

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

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 25-0319.01 Kristen Forrestal x4217

HOUSE BILL 25-1300

HOUSE SPONSORSHIP

Willford, Bacon, Brown, Froelich, Garcia, Jackson, Lieder, Lindsay, Mabrey, Marshall,
Titone, Woodrow, Zokaie

SENATE SPONSORSHIP

Kipp, Exum, Jodeh, Sullivan, Wallace, Weissman, Winter F.

House Committees
Business Affairs & Labor

Senate Committees
Business, Labor, & Technology

A BILL FOR AN ACT

101 **CONCERNING CLAIMANTS' ACCESS TO MEDICAL CARE IN WORKERS'**
102 **COMPENSATION CLAIMS, AND, IN CONNECTION THEREWITH,**
103 **REQUIRING AN EMPLOYER OR THE EMPLOYER'S INSURER TO USE**
104 **THE DIVISION OF WORKERS' COMPENSATION'S UTILIZATION**
105 **STANDARDS AND CHANGING THE MECHANISM BY WHICH A**
106 **CLAIMANT CAN CHOOSE A TREATING PHYSICIAN.**

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>.)

In a dispute in a workers' compensation claim, current law requires

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

SENATE
3rd Reading Unamended
April 30, 2025

SENATE
Amended 2nd Reading
April 29, 2025

HOUSE
3rd Reading Unamended
April 14, 2025

HOUSE
Amended 2nd Reading
April 3, 2025

a claimant to prove, by a preponderance of the evidence, the claimant's entitlement to medical benefits. When the dispute concerns whether the medical treatment recommended by an authorized treating physician is reasonable, necessary, and related to the claimant's injury, the bill shifts the burden of proof from the claimant to the claimant's employer or the employer's workers' compensation insurer.

The bill provides injured workers control over the selection of their primary treating physician in workers' compensation cases, allowing them to choose from any level I or level II accredited physician through the division of workers' compensation. The bill creates the mechanism by which an injured worker may select the treating physician and requires the employer or insurer to choose the physician when an injured worker is unable or unwilling to select the treating physician.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds that:

4 (a) Without workers, no products are made, no meals are served,
5 no goods are transported, no ski areas operate, no medical care is
6 provided, no fires are fought, and no highways stay safe. Workers are the
7 backbone of Colorado. When a worker is hurt, Colorado's backbone is
8 weakened.

9 (b) Colorado's workers' compensation act, referred to in this
10 section as the "workers' act", was enacted in 1915, and it opens with an
11 unequivocal declaration of intent that can be summarized as assuring the
12 quick and efficient delivery of disability and medical benefits to injured
13 workers at a reasonable cost, without the necessity of litigation;

14 (c) In 1991, Colorado Senate Bill 91-218 drastically altered the
15 workers' compensation system, undermining the intent of the workers' act
16 set forth by the general assembly in 1915. Thirty-four years after those
17 amendments, we still have a workers' compensation system weighted
18 heavily against injured workers and in favor of insurance companies, as

1 evidenced by:

2 (I) Injured workers in Colorado lack basic agency to choose who
3 treats their injuries. When a worker is hurt on the job, the employer and
4 its insurer have control over the primary doctor assigned. Once a primary
5 physician is assigned, that physician's referrals to other medical
6 specialists and therapists are also subject to denial by employers and their
7 insurers.

8 (II) It is an injured worker's duty to establish a workers'
9 compensation claim and entitlement to benefits following an industrial
10 injury, and to successfully do so, an injured worker must research and
11 follow a complicated set of rules established by our legal system. This
12 duty can be overwhelming, especially while also dealing with the pain
13 and suffering of a physical injury. This act is not intended to interfere
14 with a healthy working relationship between an employer and employee
15 and should not be interpreted to disallow or discourage an employer from
16 assisting an injured worker that needs help in navigating a claim.

17 (III) Even after an employer and insurer direct a worker to seek
18 treatment with a specific physician or physicians, they can deny the
19 medical care that a physician recommends as unreasonable or
20 unnecessary. When such a dispute arises, it is the worker who bears the
21 burden of proof in court.

22 (IV) While employers and insurers are directed to follow the
23 state's utilization standards in making determinations regarding the
24 authorization or denial of medical care, they often fail to do so. When
25 they do fail, there is no expeditious recourse for workers. The division of
26 workers' compensation in the department of labor and employment does
27 not have clear authority to rule on issues surrounding an employer or their

1 insurer's violation of the utilization standards.

