

General Law Committee

JOINT FAVORABLE REPORT

Bill No: HB-5127 / [Bill Status](#) / [Public Hearing Testimony](#)

Title: AN ACT CONCERNING MEDICAL CREDIT CARDS.

Vote Date: 3/11/2026

Vote Action: Joint Favorable Substitute

PH Date: 2/18/2026

File No.:

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SPONSORS OF BILL

General Law Committee

REASONS FOR BILL

Rep. Turco brought this proposal to the General Law Committee's attention with the intent of strengthening consumer protections regarding health and veterinary care providers promoting (typically high-cost) medical credit cards in their offices. It does *not* ban the cards but rather seeks to ensure a stronger separation between providing care and high-pressure credit card sales.

The use of medical credit cards to finance care has been attracting [attention](#) across the country, and the General Law Committee has taken particular note of rapid growth in medical credit card accounts in Connecticut. As of September 30, 2022, the largest medical credit card issuer in the state [reported](#) that they had 65,000 active accounts in Connecticut. In February 2026 [written testimony](#), that same issuer reported having "over 100,000." In other words, *over the course of roughly three and a half years, Connecticut's use of this product has grown by over 50%.*

HB 5127's consumer protection measures include the following:

- **Ensuring full consent:** In response to [various incidents](#) where patients were pushed to sign up while undergoing treatment, in pain, or even under anesthesia, the bill includes protections against offering these cards in treatment areas, as a patient's ability to consent is often impaired.
- **Avoiding surprise charges:** The committee has noted that many medical credit cards offer [deferred interest promotions](#). If a card's balance is not paid off in full within the promotional period, the patient owes *retroactive interest on the entire original amount*. The most popular medical credit card in Connecticut charges 32.99% APY.
 - To avoid unexpectedly starting the clock on a promotional period, the bill prohibits pre-charging for services.
 - Because some patients have reported surprise charges for "gift bag" items, the bill requires affirmative consent before charging ancillary items to a patient's card.

- **Requiring disclosures:** Patients have [reported](#) not understanding cards' promotional financing offers or being signed up for medical credit cards when their insurance should have covered a procedure.
 - If a patient does make an unsolicited request for information about a medical credit card, the bill requires various plain language disclosures before that information can be given to the patient.
 - Others have reported being charged for care that should have been covered by Medicare, Medicaid, or their private insurer. Consequently, the bill requires disclosures before charging a card for a covered service.

SUBSTITUTE LANGUAGE

The substitute language (LCO 2945) aims to address feedback received during the committee process. In response to concerns that providers may not know whether a card is medical, it extends certain protections to all credit cards. It clarifies that within certain parameters, it is permissible to display a medical credit card's logo to signify that it is an accepted form of payment. It was brought to the committee's attention that although medical care professionals are required to provide emergency care without regard for ability to pay, no such requirement exists in veterinary medicine. The substitute language makes certain exceptions in cases when a pet requires emergency treatment.

RESPONSE FROM ADMINISTRATION/AGENCY

[Attorney General William Tong](#) submitted written testimony in strong support of HB 5127 (with amendments) because it is necessary to protect Connecticut residents from "exploitative medical credit card practices" that cause consumers significant harm. The testimony highlights three main areas of concern:

- **"Inherently deceptive features"** cause consumers to owe significant interest on these cards. Tong writes that the cards are often marketed as "interest-free" for a promotional period, they are actually deferred interest products. If a consumer fails to pay the full balance by the deadline—even if they only have one dollar remaining, interest is applied retroactively to the entire original balance. He notes that the typical APR on these cards is 32.9% with a penalty rate of 39.9%, but the average APR for general purpose credit cards is 21%.
- **"Fundamentally perverse incentive structures"** encourage providers to upsell expensive services and receive immediate payment, without concern for the patient's ability to pay. He testifies that the cards also decrease providers' incentive to promote services that are covered by a patient's public or private insurance.
- Tong testifies that when consumers use medical credit products to pay for care, the card essentially converts medical debt to credit card debt, so patients can be exposed to more aggressive debt collection efforts and greater damage to their credit scores.

