

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

INTRODUCED

LLS NO. 21-0832.01 Megan Waples x4348

HOUSE BILL 21-1300

HOUSE SPONSORSHIP

Weissman and Neville,

SENATE SPONSORSHIP

Smallwood and Zenzinger,

House Committees
Judiciary

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING HEALTH-CARE PROVIDER LIENS RELATED TO CHARGES**
102 **FOR HEALTH CARE PROVIDED TO A PERSON INJURED AS A**
103 **RESULT OF THE NEGLIGENCE OR WRONGFUL ACTS OF ANOTHER**
104 **PERSON.**

Bill Summary

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

The bill establishes requirements for the creation and assignment of a health-care provider lien for a person injured in an accident. A health-care provider lien is a lien related to charges for health care

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

provided to a person injured by the negligence or wrongful act of another person, which is asserted against money the injured person may receive from a personal injury claim or uninsured motorist claim.

A health-care provider or the health-care provider's assignee creating a lien must advise the injured person of their options for payment, including the use of benefits from an insurance plan. In addition, the provider or assignee must provide additional disclosures about the lien, including how the health-care provider's assignee is compensated and of any common ownership interests among the lien holder and the injured person's health-care providers or legal counsel. The injured person must also be advised that, except in the case of fraud or misrepresentation:

- If the injured person does not receive a judgment, settlement, or payment on the injured person's claim, the injured person is not liable for any amount of the lien;
- If the injured person receives a net judgment, settlement, or payment that is less than the amount of the lien, the injured person is not liable for any amount over the amount of the net judgment, settlement, or payment; and
- The lien holder cannot assign the lien to a collection agency.

The bill requires that a health-care provider lien cannot include additional finance charges or interest and must be limited to the total of the usual and customary charges billed by health-care providers. In the absence of fraud or misrepresentation:

- If the injured person does not receive a judgment, settlement, or payment on the injured person's claim, the injured person is not liable for any amount of the lien;
- If the injured person receives a net judgment, settlement, or payment that is less than the amount of the lien, the injured person is not liable for any amount over the amount of the net judgment, settlement, or payment; and
- The lien holder cannot assign the lien to a collection agency.

Except in an action under the "Uniform Consumer Credit Code", when a lien is assigned, the amount paid for the assignment, the fact of the assignment, and the terms of the assignment are not admissible as evidence in the underlying personal injury action.

The holder of a health-care provider lien may file notice of the lien with the office of the secretary of state. If more than one health-care provider lien has been asserted against an injured person's net judgment, settlement, or payment for the same accident or incident, a lien for which notice has been filed has priority over a lien for which notice has not been filed. If notices are filed for more than one health-care provider lien for the same accident or incident, priority is determined by the date on which

the notice was filed, with the lien with the earliest date of filing having first priority.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** article 27.5 to
3 title 38 as follows:

4 **ARTICLE 27.5**

5 **Health-care Provider Liens**

6 **38-27.5-101. Legislative declaration.** (1) THE GENERAL
7 ASSEMBLY HEREBY FINDS AND DECLARES THAT:

8 (a) RESIDENTS OF THE STATE WHO ARE INJURED AS THE RESULT OF
9 THE NEGLIGENCE OR WRONGFUL ACTS OF ANOTHER PERSON SHOULD
10 RECEIVE TIMELY MEDICAL SERVICES AND CARE FOR THEIR INJURIES, EVEN
11 IF THEY HAVE LIMITED OR NO HEALTH INSURANCE;

12 (b) HEALTH-CARE PROVIDERS SOMETIMES PROVIDE MEDICAL
13 SERVICES AND CARE TO INJURED PERSONS AND AGREE TO DELAY PAYMENT
14 FOR THEIR SERVICES IN EXCHANGE FOR A LIEN ON ANY MONEY RECEIVED
15 AS A RESULT OF A CLAIM OR CLAIMS THAT THE INJURED PERSON ASSERTS
16 AGAINST THIRD PARTIES OR UNDER AN UNINSURED OR UNDERINSURED
17 MOTORIST INSURANCE POLICY;