2 (V) Many Colorado employers use third-party administrators
3 and insurance providers to handle their workers' compensation claims.
4 The third-party administrators are often located outside the state and are
5 a step removed from an injured worker. As a result of the separation,
6 third-party administrators delay and deny care with more frequency than
7 workers' compensation insurers. The workers' compensation system
8 should take action to ensure that third-party administrators are being held
9 to the same standard as insurers.

10 (VI) Workers whose injuries are severe enough to lead to wage
11 loss or permanent impairment, or both, are limited in recovering their
12 economic losses by arbitrary benefit caps. Those caps most significantly
13 and wrongfully impact workers whose injuries are severe.

14 (VII) Benefits payable to injured workers for permanent
15 impairment are paid unequally. While some permanent disabilities are
16 paid through a holistic lens based on the permanency of the workers'
17 symptoms, lost income, and an inability to work or complete activities of
18 daily living, others are paid according to an arbitrary schedule of benefits.
19 The schedule of benefits almost always results in less compensation for
20 injured workers, even in instances of severe disability.

21 (VIII) Injured workers who are entitled to permanent impairment
22 benefits must wait months or even years to fully collect their award. By
23 default, employers and their insurers are allowed to pay those benefits
24 over time, and if a worker wants the benefit paid in full without delay,
25 they must pay a discount charge to the insurer.

26 (IX) Workers who are the most severely injured and therefore
27 unable to return to similar or "suitable" employment following an

1 industrial injury are not owed any additional monetary benefit under the
2 current scheme. Since the 1991 changes to the workers' act, to obtain
3 permanent total disability in Colorado, a worker must be "unable to earn
4 any wage". This standard has rendered permanent total disability benefits
5 nearly obsolete.

6 (X) Despite the fact that an injured worker is the first-party
7 insured of their employer's workers' compensation insurer, meaning that
8 the insurer is prohibited from the unreasonable delay or denial of benefits,
9 workers do not have access to the normal statutory remedies available for
10 the unfair claims handling practices of a workers' compensation insurer.
11 This emboldens Colorado workers' compensation insurers to engage in
12 deceptive, unfair, unreasonable, and frivolous practices in the handling
13 of claims.

14 (XI) All workers deserve the best care when injured. The state of
15 Colorado, as an employer, should make every effort to obtain workers'
16 compensation coverage with the worker experience in mind. Pinnacol is
17 the top-rated workers' compensation insurer by workers and is already a
18 quasi-state agency. The state should contract with Pinnacol for coverage,
19 rather than other third parties, many of which are out-of-state entities
20 without a connection to Colorado and are not subject to the same
21 transparency and financial disclosure requirements as Pinnacol.

22 (d) In contrast to the hardships faced by injured workers since
23 1991, Colorado's workers' compensation insurers are enjoying
24 unprecedented economic success, posting profit margins higher than any
25 other type of insurance in Colorado.

26 (2) The general assembly declares that:

27 (a) The playing field must be leveled and the workers' act must be

1 returned to a mechanism with the functionality of its original intent; and

2 (b) With this act, the state of Colorado hopes to alleviate a portion
3 of the inequities set forth in this section but acknowledges that additional
4 change must be made in the coming years.

5 **SECTION 2.** In Colorado Revised Statutes, 8-42-101, **amend**
6 (3)(a)(I) and (5); and **add (3)(c)** as follows:

7 **8-42-101. Employer must furnish medical aid - approval of**
8 **plan - fee schedule - contracting for treatment - no recovery from**
9 **employee - medical treatment guidelines - accreditation of physicians**
10 **and other medical providers - mental health provider qualifications**
11 **- mileage reimbursement - rules - definitions - repeal.**

