

**House Health & Human Services**

**03/24/2026 Upon Adjournment**

**HB26-1267 Limitations on Collection Actions for Medical Debt**

**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
<p>Ali Loomis Against Mountain Vista EyeCare and Dry Eye Center</p>	<p>I respectfully oppose this bill. While intended to help patients, prohibiting medical debt collection would shift significant financial strain onto healthcare providers, making it harder for them to sustain services—especially in underserved communities.</p> <p>Companies like ours help patients resolve balances through structured, manageable payment options. Eliminating this process could lead to higher upfront costs, reduced access to care, and increased healthcare prices overall.</p> <p>I urge you to consider more balanced reforms that protect patients without undermining the financial stability of the healthcare system.</p> <p>Thank you.</p>

**House Health & Human Services**

**03/31/2026 Upon Adjournment**

**HB26-1267 Limitations on Collection Actions for Medical Debt**

**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
Madison DeBruyne  For  Metro Caring	<p>Hello Madame Chair and members of the committee.</p> <p>My name is Madison DeBruyne, and I am a Community Organizer at Metro Caring, an anti-hunger organization here in Denver. I am writing to testify in support of HB26-1267.</p> <p>At Metro Caring, our mission is to end hunger at its roots. In 2023, we held a series of listening sessions with directly impacted community members to better understand the root causes of food insecurity in Colorado. What we heard repeatedly were issues like unaffordable housing, inadequate public benefits, and barriers to accessing health care.</p> <p>We cannot end hunger without addressing these underlying challenges. When families face unexpected medical bills or aggressive collections practices, it can quickly destabilize their financial situation. People are often forced to make impossible choices between paying medical bills, buying groceries, or keeping up with rent.</p> <p>Medical debt is incredibly common. An estimated one million Coloradans carry some form of medical debt. Many fall into debt through circumstances completely outside their control, an emergency room visit, an unexpected diagnosis, or a necessary procedure. Yet the consequences can be severe: damaged credit,</p>

	<p>financial instability, and people delaying or avoiding needed medical care because they fear the financial burden.</p> <p>For the communities we work with, protections that ensure fair collection practices and reasonable pathways to resolve medical debt can make a real difference in preventing families from falling into deeper crisis.</p> <p>No one should have to choose between their health and their ability to afford food or other basic necessities. For these reasons, I urge the committee to vote YES on 1267.</p> <p>Thank you for your time and consideration.</p>
<p>Olivia Compton For Inside Out Youth Services</p>	<p>Thank you, Representative Gilchrist and members of the committee, for the opportunity to share my testimony. My name is Dr. Olivia Compton. I have a PhD in Economics, and I am a Board Member and the Vice Chair of Policy &amp; Advocacy Committee at Inside Out Youth Services, which works with LGBTQIA2+ youth and young adults to build access, equity, and power in Colorado Springs. We urge the committee to vote in favor of HB26-1267.</p> <p>This bill addresses wider class needs for economically precarious people, including transgender people. Broadly speaking, the accumulation of medical debt depends on your labor market outcomes, credit constraints, your probability of incurring large medical bills, and your consumption/savings preferences. The economic literature consistently finds that transgender people earn less than cisgender people, and they have lower employment rates, with evidence suggesting discrimination plays a role. For example, callback rates are anywhere from 2 - 42 percentage points lower in correspondence studies. This makes it harder for transgender people to access employer-sponsored health insurance and use their insurance when they do have it.</p>

	<p>Gender identity milestones such as hormones and surgery can be relatively expensive (up to 250% of average income), but there is evidence of positive health outcomes and reason to believe it translates to better economic outcomes, but financial barriers in addition to lost pay and employment during recovery make it difficult for transgender people to access care and reap the benefits of surgery.</p> <p>Reducing the financial burden of medical debt has the potential to improve transgender people’s lives. For instance, this bill caps medical debt payments as a percentage of income which directly reduces the financial burden of surgery. It also reduces credit constraints because people can afford to hold more debt on the margin, making additional surgeries relatively more accessible. In turn, aligning one’s external characteristics with one’s gender identity can reduce gender dysphoria and the chances of experiencing discrimination, resulting in positive health effects and potential positive economic effects. For these reasons, we ask the committee to vote in favor of HB26-1267.</p>
<p>Madeleine Grigg  For  themselves</p>	<p>Good afternoon House Committee Members,</p> <p>As a lifelong resident of Colorado, I am highly encouraged by this piece of legislation being introduced in our State Assembly. Medical debts and high costs not only impact individuals after seeking care, but lead to delays in seeking necessary care. Medical debt is one of the primary factors behind skyrocketing emergency room visits, as people often wait until they physical cannot function to seek the healthcare they need. To reduce the burden on our emergency and crisis facilities, our legislators need to step in to put a cap on how much medical agencies can collect from people. This way, individuals can access specialists earlier on, and experience more preventative medicine.</p> <p>Healthcare systems are collapsing under the Trump administration, particularly with cuts to Medicare and Medicaid subsidies (which the administration originally claimed it wouldn't</p>

	<p>touch). Having protective factors in our State policy is a necessity for surviving these times.</p> <p>Thank you to the bill sponsors for writing and introducing this legislation, and I would appreciate a "yes" vote on HB26-1267.</p> <p>Sincerely,</p> <p>Madeleine Grigg</p>
<p>Donald Osmundson</p> <p>Against themselves</p>	<p>I'm recommending to NOT pass this. Most of us don't want to continually pay for other people's medical bills and this will increase that funding. Do not pass.</p>
<p>Bret Roundy</p> <p>Against themselves</p>	<p>HB26-1267 “ Letter of Opposition</p> <p>Dear Members of the Committee:</p> <p>I am writing to express opposition to HB26-1267 due to concerns about its impact on Colorado’s business climate. This bill introduces new requirements and constrains that could increase operational costs and regulatory complexity for employers. The bill would likely result in more burdens on employers and make it even more expensive to do business in this state. As a result, businesses may leave the state. Policies that add uncertainty or additional burdens ultimately make it harder for businesses to invest, expand, and create jobs.</p> <p>I encourage you to oppose HB26-1267 to avoid unintended economic consequences and to maintain a competitive environment for employers across Colorado.</p> <p>Sincerely,</p>

	<p>Bret Roundy, Esq. Attorney</p>
<p>Lisa Austin Against themselves</p>	<p>As a representative of the ASC community, I would like to oppose this bill. We are concerned about the impact of limiting the ability of Facilities to collect procedure fees when a patient refuses to pay. As a small business, this impacts our operational bottom line. If the procedure includes an implant, we are left with even larger balances. Most ASCs have "soft" collection policies and work with patients to pay over a generous period; however, some patients stop paying. As a small business, we run on a very tight budget and cannot afford to be restricted by rules that don't allow us to recover patient balances when a patient refuses to pay legitimate medical bills. Thank you for your consideration.</p>
<p>Rebecca Craig Against Harmony Surgery Center</p>	<p>As a small business, we are concerned about the impact of limiting the ability of facilities to collect when a patient refuses to pay. Patients are given estimates before their procedures and sign our financial agreement. If a patient refuses to pay, the facility is left paying the bill. This is a hardship especially if there was an implant involved as they can be extremely expensive and the facility. We have "soft" collections practices, and work with patients on an interest free payment plan however patients need to provide a reasonable solution when someone is unable to pay their bill. That being said, ASCs run on a very tight budget and cannot afford to be handcuffed by unreasonable restrictions towards being able to recover when a patient refuses to pay legitimate medical bills. Thank you for your consideration.</p>
<p>Chris Skagen, JD Against Colorado Ambulatory Surgery Center Association</p>	<p>Dear Madam Chair, Members of the House Health &amp; Human Services Committee. Thank you for the opportunity to provide my input on HB 26-1267. My name is Chris Skagen, and I am the Executive Director of the Colorado Ambulatory Surgery Center Association, which represents the Ambulatory Surgery Center (ASC) industry throughout Colorado. We strongly oppose HB 26-1267, affecting medical debt collections. We are concerned about the impact of limiting the ability of facilities to collect when a patient refuses to pay. As small businesses when the patient</p>

	<p>refuses to pay, the facility is left paying the bill. If a procedure includes an implant, then the facility may even have to pay out of pocket themselves. Most of our facilities institute “soft” collections practices, and work with patients however they can to provide a reasonable solution when someone is unable to pay their bill. That being said, ASCs run on a very tight budget and cannot afford to be handcuffed by unreasonable restrictions towards being able to recover when a patient refuses to pay legitimate medical bills. I respectfully request you to vote against HB 26-1267. Thank you for your time and attention towards this matter.</p>
<p>Mary Colleen Casper  For  themselves</p>	<p>Greetings to Committee Chair and Members,</p> <p>Thank you for your time today.</p> <p>I am Colleen Casper, a Colorado Registered Nurse who has worked as hospital and health policy administrator and a patient and nurse advocate. My current work supports individuals seeking assistance navigating the complex health care system, including selecting and/or interpreting health plan options, interpreting medical denials of care by payors, and, consulting on responsible yet affordable options for health care services.</p> <p>I am here today to ask for your yes vote on HB26-1267.</p> <p>With the recent federal policy changes, my interest in speaking with you today is because of growing risks of medical debt for individuals who are underinsured with high-deductible plans, and to seek solutions that address consumer protections.</p> <p>Not for profit providers can claim “bad debt” and “charity care” as a community benefit and simultaneously be aggressive in medical debt collections.</p>

