

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

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 25-0319.01 Kristen Forrestal x4217

HOUSE BILL 25-1300

HOUSE SPONSORSHIP

Willford,

SENATE SPONSORSHIP

Kipp,

House Committees
Business Affairs & Labor

Senate Committees

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.

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) AFTER SUFFERING AN INDUSTRIAL INJURY, A WORKER NEEDS
9 TO BE EDUCATED REGARDING HOW TO FILE A CLAIM AND HOW TO SEEK
10 TREATMENT THROUGH THE WORKERS' COMPENSATION SYSTEM.
11 EMPLOYERS, AS THE FIRST LINE OF COMMUNICATION WITH AN INJURED
12 WORKER, ARE ENCOURAGED OR OBLIGATED TO PROVIDE THAT EDUCATION
13 AND INFORMATION TO EACH WORKER.

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

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

26 (V) MANY COLORADO EMPLOYERS USE THIRD-PARTY
27 ADMINISTRATORS AND INSURANCE PROVIDERS TO HANDLE THEIR

1 WORKERS' COMPENSATION CLAIMS. THE THIRD-PARTY ADMINISTRATORS
2 ARE OFTEN LOCATED OUTSIDE THE STATE AND ARE A STEP REMOVED FROM
3 AN INJURED WORKER. AS A RESULT OF THE SEPARATION, THIRD-PARTY
4 ADMINISTRATORS DELAY AND DENY CARE WITH MORE FREQUENCY THAN
5 WORKERS' COMPENSATION INSURERS. THE WORKERS' COMPENSATION
6 SYSTEM SHOULD TAKE ACTION TO ENSURE THAT THIRD-PARTY
7 ADMINISTRATORS ARE BEING HELD TO THE SAME STANDARD AS INSURERS.

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

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

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

24 (IX) Workers who are the most severely injured and therefore
25 unable to return to similar or "suitable" employment following an
26 industrial injury are not owed any additional monetary benefit under the
27 current scheme. Since the 1991 changes to the workers' act, to obtain

1 permanent total disability in Colorado, a worker must be "unable to earn
2 any wage". This standard has rendered permanent total disability benefits
3 nearly obsolete.

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

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

20 (d) In contrast to the hardships faced by injured workers since
21 1991, Colorado's workers' compensation insurers are enjoying
22 unprecedented economic success, posting profit margins higher than any
23 other type of insurance in Colorado.

24 (2) The general assembly declares that:

25 (a) The playing field must be leveled and the workers' act must be
26 returned to a mechanism with the functionality of its original intent; and

27 (b) With this act, the state of Colorado hopes to alleviate a portion

1 of the inequities set forth in this section but acknowledges that additional
2 change must be made in the coming years.

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

5 **8-42-101. Employer must furnish medical aid - approval of**
6 **plan - fee schedule - contracting for treatment - no recovery from**
7 **employee - medical treatment guidelines - accreditation of physicians**
8 **and other medical providers - mental health provider qualifications**
9 **- mileage reimbursement - rules - definitions - repeal.**

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

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

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

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

26

27 **SECTION 3.** In Colorado Revised Statutes, 8-43-404, **amend**

1 (5)(a) and (10)(b) as follows:

2 **8-43-404. Examination - refusal - personal responsibility -**
3 **physicians to testify and furnish results - injured worker right to**
4 **select treating physician - injured worker right to third-party**
5 **communications - rules.** (5) (a) (I) (A) ~~In all cases of injury, the~~
6 ~~employer or insurer shall provide a list of at least four physicians or four~~
7 ~~corporate medical providers or at least two physicians and two corporate~~
8 ~~medical providers or a combination thereof where available, in the first~~
9 ~~instance, from which list an injured employee may select the physician~~
10 ~~who attends the injured employee. At least one of the four designated~~
11 ~~physicians or corporate medical providers offered must be at a distinct~~
12 ~~location from the other three designated physicians or corporate medical~~
13 ~~providers without common ownership. If there are not at least two~~
14 ~~physicians or corporate medical providers at distinct locations without~~
15 ~~common ownership within thirty miles of the employer's place of~~
16 ~~business, then an employer may designate physicians or corporate medical~~
17 ~~providers at the same location or with shared ownership interests. Upon~~
18 ~~request by an interested party to the workers' compensation claim, a~~
19 ~~designated provider on the employer's list shall provide a list of~~
20 ~~ownership interests and employment relationships, if any, to the~~
21 ~~requesting party within five days of the receipt of the request. If the~~
22 ~~services of a physician are not tendered at the time of injury, the~~
23 ~~employee shall have the right to select a physician or chiropractor. For~~
24 ~~purposes of this section, "corporate medical provider" means a medical~~
25 ~~organization in business as a sole proprietorship, professional~~
26 ~~corporation, or partnership~~ IMMEDIATELY UPON RECEIPT OF NOTICE OF AN
27 ON-THE-JOB INJURY FROM AN EMPLOYEE WHO IS A RESIDENT OF