12 (3) (a) (I) (A) The director shall establish a schedule fixing the fees for
13 which all surgical, hospital, dental, nursing, vocational rehabilitation, and
14 medical services, whether related to treatment or not, pertaining to injured
15 employees under this section shall be compensated. It is unlawful, void,
16 and unenforceable as a debt for ~~any~~ A physician, chiropractor, hospital,
17 person, expert witness, reviewer, evaluator, or institution to contract with,
18 bill, or charge any party for services, rendered in connection with injuries
19 coming within the purview of this ~~article~~ ARTICLE 42 or an applicable fee
20 schedule, ~~which~~ THAT are or may be in excess of ~~said~~ THE fee schedule
21 unless such charges are approved by the director. Fee schedules shall be
22 reviewed on or before July 1 of each year by the director, and appropriate
23 health-care practitioners shall be given a reasonable opportunity to be
24 heard as required pursuant to section 24-4-103 ~~C.R.S.~~, prior to fixing the
25 fees; impairment rating guidelines, which shall be based on the revised
26 third edition of the "American Medical Association Guides to the
27 Evaluation of Permanent Impairment", in effect as of July 1, 1991; and

1 medical treatment guidelines and utilization standards. Fee schedules
2 established pursuant to this ~~subparagraph (f)~~ SUBSECTION (3)(a)(I) shall
3 take effect on January 1. The director shall ~~promulgate~~ ADOPT rules
4 concerning reporting requirements, penalties for failure to report correctly
5 or in a timely manner, utilization control requirements for services
6 provided under this section, and the accreditation process DESCRIBED in
7 subsection (3.6) of this section. The fee schedule ~~shall apply~~ APPLIES to
8 all surgical, hospital, dental, nursing, vocational rehabilitation, and
9 medical services and to expert witness, expert reviewer, or expert
10 evaluator services, whether related to treatment or not, provided after any
11 final order, final admission, or full or partial settlement of the claim.

12 (B) AN EMPLOYER OR THE EMPLOYER'S INSURER SHALL USE THE
13 DIVISION'S UTILIZATION STANDARDS WHEN RESPONDING TO A REQUEST
14 FOR AUTHORIZATION FROM A TREATING PHYSICIAN. IF AN EMPLOYER OR
15 THE EMPLOYER'S INSURER FAILS TO ACT IN ACCORDANCE WITH THE
16 DIVISION'S UTILIZATION STANDARDS WHEN REVIEWING A REQUEST FOR
17 AUTHORIZATION, THE DIRECTOR MAY DEEM THE SERVICES PROVIDED BY
18 AN AUTHORIZED TREATING PHYSICIAN AS AUTHORIZED, REASONABLE, AND
19 NECESSARY AND REQUIRE PAYMENT FOR THE SERVICES BY THE EMPLOYER
20 OR THE EMPLOYER'S INSURER.

21 (c) THE DEPARTMENT SHALL UPDATE THE GENERAL ASSEMBLY ON
22 THE CHANGES MADE TO THE UTILIZATION STANDARDS FOR PHYSICIAN
23 AUTHORIZATION REQUESTS AS PART OF THE DEPARTMENT'S PRESENTATION
24 TO THE LEGISLATIVE COMMITTEES OF REFERENCE AT THE COMMITTEES'
25 HEARINGS HELD PURSUANT TO THE "STATE MEASUREMENT FOR
26 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
27 GOVERNMENT ACT" PURSUANT TO PART 2 OF ARTICLE 7 OF TITLE 2.

1 (5) If any party files an application for hearing on whether the A
2 claimant is entitled to medical maintenance benefits recommended by an
3 authorized treating physician that are unpaid and contested, and any
4 requested medical maintenance benefit is admitted fewer than twenty
5 days before the hearing or ordered after application for hearing is filed,
6 the court shall award the claimant all reasonable costs incurred in
7 pursuing the medical benefit. Such costs do not include attorney fees.

8  
9 **SECTION 3.** In Colorado Revised Statutes, 8-43-404, **amend**
10 (5)(a) and (10)(b) as follows:

11 **8-43-404. Examination - refusal - personal responsibility -**
12 **physicians to testify and furnish results - injured worker right to**
13 **select treating physician - injured worker right to third-party**
14 **communications - rules. (5) (a) (I) (A) ~~In all cases of injury, the~~
15 ~~employer or insurer shall provide a list of at least four physicians or four~~
16 ~~corporate medical providers or at least two physicians and two corporate~~
17 ~~medical providers or a combination thereof where available, in the first~~
18 ~~instance, from which list an injured employee may select the physician~~
19 ~~who attends the injured employee. At least one of the four designated~~
20 ~~physicians or corporate medical providers offered must be at a distinct~~
21 ~~location from the other three designated physicians or corporate medical~~
22 ~~providers without common ownership. If there are not at least two~~
23 ~~physicians or corporate medical providers at distinct locations without~~
24 ~~common ownership within thirty miles of the employer's place of~~
25 ~~business, then an employer may designate physicians or corporate medical~~
26 ~~providers at the same location or with shared ownership interests. Upon~~
27 ~~request by an interested party to the workers' compensation claim, a~~**

