

**First Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO**

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 23-0528.01 Brita Darling x2241

**SENATE BILL 23-093**

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**SENATE SPONSORSHIP**

**Cutter and Jaquez Lewis**, Buckner, Exum, Fenberg, Kolker, Marchman, Moreno, Priola,  
Winter F.

**HOUSE SPONSORSHIP**

**Weissman and Brown**,

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**Senate Committees**  
Health & Human Services

**House Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING INCREASING CONSUMER PROTECTIONS IN VARIOUS**  
102      **MEDICAL TRANSACTIONS.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)*

The bill:

- Caps the rate of interest on medical debt at 3% per annum;
- Defines "medical debt", for purposes of a statutory cap on interest rates and fair debt collection practices, to include debt arising from the receipt of health-care services or medical products or devices;

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters or bold & italic numbers indicate new material to be added to existing law.*  
*Dashes through the words or numbers indicate deletions from existing law.*

SENATE  
3rd Reading Unamended  
March 10, 2023

SENATE  
Amended 2nd Reading  
March 9, 2023

- Requires a debt collector or collection agency collecting on a medical debt to provide to the consumer, upon the consumer's written or oral request, an itemized statement concerning the debt and allows the consumer to dispute the validity of the debt after receipt of the itemized statement;
- Establishes requirements relating to payment plans for medical debt, including written documentation of the payment plan between the consumer and the creditor, debt collector, or debt collection agency; notice to the consumer if the payment plan will be accelerated or declared in default or inoperative due to nonpayment; and the opportunity to renegotiate the payment plan;
- Prohibits collection on the debt during any appeal proceedings and prohibits reporting the debt to a consumer reporting agency until a certain amount of time after the payment plan becomes inoperative;
- Requires a debt collector or collection agency that files a legal action to collect medical debt to include an itemization of the charges and, prior to the entry of a default judgment against the creditor, provide evidence of the debt;
- Makes it a deceptive trade practice to violate provisions relating to billing practices, surprise billing, and balance billing laws; and
- Requires a health-care provider or health-care facility to provide, upon request of a prospective patient, an estimate of the total cost of a health-care service (service) to a person who intends to self-pay for the service (self-pay estimate). The bill includes requirements for the self-pay estimate and caps the amount by which the final, total cost of the service may exceed the self-pay estimate, with exceptions for emergency or unforeseen, medically necessary services required during the service. The bill makes it a deceptive trade practice to violate provisions relating to the self-pay estimate.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** In Colorado Revised Statutes, 5-12-102, **add** (5) as  
 3 follows:

4           **5-12-102. Statutory interest - definition.** (5) (a) THE MAXIMUM  
 5 RATE OF INTEREST ON MEDICAL DEBT IS THREE PERCENT PER ANNUM.

1 (b) AS USED IN THIS SUBSECTION (5), "MEDICAL DEBT" HAS THE  
2 MEANING SET FORTH IN SECTION 5-16-103 (10.5).

3 **SECTION 2.** In Colorado Revised Statutes, 5-16-103, **add** \_\_\_\_\_  
4 (10.5) as follows:

5 **5-16-103. Definitions.** As used in this article 16, unless the context  
6 otherwise requires:

7 (10.5) "MEDICAL DEBT" MEANS DEBT ARISING FROM HEALTH-CARE  
8 SERVICES, AS DEFINED IN SECTION 10-16-102 (33), OR HEALTH-CARE  
9 GOODS, INCLUDING PRODUCTS, DEVICES, DURABLE MEDICAL EQUIPMENT,  
10 AND PRESCRIPTION DRUGS. "MEDICAL DEBT" DOES NOT INCLUDE DEBT  
11 CHARGED TO A CREDIT CARD.

12 **SECTION 3.** In Colorado Revised Statutes, 5-16-109, **amend**  
13 (1)(c); and **add** (5) as follows:

14 **5-16-109. Validation of debts.** (1) Within five days after the  
15 initial communication with a consumer in connection with the collection  
16 of any debt, a debt collector or collection agency shall, unless the  
17 following information is contained in the initial communication or the  
18 consumer has paid the debt, send the consumer a written notice with the  
19 disclosures specified in subsections (1)(a) to (1)(e) of this section. If the  
20 disclosures are placed on the back of the notice, the front of the notice  
21 shall contain a statement notifying consumers of that fact. The disclosures  
22 shall state:

23 (c) That, unless the consumer ~~within thirty days after receipt of the~~  
24 ~~notice~~, disputes the validity of the debt or any portion thereof OF THE DEBT  
25 WITHIN THIRTY DAYS AFTER THE CONSUMER'S RECEIPT OF THE NOTICE,  
26 the debt will be assumed to be valid by the debt collector or collection  
27 agency;

1 (5) UPON WRITTEN      REQUEST BY THE CONSUMER AND WITHOUT  
2 FEE TO A CONSUMER, A DEBT COLLECTOR OR COLLECTION AGENCY  
3 COLLECTING ON A MEDICAL DEBT SHALL CEASE COLLECTION UNTIL IT CAN  
4 PROVIDE AN ITEMIZED STATEMENT TO THE CONSUMER      AFTER THE  
5 REQUEST IS RECEIVED. THE ITEMIZED STATEMENT MUST INCLUDE:

6 (a) THE NAME AND ADDRESS OF THE MEDICAL CREDITOR;

7 (b) THE DATE OR DATES OF SERVICE;

8 (c) THE DATE OR DATES THE MEDICAL DEBT WAS INCURRED;     

9 (d) A DETAILED LIST OF THE SPECIFIC HEALTH-CARE SERVICES AND  
10 MEDICAL PRODUCTS OR DEVICES, IF ANY, PROVIDED TO THE CONSUMER;

11 (e) THE NAME OF THE FACILITY WHERE HEALTH-CARE SERVICES  
12 WERE PROVIDED OR THE NAME OF THE MERCHANT WHERE THE CONSUMER  
13 PURCHASED MEDICAL PRODUCTS, DEVICES, OR DURABLE MEDICAL GOODS;

14 (f) THE AMOUNT OF THE PRINCIPAL FOR ANY MEDICAL DEBT  
15 INCURRED;

16 (g) AN ITEMIZATION OF THE CURRENT AMOUNT OF THE DEBT DUE  
17 AT THE TIME THE ITEMIZED STATEMENT IS GENERATED, REFLECTING  
18 INTEREST, FEES, PAYMENTS, AND CREDITS SINCE THE DATES DESCRIBED IN  
19 SUBSECTIONS (5)(b) AND (5)(c) OF THIS SECTION, AND INCLUDING  
20 NEGOTIATED INSURANCE RATES, FINANCIAL ASSISTANCE APPLIED, OR  
21 OTHER DISCOUNTS;

22     

23 (h) FOR MEDICAL DEBT FROM A HEALTH-CARE FACILITY, AS  
24 DEFINED IN SECTION 25.5-3-501 (1), WHETHER THE CONSUMER WAS  
25 SCREENED FOR FINANCIAL ASSISTANCE; AND

26 (i) FOR MEDICAL DEBT FROM A HEALTH-CARE FACILITY, AS DEFINED  
27 IN SECTION 25.5-3-501 (1), WHETHER THE CONSUMER WAS FOUND ELIGIBLE

1 FOR FINANCIAL ASSISTANCE AND, IF SO, THE AMOUNT DUE AFTER ALL  
2 FINANCIAL ASSISTANCE IS APPLIED TO THE ITEMIZED STATEMENT.

3 **SECTION 4.** In Colorado Revised Statutes, **add 5-16-109.5** as  
4 follows:

5 **5-16-109.5. Medical debt - requirements related to payment**  
6 **plans - collection prohibited during health insurance appeals -**

7 **definition.** (1) (a) A        DEBT COLLECTOR OR COLLECTION AGENCY  
8 COLLECTING ON A MEDICAL DEBT THAT AGREES TO A PAYMENT PLAN WITH  
9 A CONSUMER FOR THE MEDICAL DEBT THAT IS PAYABLE IN FOUR OR MORE  
10 INSTALLMENTS SHALL PROVIDE A WRITTEN COPY OF THE PAYMENT PLAN TO  
11 THE CONSUMER WITHIN SEVEN DAYS AFTER ENTERING INTO THE PAYMENT  
12 PLAN. THE PAYMENT PLAN MUST PROMINENTLY DISCLOSE THE RATE OR  
13 RATES OF INTEREST AND THE DATE BY WHICH THE ACCOUNT WILL BE PAID  
14 IN FULL IF PAYMENTS SET BY THE SCHEDULE IN THE PAYMENT PLAN ARE  
15 MADE WITHOUT INTERRUPTION OR THAT THE PLAN IS A TEMPORARY  
16 ARRANGEMENT THAT WILL NOT PAY OFF THE DEBT IN FULL.