1 COLORADO, BUT NOT MORE THAN SEVEN BUSINESS DAYS AFTER RECEIPT
2 OF NOTICE OF THE ON-THE-JOB INJURY, AN EMPLOYER OR INSURER SHALL,
3 IN WRITTEN VERIFIED FORM, NOTIFY THE INJURED EMPLOYEE OF THE
4 INJURED EMPLOYEE'S RIGHT TO DESIGNATE A TREATING PHYSICIAN AND
5 NOTIFY THE INJURED EMPLOYEE WHERE TO ACCESS THE DIVISION'S LIST OF
6 LEVEL I AND LEVEL II ACCREDITED PHYSICIANS. THE DIRECTOR SHALL
7 CREATE A FORM TO IMPLEMENT THE PROCEDURE TO DESIGNATE A
8 PHYSICIAN. THE EMPLOYEE MAY DESIGNATE ONLY A LEVEL I OR LEVEL II
9 ACCREDITED PHYSICIAN LICENSED UNDER THE "COLORADO MEDICAL
10 PRACTICE ACT", ARTICLE 240 OF TITLE 12, AS THE EMPLOYEE'S
11 AUTHORIZED TREATING PHYSICIAN. THE AUTHORIZED TREATING
12 PHYSICIAN DESIGNATED BY THE EMPLOYEE MUST BE WITHIN SEVENTY
13 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS, UNLESS THERE ARE
14 THREE OR FEWER LEVEL I OR LEVEL II ACCREDITED PHYSICIANS WITHIN
15 SEVENTY MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS WHO ARE
16 WILLING TO TREAT THE INJURED EMPLOYEE. IF THERE ARE THREE OR
17 FEWER LEVEL I OR LEVEL II ACCREDITED PHYSICIANS WITHIN SEVENTY
18 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS WHO ARE WILLING TO
19 TREAT THE INJURED EMPLOYEE, THEN THE AUTHORIZED TREATING
20 PHYSICIAN DESIGNATED BY THE EMPLOYEE MUST BE WITHIN ONE HUNDRED
21 MILES OF THE EMPLOYEE'S WORK OR HOME ADDRESS. AN ACCREDITED
22 PHYSICIAN IS PRESUMED WILLING TO TREAT AN INJURED WORKER UNLESS
23 THE PHYSICIAN INDICATES THE CONTRARY TO A PARTY. THE EMPLOYEE
24 MUST DESIGNATE THE TREATING PHYSICIAN IN WRITING ON THE FORM
25 PRESCRIBED BY THE DIRECTOR. THE EMPLOYEE MAY MAKE ONE TREATING
26 PHYSICIAN DESIGNATION ON THE FORM PRESCRIBED BY THE DIRECTOR ANY
27 TIME AFTER THE ON-THE-JOB INJURY BUT BEFORE BEING PLACED AT

1 MAXIMUM MEDICAL IMPROVEMENT. IF THE EMPLOYEE DECLINES TO
2 DESIGNATE A PHYSICIAN WITHIN SEVEN BUSINESS DAYS AFTER RECEIPT OF
3 NOTICE OF THE RIGHT TO DESIGNATE IN WRITTEN VERIFIED FORM, AN
4 EMPLOYER OR INSURER MAY DESIGNATE ONLY A LEVEL I OR LEVEL II
5 ACCREDITED PHYSICIAN LICENSED UNDER THE "COLORADO MEDICAL
6 PRACTICE ACT", ARTICLE 240 OF TITLE 12, AS THE EMPLOYEE'S
7 AUTHORIZED TREATING PHYSICIAN. THE EMPLOYEE MAY SUBSEQUENTLY
8 DESIGNATE A PHYSICIAN CONSISTENT WITH THIS SUBSECTION (5)(a)(I)(A).
9 THE PHYSICIAN DESIGNATED BY THE EMPLOYER OR INSURER AND THE
10 PHYSICIAN DESIGNATED BY THE EMPLOYEE SHALL COMPLY WITH
11 SUBSECTION (5)(a)(IV)(A) OF THIS SECTION. FOR AN INJURED EMPLOYEE
12 WHO IS NOT A RESIDENT OF COLORADO, AS SOON AS POSSIBLE, BUT NO
13 LATER THAN TEN BUSINESS DAYS AFTER THE RECEIPT OF A NOTICE OF AN
14 ON-THE-JOB INJURY, AN EMPLOYER OR INSURER SHALL DESIGNATE A
15 TREATING PHYSICIAN AND NOTIFY THE EMPLOYEE OF THE DESIGNATION IN
16 WRITING. THE TREATING PHYSICIAN MUST BE WITHIN ONE HUNDRED MILES
17 OF THE EMPLOYEE'S HOME ADDRESS. IF THE EMPLOYER OR INSURER
18 DECLINES TO DESIGNATE A PHYSICIAN WITHIN THE TEN-BUSINESS-DAY
19 TIME PERIOD, THE EMPLOYEE MAY DESIGNATE A TREATING PHYSICIAN
20 WITHIN ONE HUNDRED MILES OF THE EMPLOYEE'S HOME ADDRESS IN
21 WRITING TO THE EMPLOYER OR THROUGH ATTENDANCE AT AN
22 APPOINTMENT WITH THE EMPLOYEE'S DESIGNATED PHYSICIAN.