1 ~~designated provider on the employer's list shall provide a list of~~
2 ~~ownership interests and employment relationships, if any, to the~~
3 ~~requesting party within five days of the receipt of the request. If the~~
4 ~~services of a physician are not tendered at the time of injury, the~~
5 ~~employee shall have the right to select a physician or chiropractor. For~~
6 ~~purposes of this section, "corporate medical provider" means a medical~~
7 ~~organization in business as a sole proprietorship, professional~~
8 ~~corporation, or partnership~~ IMMEDIATELY UPON RECEIPT OF NOTICE OF AN
9 ON-THE-JOB INJURY FROM AN EMPLOYEE WHO IS A RESIDENT OF
10 COLORADO, BUT NOT MORE THAN SEVEN CALENDAR DAYS AFTER RECEIPT
11 OF NOTICE OF THE ON-THE-JOB INJURY, AN EMPLOYER OR INSURER SHALL,
12 IN WRITTEN VERIFIED FORM, NOTIFY THE INJURED EMPLOYEE OF THE
13 INJURED EMPLOYEE'S RIGHT TO DESIGNATE A TREATING PHYSICIAN AND
14 NOTIFY THE INJURED EMPLOYEE WHERE TO ACCESS THE DIVISION'S LIST OF
15 LEVEL I AND LEVEL II ACCREDITED PHYSICIANS. THE DIRECTOR SHALL
16 CREATE A FORM TO IMPLEMENT THE PROCEDURE TO DESIGNATE A
17 PHYSICIAN. THE EMPLOYEE MAY DESIGNATE ONLY A LEVEL I OR LEVEL II
18 ACCREDITED PHYSICIAN LICENSED UNDER THE "COLORADO MEDICAL
19 PRACTICE ACT", ARTICLE 240 OF TITLE 12, AS THE EMPLOYEE'S
20 AUTHORIZED TREATING PHYSICIAN. THE AUTHORIZED TREATING
21 PHYSICIAN DESIGNATED BY THE EMPLOYEE MUST BE WITHIN SEVENTY
22 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS, UNLESS THERE ARE
23 THREE OR FEWER LEVEL I OR LEVEL II ACCREDITED PHYSICIANS WITHIN
24 SEVENTY MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS WHO ARE
25 WILLING TO TREAT THE INJURED EMPLOYEE. IF THERE ARE THREE OR
26 FEWER LEVEL I OR LEVEL II ACCREDITED PHYSICIANS WITHIN SEVENTY
27 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS WHO ARE WILLING TO

1 TREAT THE INJURED EMPLOYEE, THEN THE AUTHORIZED TREATING
2 PHYSICIAN DESIGNATED BY THE EMPLOYEE MUST BE WITHIN ONE HUNDRED
3 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS; EXCEPT THAT AN
4 INJURED EMPLOYEE MAY, UPON GOOD CAUSE SHOWN, DESIGNATE AN
5 AUTHORIZED TREATING PHYSICIAN WHO IS NOT WITHIN ONE HUNDRED
6 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS. GOOD CAUSE IS
7 PRESUMED TO EXIST IF THERE ARE THREE OR FEWER LEVEL I OR LEVEL II
8 ACCREDITED PHYSICIANS WITHIN ONE HUNDRED MILES OF THE EMPLOYEE'S
9 WORK OR HOME ADDRESS WHO ARE WILLING TO TREAT THE INJURED
10 EMPLOYEE. AN ACCREDITED PHYSICIAN IS PRESUMED WILLING TO TREAT
11 AN INJURED WORKER UNLESS THE PHYSICIAN INDICATES THE CONTRARY
12 TO A PARTY. THE EMPLOYEE MUST DESIGNATE THE TREATING PHYSICIAN
13 IN WRITING ON THE FORM PRESCRIBED BY THE DIRECTOR. THE EMPLOYEE
14 MAY MAKE ONE TREATING PHYSICIAN DESIGNATION ON THE FORM
15 PRESCRIBED BY THE DIRECTOR ANY TIME AFTER THE ON-THE-JOB INJURY
16 BUT BEFORE BEING PLACED AT MAXIMUM MEDICAL IMPROVEMENT. IF THE
17 EMPLOYEE DECLINES TO DESIGNATE A PHYSICIAN WITHIN SEVEN
18 CALENDAR DAYS AFTER RECEIPT OF NOTICE OF THE RIGHT TO DESIGNATE
19 IN WRITTEN VERIFIED FORM, AN EMPLOYER OR INSURER MAY DESIGNATE
20 ONLY A LEVEL I OR LEVEL II ACCREDITED PHYSICIAN LICENSED UNDER THE
21 "COLORADO MEDICAL PRACTICE ACT", ARTICLE 240 OF TITLE 12, AS THE
22 EMPLOYEE'S AUTHORIZED TREATING PHYSICIAN. THE EMPLOYEE MAY
23 SUBSEQUENTLY DESIGNATE A PHYSICIAN CONSISTENT WITH THIS
24 SUBSECTION (5)(a)(I)(A). THE PHYSICIAN DESIGNATED BY THE EMPLOYER
25 OR INSURER AND THE PHYSICIAN DESIGNATED BY THE EMPLOYEE SHALL
26 COMPLY WITH SUBSECTION (5)(a)(IV)(A) OF THIS SECTION. FOR AN
27 INJURED EMPLOYEE WHO IS NOT A RESIDENT OF COLORADO, AS SOON AS