18 (c) IT IS IN THE BEST INTERESTS OF THE RESIDENTS OF THE STATE
19 TO ENSURE THAT:

20 (I) COMPENSATION TO AN INJURED PERSON IS NOT REDUCED
21 MERELY BECAUSE A HEALTH-CARE PROVIDER ASSIGNS OR SELLS SUCH A
22 LIEN TO ANOTHER PERSON; AND

23 (II) THE CHARGES UNDERLYING HEALTH-CARE PROVIDER LIENS
24 ARE NOT EXCESSIVE, UNREASONABLE, OR INFLATED AND THAT
25 HEALTH-CARE PROVIDER LIENS ARE NOT SUBJECT TO SURCHARGES,

1 FINANCE CHARGES, INTEREST, OR OTHER INCREASES TO THE AMOUNT OF
2 THE HEALTH-CARE PROVIDER LIEN; AND

3 (d) THIS ARTICLE 27.5 IS INTENDED TO ENCOURAGE HEALTH-CARE
4 PROVIDERS TO PROMPTLY TREAT PEOPLE WHO HAVE LIMITED OR NO
5 HEALTH INSURANCE AND WHO HAVE BEEN INJURED AS THE RESULT OF THE
6 NEGLIGENT OR WRONGFUL ACTS OF ANOTHER PERSON, PROVIDE INJURED
7 PERSONS EQUAL ACCESS TO HEALTH CARE, AND PROTECT INJURED PERSONS
8 FROM EXCESSIVE, UNREASONABLE, OR INFLATED HEALTH-CARE SERVICE
9 CHARGES AND SURCHARGES ASSOCIATED WITH HEALTH-CARE PROVIDER
10 LIENS.

11 **38-27.5-102. Definitions.** AS USED IN THIS ARTICLE 27.5, UNLESS
12 THE CONTEXT OTHERWISE REQUIRES:

13 (1) "HEALTH-CARE PROVIDER" MEANS A PERSON LICENSED OR
14 CERTIFIED IN THE STATE TO PRACTICE MEDICINE, PHARMACY,
15 CHIROPRACTIC, NURSING, PHYSICAL THERAPY, PODIATRY, DENTISTRY,
16 OPTOMETRY, OCCUPATIONAL THERAPY, OR OTHER HEALING ARTS, OR AN
17 ENTITY DIRECTLY EMPLOYING SUCH PERSONS, AND ANY OTHER LICENSED
18 HEALTH-CARE PROVIDER AS PERMITTED BY THE LAWS OF THE STATE.

19 (2) "HEALTH-CARE PROVIDER LIEN" MEANS A LIEN CREATED BY A
20 HEALTH-CARE PROVIDER OR ITS ASSIGNEE RELATED TO CHARGES FOR
21 HEALTH-CARE SERVICES GIVEN TO A PERSON INJURED AS A RESULT OF THE
22 NEGLIGENCE OR WRONGFUL ACTS OF ANOTHER PERSON, WHICH IS
23 ASSERTED AGAINST MONEY RECEIVED AS A RESULT OF A CLAIM OR CLAIMS
24 THAT THE INJURED PERSON ASSERTS AGAINST THIRD PARTIES OR UNDER AN
25 UNINSURED OR UNDERINSURED MOTORIST INSURANCE POLICY.

26 (3) "NET JUDGMENT, SETTLEMENT, OR PAYMENT" MEANS THE
27 PROCEEDS RECEIVED BY AN INJURED PERSON ON THE INJURED PERSON'S

1 CLAIM OR CLAIMS AGAINST THIRD PARTIES OR UNDER AN UNINSURED OR
2 UNDERINSURED MOTORIST POLICY, AFTER THE REDUCTION OF REASONABLE
3 ATTORNEY FEES AND LITIGATION EXPENSES, IF ANY.

