
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. **371** Session of
2025

INTRODUCED BY HUGHES, HAYWOOD, KEARNEY, SCHWANK, TARTAGLIONE,
PISCIOTTANO, COSTA AND KANE, MARCH 6, 2025

REFERRED TO HEALTH AND HUMAN SERVICES, MARCH 6, 2025

AN ACT

1 Providing for medical debt collection protection; and imposing
2 duties on the Attorney General and the Department of Health.

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4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Short title.

7 This act shall be known and may be cited as the Medical Debt
8 Collection Protection Act.

9 Section 2. Definitions.

10 The following words and phrases when used in this act shall
11 have the meanings given to them in this section unless the
12 context clearly indicates otherwise:

13 "CHIP." The children's health care program under Article
14 XXIII-A of the act of May 17, 1921 (P.L.682, No.284), known as
15 The Insurance Company Law of 1921.

16 "Consumer." A natural person.

17 "Consumer reporting agency." A person that, for monetary
18 fees or dues or on a cooperative nonprofit basis, regularly
19 engages in whole or in part in the practice of assembling or
20 evaluating consumer credit information or other information on
21 consumers for the purpose of furnishing consumer reports to
22 third parties.

23 "Department." The Department of Health of the Commonwealth.

24 "Emergency or medically necessary care." As follows:

25 (1) Health care services that are provided on an
26 emergency basis or are otherwise determined to be appropriate
27 for a patient's condition based on current standards of
28 acceptable medical practice.

29 (2) The term may exclude care or services that are
30 primarily for the convenience of the patient or the patient's

1 health care provider.

2 "Government program." Any of the following:

3 (1) Medical assistance.

4 (2) CHIP.

5 "Gross charges." The full, established price for health care
6 services that a health care provider charges uninsured patients
7 before applying any contractual allowances, discounts or
8 deductions.

9 "Health care provider." Any of the following:

10 (1) A person registered, certified or licensed to
11 perform health care services within this Commonwealth.

12 (2) A health care facility licensed under Chapter 8 of
13 the act of July 19, 1979 (P.L.130, No.48), known as the
14 Health Care Facilities Act.

15 "Health care services." Services for the diagnosis,
16 prevention, treatment, cure or relief of a physical, behavioral
17 or mental health condition, substance use disorder, illness,
18 injury or disease, which services include procedures, products,
19 devices or medications.

20 "Health insurance decision." A decision by an insurer
21 regarding a claim for health care services.

22 "Household income." Income calculated by using the methods
23 used to calculate income for purposes of determining eligibility
24 for medical assistance.

25 "Impermissible collection action." Any of the following:

26 (1) Placing a lien on a person's primary residence.

27 (2) Reporting adverse information about a person to a
28 consumer reporting agency.

29 "Judicial officer." As defined in 42 Pa.C.S. § 102 (relating
30 to definitions).

1 "LEP group." A population with limited English proficiency
2 that constitutes the lesser of 1,000 individuals or 5% of the
3 community served by a health care provider or the population
4 likely to be affected or encountered by the health care
5 provider. For purposes of this definition, a health care
6 provider may use any reasonable method to determine the
7 percentage or number of limited English proficiency individuals
8 in the health care provider's community or likely to be affected
9 or encountered by the health care provider.

10 "Medical assistance." The Commonwealth's medical assistance
11 program established under the act of June 13, 1967 (P.L.31,
12 No.21), known as the Human Services Code.

13 "Medical debt." A debt arising from the receipt of health
14 care services.

15 "Medical debt collector." Either of the following:

16 (1) A person engaged in the business of collecting or
17 attempting to collect, directly or indirectly, medical debts
18 originally owed or due or asserted to be owed or due to
19 another person.

20 (2) A person who purchases a medical debt for collection
21 purposes, whether the person collects the medical debt itself
22 or hires a third party for collection or an attorney for
23 litigation to collect the medical debt.

24 "Patient." As follows:

25 (1) A person who received health care services.

26 (2) The term includes the following:

27 (i) A parent or legal guardian of a person who
28 received health care services and is under 18 years of
29 age.

30 (ii) A guardian under 20 Pa.C.S. Ch. 55 (relating to

1 incapacitated persons) of an incapacitated person who
2 received health care services.

3 "Permissible collection action." Any of the following:

4 (1) Selling a person's medical debt to another party,
5 including a medical debt collector.