	<p>It is also be wise for the State of Colorado to plan for the influx and impact of venture capitalists in health care going forward.</p> <p>We know the root cause of medical debt is the cost of care. I have a client who is a small business, sole proprietor and her monthly premium went from \$584.00 last year to \$1035.00 per month in 2026. Her deductible went from \$6800.00 last year, to \$7200.00 this year with more restrictions on what can be included as deductible. Co-pays vary by visit and procedure and a number of services are not allowed to be included in deductibles. Thatâ€™s a minimum of \$20.000.00 per year in out of pocket costs for care. She recently shared with me this quote â€œTruthfully, it is so painful to look at the monthly and ongoing fees, I really try to ignore the payments from my accountâ€.</p> <p>Please vote yes today on HB26-1267.</p>
<p>Maddie Schmidt For themselves</p>	<p>Thank you chair and members of the committee. My name is Maddie Schmidt and Iâ€™m testifying on behalf of myself.</p> <p>In 2024, just a few months before my 30th birthday, I went from being a healthy person with almost no medical needs to my life being consumed by doctor's visits, procedures, and astronomical medical bills.</p> <p>Overnight, I developed a mysterious and severe neurological condition that impacted my vision and caused constant headaches. Reading, working on a computer, and driving all became incredibly difficult and painful. For months, I went from specialist to specialist searching for answers while struggling to keep up with work and daily life.</p> <p>In the middle of that, I was diagnosed with thyroid cancer and went through treatment that same summer.</p>

	<p>Becoming ill has been the hardest thing I’ve ever experienced. When people ask what it's like to live with chronic pain and symptoms, I often tell them that that’s the easiest part. The hardest part is dealing with a health care system with confusing billing and crushing costs while trying to stay afloat.</p> <p>At certain points over the past two years, I had so many medical bills that I could hardly keep track of how much I owed and to who. I’ve spent 40k on out of pocket.. Let me repeat - 40k out of pocket. That is WITH insurance - pretty good insurance.</p> <p>We all take our health for granted, but the reality is that this can happen to anyone. Even a person like me with good insurance and a good job can wind up struggling to pay for the rising costs of rent, groceries, and more while shouldering new medical expenses that they couldn't have possibly planned for. Factor in that a health crisis can make it difficult or impossible to work, and you have a potentially deadly situation that for so many people ends in losing everything - their jobs, their homes, and even their lives.</p> <p>This is an urgent crisis, and I hope this committee will recognize that this is a life and death issue for many in our state and not turn their backs on Coloradans in crisis by voting YES on HB1267.</p>
<p>Mary Angela Lucas Against Surgical Consultants of Aurora PC</p>	<p>Passing the HB26-1267 Bill would severely limit our ability as a private practice to collect from patients where services are rendered. In today's world private practices are caught in a crossfire between the patient and the commercial insurance companies. Insurance companies do not fully explain the coverage benefits and patients expect their doctors offices to know every benefit and policy detail. We are a surgical practice and try to be as knowledgeable as we can about regarding a thousand different plans. When patients have higher deductibles we attempt to collect a surgical deposit however; commercial insurance companies instruct patients daily not to pay "deposits</p>

	<p>towards surgical procedures". Claims are processed, patients have balances for services performed and about 40% of our patients do not pay their balances.</p> <p>Passing this bill would be one more way to cripple proper collection of these balances when we have made every attempt to have the patient pay by offering payment plans we are unable to charge finance fees on, accepting credit cards, and/or assisting them in a deposit/balance pay plan before/after surgery.</p> <p>With in-network insurance reimbursements lower than ever before this bill would increase our financial risk more than ever when we are unable to collect on exhausted past debt.</p> <p>It is most likely the debtors would never pay for the monies owed if there are no consequences to the individual.</p> <p>I have already written every legislature by email involved in reviewing this bill. I am pleading with you to spend time in a private practice or a collection agency of high standards before reviewing this bill any further.</p> <p>It is imperative people are held accountable for their debts and that medical practices are able to receive payment for the medical services rendered. Do not pass Bill HB26-1267</p> <p>Respectfully,</p> <p>Mary Angela Lucas</p>
<p>Joseph Dubroff Amend LeadingAge Colorado</p>	<p>My name is Joe Dubroff and I am the Director of Government Affairs for LeadingAge Colorado, the leading voice of senior living and care providers in our state. Our mission is to foster a collaborative network that leads, advocates, and shares knowledge to enrich and advance services to the aging and promote a healthy business environment for our members. Our membership includes Assisted Living Residences, Home- and Community-based Services (HCBS), Independent Senior Housing, Life Plan Communities, Nursing Homes, and Programs of All-Inclusive Care for the Elderly (PACE).</p> <p>On behalf of our members, I write to ask the committee to make one critical update to HB26-1267 amendment L.001.</p>

	<p>On page 1 of L.001, lines 33-34 identify “initiating or threatening to initiate a collection activity against an individual who is not a patient” as a form of “impermissible extraordinary collection action.” Our members frequently serve Colorado seniors who do not or cannot manage their own finances and have “responsible parties” handle payments and other decisions related to their care. We ask that the sponsors add language that shows that this clause does not apply to “responsible parties.” This could be done by adding the following after “patient” in line 34: “unless the individual is the responsible party on the patient’s account.”</p> <p>Thank you for your consideration of this testimony.</p>
<p>Shelby Bates For themselves</p>	<p>Dear Madam Chair and members of the committee, I am writing to urge you to support HB1267.</p> <p>My name is Shelby Bates. I developed a chronic illness 10 years ago, and wracked up thousands in bills for a diagnosis alone. At that point I was really, really sick. I shook the hand of my neurologist and agreed to move back to Colorado to live with my parents while sorting out a new reality. Luckily, I qualified for the Medicaid buy-in program. It was a godsend once I turned 26 and no longer had access to my parents insurance. I am so fortunate to have access to Medicaid, and it is one piece that has kept me from medical debt.</p>

	<p>I am also so fearful of what is to come for Medicaid patients, with so many who stand to lose coverage due to federal actions and impending state budget cuts. The Medical Debt Protection Act feels like one way to proactively protect patients in Colorado. For me, it also means a sense of security that if I lose Medicaid, I will not also lose my house or my ability to pay for my health care bills and other living expenses. The protections in this bill mean that I will be able to maintain the progress I have made towards stabilizing my health over the past decade, while still having pathways to pay my medical bill without being sent to collections.</p> <p>Beyond myself, I am in support of the bill due to how it has impacted several friends I grew up with in Aurora. Multiple of my high school friends have become stuck paying for their parent’s medical debt - from cancer diagnoses, ongoing chronic conditions, traumatic accidents. Instead of living their own lives in adulthood, these friends are moving back in with their parents to save funds to pay off a parent’s medical debt before that parent loses their home. In one case, my closest friend left Colorado as she could no longer afford costs compounded with medical debt collections. This bill is a way to provide stability for Coloradans, especially those that grew up in this state.</p> <p>Thank you for your time today. Please vote yes on HB1267 for all of us in Colorado.</p>
<p>Bennett Rutledge Against themselves</p>	<p>Chair Gilchrist and members of the Committee, thank you for taking a careful look at HB26-1267,</p> <p>This, on the surface, seems to be a very fair-minded set of regulations to keep the lines of communication between creditor and debtor open, to let the debtor hold unscrupulous creditors to account, and to prevent a mountain of medical bills from rendering the "patient" homeless. The devil is in the details.</p>

	<p>The first and most obvious red flag is that the Fiscal Note pretends that this is all at no cost to the taxpayer. It asserts that there is a "minimal state workload" to monitor and enforce these regulations. As a former bureaucrat I gotta tell you that the reporting requirements alone will need more than zero FTEs to receive, file, and evaluate what "each health-care facility and licensed health-care professional shall report to the state department data ... that the state department determines is necessary to evaluate compliance" not to mention all the documenting of patients' decisions, and verifying that the patient has been screened for whatnot.</p> <p>The hidden underside is that ALL expenses will be borne by each health-care facility and licensed health-care professional entangled in these new requirements. I had a conversation with my own Personal Healthcare Practitioner about how he stopped short of full MD for cost reasons, and how it is not worth the expense of a person who has paid in time and treasure, to obtain an MD, to then hire on at a Primary Care facility. This unfunded mandate will predictably reduce the number of health care practitioners in Colorado, and/or raise the cost of doing medical business in Colorado ... probably both.</p> <p>As honorable folk, please vote NO on this fraudulent shipload of virtue signaling, HB26-1267, before it gets any further.</p>
--	--

# Blood Cancer United

March 25, 2026

The Honorable Lindsay Gilchrist  
Chair, House Health and Human Services Committee  
200 E Colfax, RM 307  
Denver, CO 80203

Re: Support for House Bill 26-1267

Dear Chair Gilchrist and members of the Committee:

Blood Cancer United, formerly known as The Leukemia & Lymphoma Society, appreciates the opportunity to voice our support for HB 26-1267. We thank Representative Mabrey for his leadership on this issue.