Requested amendments: (Language included in written testimony)

- **Strike subsection (b)(2)**, which allows providers to disclose credit card info upon an "unsolicited request from a patient." Tong argues that this provision would not be feasible to enforce.
- **Strike subsection (b)(1)(B)**. Tong argues that services known to be covered by insurance should never be permitted to be charged to medical credit cards, even if accompanied by disclosures.

[Department of Consumer Protection, Bryan Cafferelli, Commissioner](#)—Although DCP appreciates the bill's intent, the Department lacks the budgetary resources needed to support its implementation.

[Commission on Racial Equity in Public Health—Gretchen Shugarts, MA, Commission Analyst II](#)—The commission provided both written and spoken testimony in support of HB 5127. Shugarts's

commentary explains the impact of medical debt and predatory lending, with particular focus on the disproportionate impact of these practices on communities of color.

Requested amendments:

- **Require disclosures in the consumer’s preferred primary language** (“where reasonable”) and not just the language the provider uses, as this may not be the consumer’s preferred language.
- **Add specific penalties/consequences** for failure to comply.

[Office of the Healthcare Advocate \(OHA\), Kathleen Holt, Healthcare Advocate](#)—OHA provided written testimony in support of HB 5127. Holt writes that the bill would build on recent consumer protections enacted by the General Assembly with respect to medical debt. She notes that over a quarter of Connecticut residents receive unexpected medical bills each year, and more than a third experience financial hardships as a result of medical debt. Holt cites a recent survey indicating that 82% of residents who carry medical debt are also insured. OHA supports the bill, arguing that providers should not be able to use their positions of influence as a means of increasing payments toward their accounts receivable. OHA urges the committee to approve the bill’s additional but modest protections against unnecessary fees and finance charges.

NATURE AND SOURCES OF SUPPORT

[Consumer Reports—Charles Bell, Advocacy Programs Director](#)—Consumer Reports supports HB 5127, testifying that the bill would limit aggressive promotion of medical credit cards in providers’ offices and ensure that patients are not subject to undue pressure to apply for them. Bell testified in both spoken and written form.

In his written testimony, Bell highlights several concerns Consumer Reports has with medical credit cards, including their high costs. He testifies that these cards often have “deferred interest” features, where interest accrues from the day the transaction is processed. If a patient does not pay the full balance by the end of a promotional period, they are hit with retroactive interest charges on the entire original amount. Bell argues that the cards operate under a two-sided business model “where 0% repayment rates are cross-subsidized by higher interest charges incurred [by] low-income consumers.” The written testimony includes an appendix containing stories of patients who have been harmed by medical credit cards

During the public hearing, Bell noted that roughly one in four Connecticut households has outstanding medical bills, and he pointed out that the credit cards are ubiquitous in the medical system, with 285,000 providers across the country promoting them. He argued that these cards have caused providers to “outsource” payment operations, allowing them to receive prompt payment while shifting additional financial risk onto patients. In addition, he pointed out that there is a disparity in interest rates offered to banks and hospitals compared to those being offered to patients. Although banks can access money at a 3-4% interest rate and hospitals receive construction loans at 5-6%, consumers are being charged 33-40% by medical credit cards.

[Health Equity Solutions \(HES\)—Kally Moquete, Senior Manager of Policy and Advocacy](#)—Health Equity Solutions submitted written testimony encouraging the committee to support HB 5127 as well as additional recommendations regarding medical debt and the cost of care. HES writes that healthcare affordability is of major concern to Connecticut residents, as a recent survey found that over 60% of adults in the state reported delaying or skipping care due to cost. The testimony details several features of medical credit cards that HES characterizes as predatory. It points to the deceptive nature of “no-interest” claims and failure rates of up to 40% for subprime borrowers. HES adds that when medical debt is converted to credit card debt, patients lose certain protections regarding collection practices. In addition, HES argues that medical credit cards’ negative consequences

disproportionately fall on Black and Latino consumers, who are more likely to have subprime credit scores. HES writes that patients are particularly vulnerable to predatory tactics in medical settings and when they are in pain. They argue that consumers with limited English proficiency face an additional disadvantage because they may not fully understand what they are signing up for. Throughout the testimony, HES links to supporting resources. They express support for the bill and its focus on regulating the conduct of healthcare providers, and they provide additional recommendations regarding medical debt that are outside the scope of HB 5127.