6 (2) An action that requires a legal or judicial process,
7 including:

8 (i) Placing a lien on a person's real property,
9 other than a primary residence.

10 (ii) Attaching or seizing a person's bank account or
11 any other personal property.

12 (iii) Commencing a civil action against a person.

13 (iv) Garnishing a person's wages.

14 "Primary language." A language that is the preferred
15 communication language for an LEP group.

16 "Qualified patient." As follows:

17 (1) A patient with a household income that does not
18 exceed 300% of the Federal poverty level.

19 (2) The term does not include a patient who is
20 experiencing a temporary reduction in income below 300% of
21 the Federal poverty level by reason of a qualifying personal
22 event.

23 "Qualifying personal event." A temporary reduction in income
24 by reason of an unforeseen, unintended or unavoidable change in
25 financial circumstances, as determined by the department through
26 regulation.

27 Section 3. Screening for insurance, program eligibility and
28 patient status.

29 In addition to any other actions required by applicable
30 Federal or State law or local government ordinance, a health

1 care provider shall take the following steps before seeking
2 payment for emergency or medically necessary care from a
3 patient:

4 (1) Verify whether the patient has health insurance.

5 (2) If the patient is uninsured, offer information about
6 and screen the patient for:

7 (i) All public insurance options, including
8 government programs, accepted by the health care
9 provider.

10 (ii) Any financial assistance offered by the health
11 care provider.

12 (3) If requested, provide assistance with the
13 application process for programs identified during screening.

14 Section 4. Protections.

15 (a) Prohibition.--Impermissible collection action.--A health
16 care provider or medical debt collector may not initiate or
17 pursue an impermissible collection action in pursuit of a
18 medical debt.

19 (b) Permissible collection actions.--

20 (1) A health care provider may not initiate or engage in
21 a permissible collection action with respect to a medical
22 debt of a patient prior to screening the patient as required
23 under section 3.

24 (2) At least 30 days before taking a permissible
25 collection action on a medical debt, a health care provider
26 shall notify the patient of potential permissible collection
27 actions and shall include with the notice a statement
28 developed by the department that explains the screening
29 process required under section 3 and includes information
30 regarding the complaint procedure developed by the Attorney

1 General under section 10.

2 (3) If a health care provider initiates a permissible
3 collection action and it is later determined that the patient
4 was not screened as required under section 3, or it is
5 determined that the patient was eligible for coverage through
6 a government program or the health care provider's financial
7 assistance policy, the health care provider shall:

8 (i) Unless prohibited by law, if a court has entered
9 judgment on the medical debt, request the court to vacate
10 the judgment or reduce the amount of the judgment,
11 including any fees and costs related to the collection to
12 the total amount the patient owes pursuant to a
13 government program or the health care provider's
14 financial assistance policy.

15 (ii) Refund any amount paid by the patient in excess
16 of the amount the patient owes pursuant to a government
17 program on the health care provider's financial
18 assistance policy.

19 (iii) Remedy any other permissible collection
20 action.

21 (4) A health care provider shall not sell a medical debt
22 to a medical debt collector unless, prior to the sale, the
23 health care provider has entered into a legally binding
24 written agreement with the medical debt collector that
25 contains the following terms and conditions:

26 (i) The medical debt collector agrees not to pursue
27 impermissible collection actions to obtain payment.

28 (ii) The medical debt is returnable to or recallable
29 by the health care provider upon a determination that the
30 patient was not screened as required under section 3, or

1 it is determined that the patient was eligible for
2 coverage through a government program or the health care
3 provider's financial assistance policy.

4 (iii) If it is determined that the patient was not
5 screened under section 3 or it is determined that the
6 patient was eligible for coverage through a government
7 program or the health care provider's financial
8 assistance policy, the medical debt collector agrees not
9 to pursue payment in excess of what the patient owes
10 pursuant to the government program or financial
11 assistance policy and to assist the health care provider
12 in performing the remediation actions required under
13 paragraph (3).

14 (5) A health care provider that is subject to the
15 requirements of 26 U.S.C. § 501(r)(6) (relating to exemption
16 from tax on corporations, certain trusts, etc.) and has
17 complied with the section and any applicable rules or
18 regulations shall be deemed to have complied with this
19 subsection. In the event the statute, rules or regulations
20 are repealed, abrogated or otherwise determined to be
21 unenforceable, the requirements of this subsection shall
22 apply.

