months zero-interest payment plan**.

25 The training materials do not direct staff to provide any information about charity care in this
26 scenario.

27 4.30 Providence's Executive Director of Customer Experience confirmed that staff in
28 Providence's call center, who field calls from patients who have questions about their hospital
29 bills, present patients' payment options in the same manner. In a September 2021 deposition, the
30 Customer Experience Director testified:

31 [I]f the patient said they couldn't pay the full amount, let's say they owed a hundred
32 dollars, we would say that's okay, are you able to make that in two payments? So,
33 that was pretty much the training was how would you like to pay that? I see you
34 have a balance owing of a hundred dollars, how would like to pay that today? And
35 if the patient said I can't pay that today, they would say, that's okay we're here to

1 help you. Are you able to make that in two payments? Could you pay \$50 today
2 and we could collect the remaining \$50 next month....”

3 She went on to testify that if a patient could not pay \$50, then staff members are “encouraged to
4 continue to go down the path of extending out the payment plan further.” The only circumstance
5 in which Providence trains staff to suspend collections and provide patients with information
6 about charity care is when a patient affirmatively indicates that they have a financial hardship or
7 specifically requests information about financial assistance.

8 4.31 In sum, Providence’s collection measures are aggressive. Providence trains staff
9 to use scripts designed to give patients the impression that they are required to pay for their care
10 immediately and to make multiple attempts to collect without meaningfully disclosing the
11 availability of charity care until those collection attempts are exhausted even when told that the
12 patient is unable to pay.

13 4.32 These aggressive collection measures capitalize on the power and knowledge
14 imbalance between Providence and its patients. Providence is fully aware of the availability of
15 charity care. Many of Providence’s low-income patients, however, are not.

16 **C. Through RevUp, Providence has developed a corporate culture that elevates**
17 **collections over creating access to charity care.**

18 4.33 Providence takes additional measures to reinforce pressure on staff to collect as
19 much money as possible from patients, further fostering an aggressive collection culture among
20 its staff. For example, Providence evaluates staff interactions with patients based on how well the
21 staff members followed the collection script addressed above.

22 4.34 In order to enhance its collections from patients through RevUp, Providence sets
23 aggressive revenue targets for all teams that engage in patient cash collection, including the
24 Patient Access team, the call center staff, and the financial counselors.

25 4.35 As part of the RevUp initiative, all employee teams that generate revenue for
26 Providence, including teams that collect directly from patients, have collection targets. Teams

1 meet weekly in what Providence refers to as “huddles” which are intended to “cultivate a culture
2 of collections and promote accountability.” Charts that indicate each team’s progress toward their
3 revenue goal are posted prominently in communal employee spaces. Individual team members’
4 collections are part of their annual review and managers face criticism if their teams do not meet
5 collection targets under RevUp.

6 4.36 Demonstrating the extent to which the RevUp ethos permeated Providence’s
7 corporate culture, for Halloween in 2018 one of the employees in Providence’s call center dressed
8 up in a wrestling costume and went by the moniker “RevUp Ricky.” Managers in Providence’s
9 Revenue Cycle department forwarded pictures of this and other revenue enhancement-themed
10 costumes to employees throughout Providence.

11 4.37 In another Halloween email, Providence’s Executive Director of Customer
12 Experience included a picture of a Providence employee holding a large dollar sign. The dollar
13 sign had the word “how” written on it – a clear reference to Providence’s direction to its staff to
14 ask patients *how* they would like to pay. Below the word “how,” superimposed on the dollar sign,



1 was “50%” – a reference to Providence’s requirement that staff ask patients who cannot pay in
2 full to pay 50% of their amount owing. The Customer Experience Director wrote: “I promised
3 that we’d send pictures out so I took these at our Self-Pay “Rev Up” huddle this morning... Love
4 the positive energy and focus on increasing collections!” This email was sent to managers and
5 directors in Providence’s Revenue Cycle department and its McKinsey consultants.

6 **D. Providence proactively screens patients to identify payment sources from which it**
7 **can draw reimbursement, but unfairly fails to conduct any similar screening to**
8 **determine patients’ eligibility for charity care.**

9 4.38 Because it is in Providence’s financial interest to identify sources of payment for
10 patient’s care, it goes to great lengths to screen patients to determine if they have or are eligible
11 for insurance or other third-party payment sources before it attempts to collect directly from
12 patients. Meanwhile, Providence conducts no similar screening to determine whether patients
13 qualify for charity care as required by Washington law.