The mission of Blood Cancer United is to cure blood cancer and improve the quality of life of all patients and their families. On behalf of those living with or in remission from blood cancer in Colorado, we encourage you to support HB 26-1267 to help shield patients from the crushing burden of medical debt.

Medical debt is a significant issue for thousands of Coloradans, often forcing individuals and families to make difficult financial decisions, forego necessary care, or face long-term financial instability. Survey data from 2024 found that 70% of Coloradans had experienced a healthcare affordability burden in the past year and that 83% worried about affording healthcare in the future. The survey report noted that, “concerns were consistent across all respondent income levels, education levels, races, ethnicities, geographic settings, and abilities.”<sup>1</sup>

An October 2023 poll commissioned by the American Cancer Society Cancer Action Network, Blood Cancer United, and Undue Medical Debt showed that patients are much more likely to delay or avoid medical care when facing debt. Others reported becoming depressed or anxious because of their debt. Medical debt disproportionately affects lower-income and rural households, and people who are in poor health. It is often cited as the primary reason for families who file bankruptcy. Many feel they will never be able to pay off their debt.<sup>2</sup>

People with medical debt also face a much greater risk of housing instability, including eviction and foreclosure. A 2026 survey of 1,515 U.S. adults showed that medical debt increases a person’s risk of housing instability by 44% after accounting for other factors.<sup>3</sup>

With these concerns in mind, HB 26-1267 acts on several fronts to address the systemic challenges of medical debt. We understand that the bill may be amended to achieve compromise between interested parties, and hope that your committee will preserve the kinds of protections that will help Colorado patients be able to better afford their care and maintain their health and economic footing.

---

<sup>1</sup> “Colorado Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action Across Party Lines.” Healthcare Value Hub. July 23, 2024. Available at: <https://healthcarevaluehub.org/chess-state-survey/colorado/2024/colorado-survey-respondents-struggle-to-afford-high-health-care-costs-worry-about-affording-health-care-in-the-future-support-government-action-across-party-lines/>

<sup>2</sup> “Nearly 1 in 2 Patients with Medical Debt Feel “Trapped”, New Poll from Leading Healthcare Orgs Finds.” Blood Cancer United. October 23, 2023. Available at: <https://bloodcancerunited.org/resources/newsroom/nearly-1-2-patients-medical-debt-feel-trapped-new-poll-leading>

<sup>3</sup> “Medical Debt Associated With Subsequent Difficulty Paying Rent or Mortgage.” Johns Hopkins Bloomberg School of Public Health. January 13, 2026. <https://publichealth.jhu.edu/2026/medical-debt-associated-with-subsequent-difficulty-paying-rent-or-mortgage>

# Blood Cancer United

There is broad bipartisan support for medical debt protection policies. Undue Medical Debt reported in October 2025 that 75% of US adults would feel more positive about elected officials who pass laws to protect people from the harmful effects of medical debt.<sup>4</sup>

Blood Cancer United is committed to helping patients overcome the medical and financial challenges of their illnesses. By reducing the negative consequences of medical debt, HB 26-1267 promotes healthier families, more stable communities, and a stronger Colorado. We appreciate your time and urge your support for this legislation.

Sincerely,



Dana Bacon  
Senior Director, State Government Affairs  
Blood Cancer United

---

<sup>4</sup> "Voters Show Strong Bipartisan Support for Policies that Protect People from Medical Debt." Undue Medical Debt. October 2025. Available at: <https://unduemedicaldebt.org/bipartisan-support-for-policies-that-protect-people-from-medical-debt/>

## Broomfield Taxpayer Matters



**RE: HB26-1267 – House Health & Human Services Committee**

**Hearing Date: Tuesday, March 31, 2026 @ UA**

**Sponsors: Rep(s) Joseph & Mabrey, Sen(s) Jodeh & Weissman**

Thank you, Chair Gilchrist, and Members of the House Health & Human Services Committee.

Thank you for considering this written testimony. My name is Sheryl Fernandez, and I represent Broomfield Taxpayer Matters, a nonpartisan, nonprofit organization that works to educate, empower, and advocate for the taxpayers across Colorado – NOT just in Broomfield.

**Broomfield Taxpayer Matters are in STONG OPPOSITION of HB26-1267.**

At its core, this bill mandates that hospitals and providers screen patients for Medicaid eligibility before pursuing payment. While that may sound reasonable on the surface, in practice it functions as a **pipeline into Medicaid enrollment**, significantly increasing the number of individuals pushed onto a taxpayer-funded system.

Colorado's Medicaid program is already one of the largest and fastest-growing portions of our state budget. Every new enrollee adds long-term costs—not just for acute care, but for ongoing services that taxpayers are obligated to fund year after year.

This bill does not simply “help patients”—it **shifts financial responsibility away from individuals and providers and onto taxpayers. And it does so without any clear funding mechanism.**

We should be honest about what this means:

- More people enrolled in Medicaid
- Higher state spending obligations
- Increased pressure on the general fund
- And ultimately, fewer dollars available for other critical priorities like roads, public safety, and education

In addition, by restricting how providers can collect payment and requiring income-based repayment caps, this bill reduces the likelihood that providers can recover costs through normal channels. That further incentivizes shifting patients into Medicaid or other subsidized programs.

At a time when Colorado families are already facing rising costs across the board, this bill moves us in the wrong direction by expanding government dependency and long-term fiscal liabilities.

We all want to help people struggling with medical bills. But the solution cannot be to quietly expand a system that taxpayers are already struggling to sustain.

BTM urge the committee to reject this bill and instead pursue solutions that increase transparency and affordability **without expanding taxpayer-funded programs.**

Thank you for your time.



**TO: House Health & Human Services Committee**  
**FROM: Nick Torres – Director, Advocacy**  
[Nick.Torres@Lung.org](mailto:Nick.Torres@Lung.org) (303) 847-0267  
**DATE: March 31, 2026**  
**SUBJECT: Support for House Bill 26-1267**

---

The Lung Association is the oldest voluntary public health association in the United States, representing more than 34 million Americans living with lung diseases, including more than 700,000 Coloradans.

We thank the sponsors for their work to address the burden of medical debt on Coloradans – something that deeply affects people with lung disease and other health conditions in Colorado.

One in twelve adults in the US, or nearly 20 million people, owe some form of medical debt, despite the coverage options and protections currently in place.<sup>i</sup> In Colorado alone, approximately 360,000 individuals report having medical debt in a given year.<sup>ii</sup> A further three in ten adults in the US who do not already *have* medical debt are unable to unexpectedly pay a \$500 medical bill without borrowing money, making them vulnerable to falling into debt.<sup>iii</sup>

The consequences of medical debt are overwhelming, especially for people living with chronic diseases.<sup>iv</sup> Patients and families are often forced to forgo necessities in order to manage their debt, including basic household needs like utilities, rent or mortgage and food.<sup>v</sup> Patients with medical debt may also delay or avoid healthcare in order to make ends meet, which can worsen health outcomes for patients with chronic lung disease.<sup>vi</sup>

I'd like to share just a couple of quick stories. Someone recently shared with me that her son is about to age-out of her health insurance. He has been trying to wean himself off of his asthma medication, because he's concerned about the cost. Unfortunately, the realities of medical debt affect our children at a young age.

One of our volunteers living with lung cancer relies on a targeted therapy that costs \$30,000 per month. When she shares her story, she always explains how lucky she is to even have the option of such a medication, and also how fortunate she is to have good health insurance through her employer. But she knows that her job and her healthcare are no guarantee. If she is laid off, there is no way she can afford her medication.

An estimated 47% of patients with cancer and cancer survivors, including lung cancer, carry medical debt related to their cancer.<sup>vii</sup>

The Lung Association urges support for HB 26-1267 to extend additional critical protections for patients and their families, and to reduce the burden of medical debt for Coloradans.