23 (c) Qualifying personal event.--

24 (1) A patient may petition a health care provider or
25 medical debt collector for a temporary cessation of a
26 permissible collection action during the period of a
27 qualifying personal event.

28 (2) Upon receipt of reasonable evidence of a qualifying
29 personal event from a patient, a health care provider or
30 medical debt collector shall grant a temporary cessation of a

1 permissible collection action against the patient for the
2 duration of the qualifying personal event.

3 (3) The temporary cessation of a permissible collection
4 action shall be subject to redetermination every three
5 months.

6 (4) If a patient provides reasonable evidence that the
7 qualifying personal event is ongoing, a health care provider
8 or medical debt collector shall grant one or more extensions
9 for the duration of the qualifying personal event.

10 (d) Settlement offer.--Prior to engaging in a permissible
11 collection action with respect to a medical debt of a patient, a
12 health care provider or medical debt collector shall make a good
13 faith effort to settle the medical debt with the patient. The
14 following apply:

15 (1) The patient shall have no fewer than 30 calendar
16 days to consider a settlement offer under this subsection.

17 (2) In making a good faith settlement offer, the health
18 care provider or medical debt collector shall consider the
19 following:

20 (i) The amount of the medical debt in relation to
21 the patient's household income.

22 (ii) Whether a payment plan, a reasonable reduction
23 in the principal amount of the medical debt or interest
24 rate charged on the medical debt or other reasonable
25 compromise would allow recovery of a substantial portion
26 of the medical debt from the patient within a reasonable
27 time frame.

28 (iii) Whether the costs associated with a
29 permissible collection action would be unfavorable in
30 comparison to collecting less than the face value of the

1 medical debt.

2 (e) Costs of collection action.--

3 (1) A health care provider or medical debt collector may
4 not assess late fees or other penalties to an outstanding
5 medical debt.

6 (2) A patient shall not be liable for any additional
7 fees or costs levied by a medical debt collector in
8 connection with the purchase, collection or attempts to
9 collect a medical debt.

10 (f) Health insurance appeals.--A health care provider or
11 medical debt collector who knows, or reasonably should know,
12 about an internal or external review or appeal of a health
13 insurance decision may not engage in a permissible collection
14 action with respect to unpaid charges for health care services
15 while the review or appeal is pending. Upon learning of a
16 pending internal or external review or appeal of a health
17 insurance decision, a health care provider or medical debt
18 collector shall immediately suspend any permissible collection
19 action with respect to the medical debt that is the subject of
20 the health insurance decision.

21 (g) Noncompliance.--A health care provider or medical debt
22 collector who is not in material compliance with this act may
23 not engage in a permissible collection action with respect to a
24 medical debt during the material noncompliance. A patient who
25 believes that a health care provider or medical debt collector
26 is not in material compliance with the provisions of this act
27 may file a complaint in accordance with the procedures
28 established by the Attorney General in accordance with section
29 10(b).

30 Section 5. Price information.

1 (a) Requirement.--A health care provider shall post on its
2 publicly accessible Internet website price information, which
3 shall be kept up to date and accessible via a link from the
4 website's homepage.

5 (b) Contents.--At a minimum, the price information shall
6 include all of the following:

7 (1) A list of gross charges for each health care service
8 offered by the health care provider.

9 (2) The amount that Medicare would reimburse for the
10 health care service, next to the relevant gross charge.

11 (3) Plain-language titles or descriptions of health care
12 services that can be understood by the average consumer.

13 (c) Compliance with Federal law.--A health care provider
14 that is subject to the requirements of 42 U.S.C. § 300gg-18(e)
15 (relating to bringing down the cost of health care coverage) and
16 has complied with the section and any applicable rules or
17 regulations shall be deemed to have complied with this section.
18 In the event the statute, rules or regulations are repealed,
19 abrogated or otherwise determined to be unenforceable, the
20 requirements of this section shall apply.

21 Section 6. Communications.

22 (a) Billing information.--

23 (1) All bills sent to a patient shall include a complete
24 and plain-language description of the date, amount and nature
25 of all charges and all efforts undertaken to bill insurance
26 or public or government programs for the health care services
27 provided.