23 (B) ~~If there are fewer than four physicians or corporate medical~~
24 ~~providers within thirty miles of the employer's place of business who are~~
25 ~~willing to treat an injured employee, the employer or insurer may instead~~
26 ~~designate one physician or one corporate medical provider, and~~
27 ~~subparagraphs (III) and (IV) of this paragraph (a) shall not apply. A~~

1 ~~physician is presumed willing to treat injured workers unless he or she~~
2 ~~indicates to the employer or insurer to the contrary~~ IN AN EMERGENCY
3 SITUATION, AN INJURED EMPLOYEE SHALL BE TAKEN TO ANY PHYSICIAN OR
4 HEALTH-CARE FACILITY THAT IS ABLE TO PROVIDE THE NECESSARY CARE.
5 WHEN EMERGENCY CARE IS NO LONGER REQUIRED, SUBSECTION
6 (5)(a)(I)(A) OF THIS SECTION APPLIES. IMMEDIATELY UPON RECEIPT OF
7 NOTICE THAT EMERGENCY CARE IS NO LONGER REQUIRED, BUT NOT MORE
8 THAN SEVEN BUSINESS DAYS AFTER RECEIPT OF NOTICE THAT EMERGENCY
9 CARE IS NO LONGER REQUIRED, AN EMPLOYER OR INSURER SHALL, IN
10 WRITTEN VERIFIED FORM, NOTIFY THE INJURED EMPLOYEE OF THE INJURED
11 EMPLOYEE'S RIGHT TO DESIGNATE A TREATING PHYSICIAN AND NOTIFY THE
12 INJURED EMPLOYEE WHERE TO ACCESS THE DIVISION'S LIST OF LEVEL I AND
13 LEVEL II ACCREDITED PHYSICIANS.

14 ~~(C) If there are more than three physicians or corporate medical~~
15 ~~providers, but fewer than nine physicians or corporate medical providers~~
16 ~~within thirty miles of the employer's place of business who are willing to~~
17 ~~treat an injured employee, the employer or insurer may instead designate~~
18 ~~two physicians or two corporate medical providers or any combination~~
19 ~~thereof. The two designated providers shall be at two distinct locations~~
20 ~~without common ownership. If there are not two providers at two distinct~~
21 ~~locations without common ownership within thirty miles of the~~
22 ~~employer's place of business, then an employer may designate two~~
23 ~~providers at the same location or with shared ownership interests. Upon~~
24 ~~request by an interested party to the workers' compensation claim, a~~
25 ~~designated provider on the employer's list shall provide a list of~~
26 ~~ownership interests and employment relationships, if any, to the~~
27 ~~requesting party within five days of the receipt of the request.~~

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

7 ~~(E) If the insurer or self-insured employer admits liability for the~~
8 ~~claim, any party may request an expedited hearing on the issue of whether~~
9 ~~the employer or insurer provided a list in compliance with this subsection~~
10 ~~(5) if the application for expedited hearing is filed within forty-five days~~
11 ~~after the initial admission of liability for the claim. The director shall set~~
12 ~~any expedited matter for hearing within sixty days after the date of the~~
13 ~~application. The time schedule for an expedited hearing is subject to the~~
14 ~~extensions set forth in section 8-43-209. If the party elects not to request~~
15 ~~an expedited hearing under this subsection (5), the time schedule for~~
16 ~~hearing the matter is as set forth in section 8-43-209.~~

