



- 1 Page 6, strike line 6.
- 2 Page 6, line 9, strike "FIVE" and substitute "FOUR".
- 3 Page 6, strike lines 10 and 11 and substitute "MONTHLY HOUSEHOLD  
4 INCOME ON A BILL FROM A HEALTH-CARE FACILITY AND NOT PAYING MORE  
5 THAN TWO PERCENT OF THE PATIENT'S MONTHLY HOUSEHOLD INCOME ON  
6 A BILL FROM A LICENSED HEALTH-CARE PROFESSIONAL; AND".
- 7 Page 7, line 10, strike "VERBALLY" and substitute "VERBALLY, WHICH  
8 MAY INCLUDE USING A PROFESSIONAL INTERPRETATION SERVICE,".
- 9 Page 8, line 11, strike "DOCUMENTING" and substitute "DOCUMENTING,  
10 PURSUANT TO SECTION 25.5-3-502 (4),".
- 11 Page 8, strike line 12 and substitute "MADE AN INFORMED DECISION TO  
12 DECLINE THE SCREENING, INCLUDING PROCEDURES FOR RETAINING SUCH  
13 DOCUMENTATION;".
- 14 Page 9, line 6, strike "AND".
- 15 Page 9, line 10, strike "25.5-3-502." and substitute "25.5-3-502; AND  
16 (j) ANNUALLY ESTABLISH RATES FOR DISCOUNTED CARE  
17 PURSUANT TO SECTION 25.5-3-503 (1)(a). THE RATES SHOULD  
18 APPROXIMATE AND NOT BE LESS THAN EIGHTY PERCENT OF THE MEDICARE  
19 RATE OR, IF A MEDICARE RATE IS NOT AVAILABLE, ONE HUNDRED PERCENT  
20 OF THE MEDICAID BASE RATE. THE STATE DEPARTMENT SHALL PUBLICLY  
21 POST THE ESTABLISHED RATES ON THE STATE DEPARTMENT'S WEBSITE.".
- 22 Page 9, after line 18 insert:
- 23 "(4) PRIOR TO PROMULGATING RULES PURSUANT TO THIS SECTION,  
24 THE STATE DEPARTMENT SHALL HOLD AT LEAST ONE STAKEHOLDER  
25 MEETING WITH HOSPITAL REPRESENTATIVES, HEALTH-CARE CONSUMERS,  
26 AND HEALTH-CARE CONSUMER ADVOCATES THAT IS ACCESSIBLE TO  
27 INDIVIDUALS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH, IF  
28 REQUESTED.".
- 29 Renumber succeeding subsections accordingly.
- 30 Page 9, line 21, strike "DEVELOP" and substitute "USING FEEDBACK FROM



- 1 HOSPITAL HEALTH-CARE CONSUMERS AND HEALTH-CARE CONSUMER  
2 ADVOCATE STAKEHOLDERS, DEVELOP".
- 3 Page 9, line 25, strike "STATE." and substitute "STATE AND POST THE  
4 WRITTEN EXPLANATION IN ALL REQUIRED LANGUAGES ON THE STATE  
5 DEPARTMENT'S WEBSITE."
- 6 Page 11, line 6, strike "(4)(b)(II)" and substitute "(5)(b)(II)".
- 7 Page 11, line 15, strike "(4)(b)" and substitute "(5)(b)".
- 8 Page 11, line 21, strike "(6):" and substitute "(7):".
- 9 Page 11, strike lines 26 and 27 and substitute "PURSUANT TO SECTION  
10 25.5-3-503;"
- 11 Page 12, strike line 1.
- 12 Page 12, line 2, strike "PROVIDE" and substitute "A HEALTH-CARE  
13 FACILITY AND LICENSED HEALTH-CARE PROFESSIONAL SHALL PROVIDE".
- 14 Page 12, line 4, strike "ACTIONS." and substitute "ACTIONS; AND  
15 (d) A HEALTH-CARE FACILITY AND HEALTH-CARE PROFESSIONAL  
16 SHALL BILL ANY THIRD-PARTY PAYER THAT IS RESPONSIBLE FOR  
17 PROVIDING HEALTH-CARE COVERAGE TO THE PATIENT."
- 18 Page 13, line 21, strike "6-20-203." and substitute "6-20-203 (1), (2),  
19 (3)(b), (4)(a), (4)(b)(I), (4)(d), (4)(e), OR (5)(a) TO (5)(c)."
- 20 Page 13, lines 22 and 23, strike "**amend** (3); and".
- 21 Page 13, strike lines 26 and 27.
- 22 Page 14, strike line 1.
- 23 Page 14, before line 2 insert:
- 24 "(4) "HOSPITAL SERVICES" MEANS HEALTH-CARE SERVICES, AS  
25 DEFINED IN SECTION 10-16-102 (33), PROVIDED BY A HEALTH-CARE  
26 FACILITY, AS DEFINED IN SECTION 25.5-3-501 (1), OR A LICENSED  
27 HEALTH-CARE PROFESSIONAL, AS DEFINED IN SECTION 25.5-3-501 (3)."