4 (4) "USUAL AND CUSTOMARY BILLED CHARGE" MEANS A
5 HEALTH-CARE PROVIDER'S BILLED CHARGE IN THE ABSENCE OF INSURANCE
6 FOR A SERVICE THAT IS SIMILAR TO THE BILLED CHARGES FOR LIKE
7 SERVICES PROVIDED BY OTHER HEALTH-CARE PROVIDERS IN THE SAME
8 GEOGRAPHIC AREA.

9 **38-27.5-103. Assignment of health-care provider liens - not**
10 **admissible as evidence.** (1) A HEALTH-CARE PROVIDER CLAIMING A
11 HEALTH-CARE PROVIDER LIEN UNDER THIS ARTICLE 27.5 MAY ASSIGN, IN
12 WRITING, A HEALTH-CARE PROVIDER LIEN TO ANY OTHER PERSON OR
13 ENTITY. AN ASSIGNEE OF A HEALTH-CARE PROVIDER LIEN HAS ALL THE
14 RIGHTS AND REMEDIES OF THE HEALTH-CARE PROVIDER AND IS SUBJECT TO
15 THE RESTRICTIONS AND OBLIGATIONS OF THE HEALTH-CARE PROVIDER
16 UNDER THIS ARTICLE 27.5.

17 (2) EXCEPT IN AN ACTION UNDER THE "UNIFORM CONSUMER
18 CREDIT CODE", ARTICLE 1 OF TITLE 5, ANY AMOUNT PAID BY AN ASSIGNEE
19 OF A HEALTH-CARE PROVIDER LIEN FOR THE ASSIGNMENT, THE FACT OF
20 THE ASSIGNMENT, AND THE TERMS OF THE ASSIGNMENT ARE NOT
21 DISCOVERABLE OR ADMISSIBLE AS EVIDENCE IN ANY CIVIL ACTION OR
22 CLAIM THAT THE INJURED PERSON ASSERTS AGAINST THIRD PARTIES OR
23 UNDER AN UNINSURED OR UNDERINSURED MOTORIST INSURANCE POLICY
24 FOR ANY PURPOSE, INCLUDING AS EVIDENCE OF THE REASONABLE VALUE
25 OF A HEALTH-CARE PROVIDER'S SERVICES.

26 (3) AN INJURED PERSON TREATED ON A HEALTH-CARE PROVIDER
27 LIEN BASIS MAY NOT SEEK TO RECOVER, AS THE COST OF MEDICAL

1 SERVICES OR TREATMENT, MORE THAN THE HEALTH-CARE PROVIDER'S
2 USUAL AND CUSTOMARY BILLED CHARGES.

3 (4) AMOUNTS AWARDED FOR MEDICAL BILLS SUBJECT TO A
4 HEALTH-CARE PROVIDER LIEN SHALL NOT BE SUBJECT TO OFFSET OR
5 REDUCTION IN ANY POST-VERDICT PROCEEDING UNDER SECTION
6 13-21-111.6.

7 (5) THIS SECTION ONLY APPLIES TO A CLAIM OR CLAIMS AN
8 INJURED PARTY ASSERTS AGAINST THIRD PARTIES OR UNDER AN
9 UNINSURED OR UNDERINSURED MOTORIST INSURANCE POLICY INVOLVING
10 A MEDICAL LIEN AND HAS NO OTHER APPLICATION OR EFFECT REGARDING
11 COMPENSATION PAID TO HEALTH-CARE PROVIDERS.

12 **38-27.5-104. Health-care provider lien - disclosures to injured**
13 **person.** (1) BEFORE A HEALTH-CARE PROVIDER LIEN IS CREATED, A
14 HEALTH-CARE PROVIDER OR ITS ASSIGNEE SHALL MAKE THE FOLLOWING
15 DISCLOSURES AND ADVISEMENTS TO THE INJURED PERSON:

16 (a) THAT THE FOLLOWING ARE POTENTIAL METHODS FOR PAYMENT
17 OF A HEALTH-CARE PROVIDER'S BILLED CHARGES:

18 (I) THE CREATION OF A HEALTH-CARE PROVIDER LIEN;