---

<sup>i</sup>Rakshit, Shameek et al. The Burden of Medical Debt in the United States. Peterson Center on Healthcare, KFF. February 12, 2024. Available at: <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20aggregate%20total%20medical%20debt%20in%20the%20U.S.,%20by%20the%20amount%20of%20debt%20individuals%20owe,%202021>

<sup>ii</sup>Rakshit, Shameek et al. The Burden of Medical Debt in the United States. Peterson Center on Healthcare, KFF. February 12, 2024. Available at: <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20aggregate%20total%20medical%20debt%20in%20the%20U.S.,%20by%20the%20amount%20of%20debt%20individuals%20owe,%202021>

<sup>iii</sup>Lopes, Lunna et al. Health Care Debt in the U.S.: The Broad Consequences of Medical and Dental Bills. KFF. June 16, 2022. Available at: <https://www.kff.org/health-costs/report/kff-health-care-debt-survey/>

<sup>iv</sup> Nora V. Becker, et al., [Association of chronic disease with patient financial outcomes among commercially insured adults](#), JAMA Med Int. August 22, 2022; Patrick Richard, et al., [The Financial Burden of Cancer on Families in the United States](#), Int J Environ Res Public Health, April 2021; and Patrick Richard, Regine Walker, and Pierre Alexandre, [The burden of out of pocket costs and medical debt faced by households with chronic health conditions in the United States](#),” PLoS One, June 25, 2018

<sup>v</sup> Semret Seyoum et al, Cost Burden Among CF Population in the United States: A Focus on Debt, Food Insecurity, Housing and Health Services,” Journal of Cystic Fibrosis, Vol. 22, Issue 3, May 2023, <https://www.sciencedirect.com/science/article/abs/pii/S1569199323000036>

<sup>vi</sup> Collins, Sara et al. Paying for It: How Health Care Costs and Medical Debt Are Making Americans Sicker and Poorer. The Commonwealth Fund. October 26, 2023. Available at: [https://www.commonwealthfund.org/publications/surveys/2023/oct/paying-for-it-costs-debt-americans-sicker-poorer-2023-affordability-survey?check\\_logged\\_in=1&utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=newsletter\\_ax\\_iosvitals&stream=top](https://www.commonwealthfund.org/publications/surveys/2023/oct/paying-for-it-costs-debt-americans-sicker-poorer-2023-affordability-survey?check_logged_in=1&utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_ax_iosvitals&stream=top)

<sup>vii</sup> Survivor Views: Majority of Cancer Patients & Survivors Have or Expect to Have Medical Debt. American Cancer Society Cancer Action Network. May 9, 2024. Available at: <https://www.fightcancer.org/policy-resources/survivor-views-majority-cancer-patients-survivors-have-or-expect-have-medical-debt#:~:text=Nearly%20half%20of%20cancer%20patients,for%20more%20than%20three%20years.>



March 30, 2026

**RE: HB26-1267 – Letter of Opposition**

Dear Members of the Committee,

I am writing as Chair of the Governmental Affairs Council of the Colorado Springs Chamber of Commerce & EDC to express opposition to HB26-1267 due to concerns about its impact on Colorado's business climate. This bill introduces new requirements and constraints that could increase operational costs and regulatory complexity for employers. Policies that add uncertainty or additional burdens ultimately make it harder for businesses to invest, expand, and create jobs.

We encourage you to oppose HB26-1267 to avoid unintended economic consequences and to maintain a competitive environment for employers across Colorado.

Sincerely,

SherryLynn Boyles  
President + CEO

**House Health & Human Services**

**03/24/2026**

**HB26-1267 Limitations on Collection Actions for Medical Debt**

**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
Ali Loomis Against Mountain Vista EyeCare and Dry Eye Center	<p>I respectfully oppose this bill. While intended to help patients, prohibiting medical debt collection would shift significant financial strain onto healthcare providers, making it harder for them to sustain services—especially in underserved communities.</p> <p>Companies like ours help patients resolve balances through structured, manageable payment options. Eliminating this process could lead to higher upfront costs, reduced access to care, and increased healthcare prices overall.</p> <p>I urge you to consider more balanced reforms that protect patients without undermining the financial stability of the healthcare system.</p> <p>Thank you.</p>

**House Health & Human Services**

**03/31/2026**

**HB26-1267 Limitations on Collection Actions for Medical Debt**

**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
Bennett Rutledge  Against  themselves	<p>Chair Gilchrist and members of the Committee, thank you for taking a careful look at HB26-1267,</p> <p>This, on the surface, seems to be a very fair-minded set of regulations to keep the lines of communication between creditor and debtor open, to let the debtor hold unscrupulous creditors to account, and to prevent a mountain of medical bills from rendering the "patient" homeless. The devil is in the details.</p> <p>The first and most obvious red flag is that the Fiscal Note pretends that this is all at no cost to the taxpayer. It asserts that there is a "minimal state workload" to monitor and enforce these regulations. As a former bureaucrat I gotta tell you that the reporting requirements alone will need more than zero FTEs to receive, file, and evaluate what "each health-care facility and licensed health-care professional shall report to the state department data ... that the state department determines is necessary to evaluate compliance" not to mention all the documenting of patients' decisions, and verifying that the patient has been screened for whatnot.</p> <p>The hidden underside is that ALL expenses will be borne by each health-care facility and licensed health-care professional entangled in these new requirements. I had a conversation with my own Personal Healthcare Practitioner about how he stopped short of full MD for cost reasons, and how it is not worth the expense of a person who has paid in time and treasure, to obtain an MD, to then hire on at a Primary Care facility. This unfunded mandate will predictably reduce the number of health care practitioners in Colorado, and/or raise the cost of doing medical business in Colorado ... probably both.</p>

	<p>As honorable folk, please vote NO on this fraudulent shipload of virtue signaling, HB26-1267, before it gets any further.</p>
<p>Bret Roundy Against themselves</p>	<p>HB26-1267 “ Letter of Opposition</p> <p>Dear Members of the Committee:</p> <p>I am writing to express opposition to HB26-1267 due to concerns about its impact on Colorado’s business climate. This bill introduces new requirements and constrains that could increase operational costs and regulatory complexity for employers. The bill would likely result in more burdens on employers and make it even more expensive to do business in this state. As a result, businesses may leave the state. Policies that add uncertainty or additional burdens ultimately make it harder for businesses to invest, expand, and create jobs.</p> <p>I encourage you to oppose HB26-1267 to avoid unintended economic consequences and to maintain a competitive environment for employers across Colorado.</p> <p>Sincerely,</p> <p>Bret Roundy, Esq. Attorney</p>
<p>Chris Skagen, JD Against Colorado Ambulatory Surgery Center Association</p>	<p>Dear Madam Chair, Members of the House Health &amp; Human Services Committee. Thank you for the opportunity to provide my input on HB 26-1267. My name is Chris Skagen, and I am the Executive Director of the Colorado Ambulatory Surgery Center Association, which represents the Ambulatory Surgery Center (ASC) industry throughout Colorado. We strongly oppose HB 26-1267, affecting medical debt collections. We are concerned about the impact of limiting the ability of facilities to collect when a patient refuses to pay. As small businesses when the patient refuses to pay, the facility is left paying the bill. If a procedure includes an implant, then the facility may even have to pay out of pocket themselves. Most of our facilities institute “soft” collections practices, and work with patients however they can to provide a reasonable solution when someone is unable to pay their bill. That being said, ASCs run on a very tight budget and cannot afford to be handcuffed by unreasonable restrictions towards being able to recover when a patient refuses to pay legitimate medical bills. I respectfully</p>

	<p>request you to vote against HB 26-1267. Thank you for your time and attention towards this matter.</p>
<p>Donald Osmundson Against themselves</p>	<p>I'm recommending to NOT pass this. Most of us don't want to continually pay for other people's medical bills and this will increase that funding. Do not pass.</p>
<p>Joseph Dubroff Amend LeadingAge Colorado</p>	<p>My name is Joe Dubroff and I am the Director of Government Affairs for LeadingAge Colorado, the leading voice of senior living and care providers in our state. Our mission is to foster a collaborative network that leads, advocates, and shares knowledge to enrich and advance services to the aging and promote a healthy business environment for our members. Our membership includes Assisted Living Residences, Home- and Community-based Services (HCBS), Independent Senior Housing, Life Plan Communities, Nursing Homes, and Programs of All-Inclusive Care for the Elderly (PACE).</p> <p>On behalf of our members, I write to ask the committee to make one critical update to HB26-1267 amendment L.001.</p> <p>On page 1 of L.001, lines 33-34 identify "initiating or threatening to initiate a collection activity against an individual who is not a patient" as a form of "impermissible extraordinary collection action." Our members frequently serve Colorado seniors who do not or cannot manage their own finances and have responsible parties handle payments and other decisions related to their care. We ask that the sponsors add language that shows that this clause does not apply to responsible parties. This could be done by adding the following after "patient" in line 34: "unless the individual is the responsible party on the patient's account."</p> <p>Thank you for your consideration of this testimony.</p>
<p>Lisa Austin Against themselves</p>	<p>As a representative of the ASC community, I would like to oppose this bill. We are concerned about the impact of limiting the ability of Facilities to collect procedure fees when a patient refuses to pay. As a small business, this impacts our operational bottom line. If the procedure includes an implant, we are left with even larger balances. Most ASCs have "soft" collection policies and work with patients to pay over a generous period; however, some patients stop paying. As a small business, we run on a very tight budget and cannot afford to be restricted by rules that don't allow us to recover patient balances when</p>