17 (b) BEFORE ACCELERATING OR DECLARING THE PAYMENT PLAN NO  
18 LONGER OPERATIVE, IF THE CONSUMER HAS NOT INVOKED THE RIGHT TO  
19 CEASE COMMUNICATION, THE DEBT COLLECTOR OR COLLECTION AGENCY  
20 COLLECTING ON A MEDICAL DEBT SHALL:

21 (I) MAKE AT LEAST TWO REASONABLE ATTEMPTS TO CONTACT THE  
22 CONSUMER; AND

23 (II) PROVIDE NOTICE TO THE CONSUMER IN WRITING THAT THE  
24 PAYMENT PLAN MAY BE ACCELERATED OR BECOME INOPERATIVE.       

25 (c) FOR PURPOSES OF THIS SECTION, THE NOTICE        TO THE  
26 CONSUMER PURSUANT TO SUBSECTION (1)(b)(II) OF THIS SECTION MUST BE  
27 TO THE LAST-KNOWN ADDRESS        OF THE CONSUMER.

1           (2) (a) A DEBT COLLECTOR OR COLLECTION AGENCY COLLECTING  
2 ON A MEDICAL DEBT THAT KNOWS OR REASONABLY SHOULD KNOW ABOUT  
3 AN INTERNAL REVIEW, EXTERNAL REVIEW, OR OTHER APPEAL PROCEEDING  
4 OF A HEALTH INSURANCE DECISION THAT IS PENDING OR WAS PENDING  
5 WITHIN THE PREVIOUS SIXTY-THREE DAYS SHALL NOT:

6           (I) PROVIDE INFORMATION RELATING TO A CONSUMER'S UNPAID  
7 CHARGES FOR HEALTH-CARE SERVICES TO A CONSUMER REPORTING  
8 AGENCY;

9           (II) COMMUNICATE WITH THE CONSUMER REGARDING THE UNPAID  
10 CHARGES FOR HEALTH-CARE SERVICES IN AN ATTEMPT TO COLLECT ON THE  
11 CHARGES, UNLESS REQUESTED BY THE CONSUMER;

12           (III) INITIATE A CIVIL ACTION OR ARBITRATION PROCEEDING  
13 AGAINST THE CONSUMER TO COLLECT OR ATTEMPT TO COLLECT THE  
14 UNPAID CHARGES FOR HEALTH-CARE SERVICES; OR

15           (IV) SELL THE MEDICAL DEBT TO A DEBT BUYER.

16           (b) IF A MEDICAL DEBT HAS ALREADY BEEN REPORTED TO A  
17 CONSUMER REPORTING AGENCY OR A LEGAL ACTION OR ARBITRATION  
18 PROCEEDING HAS ALREADY BEEN INITIATED, AND THE DEBT COLLECTOR  
19 OR COLLECTION AGENCY COLLECTING ON THE MEDICAL DEBT THAT  
20 REPORTED THE INFORMATION LEARNS THAT AN INTERNAL REVIEW,  
21 EXTERNAL REVIEW, OR OTHER APPEAL PROCEEDING OF A HEALTH  
22 INSURANCE DECISION IS PENDING OR WAS PENDING WITHIN THE PREVIOUS  
23 SIXTY-THREE DAYS, THAT PERSON SHALL INSTRUCT THE CONSUMER  
24 REPORTING AGENCY TO DELETE THE INFORMATION ABOUT THE MEDICAL  
25 DEBT.

26           (c) AS USED IN THIS SECTION, "HEALTH-CARE SERVICES" MEANS  
27 HEALTH-CARE SERVICES OR MEDICAL PRODUCTS OR DEVICES.

1           **SECTION 5.** In Colorado Revised Statutes, 5-16-111, **add** (5) and  
2 (6) as follows:

3           **5-16-111. Legal actions by collection agencies.** (5)        A  
4 CREDITOR, OR A DEBT COLLECTOR OR COLLECTION AGENCY OPERATING ON  
5 BEHALF OF THE CREDITOR, THAT BRINGS A LEGAL ACTION ON A MEDICAL  
6 DEBT SHALL ATTACH TO THE COMPLAINT OR APPLICABLE FORM A COPY OF  
7 A REDACTED ITEMIZATION OF THE CHARGES THAT ARE THE BASIS FOR THE  
8 MEDICAL DEBT.