[CCAG–Liz Diehl, Associate Director](#)–CCAG submitted written testimony in support of the bill, pointing to the organization’s commitment to improving access to quality, affordable healthcare. Diehl cites a KFF report indicating that about half of adults in the US cannot afford healthcare, and cost deters about one-third from seeking care. Her testimony notes that Consumer Reports, Community Catalyst, and other organizations report that the cards often trapped uninformed consumers in unmanageable debt. Diehl states that CCAG supports the testimony of Health Equity Solutions and other organizations, and they urge the committee to support the bill.

[Americans for Financial Reform, Tom Feltner, Associate Director of Consumer Policy](#)–Feltner provided both written and spoken testimony in support of HB 5127 with amendments. He characterizes the bill’s protections from harmful practices associated with medical credit cards as essential. In his written testimony, Feltner details the impact of medical debt on families’ financial security, explaining that nearly 140 million people in the US have experienced significant hardship caused by medical debt. He emphasizes that medical debt disproportionately impacts families of color. Feltner outlines multiple risks of medical credit cards and expresses AFR’s support for the bill’s proposed protections and recommends two amendments to “prevent evasions” of the bill’s intent.

Requested amendments:

- **Remove disclosure-based exemptions** regarding (1) pre-charging for services and (2) billing for insured services. “There is no need to have disclosure-based exemptions from the reasonable pre-charging prohibition and the protections provided to insured patients.”
- **Remove the provision allowing providers to disclose information about medical credit cards in response to an unsolicited request.** “Without prior approval by the state regulator, written materials that ostensibly provide information about medical credit cards could easily contain exactly the kind of marketing materials this bill was designed to prohibit.”

[National Consumer Law Center \(NCLC\), April Kuehnhoff, Senior Attorney and Chi Chi Wu, Director of Consumer Reporting and Data Advocacy](#)–NCLC provided written testimony in support of HB 5127 and its efforts to protect consumers from medical credit cards’ “abusive” practices. The written testimony draws heavily upon two of NCLC’s previous reports, with links provided within the document. NCLC lists multiple documented problems with medical products, including patients being signed up without informed consent or when they lacked the capacity to do so. They note that patients have been signed up by employees of medical providers, who falsified incomes so patients would qualify for larger lines of credit. NCLC also testified that patients have been signed up for these financial products when procedures were never submitted to insurance or when alternatives would have been covered. NCLC compares deferred interest provisions to a “time bomb,” pointing to a Consumer Financial Protection Bureau report finding that from 2018-2020, patients paid \$1 billion in deferred interest payments for healthcare. The organization recommends changes to language regarding “unsolicited requests” to further strengthen the bill, and NCLC urges the committee to support the bill with those amendments.

Requested amendments:

- **Remove section (b)(2)(A)**, which allows providers to give information about medical credit cards if the patient makes an “unsolicited request” for such info.
- *If the section is not removed entirely...*

- Clarify that having a patient sign a statement requesting info is **not** an unsolicited request.
- Clarify that a patient stating they cannot afford to pay is also **not** an unsolicited request.

Jennette Lopez, Master’s in Social Work Student, UConn—Lopez provided written and spoken testimony in support of HB 5127. As a social work student, Lopez works in the Hartford community and testified that many residents are already struggling financially. Her written testimony notes that “no interest” promotional periods can retroactively add interest to the entire original balance and quickly cause medical bills to become overwhelming. She emphasizes that people with medical debt are also more likely to struggle to pay for other basic needs like housing, food, and utilities. Lopez recognizes that Connecticut has already enacted certain measures that reduce the impact of medical debt on credit scores, she argues that preventing the debt is more important. She characterizes HB 5127’s protections as reasonable and necessary, and she urges the committee to support the bill.