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

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

1 ~~(HH)~~ (II) An employee may obtain a one-time change in the
2 designated authorized treating physician under this section by providing
3 notice that meets the following requirements:

4 (A) The notice is provided within ~~ninety~~ ONE HUNDRED TWENTY
5 days after the date of the ~~injury~~ EMPLOYEE'S FIRST PHYSICIAN
6 DESIGNATION, but before the injured ~~worker~~ EMPLOYEE reaches maximum
7 medical improvement;

8 (B) The notice is in writing and submitted on a form designated
9 by the director. The notice provided in this ~~subparagraph (HH)~~ shall
10 SUBSECTION (5)(a)(II) MUST also simultaneously serve as a request and
11 authorization to the initially authorized treating physician to release all
12 relevant medical records to the newly authorized treating physician.

13 (C) The notice is directed to the ~~insurance carrier~~ INSURER or to
14 the employer's authorized representative, if self-insured, and to the
15 initially authorized treating physician and is deposited in the United States
16 mail or hand-delivered to the employer, who shall notify the ~~insurance~~
17 ~~carrier~~ INSURER, if necessary, and the initially authorized treating
18 physician;

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

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

26 ~~(F)~~ (III) An ~~insurance carrier~~ INSURER, or an employer's
27 authorized representative if the employer is self-insured, shall track how

1 often injured employees change their authorized treating physician
2 pursuant to ~~this subparagraph (HH)~~ SUBSECTION (5)(a)(II) OF THIS SECTION
3 and shall report such information to the division upon request.

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

8 (B) The originally authorized treating physician shall send all
9 medical records in ~~his or her~~ THEIR possession pertaining to the injured
10 employee to the newly authorized treating physician within seven
11 calendar days after receiving a request for medical records from the newly
12 authorized treating physician.

13 (C) The originally authorized treating physician shall continue as
14 the authorized treating physician for the injured employee until the
15 injured employee's initial visit with the newly authorized treating
16 physician, at which time the treatment relationship with the initially
17 authorized treating physician ~~shall terminate~~ TERMINATES.

18 (D) The opinion of the originally authorized treating physician
19 regarding work restrictions and return to work ~~shall control~~ CONTROLS
20 unless and until such opinion is expressly modified by the newly
21 authorized treating physician.

22 (E) The newly authorized treating physician shall be presumed to
23 have consented to treat the injured employee unless the newly authorized
24 treating physician expressly refuses in writing within five days after the
25 date of the notice to change authorized treating physicians. If the newly
26 authorized treating physician refuses to treat the injured employee, the
27 employee may ~~return to the employer to~~ request an alternative authorized

1 treating physician ~~If the employer does not provide an alternative~~
2 ~~authorized treating physician within five days after the employee's~~
3 ~~request, rules established by the division shall control~~ WHO IS A LEVEL I
4 OR LEVEL II ACCREDITED PHYSICIAN LICENSED UNDER THE "COLORADO
5 MEDICAL PRACTICE ACT", ARTICLE 240 OF TITLE 12.

6 (V) If ~~the~~ AN authorized treating physician moves from one
7 facility to another, or from one corporate medical provider to another, an
8 injured employee may continue care with the authorized treating
9 physician, and the original facility or corporate medical provider shall
10 provide the injured employee's medical records to the authorized treating
11 physician within seven days after receipt of a request for medical records
12 from the authorized treating physician.

13 (VI) (A) In addition to the one-time change of physician allowed
14 in ~~subparagraph (III) of this paragraph (a)~~ SUBSECTION (5)(a)(II) OF THIS
15 SECTION, upon written request to the ~~insurance carrier~~ INSURER or to the
16 employer's authorized representative if THE EMPLOYER IS self-insured, an
17 injured employee may procure written permission to have a personal
18 physician or chiropractor treat the employee. The EMPLOYEE MUST
19 COMPLETE THE written request ~~must be completed~~ on a form ~~that is~~
20 prescribed by the director. If ~~permission is neither granted nor refused~~
21 THE EMPLOYER OR INSURER NEITHER GRANTS NOR REFUSES THE
22 PERMISSION REQUEST within twenty days after the date of the certificate
23 of service of the request form, the employer or ~~insurance carrier shall be~~
24 INSURER IS deemed to have waived any objection to the employee's
25 request. IF THE EMPLOYER OR INSURER OBJECTS TO THE REQUEST, THE
26 EMPLOYER OR INSURER SHALL MAKE THE objection ~~shall be~~ in writing on
27 a form prescribed by the director and shall ~~be served~~ SERVE THE WRITTEN