14 4.39 The Charity Care Act requires hospitals to “make every reasonable effort” to
15 screen patients for “sponsorship status,” both to identify any available private or public insurance
16 (e.g., commercial insurance, Medicare, Medicaid) and to determine if the patient may qualify for
17 charity care, before attempting to collect from patients. “Sponsorship status” under the Act means
18 both insurance status and eligibility for charity care. RCW 70.170.060(10).

19 4.40 Specifically, RCW 70.170.060(10) requires hospitals to “make every reasonable
20 effort to determine . . . (a) The existence or nonexistence of private or public sponsorship which
21 might cover in full or part the charges for care rendered by the hospital to a patient; (b) The annual
22 family income of the patient as classified under the federal poverty income guidelines . . .; and
23 (c) The eligibility of the patient for charity care.”

24 4.41 The Charity Care Act requires that this “initial determination of sponsorship
25 status,” including the hospital’s assessment of the patient’s eligibility for charity care, “*shall*
26 precede collection efforts directed at the patient.” RCW 70.170.060(10)(c) (emphasis added).
This initial determination of sponsorship status must be completed at the time of admission or as

1 soon as possible following the initiation of services to the patient. WAC 246-453-020(1)(b). If a
2 patient appears to be eligible for charity care based on the initial determination of sponsorship
3 status, hospitals must suspend any attempt to collect payment from the patient and give them a
4 reasonable opportunity to apply for charity care. WAC 246-453-020(1)(c).

5 4.42 The Charity Care Act defines collection efforts broadly to include “any demand
6 for payment or transmission of account documents or information which is not clearly identified
7 as being intended solely for the purpose of transmitting information to the responsible party[.]”
8 WAC 246-453-020(1)(a).

9 4.43 This determination of patients’ family income and eligibility for charity care can
10 be achieved very simply. Providence need only ask patients to identify their income and family
11 size to determine where they fall under the federal poverty levels. Indeed, as discussed in more
12 detail below, Providence already routinely asks patients these questions when screening them for
13 Medicaid eligibility.

14 ***1. Screening during registration.***

15 4.44 Providence conducts an in-depth screening during registration, before requesting
16 payment. However, if this screening reveals that the patient has health insurance, Providence stops
17 the screening process and attempts to collect any out-of-pocket amounts the patient owes, even
18 though many of its insured patients are eligible for charity care for the patient responsibility
19 portion of their care based on their income.

20 4.45 Providence requests an extensive amount of personal information from patients
21 during registration. Providence asks patients to identify their name, date of birth, address, contact
22 information, Social Security number, religious preference, race and ethnicity, marital status,
23 whether they need an interpreter, their primary language, information about their employer,
24 emergency contact information and family members contact information, and whether they have
25 an advanced directive. Depending on the nature of the injury, Providence also trains registration
26 staff to ask questions to determine if additional payment sources exist, such as worker’s

1 compensation coverage for workplace injuries or auto insurance for patients involved in car
2 accidents.

3 4.46 The abundance of detailed information Providence gathers from patients during
4 registration, including information that relates directly to patients' potential eligibility for charity
5 care, such as employment, marital, and insurance status, demonstrates the ease with which
6 Providence could screen patients for charity care eligibility when it is already screening patients
7 to identify potential payment sources.

8 4.47 However, rather than screening all patients for charity care prior to attempting to
9 collect, as required by Washington law, Providence trains its staff to attempt to collect from
10 patients and only suspend collections when patients affirmatively request information about
11 charity care or specifically articulate a financial hardship.

12 4.48 Providence's practices unfairly shift the burden that Washington law places
13 squarely on hospitals onto its low-income patients to self-identify as charity care eligible.
14 However, patients in general, and low-income patients especially, are likely unfamiliar with
15 hospitals' charity care obligations.

16 ***2. Financial counselor screening.***

17 4.49 Providence trains financial counselors and patient financial advocates to screen
18 uninsured patients to identify any coverage options patients may qualify for, including Medicaid
19 (Medicaid Screening). Despite having enough information to make a charity care determination
20 at this time, Providence trains staff to attempt to collect payment from patients before screening
21 them for charity care eligibility when they do not qualify for Medicaid or other coverage options.