	<p>a patient refuses to pay legitimate medical bills. Thank you for your consideration.</p>
<p>Maddie Schmidt For themselves</p>	<p>Thank you chair and members of the committee. My name is Maddie Schmidt and I'm testifying on behalf of myself.</p> <p>In 2024, just a few months before my 30th birthday, I went from being a healthy person with almost no medical needs to my life being consumed by doctor's visits, procedures, and astronomical medical bills.</p> <p>Overnight, I developed a mysterious and severe neurological condition that impacted my vision and caused constant headaches. Reading, working on a computer, and driving all became incredibly difficult and painful. For months, I went from specialist to specialist searching for answers while struggling to keep up with work and daily life.</p> <p>In the middle of that, I was diagnosed with thyroid cancer and went through treatment that same summer.</p> <p>Becoming ill has been the hardest thing I've ever experienced. When people ask what it's like to live with chronic pain and symptoms, I often tell them that that's the easiest part. The hardest part is dealing with a health care system with confusing billing and crushing costs while trying to stay afloat.</p> <p>At certain points over the past two years, I had so many medical bills that I could hardly keep track of how much I owed and to who. I've spent 40k on out of pocket.. Let me repeat - 40k out of pocket. That is WITH insurance - pretty good insurance.</p> <p>We all take our health for granted, but the reality is that this can happen to anyone. Even a person like me with good insurance and a good job can wind up struggling to pay for the rising costs of rent, groceries, and more while shouldering new medical expenses that they couldn't have possibly planned for. Factor in that a health crisis can make it difficult or impossible to work, and you have a potentially deadly situation that for so many people ends in losing everything - their jobs, their homes, and even their lives.</p>

	<p>This is an urgent crisis, and I hope this committee will recognize that this is a life and death issue for many in our state and not turn their backs on Coloradans in crisis by voting YES on HB1267.</p>
<p>Madeleine Grigg  For  themselves</p>	<p>Good afternoon House Committee Members,</p> <p>As a lifelong resident of Colorado, I am highly encouraged by this piece of legislation being introduced in our State Assembly. Medical debts and high costs not only impact individuals after seeking care, but lead to delays in seeking necessary care. Medical debt is one of the primary factors behind skyrocketing emergency room visits, as people often wait until they physical cannot function to seek the healthcare they need. To reduce the burden on our emergency and crisis facilities, our legislators need to step in to put a cap on how much medical agencies can collect from people. This way, individuals can access specialists earlier on, and experience more preventative medicine.</p> <p>Healthcare systems are collapsing under the Trump administration, particularly with cuts to Medicare and Medicaid subsidies (which the administration originally claimed it wouldn't touch). Having protective factors in our State policy is a necessity for surviving these times.</p> <p>Thank you to the bill sponsors for writing and introducing this legislation, and I would appreciate a "yes" vote on HB26-1267.</p> <p>Sincerely,  Madeleine Grigg</p>
<p>Madison DeBruyne  For  Metro Caring</p>	<p>Hello Madame Chair and members of the committee.</p> <p>My name is Madison DeBruyne, and I am a Community Organizer at Metro Caring, an anti-hunger organization here in Denver. I am writing to testify in support of HB26-1267.</p> <p>At Metro Caring, our mission is to end hunger at its roots. In 2023, we held a series of listening sessions with directly impacted community members to better understand the root causes of food insecurity in Colorado. What we herd repeatedly were issues like unaffordable</p>

	<p>housing, inadequate public benefits, and barriers to accessing health care.</p> <p>We cannot end hunger without addressing these underlying challenges. When families face unexpected medical bills or aggressive collections practices, it can quickly destabilize their financial situation. People are often forced to make impossible choices between paying medical bills, buying groceries, or keeping up with rent.</p> <p>Medical debt is incredibly common. An estimated one million Coloradans carry some form of medical debt. Many fall into debt through circumstances completely outside their control, an emergency room visit, an unexpected diagnosis, or a necessary procedure. Yet the consequences can be severe: damaged credit, financial instability, and people delaying or avoiding needed medical care because they fear the financial burden.</p> <p>For the communities we work with, protections that ensure fair collection practices and reasonable pathways to resolve medical debt can make a real difference in preventing families from falling into deeper crisis.</p> <p>No one should have to choose between their health and their ability to afford food or other basic necessities. For these reasons, I urge the committee to vote YES on 1267.</p> <p>Thank you for your time and consideration.</p>
<p>Mary Angela Lucas Against Surgical Consultants of Aurora PC</p>	<p>Passing the HB26-1267 Bill would severely limit our ability as a private practice to collect from patients where services are rendered. In todays world private practices are caught in a crossfire between the patient and the commercial insurance companies. Insurance companies do not fully explain the coverage benefits and patients expect their doctors offices to know every benefit and policy detail. We are a surgical practice and try to be as knowledgable as we can about regarding a thousand different plans. When patients have higher deductibles we attempt to collect a surgical deposit however; commercial insurance companies instruct patients daily not to pay "deposits towards surgical procedures". Claims are processed, patients have balances for services performed and about 40% of our patients do not pay their balances.</p>

	<p>Passing this bill would be one more way to cripple proper collection of these balances when we have made every attempt to have the patient pay by offering payment plans we are unable to charge finance fees on, accepting credit cards, and/or assisting them in a deposit/balance pay plan before/after surgery.</p> <p>With in-network insurance reimbursements lower than ever before this bill would increase our financial risk more than ever when we are unable to collect on exhausted past debt.</p> <p>It is most likely the debtors would never pay for the monies owed if there are no consequences to the individual.</p> <p>I have already written every legislature by email involved in reviewing this bill. I am pleading with you to spend time in a private practice or a collection agency of high standards before reviewing this bill any further.</p> <p>It is imperative people are held accountable for their debts and that medical practices are able to receive payment for the medical services rendered. Do not pass Bill HB26-1267</p> <p>Respectfully, Mary Angela Lucas</p>
<p>Mary Colleen Casper For themselves</p>	<p>Greetings to Committee Chair and Members,</p> <p>Thank you for your time today.</p> <p>I am Colleen Casper, a Colorado Registered Nurse who has worked as hospital and health policy administrator and a patient and nurse advocate. My current work supports individuals seeking assistance navigating the complex health care system, including selecting and/or interpreting health plan options, interpreting medical denials of care by payors, and, consulting on responsible yet affordable options for health care services.</p> <p>I am here today to ask for your yes vote on HB26-1267.</p> <p>With the recent federal policy changes, my interest in speaking with you today is because of growing risks of medical debt for individuals who are underinsured with high-deductible plans, and to seek solutions that address consumer protections.</p>

	<p>Not for profit providers can claim “bad debt” and “charity care” as a community benefit and simultaneously be aggressive in medical debt collections.</p> <p>It is also be wise for the State of Colorado to plan for the influx and impact of venture capitalists in health care going forward.</p> <p>We know the root cause of medical debt is the cost of care. I have a client who is a small business, sole proprietor and her monthly premium went from \$584.00 last year to \$1035.00 per month in 2026. Her deductible went from \$6800.00 last year, to \$7200.00 this year with more restrictions on what can be included as deductible. Co-pays vary by visit and procedure and a number of services are not allowed to be included in deductibles. That’s a minimum of \$20,000.00 per year in out of pocket costs for care. She recently shared with me this quote “Truthfully, it is so painful to look at the monthly and ongoing fees, I really try to ignore the payments from my account”.</p> <p>Please vote yes today on HB26-1267.</p>
<p>Olivia Compton For Inside Out Youth Services</p>	<p>Thank you, Representative Gilchrist and members of the committee, for the opportunity to share my testimony. My name is Dr. Olivia Compton. I have a PhD in Economics, and I am a Board Member and the Vice Chair of Policy &amp; Advocacy Committee at Inside Out Youth Services, which works with LGBTQIA2+ youth and young adults to build access, equity, and power in Colorado Springs. We urge the committee to vote in favor of HB26-1267.</p> <p>This bill addresses wider class needs for economically precarious people, including transgender people. Broadly speaking, the accumulation of medical debt depends on your labor market outcomes, credit constraints, your probability of incurring large medical bills, and your consumption/savings preferences. The economic literature consistently finds that transgender people earn less than cisgender people, and they have lower employment rates, with evidence suggesting discrimination plays a role. For example, callback rates are anywhere from 2 - 42 percentage points lower in correspondence studies. This makes it harder for transgender people to access employer-sponsored health insurance and use their insurance when they do have it.</p> <p>Gender identity milestones such as hormones and surgery can be relatively expensive (up to 250% of average income), but there is</p>