Universal Health Care Foundation of Connecticut–Quinn Meehan, Community Organizing and Policy Intern—Universal Health Care Foundation of Connecticut submitted written testimony in support of HB 5127 because “everyone needs access to quality, affordable care—not high-interest debt.” Meehan characterizes medical credit cards as a bait and switch because their “no-interest” promotional periods seem appealing, but then patients can be retroactively charged high interest rates. The testimony points to a National Consumer Law Center finding that nearly 40% of borrowers with subprime credit scores are unable to pay off their balance. Meehan argues that as a result, these practices exacerbate racial wealth disparities, as the CFPB has found that members of Black and Latine communities are more likely to have subprime credit scores. Meehan testifies that concerns that the bill would restrict payment options for health and veterinary care are misdirected, as increasing access to hospital financial assistance programs and affordable coverage options would help patients afford care without trapping them in high-interest medical debt. Universal Health Care Foundation of Connecticut asks the committee to support the bill’s protections from life-altering debt.

U.S. PIRG and ConnPIRG–Edmund Mierzwinski, retired consumer advocate for U.S. PIRG—Mierzwinski presented written and spoken testimony in support of HB 5127, stating that it offers necessary protections to Connecticut consumers. To explain the impact of medical credit cards on families, Mierzwinski testified regarding OSPIRG’s (Oregon PIRG’s) 2019 study on bankruptcy filings, which found that medical debt contributed to 60% of filings, with the medical credit card company Synchrony Bank being the single most frequently listed medical debt holder. His testimony characterizes the cards’ terms and conditions as predatory, pointing to issues regarding retroactive interest, higher rates, and the complexity of existing disclosures in advertising. Mierzwinski argues that the cards exploit loopholes in debt protection law because they are regulated as credit cards rather than medical debt. He believes the cards are inappropriately marketed in medical settings and that they discourage providers from offering low-cost or no-cost payment plans that used to be more common. Mierzwinski supports the bill because it provides necessary protections from medical credit cards and medical debt.

Connecticut Legal Services–Raphael Podolsky, Attorney and Policy Advocate—Podolsky testified in person and in writing in support of HB 5127. He argues that medical credit cards present “serious fairness problems” for Connecticut residents because they offer temporary discounts that can turn a medical bill into long-term debt. Once a bill is charged to a credit card, he notes that residents lose various statutory protections that are afforded to medical debt. He characterizes the bill’s provisions as “steps in the right direction” and notes that Connecticut Legal Services supports HB 5127’s adoption.

Community Catalyst–Miriam Straus, Policy Advisor and Kasey Wilson, Senior Policy Analyst—Straus testified during the public hearing, and Straus and Wilson submitted joint written testimony in

support of HB 5127. They also urge the committee to incorporate the revisions suggested in testimony from the Attorney General and the Commission on Racial Equity in Public Health.

Straus and Wilson argue that the bill protects against medical cards' deceptive practices while ensuring that patients can use a payment method of their choosing. Community Catalyst's written testimony outlines the risks of medical credit cards for patients who are already financially vulnerable. In particular, deferred interest terms often cause these patients to be hit with large, retroactive interest charges, with rates on the leading medical credit card at 32.99%. Their submission notes that although Synchrony Bank witnesses at the public hearing emphasized that 80 percent of Care Credit cardholders pay off their debt, one in five cardholders still have to pay charges that are significantly larger than the original bill. The testimony indicates that those who are unable to pay on time may be subject to aggressive legal action, pointing to Debt Collection Lab's inclusion of Synchrony Bank on its list of the top ten filers of debt collection lawsuits in Connecticut.

Community Catalyst's testimony highlights that HB 5127 addresses documented problems regarding medical credit cards, and Straus and Wilson supplement their testimony with patients' accounts of their experiences with these deceptive tactics. They testify that the bill prevents providers from signing a patient up for these cards when the patient is not able to give meaningful consent. They state that this problem has even happened when the patient is under anesthesia. In addition, the bill addresses common misunderstandings, as patients commonly do not understand deferred interest provisions or mistakenly think they are signing up for a low-cost repayment plan with their provider. Lastly, they testify that the bill addresses known issues regarding unfair charges for covered services or for "gift" bags that patients did not request.