22 4.50 When meeting with uninsured patients, Providence's financial counselors/patient
23 financial advocates ask patients a series of questions to determine if they qualify for Medicaid,
24 subsidized insurance through the Washington Health Benefit Exchange, COBRA coverage,
25 coverage through auto insurance, and other options. During this screening, financial counselors
26 ask uninsured patients questions to determine their income and household size because many of

1 the programs included in the Medicaid Screening are income-based.

2 4.51 Once financial counselors know a patient's income and family size for purposes
3 of Medicaid Screening, they could determine the patient's charity care eligibility, as required by
4 law, but they are specifically trained by Providence not to. Instead, if a patient does not qualify
5 for any coverage options, Providence trains staff to aggressively collect payment from them
6 following the same sequence of payment options described above, pressuring patients to: (i) pay
7 in full, (ii) pay a deposit or a percentage of their out-of-pocket responsibilities, (iii) enter a short-
8 term payment plan, and if all else fails, (iv) then only presenting information about financial
9 assistance as a last resort.

10 **E. Even when Providence knows patients are charity care eligible, it unfairly and**
11 **deceptively fails to disclose this vital information to them.**

12 4.52 Providence gathers significant information about patients' ability to pay for their
13 care post-treatment, but does not share this information with patients.

14 4.53 Providence sends patients' bills for their care at 30, 60, and 90 days post-treatment,
15 and a final statement around day 120 post-treatment, called a pre-collect letter, in addition to
16 making collection phone calls. If the patient does not pay after the pre-collect letter and does not
17 qualify for presumptive charity care as described below, Providence sends the patient's account
18 to a Debt Collector.

19 4.54 Providence utilizes sophisticated analytical tools during its billing and collection
20 process that screen patients to predict their income, likelihood of paying their hospital bills, and
21 eligibility for charity care. These tools allow Providence to prioritize its collection efforts to
22 increase collection revenue and to make cost-benefit decisions about which accounts to write off
23 to charity care and which to send to Debt Collectors.

24 4.55 Since 2018, Providence has used tools offered by Experian, a credit reporting
25 agency, which predict patients' likelihood of paying their bill and eligibility for charity care.
26

1 ***1. Propensity to pay screening.***

2 4.56 To increase the efficiency of its collection efforts, Providence obtains a
3 “propensity to pay” score at the first indication that a patient may not pay their bill (roughly day
4 45 in the billing cycle).

5 4.57 Experian’s marketing materials explain that “a collection strategy that utilizes
6 Experian Health’s Propensity to Pay scoring increases the efficiency of collection efforts ... by
7 optimizing the order of accounts on which collection actions are taken,” and “Payment Propensity
8 can maximize cash flow from limited collection resources.”

9 4.58 The propensity to pay tool evaluates accounts to determine whether patients have
10 a “low,” “medium” or “high” propensity to pay based on publicly available financial data such as
11 credit history, combined with historical patient payment information from hospitals around the
12 country.

13 4.59 Providence uses the propensity to pay scoring to strategize which patients to call
14 regarding outstanding accounts. In a September 2021 deposition, Providence’s Executive Director
15 of Customer Experience testified that Providence calls high propensity to pay patients because it
16 believes they have the “ability to pay” and does not call low propensity to pay patients because it
17 believes that they do not have the ability to pay and will likely qualify for presumptive charity
18 care.

19 4.60 Even though Providence knows that patients with low propensity to pay scores are
20 likely charity care qualified as early as 45 days in the billing cycle, it takes no steps to inform
21 patients of their likely eligibility for charity care. Instead, Providence continues to attempt to
22 collect payment from those patients, including by sending bills at 60 and 90 days and a pre-collect
23 letter, before it evaluates them for presumptive charity care as described below or sends their
24 accounts to Debt Collectors.

25 ***2. Presumptive charity care screening.***

26 4.61 Once Providence exhausts all of its collection efforts, its last step before sending

1 an outstanding account to a Debt Collector is to use Experian's income and family size tools to
2 identify accounts associated with patients who are charity care qualified. Providence refers to
3 Experian's income and family size tools as a presumptive charity care tool and to charity care
4 extended through the use of these tools as presumptive charity care.

