

117TH CONGRESS
1ST SESSION

S. 355

To provide immediate relief for patients from certain medical debt collection efforts during and immediately after the COVID–19 public health emergency.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 22, 2021

Mr. VAN HOLLEN (for himself, Mr. MERKLEY, Mr. BROWN, and Mr. BLUMENTHAL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide immediate relief for patients from certain medical debt collection efforts during and immediately after the COVID–19 public health emergency.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “COVID–19 Medical
5 Debt Collection Relief Act of 2021”.

6 **SEC. 2. RELIEF FROM MEDICAL DEBT COLLECTION.**

7 (a) DEFINITIONS.—In this section:

(1) COVERED PERIOD.—The term “covered period” means the period beginning on February 1, 2020, and ending on the date that is the later of—

(A) the end of the incident period with respect to the emergency involving Federal primary responsibility determined to exist by the President under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5191(b)) with respect to the coronavirus disease 2019 (COVID–19); or

(B) 18 months after the date of enactment of this Act.

(2) COVERED PROVIDER.—The term “covered provider” means any entity or individual that—

(A) provides health care services to patients; and

(B) has applied for or accepted any Federal funds for COVID–19 health care costs or financial relief, including funds allocated under the Families First Coronavirus Response Act (Public Law 116–127), the CARES Act (Public Law 116–136), or any other Federal law that allocates COVID–19 relief funding.

(3) EXTRAORDINARY COLLECTION ACTIONS.—The term “extraordinary collection actions” means

1 the actions described in section 1.501(r)–6(b) of title
2 26, Code of Federal Regulations.

3 (4) MEDICAL DEBT.—The term “medical debt”
4 means a debt arising from the receipt of medical
5 services, products, or devices.

6 (5) SECRETARY.—The term “Secretary” means
7 the Secretary of Health and Human Services.

8 (b) SUSPENSION OF COLLECTION ACTIVITIES.—A
9 covered provider and agents operating on behalf of covered
10 providers shall suspend all extraordinary collection actions
11 relating to the collection of a medical debt relating to a
12 patient during the covered period.

13 (c) SUSPENSION OF REPAYMENT PLANS.—

14 (1) IN GENERAL.—With respect to a patient
15 who has entered into a repayment plan with a cov-
16 ered provider relating to a medical debt, such pro-
17 vider shall take the following actions:

18 (A) Include in patient billing a notification
19 that repayment plans for medical debt are
20 available upon request.

21 (B) Include in patient billing a notification
22 that any patient who has entered into a repay-
23 ment plan with the provider may request a sus-
24 pension of the payment plan during the covered

1 period, and provide contact information for the
2 patient to make such request.

3 (C) Suspend such repayment plan upon
4 the request of the patient or the patient's
5 guardian for the duration of the covered period.

6 (D) Ensure the application of reasonable
7 forbearance and repayment options when such
8 repayments resume. Such options may include
9 maintaining the same payment schedule with
10 respect to the medical debt by extending the re-
11 payment period by the same period of time that
12 payments were suspended under this sub-
13 section.

14 (2) GUIDANCE.—Not later than 14 days after
15 the date of enactment of this Act, the Secretary
16 shall issue guidance on best practices for notifying
17 patients of their repayment options, as described in
18 paragraph (1). Such guidance shall include taglines
19 that alert individuals with limited English pro-
20 ficiency (LEP) to the availability of language assist-
21 ance services.

22 (3) INTEREST AND FEES.—Interest or fees
23 shall not accrue during the period in which a pay-
24 ment plan is suspended under paragraph (1).

1 (d) APPLICATION OF CERTAIN CONSUMER PROTEC-
2 TIONS.—

3 (1) IN GENERAL.—Medical debt incurred dur-
4 ing the period beginning on February 1, 2020, and
5 ending on the date that is 60 days after the lifting
6 of the state of emergency for COVID–19-related
7 testing and treatment (as determined by the Sec-
8 retary) shall be subject to the following consumer
9 protections:

10 (A) A one-year extension of Federal and
11 State health insurance appeal deadlines, includ-
12 ing the deadlines set forth in section 2719 of
13 the Public Health Service Act (42 U.S.C.
14 300gg–19) and sections 2590.715 through
15 2179 of title 29, Code of Federal Regulations,
16 and the appeal and grievance deadlines for the
17 denials of Medicare or Medicaid claims under
18 titles XVIII and XIX of the Social Security Act
19 (42 U.S.C. 1395 and 1396 et seq.).

20 (B) A prohibition on the accrual and col-
21 lection of fees and interest related to the med-
22 ical debts involved.

23 (C) A prohibition on any extraordinary col-
24 lection actions as described in sections

1 1.501(r)–(6)(b) of title 26, Code of Federal
2 Regulations.

3 (2) COVID–19 RELATED TESTING AND TREAT-
4 MENT.—For purposes of paragraph (1), the term
5 “COVID–19-related testing and treatment” includes
6 items and services (including in-person or telehealth
7 visits in which such items and services are fur-
8 nished) that are furnished—

9 (A) to an individual who has been diag-
10 nosed with (or after the provision of such items
11 and services is diagnosed with) COVID–19 to
12 treat or mitigate the effects of COVID–19; and

13 (B) to an individual who is presumed by a
14 health care provider to have COVID–19 but is
15 never diagnosed as such.

16 (e) PENALTIES.—Except as provided in this section,
17 a covered provider or its agent that fails to comply with
18 any provision of this section with respect to a patient shall
19 be liable to such patient for damages in an amount equal
20 to the sum of—

21 (1) any actual damages sustained by such pa-
22 tient as a result of such failure to comply;

23 (2) in the case of an action commenced—

1 (A) by an individual, any additional dam-
2 ages as the court may permit, but not to exceed
3 \$1,000 for each failure to comply; or

4 (B) by a class of patients—

5 (i) such amount for each named plain-
6 tiff as could be recovered under paragraph
7 (1) and subparagraph (A); and

8 (ii) such amount as the court may
9 allow for all other class members, without
10 regard to a minimum individual recovery,
11 not to exceed the lesser of \$2,000,000 or
12 1 percent of the annual net income of the
13 covered provider; and

14 (3) in the case of any successful action under
15 this section, the costs of the action, together with a
16 reasonable attorney's fee as determined appropriate
17 by the court.

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