	<p>evidence of positive health outcomes and reason to believe it translates to better economic outcomes, but financial barriers in addition to lost pay and employment during recovery make it difficult for transgender people to access care and reap the benefits of surgery.</p> <p>Reducing the financial burden of medical debt has the potential to improve transgender people’s lives. For instance, this bill caps medical debt payments as a percentage of income which directly reduces the financial burden of surgery. It also reduces credit constraints because people can afford to hold more debt on the margin, making additional surgeries relatively more accessible. In turn, aligning one’s external characteristics with one’s gender identity can reduce gender dysphoria and the chances of experiencing discrimination, resulting in positive health effects and potential positive economic effects. For these reasons, we ask the committee to vote in favor of HB26-1267.</p>
<p>Rebecca Craig Against Harmony Surgery Center</p>	<p>As a small business, we are concerned about the impact of limiting the ability of facilities to collect when a patient refuses to pay. Patients are given estimates before their procedures and sign our financial agreement. If a patient refuses to pay, the facility is left paying the bill. This is a hardship especially if there was an implant involved as they can be extremely expensive and the facility. We have “soft” collections practices, and work with patients on an interest free payment plan however patients need to provide a reasonable solution when someone is unable to pay their bill. That being said, ASCs run on a very tight budget and cannot afford to be handcuffed by unreasonable restrictions towards being able to recover when a patient refuses to pay legitimate medical bills. Thank you for your consideration.</p>
<p>Shelby Bates For themselves</p>	<p>Dear Madam Chair and members of the committee, I am writing to urge you to support HB1267.</p> <p>My name is Shelby Bates. I developed a chronic illness 10 years ago, and racked up thousands in bills for a diagnosis alone. At that point I was really, really sick. I shook the hand of my neurologist and agreed to move back to Colorado to live with my parents while sorting out a new reality. Luckily, I qualified for the Medicaid buy-in program. It was a godsend once I turned 26 and no longer had access to my parents insurance. I am so fortunate to have access to Medicaid, and it is one piece that has kept me from medical debt.</p> <p>I am also so fearful of what is to come for Medicaid patients, with so many who stand to lose coverage due to federal actions and impending</p>

	<p>state budget cuts. The Medical Debt Protection Act feels like one way to proactively protect patients in Colorado. For me, it also means a sense of security that if I lose Medicaid, I will not also lose my house or my ability to pay for my health care bills and other living expenses. The protections in this bill mean that I will be able to maintain the progress I have made towards stabilizing my health over the past decade, while still having pathways to pay my medical bill without being sent to collections.</p> <p>Beyond myself, I am in support of the bill due to how it has impacted several friends I grew up with in Aurora. Multiple of my high school friends have become stuck paying for their parent’s medical debt - from cancer diagnoses, ongoing chronic conditions, traumatic accidents. Instead of living their own lives in adulthood, these friends are moving back in with their parents to save funds to pay off a parent’s medical debt before that parent loses their home. In one case, my closest friend left Colorado as she could no longer afford costs compounded with medical debt collections. This bill is a way to provide stability for Coloradans, especially those that grew up in this state.</p> <p>Thank you for your time today. Please vote yes on HB1267 for all of us in Colorado.</p>
--	--

# HB26-1267:

## Medical Debt Protections Act



### Bill Sponsors:

Rep. Jospeh (D), Rep. Mabrey (D), Sen. Weissman (D), Sen. Jodeh (D)

### Bill Overview

Protects Coloradans from predatory medical debt collection practices, ensuring every patient has the right to fair, affordable and transparent medical billing. This bill includes fair practice guidelines for creditors including language around 30-day collection warning, Bans on extreme actions, and Right to affordable payments.

**If this bill passes, It would set a clear standard for reasonable payment plans, tying payments to income and protecting basic financial stability allowing Coloradans the ability to focus on recovery, caring for thir fmailies, and contributing to their communities.**

### Root Cause:

*Inadequate Access to Healthcare*

### Why it Matters

1 in 3 Coloradans have delayed healthcare out of fear of financial ruin due to unknown prices. This leaves Coloradans neglecting necessary treatments, preventive and even lifesaving care.



# HB26-1267:

## Ley de Protección contra Deudas Médicas



### Patrocinadores del Proyecto de Ley:

Rep. Jospeh (D), Rep. Mabrey (D), Sen. Weissman (D), Sen. Jodeh (D)

### Resumen del Proyecto de Ley

Protege a los habitantes de Colorado de prácticas abusivas en el cobro de deudas médicas, asegurando que cada paciente tenga derecho a facturas médicas justas, accesibles, y claras. Esta ley incluye reglas de prácticas justas para los cobradores de deudas, como un aviso de 30 días antes de iniciar el cobro, la prohibición de acciones extremas y el derecho a planes de pago accesibles.

**Si Se Aprueba:** Establecería un estándar claro para planes de pago razonables, conectando los pagos con los ingresos y protegiendo la estabilidad financiera básica, permitiendo que los habitantes de Colorado se concentren en su recuperación, en cuidar a sus familias y en contribuir a sus comunidades.

### Causa Raíz:

*Acceso Inadecuado a la Atención Médica*

### Porque Importa

1 de 3 personas en el estado a retrasado recibir atención médica por miedo a una ruina financiera debido a precios desconocidos. Esto deja a muchas personas en Colorado sin recibir tratamientos necesarios, atención preventiva e incluso atención que puede salvar vidas.



Dear Colorado Legislators,

My name is Jesse Goldman, and I am a resident of 8 years in Golden and the proud new owner of Genesee Pines Dental. I am reaching out to voice my concern over the proposed HB26-1267 bill regarding medical debt collection. If I'm not mistaken, hospitals are already subject to a similar set of rules, and that this new bill could expand it to a much wider variety of medical practices. Here are my concerns with the bill...

In Colorado (and the US!), we love our small businesses, from leisure, restaurants, to the local doctors office. This bill will unequally hurt small privately owned practices far more than larger institutions (like hospitals) or corporate offices. Medical education, materials, payroll and general overhead have skyrocketed in the last 6 years, and larger medical institutions have been able to weather the storm far better than many small privately owned practices. Unfortunately trends like this bill will lead to further consolidation into corporate medicine and private equity, which in turn greatly compromises patient care as I have witnessed firsthand. This bill will put an unnecessary administrative burden on small practices while unintentionally limiting access to care. It will inevitably result in more private offices either closing due to rising operating costs, or going out of network and collecting from patients up front before any treatment is rendered. What is the point of establishment of a mandatory payment plan if a patient is under no legal obligation or consequence to pay? If small practices have no real threat of patient consequence for nonpayment, it will likely result in more people taking advantage of the new law and avoiding payment for services rendered. Additionally, insurance reimbursement is ever changing and often unpredictable. What if insurance unexpectedly denies coverage of a service and the patient owes more? This happens all the time even with the best and most thorough claim submission. This bill basically says I will not be permitted to collect my fair fee from the patient? This sounds like government sanctioned theft.

Medical providers dedicate years of their lives in order to provide high quality services to patients and to make a living. Many of us spend their first 5-10 years after graduation/residency living below their means to pay off this debt. As a dentist, I dedicated 5 years of my life for my training and tens of thousands of dollars in additional continuing education for the benefit of my patients. Additionally, I am in nearly a million dollars of debt for both my dental training and my practice acquisition - a cost that up to this point has been well worth it to me to be self employed and independent. I did not take this enormous risk and sacrifice of being a medical professional AND a small business owner to be told that I have to provide 0% payment plans for patients, or to be told that I have no avenue for legally collecting payment from patients for services provided. I have also invested in top of the line technology for my patients for better and more conservative care. This bill is an insult to the career I have dedicated my life and livelihood to. Should this bill pass, I along with many other small practice owners, will go out of network with insurance plans and make patients pay up front for all treatment, and they will end up paying more for the same treatment. Why would I ever offer a payment plan to a patient if my office has no 'teeth' to collect on that plan? At least for dentistry, I see this bill as having the unintended consequence of ironically limiting access to care while further funneling patients into high

volume corporate or private equity owned practices, where they may not get the attention to detail and care that they deserve.

Thank you for taking my concerns into consideration. Please consider the detrimental effects this bill will have on ALL privately owned medical practices in the state. My parting words would be "be careful what you wish for."

Best,

Jesse Goldman, DDS



March 24, 2026

Javier Mabrey  
200 E. Colfax, RM 307  
Denver, CO 80203

Dear Representative Mabrey,

Western Healthcare Alliance (WHA) has operated in Western Colorado for almost 30 years as an organization of over thirty-three rural healthcare hospitals and facilities dedicated to preserving and sustaining hospitals to ensure the best of care for our rural communities. WHA writes to provide feedback on legislation that you are proposing - HB26-1267. For all the reasons as highlighted below, WHA and its members believe that this proposed bill is largely performative in nature and will substantially harm healthcare providers in this state, especially smaller rural providers, and because of this, we must oppose this bill.

Other organizations have already highlighted and properly briefed the onerous and duplicative nature of the proposed notice requirements. Apart from the historic and almost certainly improper regulatory takings proposed in this bill, this bill severely restricts providers' ability to collect balances for valuable services rendered and directly exposes hospitals, many taxpayer-funded, and other healthcare providers to predatory, litigious plaintiff's attorneys.

Rural Hospitals in Colorado are seeing historic levels of uncertainty in their financial future, and many are at risk of closing their doors entirely. This proposed bill makes this future incredibly more precarious, and if they cannot collect the amounts due to them for the services they do provide, it will result in facility closures, rural communities having no providers, and health care deserts that require patients to commute to receive any care. Yet this is not the only hazard in this bill.