5 4.62 After sending patients three bills and a final statement, if a patient account has an
6 outstanding balance, Providence sends the patients' account to Experian to determine the patients'
7 income and family size. Experian then returns to Providence the patient's estimated household
8 income as a percentage of FPL. Based on Experian's projection of the patient's family income,
9 Providence writes off certain accounts as presumptive charity care without requiring the patients
10 to submit a charity care application or provide proof of their income.

11 4.63 Upon information and belief, to estimate patients' income and family size,
12 Experian compares publicly available information about patients to a model it created that
13 aggregates income data provided in tens of thousands of previously submitted charity care
14 applications. Upon information and belief, Experian represents that its income model is reliable
15 and will correctly project patients' income 87% of the time.

16 4.64 Because Providence receives all the information needed by Experian to provide an
17 estimated income, namely the patient's name and address, at patient scheduling or registration, it
18 could use Experian's estimated income tool to identify charity care eligible patients prior to
19 attempting to collect payment (as is required by the Charity Care Act). Instead, Providence waits
20 until it has exhausted all opportunities to collect from patients before it screens them for charity
21 care eligibility.

22 4.65 Providence writes off certain unpaid accounts as presumptive charity care when
23 the estimated income tool identifies the patient as charity care qualified. Yet, Providence does not
24 notify most patients that they have been determined to be presumptively charity care qualified or
25
26

1 that it wrote-off their charges as charity care.⁵

2 4.66 Importantly, when Providence writes off an account to presumptive charity it
3 applies charity care only to the particular account that has run through its billing cycle. Providence
4 does not grant presumptive charity care on the patient's other accounts or on their family
5 members' accounts. Thus, if the patient or the patient's family members have other outstanding
6 accounts with Providence, it continues to attempt to collect on those accounts despite knowing
7 these patients are presumptively charity care qualified. Further, if the patient or a patient's family
8 member return to Providence for additional care after their account has been written off to
9 presumptive charity, then Providence attempts to collect payment for that care.

10 4.67 Providence's failure to notify patients of their qualification for presumptive charity
11 care is deceptive and unfairly furthers the unequal bargaining positions between Providence and
12 its low-income patients. If Providence informed patients of their presumptive charity care
13 eligibility, patients would be in a better position to request charity care on other outstanding
14 accounts or the next time they or a family member seek medical treatment.

15 4.68 Upon information and belief, low-income patients are more likely than higher-
16 income patients to forego future care based on past hospital bills. Thus, Providence's failure to
17 disclose to patients that they are presumptively charity care qualified may deter low-income
18 patients who are concerned about the high cost of hospital treatment from seeking necessary care
19 in the future.

20 4.69 Providence must disclose to patients when it knows that they are presumptively
21 charity care qualified, suspend its attempts to collect payment, and give them an opportunity to
22 apply for charity care, just as it would with patients identified as charity care eligible through
23

24 ⁵ Providence asserts that patients identified as presumptively charity care qualified who
25 previously made a partial payment on their account may be notified of this fact and encouraged to apply
26 for a refund of their payment. Upon information and belief, since Providence only runs severely
delinquent accounts through the presumptive charity care tool, very few partial payments are made on
accounts later identified as associated with presumptively charity care qualified consumers.

1 other avenues.

2 **F. Providence unfairly sends the accounts of patients who it knows are charity care**
3 **eligible to Debt Collectors.**

4 4.70 Starting in September 2019, Providence significantly narrowed the category of
5 accounts it runs through the presumptive charity tool to include only uninsured patients. Based
6 on this change Providence now sends all accounts associated with insured patients that are
7 delinquent at the end of its billing cycle directly to Debt Collectors.

8 4.71 At the same time, Providence also stopped granting presumptive charity care on
9 patient accounts identified by Experian's PFC tool as associated with patients who have
10 household incomes between 151% and 200% FPL (despite these patients qualifying for charity
11 care) and now sends these accounts to Debt Collectors.

12 4.72 Internal Providence emails reveal that it chose to send insured patients and those
13 with incomes between 151-200% FPL to Debt Collectors because it believed these patients might
14 pay their bills if collection attempts continued. In a January 17, 2020 email, Providence's
15 Executive Director of Customer Experience explained that Providence narrowed its use of the
16 presumptive charity care tool because its charity care numbers were "spiking" and it believed
17 that patients with insurance, regardless of their income level, would potentially pay on their
18 account if their accounts were sent to collections. In the same email, the Director confirmed that
19 the changes to Providence's use of its presumptive tool had its desired impact of lowering charity
20 care "across all markets." Providence's Chief Revenue Cycle Officer testified that Providence
21 chose to exclude patients with insurance from presumptive charity care altogether because
22 patients' share of responsibility for payment for their care relative to their insurance carriers had
23 increased and Providence wished to collect these greater patient responsibility shares.