9                   
10           (6) (a) PRIOR TO ENTRY OF A DEFAULT JUDGMENT AGAINST A  
11 CONSUMER IN A LEGAL ACTION ON A MEDICAL DEBT, THE PLAINTIFF SHALL  
12 FILE WITH THE COURT EVIDENCE THAT SATISFIES THE REQUIREMENTS OF  
13 RULES 803(6) AND 902(11) OF THE COLORADO RULES OF EVIDENCE OR  
14 THAT OTHERWISE, AS AUTHORIZED BY LAW OR RULE, ESTABLISHES THE  
15 AMOUNT AND NATURE OF THE MEDICAL DEBT AND INCLUDES:

- 16           (I) THE ORIGINAL ACCOUNT NUMBER AT CHARGE-OFF;
- 17           (II) THE ORIGINAL CREDITOR AT CHARGE-OFF;
- 18           (III) THE AMOUNT DUE AT CHARGE-OFF OR, IF THE BALANCE HAS  
19 NOT BEEN CHARGED OFF, AN ITEMIZATION OF THE AMOUNT CLAIMED TO BE  
20 OWED, INCLUDING THE PRINCIPAL, INTEREST, FEES, AND OTHER CHARGES  
21 OR REDUCTIONS FROM PAYMENT MADE OR OTHER CREDITS;
- 22           (IV) AN ITEMIZATION OF POST CHARGE-OFF ADDITIONS, IF ANY;
- 23           (V) THE DATE OF THE LAST PAYMENT, IF APPLICABLE, OR THE DATE  
24 OF THE LAST TRANSACTION; AND
- 25           (VI) THE DATE THE DEBT WAS INCURRED.

26           (b) IF AN AFFIDAVIT DOES NOT INCLUDE THE EVIDENCE REQUIRED  
27 IN SUBSECTION (5) OF THIS SECTION AND THIS SUBSECTION (6), THE

1 AFFIDAVIT DOES NOT SATISFY THE REQUIREMENTS OF SAID SUBSECTIONS.

2 **SECTION 6.** In Colorado Revised Statutes, 6-1-105, **add** (1)(uuu)  
3 and (1)(vvv) as follows:

4 **6-1-105. Unfair or deceptive trade practices.** (1) A person  
5 engages in a deceptive trade practice when, in the course of the person's  
6 business, vocation, or occupation, the person:

7 (uuu) VIOLATES SECTION 12-30-112, 12-30-113, 25-3-121, OR  
8 25-3-122; OR

9 (vvv) VIOLATES SECTION 25-49-106.

10 **SECTION 7.** In Colorado Revised Statutes, 25-49-102, **add** (11)  
11 as follows:

12 **25-49-102. Definitions.** As used in this article 49, unless the  
13 context otherwise requires:

14 (11) "SELF-PAY" MEANS PAYMENT WITHOUT THE ASSISTANCE OF A  
15 PUBLIC OR PRIVATE THIRD PARTY.

16 **SECTION 8.** In Colorado Revised Statutes, **add** 25-49-106 as  
17 follows:

18 **25-49-106. Required disclosure to self-pay recipients - estimate**  
19 **of total cost of health-care services upon request - deceptive trade**  
20 **practice - definition.** (1) (a) UPON THE REQUEST OF A PERSON SEEKING  
21 A HEALTH-CARE SERVICE WHO INTENDS TO SELF-PAY FOR THE SERVICE,  
22 DESIGNATED BILLING OR PATIENT SERVICES PERSONNEL REPRESENTING A  
23 HEALTH-CARE PROVIDER OR A HEALTH-CARE FACILITY SHALL PROVIDE,  
24 PRIOR TO THE PROVISION OF THE HEALTH-CARE SERVICE, A SELF-PAY  
25 ESTIMATE, PURSUANT TO SUBSECTION (3) OF THIS SECTION, OF THE TOTAL  
26 ESTIMATED COST TO THE RECIPIENT OF THE ANTICIPATED HEALTH-CARE  
27 SERVICE, EXCEPT AS PROHIBITED BY 42 U.S.C. SEC. 1395dd.