In 2023, HB23-252, a bill you personally voted for, was passed, which added nothing but a private right of action to already required compliance with federal transparency law. The industry warned the legislature then that this was going to have a negligible impact on patients but instead would be a sword used by plaintiff's firms to enrich themselves. The legislature brushed those points aside and passed it anyway. Last year, just as had been predicted, a Plaintiff's firm on the front range started filing frivolous class action suits against hospitals, with the only basis for the action being the HCPF yearly report card. Delta County Hospital, a special district hospital and WHA member, is one of the defendants in these cases and has been forced to expend over \$50,000 in taxpayer money defending this baseless case, and the case is far from over<sup>[1]</sup>. Plaintiff's firms will likewise use this new bill to further erode hospital funding and take tax money from rural counties and enrich the Plaintiff's bar.

We appreciate your willingness to meet with us and hear our concerns. However, at this time this bill prioritizes performative, short-sighted policies in favor of long-term sustainability of rural hospitals, and for those reasons, we must oppose this bill.

Sincerely,

A handwritten signature in blue ink that reads "Angelina Salazar".

Angelina Salazar, CEO, Western Healthcare Alliance



March 24, 2026

Javier Mabrey  
200 E. Colfax, RM 307  
Denver, CO 80203

Dear Representative Mabrey,

Western Healthcare Alliance (WHA) has operated in Western Colorado for almost 30 years as an organization of over thirty-three rural healthcare hospitals and facilities dedicated to preserving and sustaining hospitals to ensure the best of care for our rural communities. WHA writes to provide feedback on legislation that you are proposing - HB26-1267. For all the reasons as highlighted below, WHA and its members believe that this proposed bill is largely performative in nature and will substantially harm healthcare providers in this state, especially smaller rural providers, and because of this, we must oppose this bill.

Other organizations have already highlighted and properly briefed the onerous and duplicative nature of the proposed notice requirements. Apart from the historic and almost certainly improper regulatory takings proposed in this bill, this bill severely restricts providers' ability to collect balances for valuable services rendered and directly exposes hospitals, many taxpayer-funded, and other healthcare providers to predatory, litigious plaintiff's attorneys.

Rural Hospitals in Colorado are seeing historic levels of uncertainty in their financial future, and many are at risk of closing their doors entirely. This proposed bill makes this future incredibly more precarious, and if they cannot collect the amounts due to them for the services they do provide, it will result in facility closures, rural communities having no providers, and health care deserts that require patients to commute to receive any care. Yet this is not the only hazard in this bill.

In 2023, HB23-252, a bill you personally voted for, was passed, which added nothing but a private right of action to already required compliance with federal transparency law. The industry warned the legislature then that this was going to have a negligible impact on patients but instead would be a sword used by plaintiff's firms to enrich themselves. The legislature brushed those points aside and passed it anyway. Last year, just as had been predicted, a Plaintiff's firm on the front range started filing frivolous class action suits against hospitals, with the only basis for the action being the HCPF yearly report card. Delta County Hospital, a special district hospital and WHA member, is one of the defendants in these cases and has been forced to expend over \$50,000 in taxpayer money defending this baseless case, and the case is far from over<sup>[1]</sup>. Plaintiff's firms will likewise use this new bill to further erode hospital funding and take tax money from rural counties and enrich the Plaintiff's bar.

We appreciate your willingness to meet with us and hear our concerns. However, at this time this bill prioritizes performative, short-sighted policies in favor of long-term sustainability of rural hospitals, and for those reasons, we must oppose this bill.

Sincerely,

A handwritten signature in blue ink that reads "Angelina Salazar". The signature is written in a cursive, flowing style.

Angelina Salazar, CEO, Western Healthcare Alliance

National Multiple Sclerosis Society

Testimony in Support of HB26-1267

House Health and Human Services; 03/30/2026

Chair Gilchrist, members of the House Health and Human Services committee. My name is Lisbet Finseth, and I am an Assistant Director of Government Affairs at the National Multiple Sclerosis Society. Our mission at the MS Society is to cure MS while empowering people affected by MS to live their best lives. Thank you for the opportunity to speak in support of HB 1267 regarding medical debt protections.

MS is an unpredictable disease of the central nervous system. Currently, there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes, and vision issues. An estimated 1 million people live with MS in the United States, and early diagnosis and treatment are critical to minimize disability.

MS is a highly expensive disease, with the average total cost of living with MS at \$88,487 per year<sup>1</sup>. Disease modifying therapies are the biggest cost of living with the disease, with individuals spending an average of \$65,612 more on medical costs than individuals who don't have MS. MS may impact one's ability to work and can generate steep out-of-pocket costs related to medical care, rehabilitation, home and auto modifications, and more.

Because of the chronic nature of the condition, people living with MS bear the financial burden of the disease for the duration of their lives. The high costs of living with MS can leave many affected by it at high risk for medical debt. When medical debt – often incurred through no fault of the individual's own – negatively impacts a person's finances, it can have an extensive and long-lasting adverse impact on their economic security and overall wellbeing.

The **Society strongly supports** policies that minimize the impact of medical debt, including measures like **House Bill 1267** that would limit predatory actions by collection agencies.

Thank you for the opportunity to offer our support for the bill.

Lisbet Finseth  
Assistant Director of Government Affairs  
National Multiple Sclerosis Society

---

<sup>1</sup> "B. Bebo et al. A Comprehensive Assessment of the total economic burden of multiple sclerosis in the United States. ECTRIMS 2021. 15, October, 2021.



## **Practice Health Position on HB26-1267**

### *Proposed Colorado Medical Debt Collection Ban*

#### **About Practice Health**

Practice Health represents over 800 providers spanning a wide range of specialties and practice settings. Our mission is to support the sustainability of independent practices and ensure that healthcare providers can continue delivering high-quality care to their patients while maintaining the financial viability of their practices.

#### **Practice Health Position**

We strongly oppose HB26-1267. While the bill's intent may be to alleviate patient financial burdens, the legislation would unintentionally destabilize private practices, disrupt patient care, and penalize providers for delivering essential health services. Hospitals and non-profit entities are already subject to charity care regulations; this bill inappropriately extends a comparable burden to private practices, creating an inequitable and unsustainable business environment.

#### **Action for Legislators**

Legislators must consider the unintended consequences for independent healthcare providers. Practice Health urges alternative approaches that protect patients without eliminating providers' legal right to be compensated for services rendered.

#### **Conclusion**

HB26-1267 risks destabilizing private healthcare in Colorado. Legislators should reconsider this proposal in favor of solutions that protect patients while sustaining the state's independent healthcare practices.

**March 24, 2026 | HB26-1267 | Medical Debt Protection Act | Briana Simmons**

Thank you Madame Chair/Mister Chair and members of the committee. My name is Briana Simmons, my pronouns are she/her, and I work as the Assistant Director of Power Building at Soul 2 Soul Sisters, a racial justice organization, grounded in the reproductive justice framework, focused on ending anti-Black racism. I am testifying today on behalf of Soul 2 Soul Sisters in support of HB-1267, the medical debt protection act.

The United States is experiencing an economic crisis. With one step outside the aisles of this beautiful Golden Dome, it is undeniable that Colorado is no exception. In fact, as Colorado Public Radio's news series "*Silent Recession*" details, Colorado's economy has been showing warning signs of a faltering economy for years.

Everyday people are taking on debt as they struggle to meet their basic needs due to the rising costs of necessities. Healthcare is a necessity. HB-1267 is a continuation of Colorado's commitment to fair billing and healthcare as a right, not a privilege.

As of 2021, about 8.2% of adults in Colorado reported having medical debt in a given year, consistent with the national average at the time. Low income, middle aged, Black people, immigrants and folks in rural areas are most likely to be impacted by this. This is of serious concern to organizations such as Soul 2 Soul Sisters.

Historically, medical care in this country has prioritized third-party debt collectors, debt buyers, healthcare providers and the broader financial industry over the people who absorb the burden of subpar medical care and exuberant medical debt. As disability justice advocates have reminded us, it is not a matter of *if* you will need medical care, it is a matter of *when* you will need it. When that time comes, no Coloradan should lose their home, have their wages garnished, nor their bank account negatively impacted simply because they sought care.

HB-1267 is a step in the right direction. It will protect Coloradans from predatory practices and ensure fair, affordable, and transparent medical billing. I urge you to be responsive to your constituents; the workers, the elderly and those coming of age, the sick, and the tired.

I urge you to vote yes on HB-1267. Thank you for your time!

Sources:

- <https://www.healthsystemtracker.org/brief/the-burden-of-medical-debt-in-the-united-states/#Share%20of%20adults%20who%20have%20medical%20debt,%20by%20state,%202019-2021>
- <https://coloradonewsline.com/2024/04/03/medical-debt-affects-much-of-america-but-colorado-immigrants-are-hit-especially-hard/>
- <https://www.cpr.org/2026/03/13/colorados-silent-recession/>
- <https://www.theguardian.com/business/2026/mar/14/americans-struggle-affordability-despite-trump-claims>

**To:** Members of the Health and Human Services Committee  
**From:** Sara Navidi | Young Invincibles  
**Re:** **HB26-1267 Limitations on Collection Actions for Medical Debt**

Madam chair and members of the committee,

Thank you for the opportunity to share my testimony. My name is **Sara Navidi**, and I am a constituent for Representative Brandi Bradley. I am here representing myself and as a Youth Advocate with Young Invincibles to urge you to **pass HB26-1267**.