28 (2) Prior to communicating with a consumer or initiating
29 a permissible collection action for a medical debt, a medical
30 debt collector shall have all billing information required in

1 this subsection as allowed under the Health Insurance
2 Portability and Accountability Act of 1996 (Public Law 104-
3 191, 110 Stat. 1936).

4 (b) Availability of information.--In all communications with
5 a consumer about medical debt, including communication relating
6 to a permissible collection action, a health care provider or
7 medical debt collector shall inform the consumer of the
8 availability of the information specified under subsection (a)
9 and shall offer to and, if requested, provide the information to
10 the consumer.

11 (c) Receipts for payments.--

12 (1) A health care provider or medical debt collector
13 shall apply payments as of the date that payment was received
14 and use that date when assessing interest accumulation.

15 (2) Within 10 business days of receipt of a payment on a
16 medical debt, a health care provider, medical debt collector
17 or an agent of the health care provider or medical debt
18 collector receiving the payment shall furnish a receipt to
19 the person that made the payment.

20 (3) Each receipt under this subsection shall include the
21 following:

22 (i) The amount paid.

23 (ii) The date that payment was received.

24 (iii) The account balance before the most recent
25 payment.

26 (iv) The new balance after application of the
27 payment.

28 (v) The interest rate and interest accrued since the
29 consumer's last payment.

30 (vi) The consumer's account number.

1 (vii) The name of the current owner of the medical
2 debt and, if different, the name of the health care
3 provider.

4 (viii) Whether the payment is accepted as payment in
5 full of the medical debt.

6 (d) Accessibility and notice.--

7 (1) All communications with a consumer regarding medical
8 debt, including all bills, receipts and other correspondence,
9 shall:

10 (i) Be written in plain language at a sixth grade
11 reading level.

12 (ii) Be made accessible to individuals with visual
13 impairments upon request.

14 (iii) Be translated into the patient's primary
15 language upon request.

16 (iv) Include a notice that the patient may qualify
17 for a payment plan or financial assistance.

18 (v) Include a notice that the patient is entitled to
19 a reasonable settlement offer prior to a collection
20 action.

21 (vi) Include a notice that the patient may file a
22 complaint with the Attorney General to enforce the
23 provisions of this act.

24 (vii) Include a notice that the patient may be
25 entitled to certain protections under 42 U.S.C. § 300gg-
26 111 (relating to preventing surprise medical bills)
27 regarding amounts charged for health care services and
28 may access additional information regarding these
29 protections by contacting the Insurance Department.

30 (viii) Comply with any other Federal or State

1 requirements with respect to communications regarding
2 consumer debt, including the act of March 28, 2000
3 (P.L.23, No.7), known as the Fair Credit Extension
4 Uniformity Act.

5 (2) (Reserved).

6 Section 7. Uninsured patients.

7 For emergency or medically necessary health care services
8 provided to a patient who is determined to be uninsured and not
9 otherwise eligible for a government program, a health care
10 provider may not charge an amount greater than the applicable
11 payment rate for those health care services under the Federal
12 Medicare program.

13 Section 8. Payment plans.

14 (a) Petition.--

15 (1) No later than 60 days following receipt of the first
16 bill for a health care service, a patient may petition a
17 health care provider or medical debt collector to determine
18 the patient's status as a qualifying patient.

19 (2) Upon receipt of reasonable evidence that a patient
20 is a qualified patient, a health care provider or medical
21 debt collector shall offer a payment plan to the patient in
22 accordance with subsection (b) and subject to subsection (c).

23 (b) Monthly installments.--Upon determining that a patient
24 is a qualified patient, a health care provider or medical debt
25 collector shall offer a payment plan to recover amounts charged
26 for any emergency or medically necessary care. Under a payment
27 plan offered in accordance with this subsection, a health care
28 provider or medical debt collector shall collect amounts
29 charged, not including amounts owed by third-party payers, in
30 monthly installments such that the qualified patient is not

1 paying more than 4% of the qualified patient's net monthly
2 household income. A health care provider or medical debt
3 collector must comply with this section before engaging in any
4 permissible collection action against the patient.

5 (c) Accord and satisfaction.--

6 (1) If a qualified patient makes 36 consecutive monthly
7 installment payments as provided under subsection (b), a
8 health care provider or medical debt collector shall consider
9 the qualified patient's bill satisfied and shall permanently
10 cease any collection action of any remaining balance.