19 (II) THE USE OF BENEFITS AVAILABLE FROM ANY PAYER OF
20 BENEFITS AS DEFINED IN SECTION 38-27-101 (9) TO WHICH THE INJURED
21 PERSON IS A BENEFICIARY, INCLUDING THAT THE INJURED PARTY CAN
22 OBTAIN INFORMATION ABOUT THE PAYER OF BENEFITS' NETWORK FROM
23 THE PAYER OF BENEFITS OR THE HEALTH-CARE PROVIDER;

24 (III) ANY OTHER PAYMENT METHOD OR ARRANGEMENT AGREED TO
25 IN WRITING BY BOTH THE HEALTH-CARE PROVIDER OR ITS ASSIGNEE AND
26 THE INJURED PERSON; OR

27 (IV) A COMBINATION OF THE PAYMENT METHODS SPECIFIED IN

1 SUBSECTIONS (1)(a)(I) TO (1)(a)(III) OF THIS SECTION;

2 (b) THAT THE HEALTH-CARE PROVIDER OR ITS ASSIGNEE IS NOT A
3 HEALTH INSURER OR PAYER OF BENEFITS;

4 (c) THAT, EXCEPT IN THE EVENT OF FRAUD OR MISREPRESENTATION
5 BY THE INJURED PERSON:

6 (I) IF THE INJURED PERSON DOES NOT RECEIVE A JUDGMENT,
7 SETTLEMENT, OR PAYMENT ON THE INJURED PERSON'S CLAIM AGAINST
8 THIRD PARTIES OR UNDER AN UNINSURED OR UNDERINSURED MOTORIST
9 POLICY, THE INJURED PERSON IS NOT LIABLE TO THE HOLDER OF THE
10 HEALTH-CARE PROVIDER LIEN FOR ANY PORTION OF THE HEALTH-CARE
11 PROVIDER LIEN;

12 (II) IF THE INJURED PERSON RECEIVES A NET JUDGMENT,
13 SETTLEMENT, OR PAYMENT THAT IS LESS THAN THE FULL AMOUNT OF THE
14 HEALTH-CARE PROVIDER LIEN, THE INJURED PERSON IS NOT LIABLE TO THE
15 HOLDER OF THE HEALTH-CARE PROVIDER LIEN FOR ANY AMOUNT BEYOND
16 THE NET JUDGMENT, SETTLEMENT, OR PAYMENT, AND THE HOLDER OF THE
17 HEALTH-CARE PROVIDER LIEN MAY NOT FILE A COMPLAINT OR
18 COUNTERCLAIM AGAINST THE INJURED PERSON DIRECTLY TO BE
19 REIMBURSED FOR ANY AMOUNT BEYOND THE NET JUDGMENT,
20 SETTLEMENT, OR PAYMENT. NOTHING IN THIS SECTION PREVENTS A
21 HEALTH-CARE PROVIDER OR ITS ASSIGNEE FROM INITIATING A
22 DECLARATORY JUDGMENT ACTION OR PARTICIPATING IN AN INTERPLEADER
23 ACTION OR CLAIM PURSUANT TO THE COLORADO RULES OF CIVIL
24 PROCEDURE, OR ANY OTHER SIMILAR ACTION OR CLAIM, TO DETERMINE
25 THE HEALTH-CARE PROVIDER'S OR ITS ASSIGNEE'S SHARE OF THE INJURED
26 PERSON'S NET JUDGMENT, SETTLEMENT, OR PAYMENT.