1 POSSIBLE, BUT NO LATER THAN TEN CALENDAR DAYS AFTER THE RECEIPT
2 OF A NOTICE OF AN ON-THE-JOB INJURY, AN EMPLOYER OR INSURER SHALL
3 DESIGNATE A TREATING PHYSICIAN AND NOTIFY THE EMPLOYEE OF THE
4 DESIGNATION IN WRITING. THE TREATING PHYSICIAN MUST BE WITHIN ONE
5 HUNDRED MILES OF THE EMPLOYEE'S HOME ADDRESS. IF THE EMPLOYER OR
6 INSURER DECLINES TO DESIGNATE A PHYSICIAN WITHIN THE
7 TEN-CALENDAR-DAY TIME PERIOD, THE EMPLOYEE MAY DESIGNATE A
8 TREATING PHYSICIAN WITHIN ONE HUNDRED MILES OF THE EMPLOYEE'S
9 HOME ADDRESS IN WRITING TO THE EMPLOYER OR THROUGH ATTENDANCE
10 AT AN APPOINTMENT WITH THE EMPLOYEE'S DESIGNATED PHYSICIAN.

11 (B) ~~If there are fewer than four physicians or corporate medical~~
12 ~~providers within thirty miles of the employer's place of business who are~~
13 ~~willing to treat an injured employee, the employer or insurer may instead~~
14 ~~designate one physician or one corporate medical provider, and~~
15 ~~subparagraphs (III) and (IV) of this paragraph (a) shall not apply. A~~
16 ~~physician is presumed willing to treat injured workers unless he or she~~
17 ~~indicates to the employer or insurer to the contrary~~ IN AN EMERGENCY
18 SITUATION, AN INJURED EMPLOYEE SHALL BE TAKEN TO ANY PHYSICIAN OR
19 HEALTH-CARE FACILITY THAT IS ABLE TO PROVIDE THE NECESSARY CARE.
20 WHEN EMERGENCY CARE IS NO LONGER REQUIRED, SUBSECTION
21 (5)(a)(I)(A) OF THIS SECTION APPLIES. IMMEDIATELY UPON RECEIPT OF
22 NOTICE THAT EMERGENCY CARE IS NO LONGER REQUIRED, BUT NOT MORE
23 THAN SEVEN CALENDAR DAYS AFTER RECEIPT OF NOTICE THAT
24 EMERGENCY CARE IS NO LONGER REQUIRED, AN EMPLOYER OR INSURER
25 SHALL, IN WRITTEN VERIFIED FORM, NOTIFY THE INJURED EMPLOYEE OF
26 THE INJURED EMPLOYEE'S RIGHT TO DESIGNATE A TREATING PHYSICIAN
27 AND NOTIFY THE INJURED EMPLOYEE WHERE TO ACCESS THE DIVISION'S