24 4.73 From September 2019 through September 2021, Providence and its affiliated
25 Washington hospitals sent 46,783 accounts associated with patients identified by its presumptive
26

1 charity care tool as having income between 151-200% FPL to Debt Collectors. Collectively,
2 these accounts had outstanding balances of \$53 million dollars.

3 4.74 Providence fails to disclose to patients identified as having income between 151-
4 200% FPL that they are charity care eligible before sending them to Debt Collectors.

5 4.75 Upon information and belief, Providence's Debt Collectors send unlawful written
6 collection communications to patients with income between 151-200% FPL, make unlawful
7 collection phone calls to them, and engage in derogatory credit reporting.

8 4.76 Providence uses numerous Debt Collectors including but not limited to Harris &
9 Harris and Optimum Outcomes Inc.

10 4.77 In November 2021, Providence Chief Revenue Cycle Officer testified that it was
11 still sending patients with income between 151-200% FPL to Debt Collectors. Upon information
12 and belief, Providence continues to knowingly send presumptively charity care qualified patients
13 to Debt Collectors to date.

14 ***1. Collection from Medicaid enrollees.***

15 4.78 Most patients that qualify for Medicaid in Washington have income equal to or
16 less than 200% FPL, qualifying them for charity care under the Charity Care Act. As admitted by
17 Providence's Executive Director of Customer Experience: "if the patient is going to qualify for
18 Medicaid, they would probably also qualify for our financial assistance program." Indeed,
19 Providence and Swedish's own charity care policies explain that patients "who are eligible for
20 FPL-qualified programs such as Medicaid and other government-sponsored low-income
21 assistance programs, are deemed to be indigent." However, Providence excludes Medicaid
22 enrollees from its presumptive charity care screening because they are insured.

23 4.79 Medicaid enrollees may still need charity care for charges incurred before they
24 enrolled in Medicaid.⁶ For example, patients are often uninsured at the time of their Medicaid
25

26 ⁶ Retroactive Medicaid is granted in some circumstances but this only covers charges incurred in
the three months preceding the patient's Medicaid application.

1 enrollment, so they may be responsible for the full cost of their hospital care prior to their
2 enrollment in Medicaid.

3 4.80 Prior to RevUp, Providence's financial counselors reviewed whether Medicaid-
4 approved patients owed payment for treatment prior to their enrollment in Medicaid and typically
5 manually wrote off any amounts owed because they knew the patients qualified for charity care.
6 However, Providence stopped this practice around the time it implemented RevUp and replaced
7 the financial counselors' analysis with a process that awarded presumptive charity care
8 exclusively through the Experian tool.

9 4.81 In late 2019, after Providence excluded insured patients from presumptive charity
10 care, Providence staff noticed and were alarmed that a large number of Medicaid patients were
11 being sent to Debt Collectors. Providence staff warned their leadership that Providence was
12 sending obviously charity care qualified patients to Debt Collectors. In a December 2019 email
13 to other high-level Providence staff, the Director of Financial Counseling and Assistance for
14 Providence's Pacific Northwest region (Financial Counseling Director) expressed her alarm over
15 this issue. The Financial Counseling Director expressed particular concern that many of the
16 accounts Providence was sending to bad debt were for treatment that Medicaid enrolled patients
17 received while they were uninsured:

18 I just want it made clear to our leadership that patients that would normally have
19 been eligible for charity care are going to bad debt and are now Medicaid Eligible...
20 ***We are sending the poor to bad debt*** and not treating them the same as other
21 patients that would be uninsured for the days of admit prior to Medicaid Eligibility.
I am trying to get a leadership decision and make sure they are aware of the risk
associated with sending these patients [to] bad debt. (Emphasis added.)

22 4.82 From September 2019 through September 2021, Providence's Washington
23 hospitals assigned 8,454 accounts with balances totaling \$20.3 million to collection for patients
24 with Medicaid as primary, secondary, or tertiary coverage.

25 4.83 Providence fails to disclose to Medicaid patients that they are charity care eligible
26 before sending them to Debt Collectors.

