

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Insurance.

HB21-1198 be amended as follows:

1 Amend printed bill, page 9, line 25, strike "STATE." and substitute "STATE
2 AND POST THE WRITTEN EXPLANATION IN ALL REQUIRED LANGUAGES ON
3 THE STATE DEPARTMENT'S WEBSITE.".

4 Page 11, line 21, strike "(6):" and substitute "(7):".

5 Page 13, line 21, strike "6-20-203." and substitute "6-20-203 (1), (2),
6 (3)(b), (4)(a), (4)(b)(I), (4)(d), (4)(e), OR (5)(a) TO (5)(c)."

7 Page 13, lines 22 and 23, strike "**amend** (3); and".

8 Page 13, strike lines 26 and 27.

9 Page 14, strike line 1.

10 Page 14, before line 2 insert:

11 "(4) "HOSPITAL SERVICES" MEANS HEALTH-CARE SERVICES, AS
12 DEFINED IN SECTION 10-16-102 (33), PROVIDED BY A HEALTH-CARE
13 FACILITY, AS DEFINED IN SECTION 25.5-3-501 (1), OR A LICENSED
14 HEALTH-CARE PROFESSIONAL, AS DEFINED IN SECTION 25.5-3-501 (3)."

15 Renumber succeeding subsections accordingly.

16 Page 14, strike lines 3 through 6 and substitute "MEANS INITIATING
17 FORECLOSURE ON AN INDIVIDUAL'S PRIMARY RESIDENCE OR HOMESTEAD,
18 INCLUDING A MOBILE HOME, AS DEFINED IN SECTION 38-12-201.5 (5)."

19 Page 14, strike lines 7 through 22 and substitute:

20 "(6) "MEDICAL CREDITOR" MEANS AN ENTITY THAT ATTEMPTS TO
21 COLLECT ON A MEDICAL DEBT, INCLUDING:

22 (a) A HEALTH-CARE PROVIDER OR HEALTH-CARE PROVIDER'S
23 BILLING OFFICE;

24 (b) A COLLECTION AGENCY, AS DEFINED IN SECTION 5-16-103 (3);

25 (c) A DEBT BUYER, AS DEFINED IN SECTION 5-16-103 (8.5); AND

26 (d) A DEBT COLLECTOR, AS DEFINED IN 15 U.S.C. SEC. 1692a (6)."

27 Page 15, strike lines 1 and 2 and substitute "PERSONAL PROPERTY, OR
28 GARNISHING AN INDIVIDUAL'S WAGES."

- 1 Page 15, line 5, strike "(1) As".
- 2 Page 15, strike lines 6 through 8.
- 3 Renumber succeeding subsections accordingly.
- 4 Page 15, strike line 11 and substitute "HOSPITAL SERVICES.".
- 5 Page 15, line 12, strike "OR MEDICAL DEBT COLLECTOR".
- 6 Page 15, lines 13 and 14, strike "HEALTH-CARE SERVICES PROVIDED BY A
7 HEALTH-CARE PROVIDER" and substitute "HOSPITAL SERVICES".
- 8 Page 15, line 15, strike "EIGHTY" and substitute "EIGHTY-TWO".
- 9 Page 15, strike line 16 and substitute "AFTER THE DATE THE PATIENT
10 RECEIVES HOSPITAL SERVICES.".
- 11 Page 15, strike lines 17 through 27 and substitute:
 - 12 "(3)(a) AT LEAST THIRTY DAYS BEFORE TAKING ANY PERMISSIBLE
13 EXTRAORDINARY COLLECTION ACTION, A MEDICAL CREDITOR, AS DEFINED
14 IN SECTION 6-20-201 (6)(a), COLLECTING ON A DEBT FOR HOSPITAL
15 SERVICES SHALL NOTIFY THE PATIENT OF POTENTIAL COLLECTION ACTIONS
16 AND SHALL INCLUDE WITH THE NOTICE A STATEMENT DEVELOPED BY THE
17 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING THAT EXPLAINS
18 THE AVAILABILITY OF DISCOUNTED CARE FOR QUALIFIED INDIVIDUALS AND
19 HOW TO APPLY FOR SUCH CARE.
 - 20 (b) (I) A MEDICAL CREDITOR, AS DEFINED IN SECTION 6-20-201
21 (6)(b), (6)(c), OR (6)(d), COLLECTING ON A DEBT FOR HOSPITAL SERVICES
22 SHALL INCLUDE THE FOLLOWING STATEMENT IN THE NOTICES THE
23 MEDICAL CREDITOR PROVIDES TO THE PATIENT PURSUANT TO SECTION
24 5-16-109 (1) AND 15 U.S.C. SEC. 1692g (a): "PURSUANT TO COLORADO
25 LAW, DISCOUNTS FOR HOSPITAL SERVICES ARE AVAILABLE FOR QUALIFIED
26 INDIVIDUALS." THE STATEMENT MUST INCLUDE A LINK TO THE WRITTEN
27 EXPLANATION OF THE PATIENT'S RIGHTS THAT IS POSTED TO THE
28 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING'S WEBSITE
29 PURSUANT TO SECTION 25.5-3-505 (4)(a).
 - 30 (II) A MEDICAL CREDITOR, AS DEFINED SECTION 6-20-201 (6)(b),
31 (6)(c), OR (6)(d), SHALL NOT TAKE ANY PERMISSIBLE EXTRAORDINARY
32 COLLECTION ACTIONS UNTIL THE LATER OF THIRTY DAYS FROM THE DATE
33 OF SENDING THE NOTICE REQUIRED PURSUANT TO SUBSECTION (3)(b)(I) OF
34 THIS SECTION OR THE COMPLETION OF THE VALIDATION REQUIREMENTS