- 1 Renumber succeeding subsections accordingly.
- 2 Page 14, strike lines 3 through 6 and substitute "MEANS INITIATING  
3 FORECLOSURE ON AN INDIVIDUAL'S PRIMARY RESIDENCE OR HOMESTEAD,  
4 INCLUDING A MOBILE HOME, AS DEFINED IN SECTION 38-12-201.5 (5)".
- 5 Page 14, strike lines 7 through 22 and substitute:
- 6 "(6) "MEDICAL CREDITOR" MEANS AN ENTITY THAT ATTEMPTS TO  
7 COLLECT ON A MEDICAL DEBT, INCLUDING:  
8 (a) A HEALTH-CARE PROVIDER OR HEALTH-CARE PROVIDER'S  
9 BILLING OFFICE;  
10 (b) A COLLECTION AGENCY, AS DEFINED IN SECTION 5-16-103 (3);  
11 (c) A DEBT BUYER, AS DEFINED IN SECTION 5-16-103 (8.5); AND  
12 (d) A DEBT COLLECTOR, AS DEFINED IN 15 U.S.C. SEC. 1692a (6)".
- 13 Page 15, strike lines 1 and 2 and substitute "PERSONAL PROPERTY, OR  
14 GARNISHING AN INDIVIDUAL'S WAGES".
- 15 Page 15, line 5, strike "(1) As".
- 16 Page 15, strike lines 6 through 8.
- 17 Renumber succeeding subsections accordingly.
- 18 Page 15, strike line 11 and substitute "HOSPITAL SERVICES".
- 19 Page 15, line 12, strike "OR MEDICAL DEBT COLLECTOR".
- 20 Page 15, lines 13 and 14, strike "HEALTH-CARE SERVICES PROVIDED BY A  
21 HEALTH-CARE PROVIDER" and substitute "HOSPITAL SERVICES".
- 22 Page 15, line 15, strike "EIGHTY" and substitute "EIGHTY-TWO".
- 23 Page 15, strike line 16 and substitute "AFTER THE DATE THE PATIENT  
24 RECEIVES HOSPITAL SERVICES".
- 25 Page 15, strike lines 17 through 27 and substitute:
- 26 "(3) (a) AT LEAST THIRTY DAYS BEFORE TAKING ANY PERMISSIBLE  
27 EXTRAORDINARY COLLECTION ACTION, A MEDICAL CREDITOR, AS DEFINED



1 IN SECTION 6-20-201 (6)(a), COLLECTING ON A DEBT FOR HOSPITAL  
2 SERVICES SHALL NOTIFY THE PATIENT OF POTENTIAL COLLECTION ACTIONS  
3 AND SHALL INCLUDE WITH THE NOTICE A STATEMENT DEVELOPED BY THE  
4 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING THAT EXPLAINS  
5 THE AVAILABILITY OF DISCOUNTED CARE FOR QUALIFIED INDIVIDUALS AND  
6 HOW TO APPLY FOR SUCH CARE.