1 4.84 Upon information and belief, Providence’s Debt Collectors send unlawful written
2 collection communications to these Medicaid-enrolled consumers, makes unlawful collection
3 phone calls to them, and engages in derogatory credit reporting.

4 4.85 In November 2021, Providence Chief Revenue Cycle Officer testified that it had
5 taken no steps to prevent accounts associated with Medicaid patients from being sent to Debt
6 Collectors. Upon information and belief, Providence continues this practice to date.

7 **G. Providence’s pre-collect letter creates the deceptive net impression that negative**
8 **credit reporting and a lawsuit is imminent if patients do not immediately pay their**
9 **balance.**

10 4.86 After sending patients three statements, at 30, 60, and 90 days post-treatment,
11 Providence sends a fourth and final notice to patients, referred to as a pre-collect letter, prior to
12 sending patients’ accounts to a debt collector. Upon information and belief, the pre-collect letter
13 used by each of Providence’s Washington hospitals contains the same or substantially similar
14 content.

15 4.87 Currently, Swedish’s pre-collect letter contains the following notice:

16 FINAL NOTICE – If you do not make arrangements to resolve your balance or pay
17 in full within 30 days, your account may be forwarded to a collection agency, which
18 may report your account to credit reporting agencies or initiate legal action.

19 4.88 After sending the pre-collect letter, Providence waits approximately 30 days
20 before assigning the patient’s account to a debt collector if the account is not paid or the patient
21 fails to make alternative arrangements. Debt Collectors are barred from reporting delinquent
22 accounts related to medical debt to the credit reporting agencies for at least 180 days after
23 receiving the account.

24 4.89 The final notice in Providence’s pre-collect letter conveys the deceptive net
25 impression that negative credit reporting is imminent if the patient does not pay. However, based
26 on the timing of Providence’s billing cycle and statutory protections afforded to Washington
consumers, Debt Collectors are prohibited from reporting a patient’s delinquent account to credit
reporting agencies for at least 210 days (almost seven months) after the patient receives

1 Providence's pre-collect letter.

2 **H. Providence is a large, highly profitable corporation, which derives extraordinary**
3 **financial benefits from its tax-exempt, charitable nonprofit status.**

4 4.90 Providence operates as a tax-exempt, charitable, "not-for-profit" organization
5 under Section 501(c)(3) of the federal tax code, 26 U.S.C. § 501(c)(3). In return, Providence is
6 required by law to engage in charitable purposes and is exempt from state, county, and local
7 property taxes based on its nonprofit status.

8 4.91 In addition to the enormous value of these federal, state, county, and local tax
9 exemptions, Providence receives large tax benefits by issuing low-interest, tax-exempt bonds and
10 debt financing, and by soliciting and receiving tax-deductible charitable contributions.

11 4.92 At the same time, Providence generates enormous revenues and profits. In 2020
12 (during the COVID-19 pandemic), Providence's hospitals in Washington, including Swedish and
13 Kadlec, reported over \$18 billion in patient service revenues. The year before, in 2019,
14 Providence reported over \$19 billion in patient service revenues. And in 2018, it reported nearly
15 \$18 billion in patient service revenues.

16 4.93 In 2019, according to Medicare Cost reports, Providence earned \$118 million in
17 net revenues (total revenues less total expenses i.e. profit). Providence achieves its high
18 profitability despite granting generous salaries and benefits to executives and senior managers. In
19 2019, for instance, Providence paid its President, Mike Butler, \$4.1 million in compensation and
20 benefits, and its former President/CEO, Rod Hochman, received \$10.9 million in compensation
21 and benefits. The same year, the *average* annual compensation and benefits of Providence's ten
22 next highest paid employees was \$1.8 million.

23 4.94 Providence maintains deep reserves of cash, investment securities, and other assets
24 such as land, buildings, and equipment. In 2019, according to the Washington Department of
25 Health, Providence held over \$700 million in cash and investment securities, and the total value
26 of its land, buildings, and equipment was over \$4 billion.

4.95 Providence uses the profits from its hospital operations to support a venture capital fund through which it manages hundreds of millions of dollars in investments. Founded in 2014, Providence's investment fund, Providence Ventures, manages over \$300 million of investment capital supporting Providence's profit-generating investments in a wide array of other health care companies.