Overall, Community Catalyst expresses support for the bill because it preserves consumer choice while ensuring that patients are not coerced into opening high-cost medical cards that can increase their medical debt.

Requested amendments

- Implement the revisions proposed in written testimony from the Attorney General and the Commission on Racial Equity in Public Health

Nonprofit Accountability Group (NAG)--Tenaya Taylor, Founder—Taylor provided written and spoken testimony in support of HB 5127. Their testimony focuses on their personal experience being coerced into signing up for a medical credit card while in a vulnerable state. At the time of the experience, Taylor was a minimum wage worker. They had not seen a dentist in 10 years and were experiencing severe tooth pain. While they were still drowsy from the anesthesia after a tooth extraction, the provider told them they needed more work and offered them a CareCredit card. Taylor testified that they signed the paperwork without understanding the terms. When Taylor received the card, they did not use it because Taylor said its limit was \$500 and would have only covered a fraction of the cost. Taylor stated that they later found out that the treatment would have been fully covered by HUSKY (Medicaid). Years later, Taylor was denied housing, stating that it was due to the CareCredit card they never used. Taylor advocates for regulating medical credit cards because they can harm those who are already struggling.

Equal Justice Works--David Zhao, Fellow and Public Counsel—Zhao provided written and spoken testimony in strong support of HB 5127. Zhao stated that in 2019, he was unknowingly signed up for a CareCredit card while sitting in a dentist's chair with fluoride trays in his mouth, and he was charged over \$1000 for a treatment he never received. This experience motivated him to go back to law school to become a lawyer. Zhao characterized his experience with CareCredit as common, noting the company's contracts with over 270,000 providers.

Zhao's testimony used patient stories to illustrate deceptive practices surrounding medical credit cards. He cited the case of an elderly monolingual Spanish speaker who should have been offered treatment under Medicaid, but was instead signed up for a card—while under anesthesia—using English forms she did not understand. Zhao gave an example of another client who was told her credit was being checked for “eligibility” but staff were completing an application on her behalf. Zhao stated that another client's balance doubled in a single day because he was not told about the card's deferred interest terms.

Zhao spoke about the impact of the card's high interest rates and deceptive terms. He testified that increased debt destabilizes housing prospects and worsens health outcomes as patients forego care due to cost.

Zhao testified that paying for medical care is fundamentally different from paying for consumer goods at retail stores. He argues that healthcare and veterinary providers are not equipped to be financial advisors and that patients in pain are not equipped to make informed financial decisions. Ultimately, he urges the committee to support the bill to “close the door that is currently ajar between doctor's offices and Wall Street.”

Requested amendments

- Recommends that any credit decision be made “independently and outside the medical office.” (No specific language change.)

GENERAL COMMENTS

Connecticut Oncology Association—Dawn Holcombe, Executive Director—Holcombe spoke at the hearing and [made multiple written submissions](#). Her testimony expresses changing views over time. In general, she appears to be expressing support for increased consumer protections surrounding medical credit cards but encourages the committee to shift the burden of these protections on to the card issuers themselves.

[Dr. Pritiza Khadka Subedi](#) filed testimony labeled as supportive of HB 5127 but also stating within the text that they oppose the bill.

NATURE AND SOURCES OF OPPOSITION

[Mark Albin, DVM](#)—Albin submitted written testimony in opposition to HB 5127. He argues that the bill's language would restrict access to pet care and put unfair burdens on veterinary providers. Albin writes that consumers need to educate themselves on any line of credit that's offered in any industry. He maintains that cards like CareCredit allow pet owners to afford lifesaving care in emergency situations. Albin argues that the bill suggests that providers benefit from the use of medical credit cards, but he states that their processing fees are higher than those on traditional cards. In general, he contends that the bill's language is overly broad and requires clarification.

