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CFPB Issues FAQ on Electronic Fund Transfer Error Resolution

The updated compliance resource includes details on liability and guidelines for investigating and resolving errors.

The Consumer Financial Protection Bureau has issued an updated compliance FAQ outlining the unauthorized transfer and error resolution provisions under the Electronic Fund Transfer Act (EFTA) and Regulation E.

The unauthorized transfer and error resolution provisions include “situations when a consumer is fraudulently induced by a third party to provide their account information or private network rules conflict with the regulation,” according to the CFPB’s compliance notice.

ACA International members and their clients using electronic fund transfers should review the FAQ, which covers liability for unauthorized electronic fund transfers under Regulation E and guidelines for error resolution investigations.

More information for members is also available in the ACA SearchPoint[™] (<https://www.acainternational.org/searchpoint>) document #2330 on Regulation E.



ACA CAST[™] **ACA Cast: Checks and Balances on Federal Medical Debt Collection Legislation**

Recent ACA podcast episode covers medical debt legislation trends at the federal and state level.

The U.S. House of Representatives passed the Comprehensive Debt Collection Improvement Act, H.R. 2547, in May, mostly along party lines, which means the U.S. Senate could now consider the bill with extensive reforms to debt collection.

In a recent episode of ACA Cast, Scott Purcell, president of ACA International and president of Professional Credit Service, and Tim Myers, president of business development Clark County Collection Service LLC and president of the Nevada Collectors Association, shared their insights on the problematic components of this legislation related to medical debt and how ACA members can get involved in advocacy and educating lawmakers about the impact of the bill on businesses and health care provider clients.

ACA expects the bill will face an uphill battle in the Senate.

ACA’s grassroots campaign on H.R. 2547 before the House vote resulted in more than 600 emails sent to members of Congress. At press time, the bill has been referred to the Senate Committee on Banking, Housing and Urban Affairs.

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Workplace Planning: Updated Guidance on Federal Equal Employment Opportunity Laws Released

New details available on understanding rights and responsibilities at work during the pandemic as well as developing COVID-19 vaccine policies.

Businesses and employees now have access to updated and expanded technical assistance and guidance (<http://bit.ly/eoo-laws>) related to the COVID-19 pandemic and answers to questions related to federal equal employment opportunity (EEO) laws released by the U.S. Equal Employment Opportunity Commission (EEOC) in May.

The EEOC also posted a new resource (<http://bit.ly/resource-eooc>) for job applicants and employees explaining how federal employment discrimination laws protect workers during the pandemic. These publications are provided to help employees and employers understand their rights and responsibilities at work during the pandemic, according to a news release from the EEOC.

The expanded technical assistance and guidance provides new details about how the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act apply when an employer offers incentives for employees to provide documentation or other confirmation of vaccination when an employee gets a vaccine in the community or from the employer or its agent.

The guidance is a helpful tool for companies to evaluate their own plans and update written policies for their employees.

In March, Elizabeth Blanco and Rachel Morris, attorneys with Sessions, Israel & Shartle LLC, returned to the ACA Huddle for “COVID Mary Gets the Vaccine,” where they reviewed COVID-19 vaccination policies and what employers need to know, ACA International previously reported. (<http://bit.ly/covid-policies>) They announced at that time that the EEOC and the Occupational Safety and Health Administration (OSHA) were expected to release the updated guidance.

Citing a recent study (<https://bit.ly/2TVSWKy>) from the Society for Human Resource Management,

Blanco said 60% of human resources professionals and U.S. employees surveyed will “probably or definitely” get the vaccine when it’s available to them, while about 28% said they would not get the vaccine, even if it meant losing their job.

The EEOC guidance provides employers and employees an overview of laws related to workplace protection and rules to help navigate responses to the COVID-19 vaccine.

For example, the EEOC outlines ADA restrictions on when and how much medical information an employer may obtain from any applicant or employee, including when an employee calls in sick.

Additional updates from the EEOC include:

- Federal EEO laws do not prevent an employer from requiring all employees physically entering the workplace to be vaccinated for COVID-19, so long as employers comply with the reasonable accommodation provisions of the ADA and Title VII of the Civil Rights Act of 1964 and other EEO considerations. Other laws not in EEOC’s jurisdiction may place additional restrictions on employers. From an EEO perspective, employers should keep in mind that because some individuals or demographic groups may face greater

barriers to receiving a COVID-19 vaccination than others, some employees may be more likely to be negatively impacted by a vaccination requirement.

- Federal EEO laws do not prevent or limit employers from offering incentives to employees to voluntarily provide documentation or other confirmation of vaccination obtained from a third party (not the employer) in the community, such as a pharmacy, personal health care provider or public clinic. If employers choose to obtain vaccination information from their employees, employers must keep vaccination information confidential pursuant to the ADA.
- Employers that are administering vaccines to their employees may offer incentives for employees to be vaccinated, as long as the incentives are not coercive. Because vaccinations require employees to answer pre-vaccination disability-related screening questions, a very large incentive could make employees feel pressured to disclose protected medical information.
- Employers may provide employees and their family members with information to educate them about COVID-19 vaccines and raise

continued on page 3



NEWS & NOTES

Workplace Planning cont. from page 2

awareness about the benefits of vaccination. The guidance highlights federal government resources available to those seeking more information about how to get vaccinated.

