



During the COVID-19 pandemic, unimpeded access to medical treatment is crucial to protecting public health. Lack of health insurance, lack of financial resources, and fear of medical debt should not discourage individuals from seeking testing and treatment. Even before the pandemic, economic factors already dissuaded many consumers from seeking needed health care. Fear of medical debt is widespread, and concerns about health care costs lead many Americans to delay or go without care.<sup>1</sup>

The National Consumer Law Center (NCLC) recommends the following state and federal actions to remove economic barriers to health care treatment and mitigate the burden of medical debt for households that will face great financial struggles.

## **DURING THE STATE OF EMERGENCY, TESTING, TREATMENT AND VACCINES MUST BE AVAILABLE WITH NO COSTS TO PATIENTS**

- **For patients with any type of insurance, all health care related to COVID-19 testing, treatment, and vaccines should be considered to be preventive care and covered by insurance with no cost-sharing or balance billing for insured patients,** regardless of whether the health care provider is in-network or out of network. This type of protection would be more extensive than the protection included in the recently enacted Families First Coronavirus Response Act, which requires certain types of insurance to cover testing without co-payments but does not address treatment costs. Several states have enacted consumer protections,<sup>2</sup> including Massachusetts' and New Mexico's steps to eliminate patient cost-sharing for those with state-regulated insurance, but since different types of insurance plans are regulated by different state and federal authorities, consumer protections must be put in place at both the state and federal levels.
- **All health care of uninsured<sup>3</sup> patients related to COVID-19 testing, treatment, and vaccines should be covered with no cost-sharing or balance billing,** supported by federal government funding which can be allocated under the federal state of emergency declaration and supplemented with hospital financial assistance and community benefit funds.
- **The same protections should be applied to underinsured patients and households with types of coverage that are not regulated or compliant insurance plans** (such as association health plans, "sharing ministries," or student health plans).
- **Prior authorization must not be required for any treatment, testing, or vaccinations** related to COVID-19.
- **Insurers and health care providers should be required to relax in-network requirements, referral requirements, rules regarding telehealth, and prescription drug coverage rules** so that patients can seek COVID-19 testing, treatment, and vaccinations at any licensed health care facility or provider.
- **Emergency room services, lab services, and any other non-employee health care providers or services in hospitals should be required to follow the same rules**

related to insurance coverage, financial assistance and health care costs as the hospitals where they are located, including providing COVID-19 related health care testing, treatment, and vaccinations with no patient cost-sharing.

- **Other barriers to health insurance access and health care access should be removed during the federal state of emergency or permanently.** For instance, each state should expand Medicaid, eliminate unduly burdensome rules such as Medicaid work requirements, and suspend any rules that have the effect of discouraging or punishing access to insurance or health care services.
- **State and federal governments should relax insurance enrollment rules,** allowing for a special enrollment period so that more households can buy insurance directly.

## FAIR TREATMENT OF ALL MEDICAL DEBT AFTER THE STATE OF EMERGENCY

### Medical debt related to COVID-19

- Prohibit any medical debt arising from the testing or treatment of COVID-19 during the state of emergency.
- Prohibit all reporting to credit bureaus of medical debts for any testing, treatment or vaccinations for acute or chronic conditions related to COVID-19 at any time, even after the state of emergency ends.

### All other medical debt

- Any medical debt accrued from February 1, 2020 until 60 days after the state of emergency ends should be subject to consumer protections, including but not limited to, a prohibition on collection activity (other than issuing an initial bill) of at least 120 days, a prohibition on reporting to credit bureaus of medical debts, a prohibition of any other extraordinary collection actions listed at 26 CFR 1.501r, extensions of state and federal health insurance appeal deadlines, a prohibition on balance or "surprise" billing, and a prohibition of interest or collection fees.

We urge policymakers to consider these and other<sup>4</sup> consumer protections to protect the public health by ensuring access to necessary care and removing the economic barriers to care.

**For more information, please contact National Consumer Law Center attorney Jenifer Bosco at [jbosco@nclc.org](mailto:jbosco@nclc.org).**

## Free Covid-19 Online Resources

NCLC has created a [webpage](#) dedicated to **Covid-19 and Consumer Protections**. The page is continually updated to help families to navigate their finances during these turbulent times and for advocates to keep track of the latest consumer protection policy measures and pending legislation. As part of NCLC's effort to assist consumers and advocates, **we have made the digital edition of *Surviving Debt: Expert Advice For Getting Out of Financial Trouble* free to all** during this unprecedented crisis. Access *Surviving Debt* for free [here](#). The print version is also available to purchase with bulk discounts at NCLC's Digital Library [bookstore](#).

## ENDNOTES

<sup>1</sup> See., e.g, West Health Institute & NORC at the Univ. of Chicago, [Americans' Views of Healthcare Costs, Coverage and Policy](#) (March 2018); Gallup, [More Americans Delaying Medical Treatment Due to Cost](#) (Dec. 9, 2019).

<sup>2</sup> [Commonwealth Fund](#); American Society of Clinical Oncology, [State Health Plans: COVID-19 Updates](#) (March 2020). Voluntary measures taken by health insurers are listed at America's Health Insurance Plans, [Health Insurers Respond to Coronavirus \(COVID-19\)](#).

<sup>3</sup> Low-income people and people of color are more likely to be uninsured than the general population. Kaiser Family Fdn., Jennifer Tolbert, Kendal Orgera, Natalie Singer, and Anthony Damico, [Key Facts about the Uninsured Population](#) (Dec. 13, 2019).

<sup>4</sup> The journal Health Affairs has published on its blog a broad list of recommendations beyond the scope of this brief, "[Health Care Priorities For A COVID-19 Stimulus Bill: Recommendations To The Administration, Congress, And Other Federal, State And Local Leaders From Public Health, Medical, Policy And Legal Experts](#)" (March 12, 2020).