27 (III) THE HEALTH-CARE PROVIDER OR ITS ASSIGNEE MAY NOT

1 ASSIGN A HEALTH-CARE PROVIDER LIEN TO A COLLECTION AGENCY OR
2 DEBT COLLECTOR;

3 (d) THAT A HEALTH-CARE PROVIDER'S ASSIGNEE'S COMPENSATION
4 FROM THE INJURED PERSON IS BASED ON THE DIFFERENCE BETWEEN THE
5 HEALTH-CARE PROVIDER'S USUAL AND CUSTOMARY BILLED CHARGE AND
6 THE AMOUNT THAT THE ASSIGNEE PAYS TO PURCHASE THE HEALTH-CARE
7 PROVIDER LIEN;

8 (e) OF ANY COMMON OWNERSHIP INTEREST BETWEEN THE HOLDER
9 OF THE HEALTH-CARE PROVIDER LIEN AND THE INJURED PERSON'S LEGAL
10 COUNSEL;

11 (f) OF ANY COMMON OWNERSHIP INTEREST BETWEEN THE
12 ASSIGNEE OF A HEALTH-CARE PROVIDER LIEN AND ANY HEALTH-CARE
13 PROVIDER WHO IS PROVIDING TREATMENT OR WHO MAY PROVIDE
14 TREATMENT TO THE INJURED PERSON UNDER THE TERMS OF THE
15 HEALTH-CARE PROVIDER LIEN; AND

16 (g) THAT IF THE INJURED PERSON HAS OBTAINED HEALTH
17 INSURANCE EVEN AFTER A HEALTH-CARE PROVIDER LIEN HAS BEEN
18 CREATED, AND THE INJURED PERSON OR THE INJURED PERSON'S LEGAL
19 COUNSEL SO INFORMS THE HOLDER OF THE HEALTH-CARE PROVIDER LIEN,
20 ALL FUTURE CARE MAY BE BILLED TO THE HEALTH INSURANCE CARRIER AT
21 THE INJURED PERSON'S DISCRETION.

22 (2) NOTHING IN THIS SECTION CHANGES ANY OBLIGATION OF THE
23 HEALTH-CARE PROVIDER OR ITS AGENTS UNDER THE "COLORADO MEDICAL
24 ASSISTANCE ACT", ARTICLES 4 TO 6 OF TITLE 25.5.

25 (3) UPON REQUEST BY THE INJURED PERSON OR THE INJURED
26 PERSON'S LEGAL COUNSEL, THE HOLDER OF A HEALTH-CARE PROVIDER
27 LIEN SHALL PROVIDE IN WRITING TO THE INJURED PERSON AN ITEMIZED

1 STATEMENT OF ALL THE BILLED CHARGES FOR TREATMENT COMPRISING
2 THE TOTAL VALUE OF THE HEALTH-CARE PROVIDER LIEN AS THE BILLED
3 CHARGES ARE ACCRUED, TO THE EXTENT PRACTICABLE, AND WHEN THE
4 HEALTH-CARE PROVIDER LIEN IS FINAL. THE FINAL ITEMIZED STATEMENT
5 MUST INCLUDE A SUMMARY OF ALL TREATMENTS PROVIDED, THE TOTAL
6 AMOUNTS BILLED FOR EACH TREATMENT, AND THE TOTAL AMOUNT OF THE
7 HEALTH-CARE PROVIDER LIEN DUE AND OWING.

8 **38-27.5-105. Health-care provider lien - limitations.** (1) THE
9 AMOUNT OF A HEALTH-CARE PROVIDER LIEN MUST NOT EXCEED THE
10 CHARGES FOR SERVICES PROVIDED TO THE INJURED PERSON BY THE
11 HEALTH-CARE PROVIDER AT THE TIME OF SERVICE AT A RATE EQUAL TO
12 THE HEALTH-CARE PROVIDER'S USUAL AND CUSTOMARY BILLED CHARGE.

13 (2) A HEALTH-CARE PROVIDER OR ITS ASSIGNEE SHALL NOT ADD
14 A FINANCE CHARGE, AS DEFINED IN SECTION 5-1-301 (20), TO THE
15 HEALTH-CARE PROVIDER'S USUAL AND CUSTOMARY BILLED CHARGES OR
16 OTHERWISE INCREASE THE AMOUNT OF A HEALTH-CARE PROVIDER'S USUAL
17 AND CUSTOMARY BILLED CHARGE WHEN CREATING OR CLAIMING A
18 HEALTH-CARE PROVIDER LIEN. THE INJURED PERSON IS ONLY OBLIGATED
19 TO PAY THE HEALTH-CARE PROVIDER OR ITS ASSIGNEE THE AMOUNT OF
20 THE HEALTH-CARE PROVIDER LIEN.