11 (2) If a qualified patient fails to make monthly
12 installment payments for six consecutive months, a health
13 care provider or medical debt collector may proceed to a
14 collection action. The health care provider or medical debt
15 collector shall comply with section 4(d) prior to engaging in
16 a collection action under this subsection.

17 (3) If a qualified patient misses a monthly installment
18 payment but resumes making payments, including arrearages for
19 any months missed, the payments shall be counted for purposes
20 of paragraph (1) if the number of missed payments does not
21 exceed six.

22 Section 9. Remedies.

23 (a) Unfair or deceptive act or practice.--A violation of
24 this act constitutes an unfair or deceptive act or practice
25 under the act of December 17, 1968 (P.L.1224, No.387), known as
26 the Unfair Trade Practices and Consumer Protection Law.

27 (b) Equitable relief available.--A consumer may bring an
28 action in court for injunctive or other appropriate equitable
29 relief to enforce the provisions of this act.

30 (c) Remedies not exclusive.--

1 (1) The remedies provided in this section are not
2 intended to be the exclusive remedies available to a
3 consumer.

4 (2) A consumer shall not be required to exhaust any
5 administrative remedies provided by this act before bringing
6 an action in court.

7 (d) Financial assistance policy or agreement.--A financial
8 assistance policy or other written agreement between a patient
9 and a health care provider or medical debt collector shall not
10 contain a provision that, prior to a dispute arising, waives or
11 has the practical effect of waiving, the rights of the patient
12 to resolve that dispute by obtaining any of the following:

13 (1) Injunctive, declaratory or other equitable relief.

14 (2) Multiple or minimum damages as specified by statute.

15 (3) Attorney fees and costs as specified by statute or
16 as available at common law.

17 (4) A hearing at which that party can present evidence
18 in person.

19 (e) Provisions unenforceable.--A provision in a financial
20 assistance policy or other written agreement that violates the
21 provisions of subsection (d) is void and unenforceable. A court
22 may refuse to enforce other provisions of the financial
23 assistance policy or other written agreement as equity may
24 require.

25 Section 10. Enforcement.

26 (a) Authority of Attorney General.--The Attorney General
27 shall enforce the provisions of this act.

28 (b) Complaint procedure.--The Attorney General shall
29 establish a complaint process whereby an aggrieved patient may
30 file a complaint against a health care provider or medical debt

1 collector that violates a provision of this act. All complaints
2 filed in accordance with this section shall be exempt from
3 access under the act of February 14, 2008 (P.L.6, No.3), known
4 as the Right-to-Know Law.

5 Section 11. Medical debt settlement conferences.

6 (a) Procedures.--Notwithstanding any other provision of law,
7 in a collection action arising from or relating to a claim for
8 medical debt not otherwise prohibited by this act, the parties
9 shall engage in a settlement conference prior to any hearing or
10 trial on the matter. The following apply:

11 (1) The court shall schedule the settlement conference
12 for a time and at a place determined by the court, provided
13 at least 20 days' notice is given to each party.

14 (2) The court shall serve the order scheduling the
15 settlement conference on all parties, which shall require the
16 attendance and participation of the parties at the settlement
17 conference.

18 (3) A settlement officer shall conduct the settlement
19 conference. The settlement officer may be a judicial officer
20 or an officer of the court with subject matter experience, as
21 designated by the presiding judicial officer.

22 (4) The settlement officer shall report the outcome of
23 the settlement conference to the presiding judicial officer
24 detailing the terms of the agreement, if authorized by the
25 parties, or the fact that no agreement was reached.

26 (5) If, after a bona fide attempt at settlement, the
27 parties cannot come to an agreement at the settlement
28 conference, a civil action may proceed.

29 (b) Waiver.--If a defendant fails to appear for a settlement
30 conference under this section, the requirements of this section

1 may be waived and the action may proceed upon satisfaction of
2 the court that service under subsection (a) (2) was made and the
3 defendant did not request a rescheduling of the settlement
4 conference within 72 hours of the originally scheduled
5 settlement conference.

6 (c) Confidentiality.--Except as otherwise provided by law,
7 the confidentiality provisions of 42 Pa.C.S. § 5949 (relating to
8 confidential mediation communications and documents) shall apply
9 to all settlement conferences under this section.