4.96 Providence has received substantial federal aid during the COVID-19 pandemic. In May, 2021 the New York Times reported that Providence Health and Services received approximately \$1 billion in pandemic-related federal aid.⁷

V. CLAIM FOR VIOLATION OF THE CONSUMER PROTECTION ACT, RCW 19.86.020

5.1 Plaintiff re-alleges paragraphs 1.1 through 4.96 and incorporates them as if fully set forth herein.

5.2 Upon information and belief, Providence engaged and continues to engage in unfair and deceptive conduct in trade or commerce affecting Washington consumers, including but not limited to the following:

5.2.1 Failing to adequately disclose the availability of charity care;

5.2.2 Creating the deceptive net impression that patients are required to pay for their care regardless of income or ability to pay;

5.2.3 Unfairly violating the public policy established by the Charity Care Act that requires hospitals to make every reasonable effort to screen patients for charity care eligibility prior to attempting to collect payment from them;

5.2.4 Unfairly screening patients to identify all insurance or coverage options that could pay for patients' care prior to attempting to collect payment from patients, while failing

⁷ Reed Abelson, *Buoyed by Federal Covid Aid, Big Hospital Chains Buy Up Competitors*, New York Times, May 21, 2021. See <https://www.nytimes.com/2021/05/21/health/covid-bailout-hospital-merger.html>.

1 to screen patients for charity care eligibility;

2 5.2.5 Unfairly and deceptively failing to disclose to patients when it knows that
3 they are presumptively charity care qualified;

4 5.2.6 Unfairly and deceptively continuing to attempt to collect payment from
5 patients it knows are presumptively charity care qualified;

6 5.2.7 Unfairly abandoning prior practices and failing to implement new
7 processes to prevent accounts associated with Medicaid-enrolled patients from being transferred
8 to Debt Collectors;

9 5.2.8 Sending patients a pre-collect letter that creates the deceptive net
10 impression that negative credit reporting or litigation is imminent if the patient does not pay; and

11 5.2.9 Unfairly and deceptively discouraging or deterring low-income patients
12 from seeking necessary hospital care, contrary to the public policy established by the Charity Care
13 Act.

14 5.3 The conduct described in paragraphs 1.1 through 5.2 constitutes unfair and
15 deceptive acts or practices in trade or commerce in violation of RCW 19.86.020 and is contrary
16 to the public interest.

17 5.4 These acts or practices occurred in trade or commerce, specifically the provision
18 of and payment for medical services by Washington residents.

19 5.5 These practices affected the public interest because they affect numerous
20 Washington consumers' ability to access affordable health care. These practices constitute a
21 pattern of conduct which Providence has committed in the course of its business and of which
22 there is a real and substantial potential for repetition.

23 **VI. PRAYER FOR RELIEF**

24 WHEREFORE, Plaintiff, State of Washington, prays that this Court grant the following
25 relief:

26 6.1 That the Court adjudge and decree that Defendants have engaged in the conduct

1 complained of herein.

2 6.2 That the Court adjudge and decree that the conduct complained of in this
3 Complaint constitutes unfair or deceptive acts or practices in violation of the Consumer Protection
4 Act, RCW 19.86.

5 6.3 That the Court issue a permanent injunction enjoining and restraining Defendants
6 and their representatives, successors, assigns, officers, agents, servants, employees, and all other
7 persons acting or claiming to act for, on behalf of, or in active concert or participation with
8 Defendants from continuing or engaging in the unlawful conduct complained of herein.

9 6.4 That the Court assess civil penalties, pursuant to RCW 19.86.140, of up to \$7,500
10 per violation against Defendants for each and every violation of RCW 19.86.020 alleged herein.

11 6.6 That the Court make such orders pursuant to RCW 19.86.080 as it deems
12 appropriate to provide for restitution and prejudgment interest on restitution to consumers of
13 money or property acquired by Defendant as a result of the conduct complained of herein.

14 6.7 That the Court awards the State of Washington all costs incurred in bringing this
15 action, including reasonable attorneys' fees.

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1 6.8 That the Court order such other relief as it may deem just and proper to fully and
2 effectively dissipate the effects of the conduct complained of herein, or which may otherwise
3 seem proper to the Court.

4 DATED this 3rd day of February, 2022.

5 Presented by:

6 ROBERT W. FERGUSON
7 Attorney General

8 /s/ Audrey Udashen

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