1 (b) (I) EXCEPT AS PROVIDED IN SUBSECTION (1)(b)(II) OF THIS  
2 SECTION, THE FINAL COST OF THE HEALTH-CARE SERVICE FOR WHICH THE  
3 SELF-PAY ESTIMATE WAS MADE MUST BE NO MORE THAN FIFTEEN PERCENT  
4 HIGHER THAN THE TOTAL ESTIMATED COST INDICATED IN THE SELF-PAY  
5 ESTIMATE OR FOUR HUNDRED DOLLARS, WHICHEVER IS LESS.

6 (II) THE FINAL COST OF THE HEALTH-CARE SERVICE FOR WHICH THE  
7 SELF-PAY ESTIMATE WAS MADE MAY BE MORE THAN FIFTEEN PERCENT  
8 HIGHER THAN THE SELF-PAY ESTIMATE OR FOUR HUNDRED DOLLARS IF A  
9 MEDICAL EMERGENCY OCCURS THAT IS ASSOCIATED WITH THE  
10 HEALTH-CARE SERVICE OR IF AN ADDITIONAL, UNFORESEEN, MEDICALLY  
11 NECESSARY HEALTH-CARE SERVICE IS REQUIRED DURING THE PROVISION OF  
12 THE HEALTH-CARE SERVICE. THE HEALTH-CARE PROVIDER OR  
13 HEALTH-CARE FACILITY SHALL MAKE ALL REASONABLE EFFORTS TO  
14 OBTAIN THE CONSENT OF THE RECIPIENT OR, IF THE RECIPIENT IS  
15 INCAPACITATED, THE RECIPIENT'S AUTHORIZED AGENT PRIOR TO PROVIDING  
16 ANY EMERGENCY OR UNFORESEEN, MEDICALLY NECESSARY HEALTH-CARE  
17 SERVICE THAT WILL INCREASE BY MORE THAN FIFTEEN PERCENT THE TOTAL  
18 COST INDICATED IN THE SELF-PAY ESTIMATE OR FOUR HUNDRED DOLLARS,  
19 WHICHEVER IS LESS.

20 (2) THE RIGHT OF A PERSON TO REQUEST A SELF-PAY ESTIMATE  
21 PRIOR TO THE RECEIPT OF A HEALTH-CARE SERVICE MUST BE CLEARLY AND  
22 CONSPICUOUSLY STATED BY THE HEALTH-CARE PROVIDER AND POSTED AT  
23 THE HEALTH-CARE FACILITY IN A MANNER, IN A LOCATION, AND AT A TIME  
24 REASONABLY CALCULATED TO INFORM THE PERSON OF THE RIGHT.

25 (3) THE SELF-PAY ESTIMATE MUST:

26 (a) BE IN WRITING OR, IF THE HEALTH-CARE PROVIDER OR  
27 HEALTH-CARE FACILITY IS UNABLE TO PROVIDE A WRITTEN SELF-PAY

1 ESTIMATE, THE SELF-PAY ESTIMATE AND THE FOLLOWING INFORMATION  
2 MUST BE STATED IN A RECORDED TELEPHONE CALL:

3 (I) THE DATE AND TIME OF THE TELEPHONE CALL;

4 (II) THE TELEPHONE NUMBER OF THE CONSUMER RECEIVING THE  
5 SELF-PAY ESTIMATE;

6 (III) THE MANNER IN WHICH CONSENT FOR THE SELF-PAY ESTIMATE  
7 AMOUNT MUST BE PROVIDED BY THE INTENDED RECIPIENT;

8 (IV) THE NAME OF THE INTENDED RECIPIENT OF THE HEALTH-CARE  
9 SERVICE;

10 (V) THE NAME OF THE HEALTH-CARE PROVIDER OR HEALTH-CARE  
11 FACILITY EMPLOYEE PROVIDING THE SELF-PAY ESTIMATE; AND

12 (VI) ANY OTHER INFORMATION MATERIAL TO THE DETERMINATION  
13 OF THE SELF-PAY ESTIMATE;

14 (b) INCLUDE THE TOTAL ESTIMATED COST OF THE HEALTH-CARE  
15 SERVICE, INCLUDING AN ITEMIZATION OF ALL NECESSARY COMPONENTS OF  
16 THE SERVICE, WHICH COMPONENTS MAY INCLUDE A FACILITY FEE AND THE  
17 COST OF PERSONNEL, IMAGING, MEDICAL TOOLS OR DEVICES, AND  
18 MEDICINE;     