21 (3) A HEALTH-CARE PROVIDER WHO CREATES, HOLDS, OR CLAIMS
22 A HEALTH-CARE PROVIDER LIEN UNDER THIS ARTICLE 27.5, OR AN
23 ASSIGNEE WHO PURCHASES THE HEALTH-CARE PROVIDER LIEN, DOES NOT
24 PAY OR REIMBURSE HEALTH-CARE EXPENSES OR SERVICES AND IS NOT A
25 PAYER OF BENEFITS.

26 (4) IN THE ABSENCE OF FRAUD OR MISREPRESENTATION BY THE
27 INJURED PERSON:

1 (a) IF THE INJURED PERSON DOES NOT RECEIVE A JUDGMENT,
2 SETTLEMENT, OR PAYMENT ON THE INJURED PERSON'S CLAIM AGAINST
3 THIRD PARTIES OR UNDER AN UNINSURED OR UNDERINSURED MOTORIST
4 INSURANCE POLICY, THE INJURED PERSON IS NOT LIABLE TO THE HOLDER
5 OF A HEALTH-CARE PROVIDER LIEN FOR ANY PORTION OF THE
6 HEALTH-CARE PROVIDER LIEN;

7 (b) IF THE INJURED PERSON RECEIVES A NET JUDGMENT,
8 SETTLEMENT, OR PAYMENT THAT IS LESS THAN THE FULL AMOUNT OF THE
9 HEALTH-CARE PROVIDER LIEN, THE INJURED PERSON IS NOT LIABLE TO THE
10 HOLDER OF THE HEALTH-CARE PROVIDER LIEN FOR ANY AMOUNT BEYOND
11 THE NET JUDGMENT, SETTLEMENT, OR PAYMENT, AND THE HOLDER OF THE
12 HEALTH-CARE PROVIDER LIEN MAY NOT FILE A COMPLAINT OR
13 COUNTERCLAIM AGAINST THE INJURED PERSON DIRECTLY TO BE
14 REIMBURSED FOR ANY AMOUNT BEYOND THE NET JUDGMENT,
15 SETTLEMENT, OR PAYMENT. NOTHING IN THIS SECTION PREVENTS A
16 HEALTH-CARE PROVIDER OR ITS ASSIGNEE FROM INITIATING A
17 DECLARATORY JUDGMENT ACTION OR PARTICIPATING IN AN INTERPLEADER
18 ACTION OR CLAIM PURSUANT TO THE COLORADO RULES OF CIVIL
19 PROCEDURE, OR ANY OTHER SIMILAR ACTION OR CLAIM, TO DETERMINE
20 THE HEALTH-CARE PROVIDER'S OR ITS ASSIGNEE'S SHARE OF THE INJURED
21 PERSON'S NET JUDGMENT, SETTLEMENT, OR PAYMENT.

22 (c) THE HEALTH-CARE PROVIDER OR ITS ASSIGNEE SHALL NOT
23 ASSIGN A HEALTH-CARE PROVIDER LIEN TO A COLLECTION AGENCY OR
24 DEBT COLLECTOR.

25 (5) THIS SECTION DOES NOT DEEM A HOLDER OF A HEALTH-CARE
26 PROVIDER LIEN TO BE A REAL PARTY IN INTEREST.

27 **38-27.5-106. No impact on hospital liens.** THIS ARTICLE 27.5

1 DOES NOT CHANGE, MODIFY, OR AMEND THE PROVISIONS OF SECTION
2 38-27-101.

3 **38-27.5-107. Dispute resolution - standing.** A PERSON OR ENTITY
4 AGAINST WHOM THE INJURED PERSON ASSERTS A CIVIL ACTION OR CLAIM
5 THAT INCLUDES A REQUEST FOR DAMAGES RELATED TO HEALTH-CARE
6 SERVICES OR TREATMENT PROVIDED UNDER A HEALTH-CARE PROVIDER
7 LIEN DOES NOT HAVE STANDING TO CHALLENGE A HEALTH-CARE
8 PROVIDER'S OR ITS ASSIGNEE'S COMPLIANCE WITH THIS ARTICLE 27.5,
9 WHETHER IN THE CIVIL ACTION OR CLAIM ASSERTED BY THE INJURED
10 PERSON OR IN A SEPARATE CIVIL ACTION.