During the ACA Huddle, Blanco and Sessions reviewed whether companies could mandate the vaccine versus encouraging employees to get it and providing education about their options, as well as applicable laws such as the ADA.

Regardless of whether employees decide to get the vaccine, companies still need to consider plans for accommodating the needs of employees who cannot get it for religious or health reasons and the safety of all employees, according to their presentation. Make sure to consider your company's location and state and government requirements and how many people you need to work in the office versus how many can continue to work from home. If employees say they cannot or choose not

to get the vaccine or work in the office, ask for them to document the information in writing.

When it comes to informing employees about the COVID-19 vaccine, education and training about options are permitted, and OSHA also has updated information available now: <https://www.osha.gov/coronavirus/safework>.

A recording of Sessions' and Blanco's discussion is available for members here: <http://bit.ly/workplace-huddle>

This article is for general informational purposes only and is not legal advice and should not be construed as legal advice. The information in this article is descriptive only. Actual coverage is subject to the language of the policies as issued.

Maryland Advances Medical Debt Law

Maryland's medical debt bill from this legislative session became law simply because Gov. Larry Hogan didn't veto it. In other words, in Maryland, a bill that is not vetoed can be finalized without the governor's signature.

S.B. 514 and H.B. 565 were approved 47-0 and 134-0 in the state's Senate and House, respectively, this spring, [ACA International previously reported](#).

The bill takes effect Jan. 1, 2022, and includes requirements for hospital debt collection policies and payment arrangements. It also prohibits a hospital from taking specified actions when collecting debt.

A hospital must annually submit its policy on the collection of debts owed by patients as well as a specified report to the Health Services Cost Review Commission (HSCRC), which HSCRC must compile into an annual medical debt collection report.

ACA's Vice President of State Unit and Government Affairs Andrew Madden said advocates for health care providers in Maryland spoke out about the impacts of the bill on their revenue stream.

"It is not unexpected that this law did go into effect," Madden said. "Ultimately it prevents a medical provider from filing an action or garnishment against a consumer if they are eligible for free or reduced medical costs."

Meanwhile, a medical debt bill is also advancing in California. The bill, [A.B. 1020](#), passed in the California Assembly and requires hospitals to have a written policy on how they send accounts to third-party debt collectors and enacts limits on collection actions. It will now be considered by the Senate.

Nevada Medical Debt Bill Clears Governor's Desk

Nevada Gov. Steve Sisolak recently signed S.B. 248, which requires a collection agency to notify a consumer before taking any action to collect a medical debt and prohibits certain medical debt collection practices. The bill took effect July 1. <https://bit.ly/3ckW60F>

Medical Bills Among Households' Unexpected Expenses in 2021

According to the Federal Reserve's 2020 Survey of Household Economics and Decisionmaking (SHED), used to understand the wide range of financial challenges and opportunities facing U.S. families, the number of adults able to manage small financial emergencies in November 2020 was similar to before the pandemic. However, many adults went without some medical care. More than 4 in 10 adults avoided medical care due to an inability to pay, delayed the care or went without care due to COVID-19 concerns, or both. <http://bit.ly/2020-finance-study>

We Want to Hear From You

Pulse is published for ACA International health care collection agencies to provide current industry information for health care providers. ACA welcomes article ideas and submissions for consideration in *Pulse* to the Communications Department at comm@acainternational.org.

For more health care collections news, visit ACA's Health Care Collections page at www.acainternational.org/pulse.

datawatch



is a monthly bulletin that contains information important to health care credit and collection personnel. Readers are invited to send comments and contributions to:

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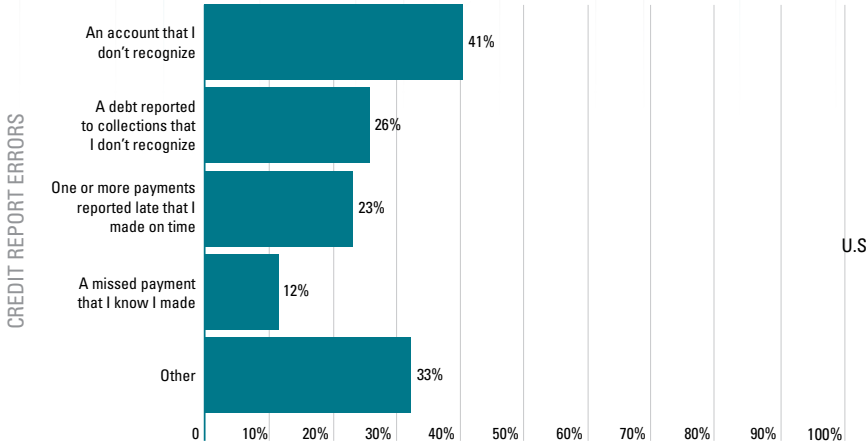
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Consumer Reporting Checkup

According to a Credit Checkup Study by *Consumer Reports*, more than one-third of respondents, 34% reported finding at least one error on their credit report; 29% percent reported errors in personal information; and 11% found account information errors. The survey asked consumers about the types of data on their credit reports, including other types of debt sent to collections and medical bills. Overall, 695 respondents said they found an error related to a debt on their credit report.

If you found an error on your report regarding a debt, what kind of error was it?



Source: *Consumer Reports Credit Checkup Study, June 2021*
<http://bit.ly/creditreportsurvey>

YOUR COMPANY NAME OR LOGO

Return Mailing Address
City, State, ZIP code