1 LIST OF LEVEL I AND LEVEL II ACCREDITED PHYSICIANS.

2 ~~(C) If there are more than three physicians or corporate medical~~
3 ~~providers, but fewer than nine physicians or corporate medical providers~~
4 ~~within thirty miles of the employer's place of business who are willing to~~
5 ~~treat an injured employee, the employer or insurer may instead designate~~
6 ~~two physicians or two corporate medical providers or any combination~~
7 ~~thereof. The two designated providers shall be at two distinct locations~~
8 ~~without common ownership. If there are not two providers at two distinct~~
9 ~~locations without common ownership within thirty miles of the~~
10 ~~employer's place of business, then an employer may designate two~~
11 ~~providers at the same location or with shared ownership interests. Upon~~
12 ~~request by an interested party to the workers' compensation claim, a~~
13 ~~designated provider on the employer's list shall provide a list of~~
14 ~~ownership interests and employment relationships, if any, to the~~
15 ~~requesting party within five days of the receipt of the request.~~

16 ~~(D) Except as otherwise provided by sub-subparagraph (E) of this~~
17 ~~subparagraph (I), any party may request an expedited hearing on the issue~~
18 ~~of whether the employer or insurer provided a list in compliance with this~~
19 ~~subsection (5) if the application for expedited hearing is filed within~~
20 ~~forty-five days after the claimant provides notice of the injury to the~~
21 ~~employer.~~

22 ~~(E) If the insurer or self-insured employer admits liability for the~~
23 ~~claim, any party may request an expedited hearing on the issue of whether~~
24 ~~the employer or insurer provided a list in compliance with this subsection~~
25 ~~(5) if the application for expedited hearing is filed within forty-five days~~
26 ~~after the initial admission of liability for the claim. The director shall set~~
27 ~~any expedited matter for hearing within sixty days after the date of the~~

1 application. The time schedule for an expedited hearing is subject to the
2 extensions set forth in section 8-43-209. If the party elects not to request
3 an expedited hearing under this subsection (5), the time schedule for
4 hearing the matter is as set forth in section 8-43-209.

5 ~~(H) (A) If the employer is a health-care provider or a~~
6 ~~governmental entity that currently has its own occupational health-care~~
7 ~~provider system, the employer may designate health-care providers from~~
8 ~~within its own system and is not required to provide an alternative~~
9 ~~physician or corporate medical provider from outside its own system.~~

10 ~~(B) If the employer has its own on-site health-care facility, the~~
11 ~~employer may designate such on-site health-care facility as the authorized~~
12 ~~treating physician, but the employer shall comply with subparagraph (H)~~
13 ~~of this paragraph (a). For purposes of this sub-subparagraph (B), "on-site~~
14 ~~health-care facility" means an entity that meets all applicable state~~
15 ~~requirements to provide health-care services on the employer's premises.~~

16 ~~(H) (II) An employee may obtain a one-time change in the~~
17 ~~designated authorized treating physician under this section by providing~~
18 ~~notice that meets the following requirements:~~

19 ~~(A) The notice is provided within ~~ninety~~ ONE HUNDRED TWENTY~~
20 ~~days after the date of the ~~injury~~ FIRST PHYSICIAN DESIGNATION, but~~
21 ~~before the injured ~~worker~~ EMPLOYEE reaches maximum medical~~
22 ~~improvement;~~

23 ~~(B) The notice is in writing and submitted on a form designated~~
24 ~~by the director. The notice provided in this ~~subparagraph (H)~~ shall~~
25 ~~SUBSECTION (5)(a)(II) MUST also simultaneously serve as a request and~~
26 ~~authorization to the initially authorized treating physician to release all~~
27 ~~relevant medical records to the newly authorized treating physician.~~

1 (C) The notice is directed to the ~~insurance carrier~~ INSURER or to
2 the employer's authorized representative, if self-insured, and to the
3 initially authorized treating physician and is deposited in the United States
4 mail or hand-delivered to the employer, who shall notify the ~~insurance~~
5 ~~carrier~~ INSURER, if necessary, and the initially authorized treating
6 physician;

7 (D) The new physician is ~~on the employer's designated list or~~
8 ~~provides medical services for a designated corporate medical provider on~~
9 ~~the list~~ A LEVEL I OR LEVEL II ACCREDITED PHYSICIAN LICENSED UNDER
10 THE "COLORADO MEDICAL PRACTICE ACT", ARTICLE 240 OF TITLE 12;
11 AND

12 (E) The transfer of medical care does not pose a threat to the
13 health or safety of the injured employee.