- 1 DESCRIBED IN SECTION 5-16-109 (2) AND 15 U.S.C. SEC. 1692g (b).".
- 2 Page 16, strike lines 1 through 4.
- 3 Page 16, strike line 6 and substitute "HOSPITAL SERVICES BILLS OR".
- 4 Page 16, line 8, strike "FOR DISCOUNTED CARE".
- 5 Page 16, line 10, strike "THE MEDICAL CREDITOR SHALL" and substitute
6 "OR IT IS DETERMINED THAT THE PATIENT'S BILL IS ELIGIBLE FOR
7 REIMBURSEMENT THROUGH A PUBLIC HEALTH-CARE COVERAGE PROGRAM
8 OR THE COLORADO INDIGENT CARE PROGRAM, THE MEDICAL CREDITOR
9 SHALL:".
- 10 Page 16, strike line 11.
- 11 Page 16, line 12, strike "DELETING" and substitute "DELETE".
- 12 Page 16, strike lines 14 through 23 and substitute:
 - 13 "(b) (I) UNLESS PROHIBITED BY LAW, IF THE COURT HAS ENTERED
14 A JUDGMENT ON THE MEDICAL DEBT:
 - 15 (A) REQUEST THE COURT VACATE THE JUDGMENT IN ANY
16 COLLECTION LAWSUIT OVER THE MEDICAL DEBT AND ENTER INTO A
17 PAYMENT PLAN WITH THE PATIENT THAT MEETS THE REQUIREMENTS OF
18 SECTION 25.5-3-503 (1)(b);
 - 19 (B) REQUEST THE COURT REDUCE THE AMOUNT OF THE JUDGMENT,
20 INCLUDING ANY FEES AND COSTS RELATED TO THE COLLECTION LAWSUIT,
21 TO THE TOTAL AMOUNT THE PATIENT OWES PURSUANT TO THE PUBLIC
22 HEALTH-CARE COVERAGE PROGRAM OR DISCOUNTED CARE POLICY THAT
23 THE PATIENT QUALIFIES FOR, ENTER INTO A PAYMENT PLAN WITH THE
24 PATIENT THAT MEETS THE REQUIREMENTS OF SECTION 25.5-3-503 (1)(b),
25 AND SUSPEND ALL EXECUTION ON THE JUDGMENT WHILE THE PATIENT IS
26 COMPLIANT WITH THE TERMS OF THE PAYMENT PLAN; OR
 - 27 (C) FILE A SATISFACTION OF JUDGMENT SUCH THAT THE
28 REMAINING UNPAID BALANCE OF THE JUDGMENT, INCLUDING ANY FEES
29 AND COSTS RELATED TO THE COLLECTION LAWSUIT, IS EQUAL TO THE
30 TOTAL AMOUNT THE PATIENT OWES UNDER THE PUBLIC HEALTH-CARE
31 COVERAGE PROGRAM OR DISCOUNTED CARE POLICY THAT THE PATIENT
32 QUALIFIES FOR, ENTER INTO A PAYMENT PLAN WITH THE PATIENT THAT
33 MEETS THE REQUIREMENTS OF SECTION 25.5-3-503 (1)(b), AND SUSPEND
34 ALL EXECUTION ON THE JUDGMENT WHILE THE PATIENT IS COMPLIANT
35 WITH THE TERMS OF THE PAYMENT PLAN.