19 (c) BE EASY TO UNDERSTAND BY A PERSON WITHOUT KNOWLEDGE  
20 OF MEDICAL OR TECHNICAL JARGON AND WITH LIMITED PROFICIENCY IN  
21 MATH, SCIENCE, AND WRITTEN AND ORAL COMMUNICATION SKILLS;

22 (d) BE PROVIDED IN ENGLISH OR SPANISH, IF REQUESTED BY THE  
23 CONSUMER; AND

24 (e) BE PROVIDED WITHIN THE FOLLOWING TIME FRAMES:

25 (I) NOT LATER THAN ONE BUSINESS DAY AFTER THE DATE THE  
26 PRIMARY ITEM OR SERVICE IS SCHEDULED IF A PRIMARY ITEM OR SERVICE  
27 IS SCHEDULED AT LEAST THREE DAYS BEFORE THE PRIMARY ITEM OR

1 SERVICE IS PROVIDED;

2 (II) NOT LATER THAN THREE BUSINESS DAYS AFTER THE DATE THE  
3 PRIMARY ITEM OR SERVICE IS SCHEDULED IF THE PRIMARY ITEM OR SERVICE  
4 IS SCHEDULED AT LEAST TEN BUSINESS DAYS BEFORE THE PRIMARY ITEM  
5 OR SERVICE IS PROVIDED; OR

6 (III) NOT LATER THAN THREE DAYS AFTER A REQUEST FOR A  
7 SELF-PAY ESTIMATE.

8 (4) A PROVIDER OR HEALTH-CARE FACILITY THAT IS IN COMPLIANCE  
9 WITH SECTION 112 OF TITLE I OF DIVISION BB OF THE FEDERAL "NO  
10 SURPRISES ACT", AND RULES PROMULGATED AND DETERMINED BY THE  
11 FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES UNDER THAT  
12 ACT IN 45 CFR 149.610, OR ANY SUCCESSOR LAWS AND REGULATIONS, IS  
13 IN COMPLIANCE WITH THIS SECTION.

14 (5) A VIOLATION OF THIS SECTION IS A DECEPTIVE TRADE PRACTICE  
15 PURSUANT TO SECTION 6-1-105 (1)(vvv).

16 (6) AS USED IN THIS SECTION, "FEDERAL 'NO SURPRISES ACT'"  
17 MEANS THE FEDERAL "NO SURPRISES ACT", PUB.L. 116-260, AS AMENDED.

18 **SECTION 9.** In Colorado Revised Statutes, 12-30-112, **add** (6)  
19 as follows:

20 **12-30-112. Health-care providers - required disclosures -**  
21 **balance billing - deceptive trade practice - rules - definitions.** (6) A  
22 VIOLATION OF THIS SECTION IS A DECEPTIVE TRADE PRACTICE PURSUANT  
23 TO SECTION 6-1-105 (1)(uuu).

24 **SECTION 10.** In Colorado Revised Statutes, 12-30-113, **add** (6)  
25 as follows:

26 **12-30-113. Out-of-network health-care providers -**  
27 **out-of-network services - billing - payment - deceptive trade practice.**

1 (6) A VIOLATION OF THIS SECTION IS A DECEPTIVE TRADE PRACTICE  
2 PURSUANT TO SECTION 6-1-105 (1)(uuu).

3 **SECTION 11.** In Colorado Revised Statutes, 25-3-121, **add** (3.7)  
4 as follows:

5 **25-3-121. Health-care facilities - emergency and nonemergency**  
6 **services - required disclosures - balance billing - deceptive trade**  
7 **practice - rules - definitions.** (3.7) A VIOLATION OF THIS SECTION IS A  
8 DECEPTIVE TRADE PRACTICE PURSUANT TO SECTION 6-1-105 (1)(uuu).

9 **SECTION 12.** In Colorado Revised Statutes, 25-3-122, **add** (6)  
10 as follows:

11 **25-3-122. Out-of-network facilities - emergency medical**  
12 **services - billing - payment - deceptive trade practice.** (6) A VIOLATION  
13 OF THIS SECTION IS A DECEPTIVE TRADE PRACTICE PURSUANT TO SECTION  
14 6-1-105 (1)(uuu).

15 **SECTION 13. Applicability.** This act applies to contracts entered  
16 into after the effective date of this act.

17 **SECTION 14. Safety clause.** The general assembly hereby finds,  
18 determines, and declares that this act is necessary for the immediate  
19 preservation of the public peace, health, or safety.