11 **38-27.5-108. Priority of health-care provider liens.** THE
12 HOLDER OF A HEALTH-CARE PROVIDER LIEN MAY FILE IN THE OFFICE OF
13 THE SECRETARY OF STATE A WRITTEN NOTICE OF SUCH LIEN CONTAINING
14 THE NAME AND ADDRESS OF THE INJURED PERSON, THE DATE OF THE
15 ACCIDENT OR INCIDENT, THE NAME AND ADDRESS OF THE HOLDER OF THE
16 HEALTH-CARE PROVIDER LIEN, AND THE NAME AND ADDRESS OF EACH
17 HEALTH-CARE PROVIDER THAT RENDERED THE HEALTH-CARE SERVICES
18 UNDERLYING THE HEALTH-CARE PROVIDER LIEN. IN THE EVENT MULTIPLE
19 HEALTH-CARE PROVIDER LIENS ARE ASSERTED AGAINST AN INJURED
20 PERSON'S NET JUDGMENT, SETTLEMENT, OR PAYMENT, HEALTH-CARE
21 PROVIDER LIENS FOR WHICH WRITTEN NOTICES WERE FILED IN THE OFFICE
22 OF THE SECRETARY OF STATE SHALL HAVE PRIORITY FOR PAYMENT OUT OF
23 THE INJURED PERSON'S NET JUDGMENT, SETTLEMENT, OR PAYMENT BEFORE
24 PAYMENTS ARE MADE ON HEALTH-CARE PROVIDER LIENS FOR WHICH NO
25 WRITTEN NOTICES WERE FILED. IN THE EVENT MULTIPLE WRITTEN NOTICES
26 HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE FOR
27 HEALTH-CARE PROVIDER LIENS RELATED TO A SINGLE ACCIDENT OR

1 INCIDENT, PRIORITY FOR PAYMENT OUT OF THE INJURED PERSON'S NET
2 JUDGMENT, SETTLEMENT, OR PAYMENT ON EACH SUCH LIEN SHALL BE
3 DETERMINED BY THE DATES THE WRITTEN NOTICES WERE FILED, WITH THE
4 HEALTH-CARE PROVIDER LIEN HAVING THE EARLIEST FILED WRITTEN
5 NOTICE RECEIVING PRIORITY OVER THOSE WITH SUBSEQUENTLY FILED
6 WRITTEN NOTICES. FILING WRITTEN NOTICE OF A HEALTH-CARE PROVIDER
7 LIEN UNDER THIS SECTION IS OPTIONAL AND THE SOLE PURPOSE THEREOF
8 IS TO ESTABLISH THE PRIORITY OF PAYMENTS BETWEEN MULTIPLE
9 HEALTH-CARE PROVIDER LIENS. FILING WRITTEN NOTICE OF A
10 HEALTH-CARE PROVIDER LIEN WITH THE SECRETARY OF STATE DOES NOT
11 WAIVE ANY OF THE STATUTORY PROVISIONS ESTABLISHED IN THIS ARTICLE
12 27.5.

13 **SECTION 2. Act subject to petition - effective date.** This act
14 takes effect at 12:01 a.m. on the day following the expiration of the
15 ninety-day period after final adjournment of the general assembly; except
16 that, if a referendum petition is filed pursuant to section 1 (3) of article V
17 of the state constitution against this act or an item, section, or part of this
18 act within such period, then the act, item, section, or part will not take
19 effect unless approved by the people at the general election to be held in
20 November 2022 and, in such case, will take effect on the date of the
21 official declaration of the vote thereon by the governor.