1 OBJECTION on the employee or, if represented, the employee's authorized
2 representative within twenty days after the date of the certificate of
3 service of the request form. An ~~insurance carrier~~ INSURER, or an
4 employer's authorized representative if THE EMPLOYER IS self-insured,
5 shall track how often an injured employee requests to change ~~his or her~~
6 THE EMPLOYEE'S physician and how often such change is granted or
7 denied and shall report such information to the division upon request.
8 Upon the proper showing to the division, the employee may procure the
9 division's permission at any time to have a physician of the employee's
10 selection treat the employee, and in any nonsurgical case the employee,
11 with such permission, in lieu of medical aid, may procure any nonmedical
12 treatment recognized by the laws of this state as legal. The practitioner
13 administering the treatment shall receive fees under the medical
14 provisions of articles 40 to 47 of this ~~title~~ TITLE 8 as specified by the
15 division.

16 (B) If an injured employee is permitted to change physicians
17 under ~~sub-subparagraph (A) of this subparagraph (VI)~~ SUBSECTION
18 (5)(a)(VI)(A) OF THIS SECTION resulting in a new authorized treating
19 physician who will provide primary care for the injury, then the
20 previously authorized treating physician providing primary care shall
21 continue as the authorized treating physician providing primary care for
22 the injured employee until the injured employee's initial visit with the
23 newly authorized treating physician, at which time the treatment
24 relationship with the previously authorized treating physician providing
25 primary care is terminated.

26 (C) Nothing in this ~~subparagraph (VI)~~ SUBSECTION (5)(a)(VI)
27 precludes any former authorized treating physician from performing an

1 examination under subsection (1) of this section.

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

9 (VII) AN ATTORNEY REPRESENTING AN INJURED EMPLOYEE SHALL
10 NOT REFER THE INJURED EMPLOYEE TO AN AUTHORIZED TREATING
11 PHYSICIAN OR PHYSICIAN PRACTICE IN WHICH THE ATTORNEY HAS AN
12 OWNERSHIP INTEREST OR OTHER FINANCIAL INTEREST.

13 (10)(b) If ~~the~~ AN insurer or self-insured employer receives written
14 notice pursuant to ~~paragraph (a) of this subsection (10)~~ SUBSECTION
15 (10)(a) OF THIS SECTION, or if the insurer or self-insured employer and the
16 authorized treating physician receive written notice by certified mail,
17 return receipt requested, from ~~the~~ AN injured employee or the injured
18 employee's legal representative that an authorized physician refused to
19 provide medical treatment to the injured employee or discharged the
20 injured employee from medical care for nonmedical reasons when ~~such~~
21 THE injured employee requires medical treatment to cure or relieve the
22 effects of the work injury, and there is no other authorized physician
23 willing to provide medical treatment, then the insurer or self-insured
24 employer shall, within fifteen calendar days ~~from~~ AFTER receiving the
25 written notice, ~~designate a new authorized physician willing to provide~~
26 ~~medical treatment. If the insurer or self-insured employer fails to~~
27 ~~designate a new physician pursuant to this paragraph (b), then the injured~~

1 ~~employee may select the physician who attends to the injured employee~~
2 ADVISE THE INJURED EMPLOYEE IN WRITING THAT THE INJURED EMPLOYEE
3 MAY DESIGNATE A NEW LEVEL I OR LEVEL II ACCREDITED PHYSICIAN
4 LICENSED UNDER THE "COLORADO MEDICAL PRACTICE ACT", ARTICLE 240
5 OF TITLE 12, AS THE EMPLOYEE'S NEW AUTHORIZED TREATING PHYSICIAN.
6 THE EMPLOYEE MUST DESIGNATE THE NEW TREATING PHYSICIAN IN
7 WRITING ON THE FORM PRESCRIBED BY THE DIRECTOR.

8 **SECTION 4. Act subject to petition - effective date -**
9 **applicability.** (1) This act takes effect January 1, 2026; except that, if a
10 referendum petition is filed pursuant to section 1 (3) of article V of the
11 state constitution against this act or an item, section, or part of this act
12 within the ninety-day period after final adjournment of the general
13 assembly, then the act, item, section, or part will not take effect unless
14 approved by the people at the general election to be held in November
15 2026 and, in such case, will take effect on the date of the official
16 declaration of the vote thereon by the governor.
17 (2) This act applies to workers' compensation claims filed on or
18 after the applicable effective date of this act.