14 ~~(F)~~ (III) An ~~insurance carrier~~ INSURER, or an employer's
15 authorized representative if the employer is self-insured, shall track how
16 often injured employees change their authorized treating physician
17 pursuant to ~~this subparagraph~~ ~~(HH)~~ SUBSECTION (5)(a)(II) OF THIS SECTION
18 and shall report such information to the division upon request.

19 (IV) (A) When an injured employee changes ~~his or her~~ THEIR
20 designated authorized treating physician, the newly authorized treating
21 physician shall make a reasonable effort to avoid any unnecessary
22 duplication of medical services.

23 (B) The originally authorized treating physician shall send all
24 medical records in ~~his or her~~ THEIR possession pertaining to the injured
25 employee to the newly authorized treating physician within seven
26 calendar days after receiving a request for medical records from the newly
27 authorized treating physician.

1 (C) The originally authorized treating physician shall continue as
2 the authorized treating physician for the injured employee until the
3 injured employee's initial visit with the newly authorized treating
4 physician, at which time the treatment relationship with the initially
5 authorized treating physician ~~shall terminate~~ TERMINATES.

6 (D) The opinion of the originally authorized treating physician
7 regarding work restrictions and return to work ~~shall control~~ CONTROLS
8 unless and until such opinion is expressly modified by the newly
9 authorized treating physician.

10 (E) The newly authorized treating physician shall be presumed to
11 have consented to treat the injured employee unless the newly authorized
12 treating physician expressly refuses in writing within five days after the
13 date of the notice to change authorized treating physicians. If the newly
14 authorized treating physician refuses to treat the injured employee, the
15 employee may ~~return to the employer to~~ request an alternative authorized
16 treating physician ~~If the employer does not provide an alternative~~
17 ~~authorized treating physician within five days after the employee's~~
18 ~~request, rules established by the division shall control~~ WHO IS A LEVEL I
19 OR LEVEL II ACCREDITED PHYSICIAN LICENSED UNDER THE "COLORADO
20 MEDICAL PRACTICE ACT", ARTICLE 240 OF TITLE 12.

21 (V) If ~~the~~ AN authorized treating physician moves from one
22 facility to another, or from one corporate medical provider to another, an
23 injured employee may continue care with the authorized treating
24 physician, and the original facility or corporate medical provider shall
25 provide the injured employee's medical records to the authorized treating
26 physician within seven days after receipt of a request for medical records
27 from the authorized treating physician.

1 (VI) (A) In addition to the one-time change of physician allowed
2 in ~~subparagraph (H) of this paragraph (a)~~ SUBSECTION (5)(a)(II) OF THIS
3 SECTION, upon written request to the ~~insurance carrier~~ INSURER or to the
4 employer's authorized representative if THE EMPLOYER IS self-insured, an
5 injured employee may procure written permission to have a personal
6 physician or chiropractor treat the employee. The EMPLOYEE MUST
7 COMPLETE THE written request ~~must be completed~~ on a form that is
8 prescribed by the director. If ~~permission is neither granted nor refused~~
9 THE EMPLOYER OR INSURER NEITHER GRANTS NOR REFUSES THE
10 PERMISSION REQUEST within twenty days after the date of the certificate
11 of service of the request form, the employer or ~~insurance carrier shall be~~
12 INSURER IS deemed to have waived any objection to the employee's
13 request. IF THE EMPLOYER OR INSURER OBJECTS TO THE REQUEST, THE
14 EMPLOYER OR INSURER SHALL MAKE THE objection ~~shall be~~ in writing on
15 a form prescribed by the director and shall ~~be served~~ SERVE THE WRITTEN
16 OBJECTION on the employee or, if represented, the employee's authorized
17 representative within twenty days after the date of the certificate of
18 service of the request form. An ~~insurance carrier~~ INSURER, or an
19 employer's authorized representative if THE EMPLOYER IS self-insured,
20 shall track how often an injured employee requests to change ~~his or her~~
21 THE EMPLOYEE'S physician and how often such change is granted or
22 denied and shall report such information to the division upon request.
23 Upon the proper showing to the division, the employee may procure the
24 division's permission at any time to have a physician of the employee's
25 selection treat the employee, and in any nonsurgical case the employee,
26 with such permission, in lieu of medical aid, may procure any nonmedical
27 treatment recognized by the laws of this state as legal. The practitioner

1 administering the treatment shall receive fees under the medical
2 provisions of articles 40 to 47 of this ~~title~~ TITLE 8 as specified by the
3 division.