7 (b) (I) A MEDICAL CREDITOR, AS DEFINED IN SECTION 6-20-201  
8 (6)(b), (6)(c), OR (6)(d), COLLECTING ON A DEBT FOR HOSPITAL SERVICES  
9 SHALL INCLUDE THE FOLLOWING STATEMENT IN THE NOTICES THE  
10 MEDICAL CREDITOR PROVIDES TO THE PATIENT PURSUANT TO SECTION  
11 5-16-109 (1) AND 15 U.S.C. SEC. 1692g (a): "PURSUANT TO COLORADO  
12 LAW, DISCOUNTS FOR HOSPITAL SERVICES ARE AVAILABLE FOR QUALIFIED  
13 INDIVIDUALS." THE STATEMENT MUST INCLUDE A LINK TO THE WRITTEN  
14 EXPLANATION OF THE PATIENT'S RIGHTS THAT IS POSTED TO THE  
15 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING'S WEBSITE  
16 PURSUANT TO SECTION 25.5-3-505 (4)(a).

17 (II) A MEDICAL CREDITOR, AS DEFINED SECTION 6-20-201 (6)(b),  
18 (6)(c), OR (6)(d), SHALL NOT TAKE ANY PERMISSIBLE EXTRAORDINARY  
19 COLLECTION ACTIONS UNTIL THE LATER OF THIRTY DAYS FROM THE DATE  
20 OF SENDING THE NOTICE REQUIRED PURSUANT TO SUBSECTION (3)(b)(I) OF  
21 THIS SECTION OR THE COMPLETION OF THE VALIDATION REQUIREMENTS  
22 DESCRIBED IN SECTION 5-16-109 (2) AND 15 U.S.C. SEC. 1692g (b).".

23 Page 16, strike lines 1 through 4.

24 Page 16, strike line 6 and substitute "HOSPITAL SERVICES BILLS OR".

25 Page 16, line 8, strike "FOR DISCOUNTED CARE".

26 Page 16, line 10, strike "THE MEDICAL CREDITOR SHALL" and substitute  
27 "OR IT IS DETERMINED THAT THE PATIENT'S BILL IS ELIGIBLE FOR  
28 REIMBURSEMENT THROUGH A PUBLIC HEALTH-CARE COVERAGE PROGRAM  
29 OR THE COLORADO INDIGENT CARE PROGRAM, THE MEDICAL CREDITOR  
30 SHALL:".

31 Page 16, strike line 11.

32 Page 16, line 12, strike "DELETING" and substitute "DELETE".

33 Page 16, strike lines 14 through 23 and substitute:



1           "(b) (I) UNLESS PROHIBITED BY LAW, IF THE COURT HAS ENTERED  
2 A JUDGMENT ON THE MEDICAL DEBT:

3           (A) REQUEST THE COURT VACATE THE JUDGMENT IN ANY  
4 COLLECTION LAWSUIT OVER THE MEDICAL DEBT AND ENTER INTO A  
5 PAYMENT PLAN WITH THE PATIENT THAT MEETS THE REQUIREMENTS OF  
6 SECTION 25.5-3-503 (1)(b);

7           (B) REQUEST THE COURT REDUCE THE AMOUNT OF THE JUDGMENT,  
8 INCLUDING ANY FEES AND COSTS RELATED TO THE COLLECTION LAWSUIT,  
9 TO THE TOTAL AMOUNT THE PATIENT OWES PURSUANT TO THE PUBLIC  
10 HEALTH-CARE COVERAGE PROGRAM OR DISCOUNTED CARE POLICY THAT  
11 THE PATIENT QUALIFIES FOR, ENTER INTO A PAYMENT PLAN WITH THE  
12 PATIENT THAT MEETS THE REQUIREMENTS OF SECTION 25.5-3-503 (1)(b),  
13 AND SUSPEND ALL EXECUTION ON THE JUDGMENT WHILE THE PATIENT IS  
14 COMPLIANT WITH THE TERMS OF THE PAYMENT PLAN; OR