7 (c) AS THE TERM "MEDICAL CREDITOR" IS DEFINED IN SECTION
8 6-20-201 (6)(a), REFUND ANY EXCESS AMOUNT TO THE PATIENT IF THE
9 PATIENT HAS PAID ANY PART OF THE MEDICAL DEBT OR IF ANY OF THE
10 PATIENT'S MONEY HAS BEEN SEIZED OR LEVIED IN EXCESS OF THE AMOUNT
11 THAT THE PATIENT OWES AFTER APPLICATION OF REQUIRED DISCOUNTS;

12 (d) AS THE TERM "MEDICAL CREDITOR" IS DEFINED IN SECTIONS
13 6-20-201 (6)(b), (6)(c), AND (6)(d), IF THE PATIENT HAS PAID ANY PART OF
14 THE MEDICAL DEBT OR IF ANY OF THE PATIENT'S MONEY HAS BEEN SEIZED
15 OR LEVIED IN EXCESS OF THE AMOUNT THAT THE PATIENT OWES AFTER
16 APPLICATION OF REQUIRED DISCOUNTS, REFUND ANY EXCESS AMOUNT TO
17 THE PATIENT TO THE EXTENT THE MEDICAL CREDITOR HAS NOT ALREADY
18 REMITTED SUCH AN AMOUNT TO THE HEALTH-CARE PROVIDER; AND

19 (e) REMEDY ANY OTHER PERMISSIBLE EXTRAORDINARY
20 COLLECTION ACTION.".

21 Page 16, strike line 25 and substitute "HOSPITAL SERVICES SHALL".

22 Page 16, line 27, strike "CREDITOR" and substitute "DEBT SELLER".

23 Page 17, line 3, strike "OR COLLECTOR".

24 Page 17, strike lines 6 through 8.

25 Reletter succeeding paragraphs accordingly.

26 Page 17, strike lines 10 through 12 and substitute "DEBT SELLER UPON A
27 DETERMINATION THAT THE PATIENT SHOULD HAVE BEEN SCREENED
28 PURSUANT TO SECTION 25.5-3-502 AND IS ELIGIBLE FOR DISCOUNTED CARE
29 PURSUANT TO SECTION 25.5-3-503 OR THAT THE BILL UNDERLYING THE
30 MEDICAL DEBT IS ELIGIBLE FOR REIMBURSEMENT THROUGH A PUBLIC
31 HEALTH-CARE COVERAGE PROGRAM OR THE COLORADO INDIGENT CARE
32 PROGRAM; AND".

33 Page 17, strike lines 13 and 14 and substitute:

34 "(c) IF IT IS DETERMINED THAT THE PATIENT SHOULD HAVE BEEN
35 SCREENED PURSUANT TO SECTION 25.5-3-502 AND IS ELIGIBLE FOR

1 DISCOUNTED CARE PURSUANT TO SECTION 25.5-3-503 OR THAT THE BILL
2 UNDERLYING THE MEDICAL DEBT IS ELIGIBLE FOR REIMBURSEMENT
3 THROUGH A PUBLIC HEALTH-CARE COVERAGE PROGRAM OR THE
4 COLORADO INDIGENT CARE PROGRAM AND THE DEBT IS".

5 Page 17, line 15, strike "CREDITOR," and substitute "DEBT SELLER,".

6 Page 17, after line 20 insert:

7 "(6) THE MEDICAL DEBT SELLER SHALL INDEMNIFY THE MEDICAL
8 DEBT BUYER FOR ANY AMOUNT PAID FOR A DEBT THAT IS RETURNED TO OR
9 RECALLED BY THE MEDICAL DEBT SELLER.".

10 Renumber succeeding subsection accordingly.

11 Page 17, line 22, after "PURSUE" insert "AGAINST ANY PARTY OTHER THAN
12 THE PATIENT".

13 Page 17, line 25, strike "OR FAULT-BASED INSURANCE." and substitute
14 "FAULT-BASED INSURANCE, SUBROGATED CLAIMS, OR OTHER CLAIMS NOT
15 AGAINST THE PATIENT.".

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