This past December, my mom passed away from breast cancer at the age of 49. In her final months, I became her caretaker, advocate, and financial navigator. Devastatingly, I felt that the time I could have spent with her was cut short by the hours I had to spend navigating insurance systems and paperwork.

I once spent eight hours trying to get a referral approved so she could see another oncologist in the state. At another point, home health services were not approved, and I had to learn how to drain fluid from her lungs myself at home. I also had to pay out-of-pocket for her to see a specialist out of state. My family has already faced nearly **\$10,000 in funeral costs**, without even purchasing a casket or headstone, and we are now permanently a household with one less income.

My family often worried about insurance approvals for medications, knowing that without coverage, we could owe around **\$15,000 per month in just medication**. Without insurance, her total treatments would have cost **over \$600,000 for a single year**. Thankfully, my mother's medications were approved, but many patients I saw as a medical assistant were not as fortunate and struggled to afford necessary medications. Medical debt does not make people pay faster; it creates additional barriers to receiving care. High deductibles and numerous other treatment costs only deepen that burden, especially when patients are too sick to work. My family was fortunate to receive hospital screening for financial assistance, and that support made a real difference. Every hospital should be required to provide that screening.

Unfortunately, my experience is not unique. 62% of bankruptcies in the U.S. are linked to medical debt or illness (1). Many patients cannot work during treatment and quickly exhaust benefits like FMLI leave. When patients pass away, families are left not only grieving but also facing significant financial burdens.

As a former medical assistant, I have seen how widespread this problem is. Just a few months ago, a physician told me she can often tell when the economy is declining because patients begin asking far more frequently about the cost of care. She said the only other time she saw this level of concern was during the 2008 financial crisis.

**HB26-1267** takes important steps to protect patients and families. It ensures patients are screened for financial assistance, prevents predatory collection practices, and creates a 30-day buffer so patients are not sent to collections while they are still dealing with illness or recovery. It also promotes realistic payment plans, because a plan that no one can afford fails everyone.

**To:** Members of the Health and Human Services Committee  
**From:** Sara Navidi | Young Invincibles  
**Re:** **HB26-1267 Limitations on Collection Actions for Medical Debt**

No family should have to spend the final moments with their loved one worrying about insurance approvals, medical bills, or collection notices.

For these reasons, I urge you to vote **yes on HB26-1267**. Thank you for your time and consideration. I am happy to answer any questions.

Sincerely,  
Sara Navidi  
Young Invincibles | Young Advocate

**YOUNG**   
**INVINCIBLES**

**To:** Members of the Health and Human Services Committee  
**From:** Sara Navidi | Young Invincibles  
**Re:** **HB26-1267 Limitations on Collection Actions for Medical Debt**

References:

1. Himmelstein, David U., et al. "Medical bankruptcy in the United States, 2007: Results of a national study." *The American Journal of Medicine*, vol. 122, no. 8, Aug. 2009, pp. 741–746, <https://doi.org/10.1016/j.amjmed.2009.04.012>.



James R. Potter  
Legislative Advocate  
1111 Red Feather Road  
Cotopaxi, Colorado 81223  
864-316-1058  
[jamesraymondpotter@gmail.com](mailto:jamesraymondpotter@gmail.com)  
March 17, 2026

Colorado House Health & Human Services Committee  
Colorado State Capitol  
200 E Colfax Avenue  
Denver, CO 80203

RE: Support for HB 26-1267, Limitations on Collection Actions for Medical Debt

Dear Chair Gilcrest, Vice-Chair, Lieder and Members of the Committee:

Thank you for the opportunity to submit testimony in support of HB26-1267. This testimony is offered from the perspective of the Colorado Foundation for Universal Health Care, a nonprofit, nonpartisan organization committed to advancing a high-quality, equitable, and publicly financed, privately delivered health care payment system that ensures access to care based on medical need rather than ability to pay.

From a public health standpoint, medical debt is not an isolated financial issue—it is a predictable and harmful consequence of gaps in the way health care is financed in the United States. Physicians and other health professionals routinely observe the downstream effects of medical debt in the form of delayed care, medication nonadherence, and avoidable deterioration in health status.

In Colorado, more than \$1.3 billion in medical debt is held by residents, over 12% of Coloradans have medical debt in collections and about one in five adults report unpaid medical bills. This is a consequence of a system of private for-profit health insurance with deductibles, cost-sharing requirements, and coverage limitations that frequently result in significant out-of-pocket costs, even for those with insurance. As a result of the Big Beautiful Bill, this situation will only become worse as more people experience skyrocketing insurance costs which will force many to purchase lower cost catastrophic coverage that will leave them with even less protection against medical debt – or they will simply delay or forgo necessary care that may result in even worse and more costly outcomes.

Colorado has recognized that medical debt should be treated differently from other forms of consumer debt by taking steps to regulate hospital collection practices, requiring screening for

Support for HB 26-1267, Limitations on Collection Actions for Medical Debt

February 17, 2026

financial assistance, establishing eligibility for discounted care and providing some income-based protections against wage garnishment. However, these do not fully address the use of aggressive collection practices and other aspects of wage garnishment that still persist. For example, current law permits garnishment of wages (up to 25% of disposable income under federal and state law) and seizure of bank assets which can impose severe hardship on patients and families. In addition, current safeguards are largely procedural. Once notice and screening requirements are satisfied, patients remain exposed to the full range of collection remedies. In practice, many individuals are unable to effectively navigate complex financial assistance systems or assert their legal rights, particularly while managing illness.

HB26-1267 represents a targeted, evidence-informed intervention that addresses these concerns by placing meaningful limitations on coercive collection actions, including wage and bank garnishment, strengthening requirements for financial assistance screening and eligibility verification, promoting reasonable and structured payment pathways and enhancing accountability in the handling and transfer of medical debt.

HB26-1267 takes an important step toward limiting the most harmful collection practices while preserving appropriate mechanisms for cost recovery. Efforts to reduce medical debt through targeted reforms such as HB26-1267 can improve patient outcomes and system performance, while also informing ongoing discussions about how to structure a more efficient, equitable, and sustainable health care system.

For these reasons, we respectfully support HB26-1267 and urge the Committee to advance this legislation.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "James R. Potter". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

James R. Potter, Board Member

**WRITTEN TESTIMONY IN SUPPORT OF**  
**HB26-1267 — Limitations on Collection Actions for Medical Debt**

My name is Carlos Carale. I am a graduating student at the University of Colorado Boulder, studying neuroscience, public health, and political science from La Junta, Colorado. I am writing in support of HB26-1267, the Medical Debt Protection Act, as I believe that our health systems must work for the people they serve, not the other way around. Coming from a rural area, I know how sensitive this situation of medical debt is, but this bill is one step forward in creating a more equitable system.

Like many families across this state, mine has not been untouched by this crisis. My grandma has been sent to collections over medical debt that she thought was already taken care of. They live in a rural community, a place where hospitals are few, choices are limited, and the financial strain of a single unexpected illness can unravel a household. This debt causes unneeded stress in an environment where getting care is already hard enough. She had to spend hours on the phone and not get clear answers, while she should have been recovering.

I know her experience is not unique. Across Colorado, in small towns and farming communities, tens of thousands of families are navigating a system that too often treats patients as revenue streams rather than human beings in need of care.

In rural Colorado, patients rarely have the luxury of choosing their provider. They go to the nearest hospital (often the only hospital) because that is what an emergency demands. They have no leverage, no alternatives, and no ability to comparison shop. When that single institution pursues aggressive debt collection, it is a betrayal of trust and care.

Rural families already contend with higher rates of uninsured and underinsured status, longer distances to care, and lower average incomes. When a medical bill leads to wage garnishment, it means a family cannot pay for heating oil in January. It means children go without school supplies. It means the local economy loses spending that would otherwise circulate through small businesses. The toll of medical debt in a rural community is not financial alone. It is deeply human.

HB26-1267 would protect those families. It would give rural families and people like my grandma the ability to recover from illness without the additional punishment of financial ruin.

I urge the members of this committee to advance HB26-1267. Do it for the 14,000 Coloradans whose wages are garnished every year over medical bills. Do it for rural families who have no choice but to trust the one hospital within driving distance. Do it for every person who has put

off going to the doctor because they are afraid of what the bill might do to their family's financial stability.

Our health systems should work for the people. This bill takes a meaningful step toward making that true. I ask that you pass it.

—

Respectfully,

Carlos Carale

University of Colorado Boulder

La Junta Colorado

[carloscarale@gmail.com](mailto:carloscarale@gmail.com) | 7194681050