15           (C) FILE A SATISFACTION OF JUDGMENT SUCH THAT THE  
16 REMAINING UNPAID BALANCE OF THE JUDGMENT, INCLUDING ANY FEES  
17 AND COSTS RELATED TO THE COLLECTION LAWSUIT, IS EQUAL TO THE  
18 TOTAL AMOUNT THE PATIENT OWES UNDER THE PUBLIC HEALTH-CARE  
19 COVERAGE PROGRAM OR DISCOUNTED CARE POLICY THAT THE PATIENT  
20 QUALIFIES FOR, ENTER INTO A PAYMENT PLAN WITH THE PATIENT THAT  
21 MEETS THE REQUIREMENTS OF SECTION 25.5-3-503 (1)(b), AND SUSPEND  
22 ALL EXECUTION ON THE JUDGMENT WHILE THE PATIENT IS COMPLIANT  
23 WITH THE TERMS OF THE PAYMENT PLAN.

24           (II) FOR THE PURPOSES OF SUBSECTION (4)(b)(I)(B) AND  
25 (4)(b)(I)(C) OF THIS SECTION, THE COURT SHALL REFUND TO THE PARTIES  
26 ANY FEES AND COSTS PAID TO THE COURT IN CONNECTION WITH THE  
27 LITIGATION OF THE MEDICAL DEBT AND THE HEALTH-CARE PROVIDER  
28 SHALL INDEMNIFY THE MEDICAL CREDITOR FOR ANY FEES AWARDED AS  
29 PART OF THE JUDGMENT IN CONNECTION WITH THE MEDICAL DEBT.

30           (c) AS THE TERM "MEDICAL CREDITOR" IS DEFINED IN SECTION  
31 6-20-201 (6)(a), REFUND ANY EXCESS AMOUNT TO THE PATIENT IF THE  
32 PATIENT HAS PAID ANY PART OF THE MEDICAL DEBT OR IF ANY OF THE  
33 PATIENT'S MONEY HAS BEEN SEIZED OR LEVIED IN EXCESS OF THE AMOUNT  
34 THAT THE PATIENT OWES AFTER APPLICATION OF REQUIRED DISCOUNTS;

35           (d) AS THE TERM "MEDICAL CREDITOR" IS DEFINED IN SECTIONS  
36 6-20-201 (6)(b), (6)(c), AND (6)(d), IF THE PATIENT HAS PAID ANY PART OF  
37 THE MEDICAL DEBT OR IF ANY OF THE PATIENT'S MONEY HAS BEEN SEIZED  
38 OR LEVIED IN EXCESS OF THE AMOUNT THAT THE PATIENT OWES AFTER  
39 APPLICATION OF REQUIRED DISCOUNTS, REFUND ANY EXCESS AMOUNT TO  
40 THE PATIENT TO THE EXTENT THE MEDICAL CREDITOR HAS NOT ALREADY  
41 REMITTED SUCH AN AMOUNT TO THE HEALTH-CARE PROVIDER; AND

1 (e) REMEDY ANY OTHER PERMISSIBLE EXTRAORDINARY  
2 COLLECTION ACTION."

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

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

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

6 Page 17, strike lines 6 through 8.

7 Reletter succeeding paragraphs accordingly.

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

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

16 "(c) IF IT IS DETERMINED THAT THE PATIENT SHOULD HAVE BEEN  
17 SCREENED PURSUANT TO SECTION 25.5-3-502 AND IS ELIGIBLE FOR  
18 DISCOUNTED CARE PURSUANT TO SECTION 25.5-3-503 OR THAT THE BILL  
19 UNDERLYING THE MEDICAL DEBT IS ELIGIBLE FOR REIMBURSEMENT  
20 THROUGH A PUBLIC HEALTH-CARE COVERAGE PROGRAM OR THE  
21 COLORADO INDIGENT CARE PROGRAM AND THE DEBT IS".

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

23 Page 17, after line 20 insert:

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

27 Renumber succeeding subsection accordingly.

28 Page 17, line 22, after "PURSUE" insert "AGAINST ANY PARTY OTHER THAN



1 THE PATIENT".

2 Page 17, line 25, strike "OR FAULT-BASED INSURANCE." and substitute  
3 "FAULT-BASED INSURANCE, SUBROGATED CLAIMS, OR OTHER CLAIMS NOT  
4 AGAINST THE PATIENT."

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