4 (B) If an injured employee is permitted to change physicians
5 under ~~sub-subparagraph (A) of this subparagraph (VI)~~ SUBSECTION
6 (5)(a)(VI)(A) OF THIS SECTION resulting in a new authorized treating
7 physician who will provide primary care for the injury, then the
8 previously authorized treating physician providing primary care shall
9 continue as the authorized treating physician providing primary care for
10 the injured employee until the injured employee's initial visit with the
11 newly authorized treating physician, at which time the treatment
12 relationship with the previously authorized treating physician providing
13 primary care is terminated.

14 (C) Nothing in this ~~subparagraph (VI)~~ SUBSECTION (5)(a)(VI)
15 precludes any former authorized treating physician from performing an
16 examination under subsection (1) of this section.

17 (D) If an injured employee is permitted to change physicians
18 pursuant to ~~sub-subparagraph (A) of this subparagraph (VI)~~ SUBSECTION
19 (5)(a)(VI)(A) OF THIS SECTION resulting in a new authorized treating
20 physician who will provide primary care for the injury, then the opinion
21 of the previously authorized treating physician providing primary care
22 regarding work restrictions and return to work controls unless that
23 opinion is expressly modified by the newly authorized treating physician.

24 (VII) AN ATTORNEY REPRESENTING AN INJURED EMPLOYEE SHALL
25 NOT REFER THE INJURED EMPLOYEE TO AN AUTHORIZED TREATING
26 PHYSICIAN OR PHYSICIAN PRACTICE IN WHICH THE ATTORNEY HAS AN
27 OWNERSHIP INTEREST OR OTHER FINANCIAL INTEREST.

1 (10)(b) If ~~the~~ AN insurer or self-insured employer receives written
2 notice pursuant to ~~paragraph (a) of this subsection (10)~~ SUBSECTION
3 (10)(a) OF THIS SECTION, or if the insurer or self-insured employer and the
4 authorized treating physician receive written notice by certified mail,
5 return receipt requested, from ~~the~~ AN injured employee or the injured
6 employee's legal representative that an authorized physician refused to
7 provide medical treatment to the injured employee or discharged the
8 injured employee from medical care for nonmedical reasons when ~~such~~
9 THE injured employee requires medical treatment to cure or relieve the
10 effects of the work injury, and there is no other authorized physician
11 willing to provide medical treatment, then the insurer or self-insured
12 employer shall, within fifteen calendar days ~~from~~ AFTER receiving the
13 written notice, ~~designate a new authorized physician willing to provide~~
14 ~~medical treatment. If the insurer or self-insured employer fails to~~
15 ~~designate a new physician pursuant to this paragraph (b), then the injured~~
16 ~~employee may select the physician who attends to the injured employee~~
17 ADVISE THE INJURED EMPLOYEE IN WRITING THAT THE INJURED EMPLOYEE
18 MAY DESIGNATE A NEW LEVEL I OR LEVEL II ACCREDITED PHYSICIAN
19 LICENSED UNDER THE "COLORADO MEDICAL PRACTICE ACT", ARTICLE 240
20 OF TITLE 12, AS THE EMPLOYEE'S NEW AUTHORIZED TREATING PHYSICIAN.
21 THE EMPLOYEE MUST DESIGNATE THE NEW TREATING PHYSICIAN IN
22 WRITING ON THE FORM PRESCRIBED BY THE DIRECTOR.

23 **SECTION 4. Act subject to petition - effective date -**
24 **applicability.** (1) This act takes effect January 1, 2026; except that, if a
25 referendum petition is filed pursuant to section 1 (3) of article V of the
26 state constitution against this act or an item, section, or part of this act
27 within the ninety-day period after final adjournment of the general

1 assembly, then the act, item, section, or part will not take effect unless
2 approved by the people at the general election to be held in November
3 2026 and, in such case, will take effect on the date of the official
4 declaration of the vote thereon by the governor.

5 (2) This act applies to workers' compensation claims filed on or
6 after the applicable effective date of this act.