Requests for clarification

- Does stating that your office accepts Care Credit count as advertising or promotion?
- Is a patient who's applying on an office's wifi network, but on their own device, getting impermissible assistance?
- What qualifies as sufficient disclosures of card terms?

[Card Coalition—Toni A. Bellissimo, Executive Director](#)—Card Coalition submitted written testimony in opposition to HB 5127, arguing that it will restrict residents' access to payment options for health and veterinary care. Bellissimo characterizes the language as “well-intentioned” but “going too far,”

arguing that the language could apply to certain general purpose credit cards. They write that the legislation would have particular impact on consumers looking to pay for emergency veterinary care, as there are no legal requirements to provide care for pets experiencing an emergency. The testimony emphasizes that existing regulatory requirements require disclosure, and Card Coalition suggests that those are sufficient. Overall, they urge the committee to oppose the bill.

Synchrony Bank–Sue Bishop, EVP Corporate Affairs and Jim Nikolai, VP State Government Affairs–Synchrony provided written and spoken testimony in opposition to HB 5127, with Bishop and Nikolai speaking at the public hearing and Bishop submitting written testimony. Overall, Synchrony opposes HB 5127 because they argue that it would reduce access to care. They state that over 100,000 Connecticut residents have CareCredit accounts and that 80% of cardholders pay off their balances within the promotional period. Synchrony’s testimony details measures that they choose to take in order to educate consumers. Bishop’s written testimony states that customer service representatives reach out to new cardholders within three days to explain their promotional offer. Synchrony testified that their contracts prohibit offering CareCredit during emergencies or when a patient is impaired. At the public hearing, they stated that they do not offer providers any incentives based on transaction volume or number of applications. They argue that their interest rates, including their penalty rate of 39.99% APR, are set based on the “competitive landscape.” Synchrony asks the committee to vote no on the bill.

Connecticut Hospital Association (CHA)–CHA submitted written testimony in opposition to HB 5127 because they think it could inadvertently limit access to care. They argue that medical credit cards function like other sources of payment and that imposing restrictions on them could create barriers to accessing care. CHA contends that the bill limits patient choice and flexibility, and they offer to work with the committee to preserve that flexibility while also preventing “non-transparent, unscrupulous credit card company practices.”

Connecticut State Medical Society (CSMS)–Dr. Mariam Hakim-Zarger, President–CSMS presented both written and spoken testimony in opposition to the bill as drafted. Although they share the committee’s concerns about predatory lending and the financial pressures on patients, they argue that the bill “targets the wrong party” and should rather put the burden of unfair trade practices on lenders, not physicians. They argue that the health insurance industry is truly responsible for “enormous financial burdens” that patients are facing, and insurers are forcing patients to turn to predatory lenders to finance care. Additionally, CSMS states that physicians do not receive kickbacks from using these cards but instead pay processing fees. They argue that existing regulations offer sufficient patient protections regarding billing and that some patients need these cards as a “last resort.” CSMS asks the committee to reconsider the bill’s approach and redirect its consumer protection efforts.

Connecticut Business and Industry Association (CBIA)–Chris Davis, Vice President of Public Policy–CBIA offered written and spoken testimony in opposition to HB 5127. CBIA notes that they share the Committee’s interest in preventing deceptive practices, but they believe that the bill would have unintended consequences for patients and small businesses. They argue that the bill’s provisions would “effectively eliminate” these cards as a payment option, thereby limiting patients’ access to care and negatively impacting small businesses’ financial stability. In his public hearing testimony, Davis suggests that the committee should instead consider “targeted reforms” to help consumers who are unable to fulfill their payment obligations during the deferred interest period.

Connecticut Association of Optometrists–Maria Della Porta, OD, President-Elect–The Connecticut Association of Optometrists offered both written and spoken testimony in opposition to HB 5127. They characterize the bill as “an obstacle to receiving eye care,” arguing that it would restrict or limit access to CareCredit. Della Porta states that her patients often face high deductibles and need the cards in order to obtain eye care, glasses, or contacts. She testified that she does not

receive compensation for offering the product and added that the transaction fees on Care Credit are higher than those on standard credit cards like Visa or Amex.