10 (d) Local rules.--Each judicial district may adopt local
11 rules to implement the provisions of this act in accordance with
12 201 Pa. Code (relating to rules of judicial administration).

13 (e) Construction.--Nothing in this section shall be
14 construed to preclude the parties from engaging in settlement or
15 making an agreement at any time prior to the entry of a
16 judgment.

17 Section 12. Prohibition of waiver of rights.

18 A waiver by a patient or other consumer of any protection
19 provided by or any right of the patient or other consumer in
20 accordance with this act is void and may not be enforced by any
21 court or any other person.

22 Section 13. Rules and regulations.

23 (a) Authorization.--The department may promulgate or adopt
24 rules and regulations as may be necessary and appropriate to
25 carry out the provisions of this act.

26 (b) Temporary regulations.--

27 (1) Notwithstanding any other provision of law, in order
28 to facilitate the prompt implementation of this act, the
29 department may issue temporary regulations. The following
30 apply:

1 (i) The department shall issue the temporary
2 regulations within 180 days of the effective date of this
3 subsection. Regulations adopted after this 180-day period
4 shall be promulgated as provided by statute.

5 (ii) Notice of the temporary regulations shall be
6 transmitted to the Legislative Reference Bureau for
7 publication in the next available issue of the
8 Pennsylvania Bulletin.

9 (iii) The department shall post the temporary
10 regulations on the department's publicly accessible
11 Internet website.

12 (iv) The temporary regulations shall expire no later
13 than two years following publication of the temporary
14 regulations in the Pennsylvania Bulletin.

15 (2) The temporary regulations under paragraph (1) shall
16 be exempt from the following:

17 (i) Section 612 of the act of April 9, 1929
18 (P.L.177, No.175), known as The Administrative Code of
19 1929.

20 (ii) Sections 201, 202, 203, 204 and 205 of the act
21 of July 31, 1968 (P.L.769, No.240), referred to as the
22 Commonwealth Documents Law.

23 (iii) Sections 204(b) and 301(10) of the act of
24 October 15, 1980 (P.L.950, No.164), known as the
25 Commonwealth Attorneys Act.

26 (iv) The act of June 25, 1982 (P.L.633, No.181),
27 known as the Regulatory Review Act.

28 (c) Contents.--Rules and regulations under this section
29 shall establish minimum standards governing the requirements of
30 this act and shall address, at a minimum, the following:

1 (1) A process for determining a patient's status as a
2 qualified patient.

3 (2) Guidance on billing and screening best practices
4 based on the type and size of the health care provider,
5 including policies to prevent the disclosure of patients'
6 personal information to third parties.

7 (3) Specifying the circumstances that constitute a
8 qualifying personal event, which at a minimum shall include:

9 (i) Involuntary loss of employment.

10 (ii) A short-term disability resulting in the
11 inability to earn an income.

12 (iii) Temporary leave from employment authorized
13 under 29 U.S.C. Ch. 28 (relating to family and medical
14 leave).

15 (d) Permanent regulations.--Prior to the expiration of the
16 temporary regulations, the department shall propose for approval
17 permanent regulations as provided by statute. The proposed
18 permanent regulations shall be consistent with subsection (c)
19 and may be the same as the temporary regulations.

20 Section 14. Severability.

21 The provisions of this act are severable. If any provision of
22 this act or its application to any individual or circumstance is
23 held invalid, the invalidity shall not affect other provisions
24 or applications of this act which can be given effect without
25 the invalid provision or application.

26 Section 15. Construction.

27 Nothing in this act shall be construed to:

28 (1) Require a health care provider to refund a payment
29 made to the health care provider for a health care service
30 provided to the patient if no permissible collection action

1 or impermissible collection action is taken in violation of
2 this act.

3 (2) Prohibit a health care provider or medical debt
4 collector from engaging in a permissible collection action
5 not in violation of this act.

6 Section 16. Applicability.

7 This act shall apply to medical debts incurred and collection
8 actions filed on or after the effective date of this section.

9 Section 17. Effective date.

10 This act shall take effect as follows:

11 (1) The following sections shall take effect
12 immediately:

13 Section 1.

14 Section 2.

15 Section 13.

16 Section 16.

17 This section.

18 (2) The remainder of this act shall take effect in 180
19 days.