Connecticut State Dental Association (CSDA), Kathlene Gerrity, Executive Director—CSDA offered written and spoken testimony in opposition to HB 5127. Gerrity emphasizes that oral health is essential to overall health, and they believe that HB 5127 would negatively impact patients' access to oral health services. CSDA points to gaps in patients' coverage necessitating access to financing mechanisms like medical credit cards, and their testimony characterizes the cards' terms as "voluntary and transparent." During the public hearing, Gerrity disputed claims that the cards are "predatory," arguing that providers do not receive incentives for signing patients up for cards. She stated that practices check for insurance and Medicaid eligibility, and staff are trained to explain the cards' terms to patients. With respect to "ancillary products," CSDA argued that providers should not be required to accept returns on custom-made devices like retainers, bridges, and dentures. They also maintained that accepting returns on products like fluoride gels or whitening rinses could present a safety risk, as those products are temperature sensitive. CSDA encouraged the committee to focus its efforts on the insurance industry and Medicaid reimbursement rates.

CSDA member Todd Rubin is a practicing general dentist who submitted written testimony echoing the points made in CSDA's testimony.

Connecticut Veterinary Medical Association (CVMA)--Neil Marrinan, President—CVMA provided written testimony in opposition to HB 5127. Marrinan writes that veterinarians should not be expected to act as financial advisors or lenders, and the only reason they offer medical credit cards is because some clients are unable to afford care. His testimony characterizes medical credit cards as a "last resort" and states that he is not aware of any care providers receiving any "financial incentive or compensation" for offering them. Marrinan states that some clients perceive "pre-charging" as a benefit, as it allows them to take advantage of promotional offers. He argues that it is unreasonable for veterinarians to know what each client receives as a "covered veterinary benefit" and that they cannot give advice on insurance benefits. Marrinan writes that HB 5127 would prevent most doctors from offering medical credit cards, and he maintains that patients should be free to choose lenders "rather than have to go without care or choose euthanasia."

Connecticut Bankers Association (CBA)--Tom Mongellow, President and CEO—CBA submitted written testimony in opposition to HB 5127. Although they appreciate the bill's intentions, they argue that it will limit access to health and pet care. According to CBA, the state's consumers are sufficiently protected by existing regulations. They characterize the cards as a "critical financing tool" for those who cannot afford upfront payments. They testify that the bill's provisions would make it more difficult for uninsured and underinsured patients to access care, and CBA asks the committee to reject the bill.

Connecticut Retail Network (CRN)--Tim Phelan—CRN provided written testimony in opposition to HB 5127. Phelan writes that the bill could have an adverse impact on pharmacies, grocers, and other CRN members. He argues that HB 5127 could limit access to payment options, and it could make it more difficult for consumers to purchase health, wellness, and pet care items or services. According to Phelan, consumers look to medical credit cards as an option to pay for services that fits into their budgets. CRN takes the position that HB 5127 would increase financial stress on consumers and cause some to decline care. They request that the committee not advance the bill.

Association of Dental Support Organizations (ADSO)--Andrew M. Smith, Chief Executive Officer—ADSO submitted written testimony in opposition to HB 5127, arguing that it could limit patients' access to care that their insurance does not cover. The organization expresses concern that the bill's provisions could leave patients with fewer payment options and cause some to decline care. They request that the committee oppose the bill as drafted.

[Michael Maroon, DMD](#) and [W. Philip Urling, DDS](#) submitted substantially similar testimony in opposition to HB 5127. They argue that the bill will limit patients' ability to use CareCredit and other financing options to pay out-of-pocket costs. They testify that CareCredit ensures that care is accessible to people across the state.

[Kacie Poncini](#) submitted written testimony in opposition to HB 5127 that explains how she has used CareCredit to pay for care for her cats.

Reported by: Betsy Francolino

Date: March 27, 2026